



Outpatient Quality Program Systems and Stakeholder Support Team

System Updates: Hospital Outpatient Quality Reporting (OQR) Program

Questions & Answers

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Subject-matter experts answered the following questions during and after the live webinar. Questions and answers may have been edited for grammar.

Question 1: Can you have a Healthcare Quality Information System (HCQIS) Access Roles and Profile (HARP) account for multiple hospitals as part of a health system?

Yes, one of the benefits of HARP is that you only require one HARP account and can have more than one facility associated with your account.

Question 2: Will the layout of the reports be tweaked at any point? The Provider Participation Report (PPR) is very hard to read compared to the previous one.

We are tracking work regarding the format of the PPR to make it more like it used to be. The format of the reports will change in the future but an exact time for this update is not known at this time.

Question 3: My HARP account has been set up for some time. When I login, I do not see any training or user guides. Where can I find these resources?

Training and user guides are available on QualityNet.cms.gov at <https://qualitynet.cms.gov/training-guides>.

Question 4: If you had a Symantec VIP set up as two-factor authentication on QualityNet, has that information transferred over to HARP for use as the chosen two-factor authentication for HARP?

No, Symantec VIP has been replaced and is no longer used with HARP. You will need to select your two-factor authentication when setting up an account with HARP. Please see the Getting Started link for more information: <https://qualitynet.cms.gov/getting-started>

Question 5: How can you generate a report of a facility's CMS/Medicare contacts (e.g., Chief Executive Officer (CEO), Hospital Inpatient Quality Reporting (IQR) Program contact, Hospital OQR Program contact, Medical Records contact)?

Currently, there is no report to run for facility contacts. However, this would be a very nice feature to add, so we will request research to add this as an enhancement. Email us at OQRSupport@hsag.com and we can provide current contacts on file. If you wish to update, add, or edit your hospital's contact information, please use the hospital contact update form: https://www.qualityreportingcenter.com/globalassets/2020/01/iqr/hospital-contact-change-formupdated012020ff_508c1.pdf



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Question 6: When I've tried My Task, it no longer goes to the original system. I asked *QualityNet* and was told it was retired.

Correct. All data submission for this program will be done through the Hospital Quality Reporting (HQR) System. The purpose of this presentation is to explore HQR and its functionalities.

Question 7: I thought the web-based measures were automatically collected.

No, the facility, or a third-party vendor approved by the facility, enters web-based measure data. Claims-based measure data are collected via paid Medicare claims. No data collection on the part of the facility is required for claims-based measures.

Question 8: I only submit OP-29 data. I do not enter Data Accuracy and Completeness Acknowledgement (DACA) or voluntary measure data. How can I enter and save OP-29 data but allow the hospital to enter its DACA?

The DACA is for inpatient measures. The DACA is not be used for the submission of measures reported for the Hospital OQR Program. OP-22 and OP-29 are required measures for the Hospital OQR Program. The OP-31 web-based measure is voluntary for the Hospital OQR Program.

Question 9: What website would we use if we wanted to review our OQR submission for payment year 2021?

To get your facility's submission report you will need to contact the *QualityNet* Help Desk and request your facility's historical report data. The Help Desk can be reached at (866) 288-8912 or qnetssupport@hcqis.org.

Question 10: These presentations are very helpful. Are there similar presentations for the Hospital Inpatient Quality Reporting (IQR) Program? If so, how do I access those? Is there a person I can contact?

Inpatient does provide education for the Hospital IQR Program. You can access their upcoming events on QualityReportingCenter.com. If you are not signed up to receive notifications for the Hospital IQR Program, please do so on *QualityNet* here: <https://qualitynet.cms.gov/listserv-signup>



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Question 11: Our vendor notified us that several errors appear when submitting the facility-level Q3 2020 OQR data (due March 1, 2021). Will CMS extend the deadline, release a statement acknowledging errors, or evaluate the need for a deadline extension?

CMS is evaluating this situation and will communicate any changes to the upcoming deadline accordingly.

Question 12: Not all of my permissions carried over to the new system for web-based measures. When will this be fixed? I have not received any updates from my issue ticket.

Please reach out to the *QualityNet* Help Desk at (866) 288-8912 for account issues, as we do not have access to their tickets.

Question 13: Is outpatient Population and Sampling required?

No, Population and Sampling is voluntary for the Hospital OQR Program.

Question 14: Is OP-31 required?

No, OP-31 is a voluntary measure.

Question 15: OP-31 is voluntary. Is it true that, if you do not enter data, you cannot submit? Should I choose “*Please enter zeros for this measure as I have no data to submit*”?

You should be able to answer all required measures and submit. If you find this is not the case, then click the box next to OP-31 indicating you have no data for this measure.

Question 16: The Medicare Beneficiary Quality Improvement Program (MBQIP) only requires web-based measure OP-22. Will they be able to use the “*I’m ready to submit*” box?

All required measures must be completed in order to successfully submit data. Choose the “*Please enter zeros for this measure as I have no data to submit*” box.

Question 17: Do I still need to select the checkbox to note I have zero cases for OP-31 (a voluntary measure) for the blue Submit button to successfully submit OP-22 and OP-29?



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Even if you do not enter zeros for OP-31, it will allow you to click the *I'm ready to submit* box if all other required measures have been entered.

Question 18: For the COVID-19 exemption, can organizations choose to submit the full calendar year (CY) 2020 reporting period versus only 3Q and 4Q? Can this decision be made on a measure-by-measure basis or does this need to be decided at a program level?

Your facility can elect to voluntarily submit data covered under the COVID-19 exception. There is no penalty for not submitting voluntary data.

Question 19: If we choose not to submit the OP-31 voluntary measure, how do we submit data for OP-22 and OP-29, if submission is partial?

OP-31 is voluntary and is not required. Therefore, you should be able to click Submit once all required measures are completed. If you find you still cannot click on *"I'm ready to submit,"* verify you answered all required measure fields. You may also choose *"Please enter zeros for this measure as I have no data to submit"* under OP-31.

Question 20: If I'm using all of my patients, should I choose Not Sampled when choosing Sampled or Not Sampled?

Yes. Also, N/A is the default option. You can just keep that option.

Question 21: If we use a vendor to submit our data to CMS, do we use the Population & Sampling tab?

Population and Sampling is voluntary for the Hospital OQR Program. To submit your quarterly chart-abstracted data, you will enter your data under the Chart Abstracted category from the main drop-down menu.

Question 22: I thought Acute Myocardial Infarction (AMI), Emergency Department Throughput (ED-TPT) and Stroke were required measures for the Hospital OQR Program. Is this no longer true?

Yes, this is still true. All chart-abstracted quarterly data (AMI, ED-TPT, and Stroke) are still required for the Hospital OQR Program. Population and Sampling is voluntary for this program.

Question 23: What if a vendor reports your Population and Sampling? Where can we find reports to verify data were sent?



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You can login and use the Population and Sampling tab under Data Results to view what has been submitted.

Question 24: **In the past, we were able to see our Annual Payment Update (APU) report and our Medicare patient volume, but I am not seeing those on this new site.**

If you login, go to Program Reporting > Reporting Requirements. Select OQR in the Program field and the correct encounter quarter. Then, choose Export CSV. You can see the total claims received by relevant quarter and by relevant measure set.

Question 25: **In terms of Monthly, Quarterly, Not Sampled, and N/A sampling options, we were instructed to use Not Sampled when abstracting the entire population. Is this still true? When would we use N/A? Is this option used when no (0) patients are submitted?**

If you did not sample your data, you would select Not Sampled. The HQR System is used for multiple programs, so not all options may apply.

Question 26: **What is the OQR deadline for Q3 2020 data submission, Q4 2020 data submission, and web-based measures?**

Please find the Important Dates document on *QualityNet*:
<https://qualitynet.cms.gov/outpatient/oqr/participation#tab>.

Question 27: **Can you list the chart-abstracted measures?**

The chart-abstracted measures are quarterly submissions for AMI, Stroke, and ED throughput measures.

Question 28: **There used to be a DACA in *QualityNet*. Now, I don't see a DACA tab. Was that carried over to HARP?**

DACA is not used in the Hospital OQR Program. For your specific issues, I would recommend contacting the *QualityNet* Help Desk at (866) 288-8912 or qnetsupport@hcqis.org for system support.

Question 29: **What files are you referring to on slides 44 and 45?**

This option is used if you are simultaneously uploading data from multiple facilities.



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Question 30: When will we be able to run the Q1 2020 validation results and Q1 2020 Validation Summary reports.

Case Selection, Case Detail, and Validation Summary Reports will be available beginning with Q2 2020 validation data. Confidence Interval Reports will be available beginning with data validation results for 2022 payment determination.

Question 31: If I were to go to January 2021, would I get the preview report or the actual publicly reported report? For example, the sepsis bundle has several subcategories in the preview report, but the CMS report does not.

For an explanation of the Preview Report, you can access the User Help Guide on *QualityNet*: <https://qualitynet.cms.gov/inpatient/public-reporting/public-reporting/hospital-compare-preview>

Question 32: I have been trying to run a readmission report for my facility. How do I access that report?

There is no readmission report on HQR for the Hospital OQR Program. If you need a Facility-Specific Report (FSR) or a Claims Detail Report (CDR) from a previously released report, please send the request via the *QualityNet* [Question & Answer Tool](#).

Question 33: I just ran a report for Population and Sampling. The report just shows, “Hospital Initial Patient Population Data XML file successfully accepted.” It does not return a report like the one *QualityNet* provided in the past with a grid for the total number of Medicare and Non-Medicare population.

Go to Data Submissions > Population and Sampling > Data Form > OQR Launch Data Form and ensure you have selected the appropriate Reporting Period. Then, you can view Medicare and non-Medicare in a grid. If you have submitted it, you can also export that into a PDF.

Question 34: Will a hospital only reporting MBQIP measures have access to the Public Reporting section?

Yes, if your facility reports data and your role includes access to this feature, you will be able to view your preview reports under Public Reporting.



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Question 35: **The reporting requirement report for OQR under Active System Administrator shows Currently Unavailable. Do you know why it's not capturing the correct information?**

The Active SO field is still under production and currently not populating. We will remove this from our future checklists if not active next quarter.

Question 36: **Can you show us how to get to the Contact Information Form?**

If you wish to update, add, or edit your hospital's contact information, please use the Hospital Contact Change Form on the Quality Reporting Center: https://www.qualityreportingcenter.com/globalassets/2020/01/iqr/hospital-contact-change-formupdated012020ff_508c1.pdf

Question 37: **Are changes coming to make reports easier to read like before? The CSV format is much more difficult to read.**

Currently, all reports are in CSV. This will change, but the timeframe for this update is not known.

Question 38: **Do you need to submit a Notice of Participation form if a facility is closing and discontinuing participation in the Hospital OQR Program?**

No. If your facility is closing, then you do not need to submit further data on behalf of that facility. Please send written notification of your facility's closure with supporting documentation (your approved 855A form) to QRFormsSubmission@hsag.com.

Question 39: **If it says, "None by Vendor Access," does that mean they do not have any access now?**

Yes. If a vendor has not been set up in the Vendor Management tab, then the vendor will not appear as an active vendor.

Question 40: **I have a DACA tab under Administration. Will we use this?**

DACA is not used in the Hospital OQR Program, but it is used in other programs.

Question 41: **How do I access the Preview Reports and the FSR? How do we receive the notification email that a report is available?**



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Reports will be sent through Managed File Transfer (MFT). When you receive communications in MFT, it will send a notification to your email, and no further action or setup is necessary.

Question 42: **Is there a way to get an export of all the data on Care Compare? Is it done by category?**

You can access downloadable data sets on the Provider Data Catalog site: <https://data.cms.gov/provider-data/>

Question 43: **How do you upload Clinical Data Abstraction Center (CDAC) records in MFT?**

If you were selected for validation, a request with submission instructions should have been provided in the record request. Please contact the CDAC directly for questions related to validation. For Medical Record Submission questions: CDACHelpDesk@hcqis.org. For validation questions: Validation@telligen.com.

Question 44: **How do I get email notifications when a report was sent to the inbox in MFT? I used to get the autoroute email before the move to MFT.**

When you receive communications in MFT, it will send you a notification to your email. No further action or setup is necessary.

Question 45: **I am a Security Official and do not see Access Management in the menu. I was told it was a permissions issue. How can this be corrected?**

For access issues, please contact the *QualityNet* Help Desk at (866) 288-8912 or qnetsupport@hcqis.org.

Question 46: **Is reporting for OP-29 required for Critical Access Hospitals (CAHs)?**

No. Participation in the Hospital OQR Program is completely voluntary for CAHs. Therefore, data submission for any of the measures is voluntary.