



Outpatient Quality Program Systems and Stakeholder Support Team

Springtime Refresh: Exploring the Specifications Manual and Other Important Resources

Presentation Transcript

Moderator

Karen VanBourgondien, BSN, RN
Outpatient Quality Program Systems and Stakeholder Support Team

Speaker

Pamela Rutherford, BSN, RN
Outpatient Quality Program Systems and Stakeholder Support Team

April 21, 2021

DISCLAIMER: This presentation question-and-answer summary document was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; given that they will remain as an archived copy, they will not be updated. The written responses to the questions asked during the presentation were prepared as a service to the public and are not intended to grant rights or impose obligations.

Any references or links to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the question-and-answer session and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

Outpatient Quality Program Systems and Stakeholder Support Team

Karen

VanBourgondien: Hi, everyone. Welcome to the webinar. Thank you for joining us. Today we will be providing a little bit of a review for the program requirements. We are going to go over some tools and resources, and we are going to spend quite a bit of time talking about the Specifications Manual.

If you've not yet downloaded today's handouts, you can get them from our website at QualityReportingCenter.com. Just click on today's event, and you should be able to download the slides.

The learning objectives for this presentation are listed here on the slide. Again, we will briefly review the program requirements and how to initiate a HARP account and registration as a Security Official. We will be spending time reviewing the Specifications Manual as we have found that some people are not aware of some aspects of the manual. We will also venture into QualityReportingCenter.com as there are many resources available.

During the presentation, if you have a question, please put that question in the chat box located on your screen and one of our subject matter experts will respond. Again, if you have not downloaded today's slides, you can get them from our website. We will put a direct link to the slides in the chat box. Slides for our presentations are always posted prior to any event, and the reminder notification that we send out states that as well.

Before we begin, let me just cover a few announcements. Upcoming deadlines are for Quarter (Q)4 data, and that's using the encounters from October 1 through December 31, 2020. These data are due by May 3, 2021. The web-based measures, that data submission deadline is May 17. It is on the 17th because the 15th falls on a weekend.

Now, remember you can make any edits or changes to your data entry up until the deadline. After the deadline passes, you cannot make any changes or edits.

Outpatient Quality Program Systems and Stakeholder Support Team

As a reminder, we always have a survey at the end of our webinars, and we have gotten a lot of great feedback from all of you, which we really appreciate. We do want your opinions and want to address things you want to see, in terms of education. So, as a result of some of your feedback, we will be presenting a measure-specific Frequently Asked Questions (FAQ) webinar in June. Make sure you don't miss that and you are signed up for the *QualityNet* email notifications. We do send out information about our webinars through that. So, without any further ado, let's get started. I am going to turn things over to Pam. Pam?

Pam Rutherford: Thanks, Karen. Oh! It's Spencer, and he is back at his desk after months of dealing with all the problems caused by COVID. Today, Spencer is going to review a few things for the OQR program just to make sure he's not missing anything. So, let's see if we can help him out a little bit. His first stop will be for program requirements.

Now, this is a basic list of the Hospital Outpatient Quality Reporting Program requirements which we will be reviewing in more detail during this presentation.

So, to avoid a reduction in their Annual Payment Update (APU), hospitals must meet the program requirements.

To meet those requirements, you will collect and report data for the measures specific to this program. You will then submit this data through the new HQR platform, and you will need a HARP account and be either a Security Official or a Basic User.

When reporting data, you will follow the guidelines which are presented, in detail, in the Specifications Manual.

Once you submit any data, your facility is considered "Participating" in the program. As all measure specifications are detailed in the Hospital OQR Program Specifications Manual, you should get to know this manual, as it will guide you on appropriate data collection, abstraction and submission.

Outpatient Quality Program Systems and Stakeholder Support Team

You will also need to meet the validation requirements for the measures that apply. CMS computes a confidence interval around the combined scores of all quarters involved in the calendar year. If the upper bound of this confidence interval is 75 percent or higher, the hospital will pass the Hospital OQR Program validation requirement; if the confidence interval is below 75 percent, the hospital will fail the validation requirement.

If a hospital does not meet the overall validation requirement, the hospital will not receive the full APU for the payment determination year.

All the information about this program, and others, are always put forth publicly in the final rule. In short, everything for this program, like changes, additions, or removals, are always put forth through the rulemaking process.

Around July of every year, CMS publishes proposed changes to the Hospital Outpatient Prospective Payment System, or the OPPTS, for the upcoming calendar year; these changes are put forth in what is known as the proposed rule.

There is a comment period with each proposed rule cycle to provide anyone, including hospitals, an opportunity to voice their feedback on these proposals. CMS strongly urges the hospital community to participate in the comment process. Public comments are vital, and CMS reviews each comment before finalizing these changes in the final rule.

Now once the comment period closes, CMS collects all of the feedback and the final rule is released around November with the finalized proposals made to the program. So, it's important to keep up with the rulemaking process so that you know what changes were made to the program. So, let's talk about the current measures for this program.

CMS has not recently added or removed measures for this program. As mentioned a moment ago, any changes to the program are put forth in the rulemaking cycle. We have listed here the types of measures for this program.

Outpatient Quality Program Systems and Stakeholder Support Team

The first type of measures are the web-based measures, which are submitted through the HQR and are submitted annually.

The second type of measures are the patient-level, chart-abstracted measures which are also submitted through HQR by using the CMS Abstraction & Reporting Tool (CART), which is a free software application, or by a third-party vendor. This vendor will essentially enter the data on your hospital's behalf.

Lastly, there are claims-based measures. Data for these measures are collected from paid Medicare claims for measures that meet the specific measure criteria. There is no manual abstraction for these measures on the part of the hospital. So, let's very quickly go over the reporting periods and submission periods for all of these measures.

This slide explains the web-based measures reporting and submission periods for the payment determination year 2022.

These measures include OO-22, Left Without Being Seen, which is an ED throughput measure, but it is placed here because it is submitted annually as a web-based measure. OP-29: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients. Now, remember that if your hospital does not perform screening colonoscopies, you must enter zeros. Do not leave the data fields empty. This system will understand it as that you did not report. OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery. This remains a voluntary measure. This means, at this point in time, you can report the data or not. That is for this measure only. Either decision will not impact your meeting program requirements. However, any data reported will be publicly displayed.

The reporting period for these measures is from January 1 through December 31 of 2020. These data are then submitted during the submission period from January first through May 17. However, due to the COVID-19 exception, any abstraction for encounters from January 1 through June 30 was completely voluntary.

Outpatient Quality Program Systems and Stakeholder Support Team

So, your hospital has a choice of submitting data from July 1 through December 31, or you may submit encounters for the entire year of 2020. Let's talk about this exemption a little further as it relates to OP-22.

If your hospital elects to report for the months of July 1 through December 31, 2020, there is a caveat to this choice that we want you to be aware of.

Now, I want to bring up Emergency Department Volume (EDV), which is displayed on Care Compare. This volume is used to place your hospital in one of four volume categories, and you can see that on the slide. The Emergency Department Volume is based on the volume of patients submitted as the denominator used for the measure OP-22: Left without Being Seen.

So, if you chose not to report data for the voluntary period of January 1 through June 30, 2020, that will be reflective in your Emergency Department Volume. For example, let's say your hospital has an ED volume of 60,000 a year, typically. All right. This places your hospital in the Care Compare ED Volume in the Very High category. However, from July to December, your ED had a volume of 30,000. If you are only submitting the July to December data, your denominator for OP-22 would be 30,000. This would place your hospital in the ED Volume medium category on Care Compare. OK. Moving on.

Here we have the current chart-abstracted clinical measures for the Hospital OQR Program. Of course, with these measures there are several data elements that correlate with each measure. Now, I mentioned this on a previous slide, but remember, OP-22: Left Without Being Seen is a chart-abstracted measure submitted annually via the web-based submission tool.

Also, when you are entering your data for the chart-abstracted measures, you will see Population & Sampling in your drop-down menu. Population & Sampling is voluntary for the Hospital OQR Program.

Outpatient Quality Program Systems and Stakeholder Support Team

Now, this is a timeline as it relates to those chart-abstracted measures. For payment determination year 2022, there have been some deviations from the standard timelines due to COVID-19 and system update delays.

Now, regarding the CMS COVID-19 exception distributed last March, Q2, which did have a November 1 deadline, was the last quarter included in that exception. The Q3 data submission, that was originally with a submission deadline of February 1, was extended to April 1 to accommodate system update delays. Your next deadline for clinical data submission is May 3, and this will be for Q4 2020 data.

Claims-based measures for this program are either imaging measures or outcome measures.

Now, this slide demonstrates the imaging measures and the reporting period associated with them. The reporting period is the timeframe of the patient encounters and are from July 1 2019 through June 30, 2020. This is the time used to calculate the data for these measures. Remember though, under the CMS COVID-19 exception, January 1 through June 30, 2020, encounters will not be used for performance calculation.

The second type of claims-based measures are the outcomes measures. For this program, the outcomes measures are OP-32, OP-35, and OP-36.

The OP-32 measure uses three years of data preceding the payment determination year. So, the reporting period for that measure is January 1, 2018, through December 31, 2020. That is the period of time when the patient was in your facility.

Now, for OP-35 and OP-36, the reporting period is one year. Data are collected from January 1, 2020, through December 31, 2020. Again, the same waiver for January 1 through June 30, 2020, encounters applies to calculating these measures during their respective performance period.

Now, that is kind of a brief summary of the measures for this program.

Outpatient Quality Program Systems and Stakeholder Support Team

Let's talk about the *QualityNet* website. Remember, *QualityNet* has a new web address, which is QualityNet.cms.gov; and we are just going to take a few moments to review some important information for successful reporting.

From the *QualityNet* home page you can sign-up for *QualityNet* Mailer notifications, ask a question using the Q&A tool, as well as initiate credentialing for access into HQR by clicking on the Register icon.

Now, if you want to stay up-to-date with all of the program notifications and updates, then signing up for the *QualityNet* Mailer, otherwise known as Listserve notifications, is a must. This service is a no-cost service and takes about five minutes to register for. This is a very quick and easy way to stay in the loop. You will be sent emails about deadlines, program updates, educational webinars, and more. To initiate this email service, you would click on that Subscribe to Email Updates icon, right there next to the number 1.

If you are abstracting data and have a question, you can ask that question by clicking on the down arrow next to Help, right there by number 2. The Question and Answer Tool will appear, and you can select Ask a Question.

Lastly, if you still need to obtain a HARP account and/or register to be a Security Official, you will click on that Register icon, next to the number 3. So, let's click on that Register icon.

This page will display, and you can see all of the HARP resources available to you, which are seen here boxed in red. These resources will direct you, in detail, on how to initiate your HARP account.

You must have a HARP account before you can move forward with any other registration process, including becoming a Security Official.

So, how do you register as a Security Official? Well, if you have someone in your hospital that is already a Security Official, you would contact that person to give you access to the system.

Outpatient Quality Program Systems and Stakeholder Support Team

If your hospital does not have a Security Official already, then your first step would be to select the “I am an HQR user” link.

That takes you to this page. You will scroll down the page a bit for this view. The steps are provided here, next to the red arrow. Remember though, you must be signed into HARP in order to follow these steps. Should you have any difficulty with your HARP account, you should call the *QualityNet* Help Desk, and we have a slide at the end with their contact information.

OK. We are still on the *QualityNet* website, and let's say you are abstracting data, and you have a question regarding the correct information to submit. Where do you go to find this guidance? Well, you should always refer to the Specifications Manual to guide you through this process. This manual was developed to provide a uniform set of quality measures that reflect the final rule. The Specifications Manual is your guide to the OQR quality reporting measures. So, how do we find this great book of knowledge?

Let's go back to the home page of *QualityNet* and select the Hospitals-Outpatient box.

Here on the right side of the page, you have several choices. You do have the ability to view all of the Specifications Manuals by selecting View All Specifications Manuals, next to the red arrow. This would provide access to all of the various versions and the encounter periods they refer to.

However, today we are just going to select the option Download 2020 Specifications Manual, because that will refer to the encounter period of 2020, which we are currently reporting data for.

You will have to agree with the terms and conditions, and then this will be your initial view, and you can see Version 13.0b refers to encounters from January 1 to December 31, 2020.

Outpatient Quality Program Systems and Stakeholder Support Team

If you were to scroll down the page a little, you will have this view. This first section contains the Table of Contents, Acknowledgement, Program Background, Using the Manual, and Outpatient Delivery Setting. If you want to view these topics, you would simply click on the name of the area you wish to explore. So, for fun, let's click on the Outpatient Delivery Settings link.

This would be your view. You have a snapshot of all the measures for this program.

The next set of sections of the manual are as noted on the slide. I am going to show you each section and point out some specifics. There is a lot more to this manual than just listing the measures. If you want to understand the measures, being familiar with this manual is a necessity.

Once we scroll down that initial landing page I showed you a few minutes ago, this is the view you will see for Section One. This section is broken up by measure and by measure set. The Measure Information Form Format Overview option, in the blue, provides a detailed explanation of the Measure Information Form, also called MIF.

You can select any measure or measure set's link in blue to view that MIF. For our purposes today though, we are going to look at the MIF for OP-29.

This Measure Information Form provides information necessary to abstract the measure correctly. It provides a measure description, numerator and denominator statements, as well as denominator criteria and exclusions.

It will also provide additional instructions to consider when abstracting; and this is only one MIF. You can find a Measure Information Form for each measure to assist you when you're abstracting. Again, there are Measure Information Forms for every measure. You can access these individually by clicking on the appropriate blue link in Section One.

Outpatient Quality Program Systems and Stakeholder Support Team

Moving on down to Section 2, which refers to the Data Dictionary, which happens to be my favorite section. The Data Dictionary and General Abstractions Guidelines options will provide explanation and interpretations and points of clarification when abstracting. The Alphabetical Data Element List and Data Dictionary option provides details as it relates to the various data elements.

This is the data elements list in alphabetical order. By clicking on any blue data element, it will provide the clarifications as it relates to that data element.

So, for example if we selected the *ED Departure Time* data element, this is what it will show. These are a couple of partial snap shots of what is provided. It will let you know the measures that this data element is collected for, it will provide Notes for Abstraction, suggested data sources, and inclusion and exclusion guidelines as well.

The Unable to be Determined (UTD) and Missing Invalid Values link will provide guidance and clarification for missing and invalid data such as the UTD allowable value, missing and invalid data, and the abstraction software skip logic.

The Population, Sampling and Transmission link will provide information on population, sampling, order of data flow, sample size requirements, sampling requirements, and sampling approaches. There's quite a bit of information regarding sample size and sampling requirements. There are sample size requirements for the quarterly data as well as the web-based measures. As we do get a lot of questions about the web-based measures sample requirements, we are going to look at those tables provided.

This view shows the sample size requirements Table 3, specific to OP-18. Table 4 is specific to OP-29 and OP-31. So, here you can see for OP-29 and OP-31, if you have 0–900 cases that met the denominator criteria for that measure, your annual sample size would be 63. If you have 901 or greater, your minimum sample size would be 96. Medicare gives you the sample size tables so it is not overly burdensome to abstract.

Outpatient Quality Program Systems and Stakeholder Support Team

For example, if your hospital had a total population of 2,500 cases, well, CMS does not want you to abstract 2,500 cases, right? So, they provide an adequate sample instead, which for the 2500 cases would be 96. Let's look at an example for OP-29.

This is the data entry page for OP-29. So, we will just use this for our example. The first thing you are going to do is obtain your population. Your population is the total number of cases that meet the denominator criteria. In our example here, this hospital had 763 cases that met the measure criteria. You will then refer to Table 4 in the Specifications Manual that we just looked at and obtain the sample requirement. So, 0–900 cases means your sample size is 63. That's the minimum cases to be submitted.

In this example, our sample size is 63 and that will also be your denominator. To obtain the numerator out of those 63 cases, you will ask yourself how many patients who had a recommended follow-up interval of at least ten years for repeat colonoscopy documented in their colonoscopy report, and you can see that numerator right here on your data entry page.

That's it. Hope that clarified things for some of those of you who struggle with that aspect. So, let's go back to the Specifications Manual.

The next section is Section 5. Now, by selecting the individual options seen here, you will be provided data transmission guidelines for these categories. To upload data, you should use the specified file layouts provided here. The system will not understand other XML file layouts.

Moving down to Section 6, this section is your tools and resources area. Okay, this is my second favorite. Here there are guidelines, fact sheets, algorithms, examples, and more to assist you in abstracting for the measures listed here. There are numerous resources, but today let's just take a look at the guidelines for *Departure Time*.

Here are some partial views of what is provided. It tells you what you can use, what you should not use, and provides some frequently asked questions as it relates to this data element.

Outpatient Quality Program Systems and Stakeholder Support Team

Take some time to look at these tools and resources if you are having trouble abstracting. Many people are not even aware that they are there.

OK, so the last section is the Appendices. You can see here there are code tables for Q4 and Q1 through Q3. The reason for two different tables is because these codes are updated annually with an October 1 effective date and this extends through September 30 of the next year.

The Preview Section provides information on new measures. Now these measures identified in this section are not currently collected. It will essentially let you know what is new to the program and coming your way. In this version of the manual, it tells you specifically that there are no new measures have been introduced for the CY 2023 payment determination.

Now, as I talked about in the beginning of the presentation, we will see what happens in this upcoming rulemaking cycle. So, stay tuned!

I think that about covers what I wanted to show you in the manual.

Another great resource is the support team website, QualityReportingCenter.com. This website is another resource that is incredibly helpful to those new to the program. It is full of tools and resources that are available to assist you with your quality reporting. This website services multiple programs. So, from the homepage of QualityReportingCenter.com, you will select the Outpatient icon at the top of the slide.

This page will display. On the left, you will see the menu options specific to the [Hospital] Outpatient Quality Reporting Program. You can see there are a lot of resources, but, in the interest of time, I am only going to show you a few. So, first, I will show you what is under the Hospital OQR Program Tools and Resources tab.

This is just a partial view of what is available and there is quite a lot. One of the most frequently downloaded items is the Successful Reporting In the Hospital OQR Program: A Step-by-Step Guide For New Facilities.

Outpatient Quality Program Systems and Stakeholder Support Team

It's seen right there on the top. Now, this lays out the program for you in one easy-to-read document.

One of my favorite resources is the Hospital OQR [Program] Important Dates document and you are going love this too. This is a one-page resource to keep you straight on deadlines. Of course, you can access the Hospital Contact Change Form from this page, and that is where you can update your facility's contact information, so reminder calls and emails are directed to the right person and that's extremely important. Again, there's much more in this category and this is just a snapshot.

If we were to return to that drop-down menu, you can see Upcoming Events and Archived Events categories. The Upcoming Events would display any events that are in the next month or so. The Archived Events displays past events. Let's take a look at the Archived Events category.

All past webinars presented are archived with a recording of the event, the slides, and a presentation transcript. They are posted in the date order. So, you will see the most current one at the top. You can access and watch any of these at your leisure.

All right, going back again to the drop-down menu. This time if you click on the arrow next to Data Dashboard, you will see three options. We are going to click on the Look Up Tools option.

This is a partial view of that page. This disclaimer box here will tell you the last time this tool was updated. So, if you entered your data after that date, this tool will not reflect the data you entered.

If you wanted to check to make sure you submitted your web-based measures, after the last update, you would enter your CCN and click on the Enter box.

Your result view will look something like this. The Yes next to each measure indicates a successful submission. Again, this website does have a lot of information available, so, please take advantage of it.

Outpatient Quality Program Systems and Stakeholder Support Team

Well, with all the information Spencer has reviewed today, let's just take a moment to summarize.

First and foremost, make sure you have at least one Security Official. You absolutely cannot report data without having at least one Security Official.

You will collect data, whether chart-abstracted or web-based, and submit by the appropriate deadlines. Also, remember that chart-abstracted Population & Sampling is voluntary for the Hospital OQR Program, and please do not wait until the last minute to enter your data.

Here we have some resources available for you. Again, the slides are available on QualityReportingCenter.com. For your convenience, you can simply click on the link here to access those slides. Remember, we will have the recording of this event up in the next few days as well as a transcript, which will be available in the next few of weeks.

With any issues related to the HQR platform, please contact *QualityNet* support. We highly recommend you opening a Help Desk ticket to address any concerns or issues you may have. As always, with any program-related questions, give us a call at 866.800.8756.

That's all I have today. Karen, back to you.

Karen

VanBourgondien: Thanks, Pam. As always, the questions and answers from the chat box will be posted on our website.

Again, thank you, Pam. Thanks to all of you for joining today. We hope this was very helpful. Have a great day.