Where in the World? Finding Your Way to Successful Reporting for the Hospital OQR Program

Presented by:

Outpatient Quality Program Systems and Stakeholder Support Team

OUR JOURNEY TODAY

Learning Objectives

Attendees will be able to:

- State program requirements for Hospital Outpatient Quality Reporting (OQR) Program.
- List measures for this program.
- Recall how to submit data.
- Describe resources available on *QualityNet* and the QualityReportingCenter websites.

OUR FIRST STOP…

BOSTON

Program Requirements

Topics

This section covers:

- Program requirements
- Frequent program terms
- Public reporting
- Most recent final rule

Regulation

- Section 1833(t)(17)(A) of the Social Security Act addresses the Hospital OQR Program
  - Hospitals that do not meet program requirements may receive a reduction of 2.0 percentage points in their payment update for the applicable payment year.

Program Requirements

- Collect and report data for program measures by submitting the following:
  - Web-based data through the Hospital Quality Reporting (HQR) system annually.
  - Web-based data through the National Health Safety Network (NHSN) system quarterly.
  - Chart-abstracted clinical data quarterly.
- Meet validation requirements if selected.

Data for claims-based measures are collected via paid Medicare claims and do not require abstraction and reporting by the hospital.

Validation

- CMS randomly selects 450 hospitals.
- CMS targets 50 hospitals that:
  - Failed the validation requirement.
  - Had an outlier value.
  - Were not selected in the previous three years.
  - Have a lower bound confidence interval score the previous year.
- Selected hospitals have 30 days to electronically submit medical records.
- Hospitals must receive at least a 75 percent validation score.

Terms Explained

- **Reporting Period**: Timeframe data are being pulled from (patient encounters)
- **Submission Period:** Timeframe you must submit your data
- **Payment Determination Year:** Year your hospital sees a payment reflection

Example: OP-29 Submission

* The Payment Determination Year 2023 is from January 1 through December 31, 2023

Public Reporting

Data reported will be publicly reported to allow for the following:

- Evaluation of preview report
- Access to publicly displayed data
- Comparison of data to other hospitals
- Use for quality improvement
- Review of the Star Ratings to evaluate patient experiences
  - Provides Medicare beneficiaries with meaningful information through Star Ratings

Final Rule Review

CY 2022 OPPS/ASC* Final Rule (86 FR 63458)

- Administrative
  - Expansion of the Extraordinary Circumstances Exceptions (ECE) Policy to include electronic clinical quality measures (eCQMs)
  - Validation policy updates
- Measures
  - Removal of two measures, OP-2 and OP-3
  - Adoption of three measures, OP-38, OP-39, and OP-40
  - Updates to two measures, OP-31 and OP-37a–e
- Requests for Information

*Calendar Year (CY) Outpatient Perspective Payment System/Ambulatory Surgical Center

OUR NEXT STOP…

SEATTLE

Program Measures

Topics

This section covers:

- Types of measures
- Program measures and deadlines

Types of Measures

- Measures submitted using a web-based tool
  - Collect and report data in the HQR System and have:
    - An active Healthcare Quality Information System (HCQIS) Access Roles and Profile (HARP) account
    - At least one active Security Official (SO) registered (two recommended)
  - Collect and report data in NHSN and have:
    - An active Secure Access Management Services (SAMS) credentials
    - One Facility Administrator*
- Chart-abstracted clinical measures submitted via the HQR System
  - Using CMS Abstraction & Reporting Tool (CART) or a third-party vendor
- Claims-based measures
  - Using paid Medicare claims

*Only one Facility Administrator permitted in NHSN, but additional users can be added.

Chart-Abstracted Measures

CY 2023 Payment Determination

Measure	Reporting Period and Dates	Submission Deadline
OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	Q2 2021 Apr 1–Jun 30, 2021	Nov 1, 2021
OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention	Q3 2021 Jul 1–Sept 30, 2021	Feb 1, 2022
OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients	Q4 2021 Oct 1–Dec 31, 2021	May 2, 2022
OP-23: Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival	Q1 2022 Jan 1–Mar 31, 2022	Aug 1, 2022

OP-2 and OP-3 have been removed from the program beginning with the CY 2023 reporting period/CY 2025 payment determination

Web-Based Measures: Via HQR

CY 2023 Payment Determination

Measures	Reporting Period	Submission Period
OP-22: Left Without Being Seen	January 1–December 31, 2021	January 1–May 16, 2022
OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	January 1–December 31, 2021	January 1–May 16, 2022
OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery **(Voluntary)***	January 1–December 31, 2021	January 1–May 16, 2022

* **Mandatory** reporting for OP-31 begins with CY 2025 reporting period/CY 2027 payment determination.

Web-Based Measure: Via NHSN

CY 2024 Payment Determination

Measure	Reporting Period	Submission Deadline
OP-38: COVID-19 Vaccination Coverage Among Healthcare Personnel	Q1: Jan 1–Mar 31, 2022	Aug 15, 2022*
	Q2: Apr 1–Jun 30, 2022	Nov 15, 2022
	Q3: Jul 1–Sept 30, 2022	Feb 15, 2023
	Q4: Oct 1–Dec 31, 2022	May 15, 2023

* First data submission deadline for Hospital OQR Program.

The Hospital OQR Program requirements are separate from any mandates.

Imaging Measures

CY 2023 Payment Determination

Claims-Based Measure	Calculated Encounter Dates
OP-8: MRI Lumbar Spine for Low Back Pain	July 1, 2020–June 30, 2021
OP-10: Abdomen CT – Use of Contrast Material	July 1, 2020–June 30, 2021
OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low Risk Surgery	July 1, 2020–June 30, 2021
OP-39: Breast Cancer Screening Recall Rates	July 1, 2020–June 30, 2021

Outcome Measures

CY 2023 Payment Determination

Claims-Based Measure	Reporting Period
OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	January 1, 2019–December 31, 2021
OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	January 1, 2021–December 31, 2021
OP-36: Hospital Visits after Hospital Outpatient Surgery	January 1, 2021–December 31, 2021

More Measures: In the Future

Submission of Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey (OAS CAHPS®): **CY 2023 Payment Determination**

Measure Name	Reporting Period
OP-37a: About Facilities and Staff	**Voluntary** reporting begins with CY 2023 reporting period/CY 2025 payment determination. **Mandatory** reporting begins with CY 2024 reporting period for the 2026 payment year.
OP-37b: Communication About Procedure	
OP-37c: Preparation for Discharge and Recovery	
OP-37d: Overall Rating of Facility	
OP-37e: Recommendation of Facility	

Submission of eCQM: **CY 2026 Payment Determination**

Measure Name	Reporting Period
OP-40: ST-Segment Elevation Myocardial Infarction (STEMI) eCQM	**Voluntary** reporting begins with CY 2023 reporting period/2025 payment determination. **Mandatory** reporting begins with CY 2024 reporting period/2026 payment determination.

Upcoming Deadlines

Report data for OP-2 and OP-3 until August 1, 2023.
Reporting for OP-31 becomes **mandatory** with the May 15, 2026, data submission deadline.
Reporting for OP-38 began with January 1, 2022, encounters.

Measure	Reporting Period	Submission Deadline
Chart-Abstracted Measures		
OP-2	For Q4 2021 Oct 1–Dec 31, 2021	May 2, 2022
OP-3		
OP-18		
OP-23		
Web-Based Measures: HQR		
OP-22	Jan 1–Dec 2021	May 16, 2022
OP-29		
OP-31 (Voluntary)		
Web-Based Measures: NHSN		
OP-38	Jan 1–Mar 31, 2022	August 15, 2022

OUR NEXT STOP…

CHICAGO

Entering Your Data: HQR

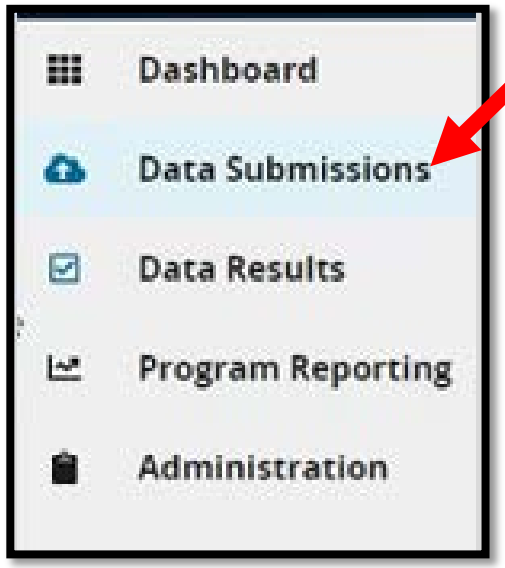
Topics

This section covers:

- How to enter your data into HQR

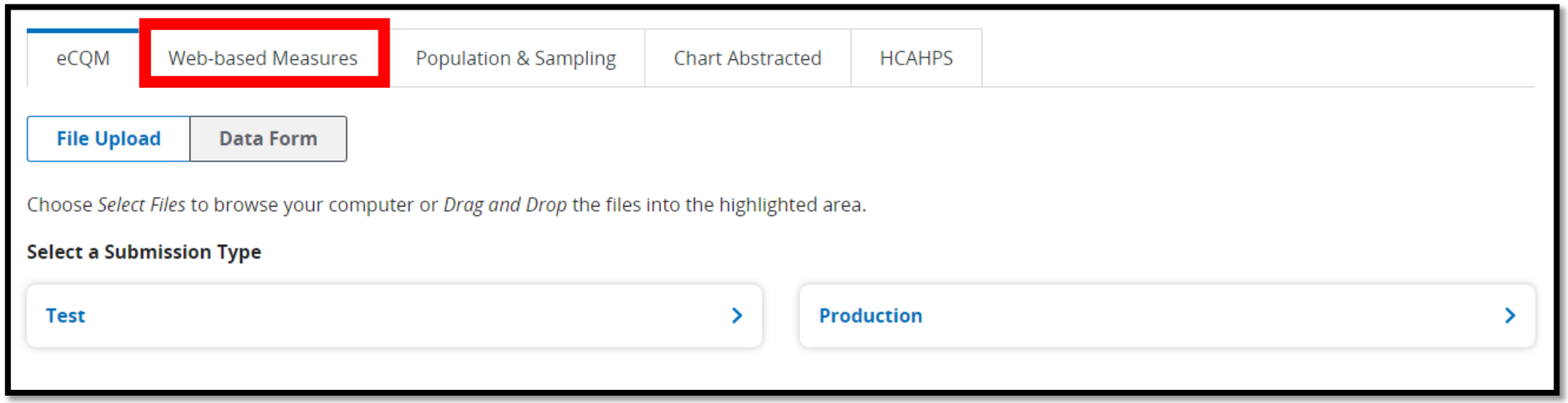
Data Submission

To enter your data, click on the Dashboard toggle to open your menu.
Select *Data Submission*.



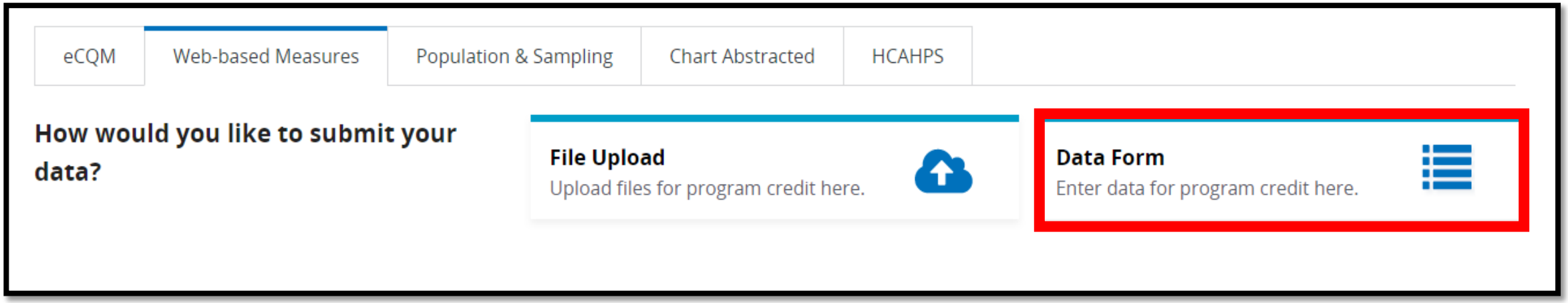
Choose Data Form

To enter data for web-based measures from the options, select *Web-based Measures*



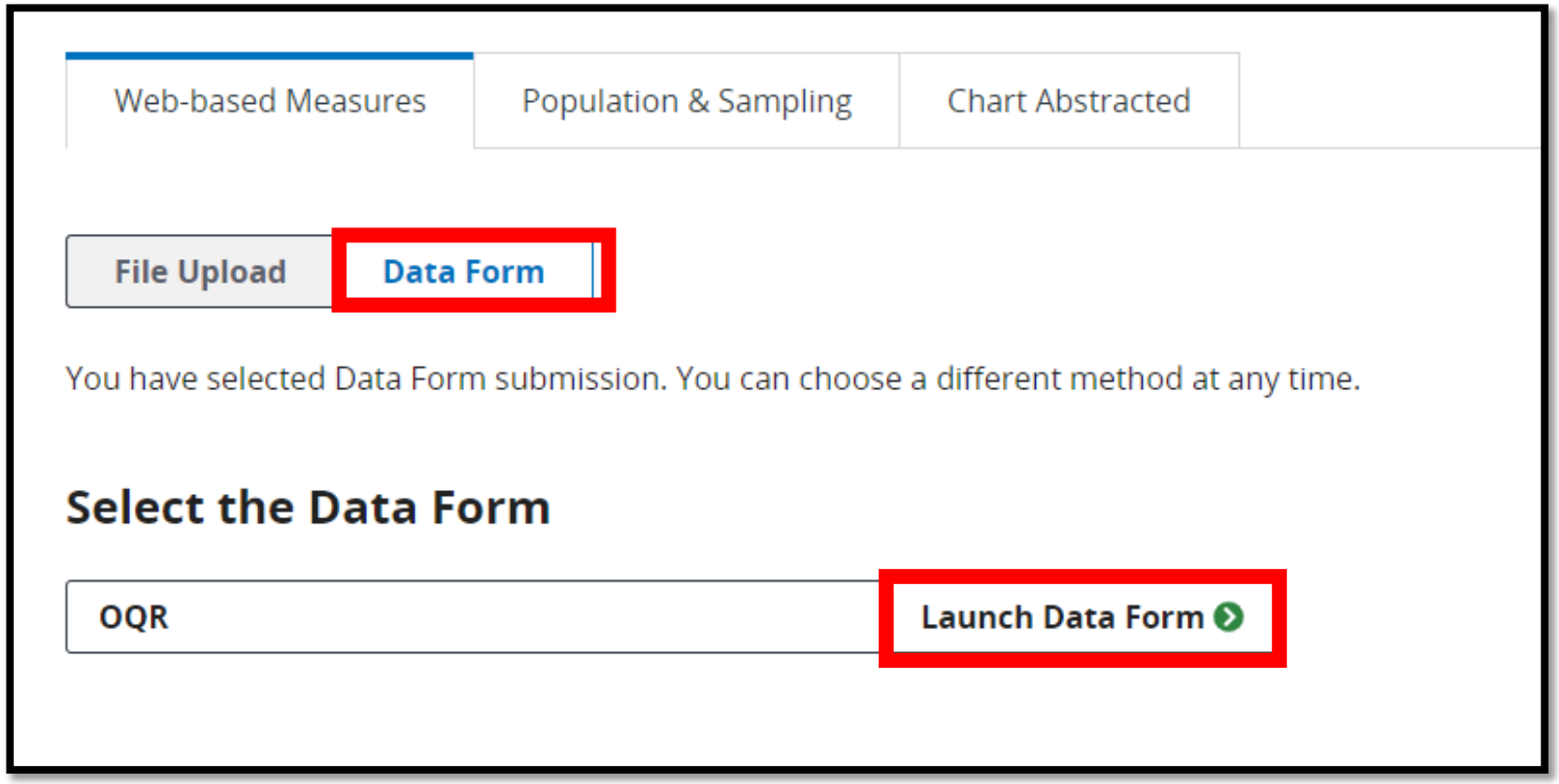
Choose Your Option

Hospitals will select the *Data Form* option.



Data Form

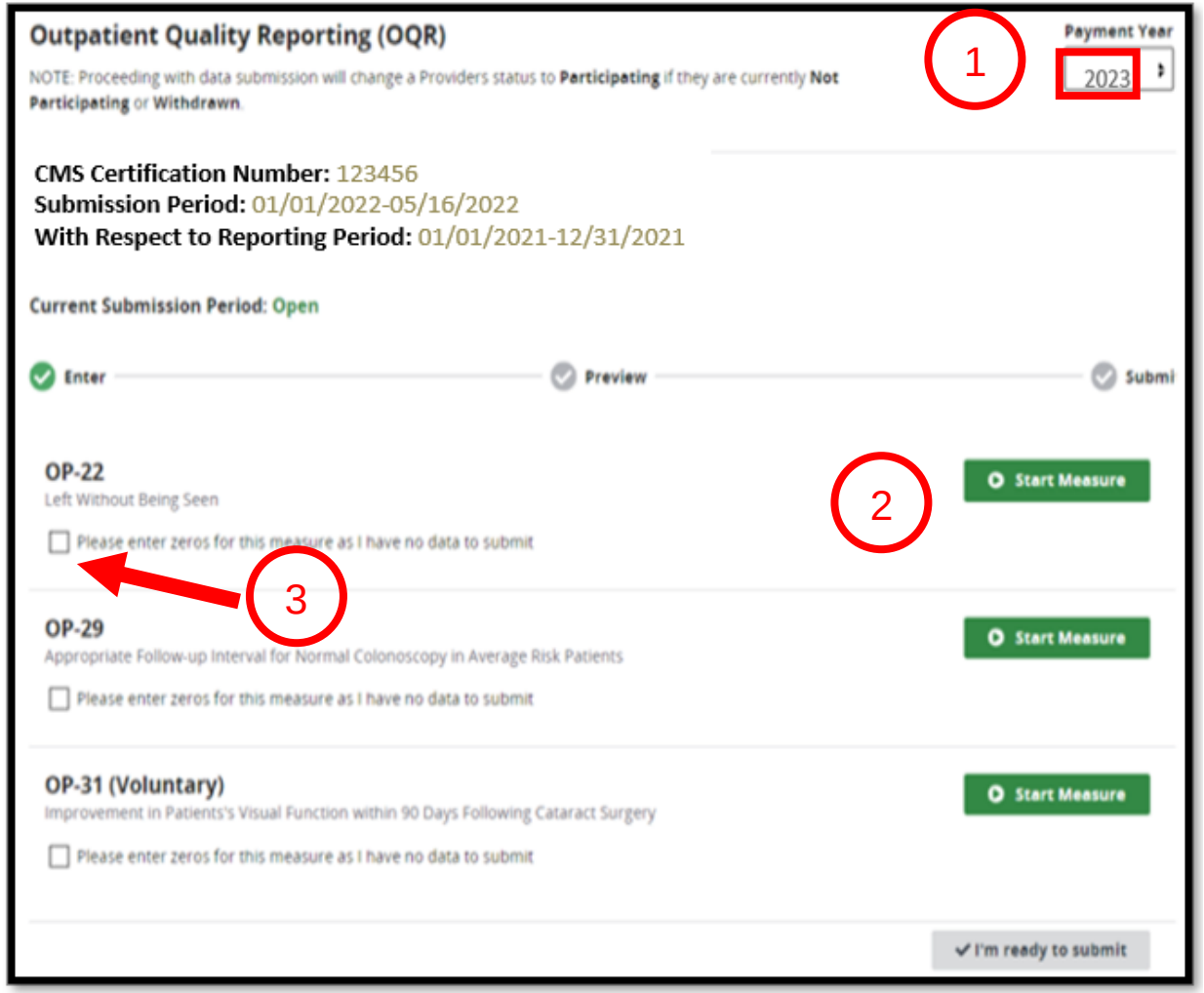
In choosing the Data Form option, select *Launch Data Form.*



Enter Your Data

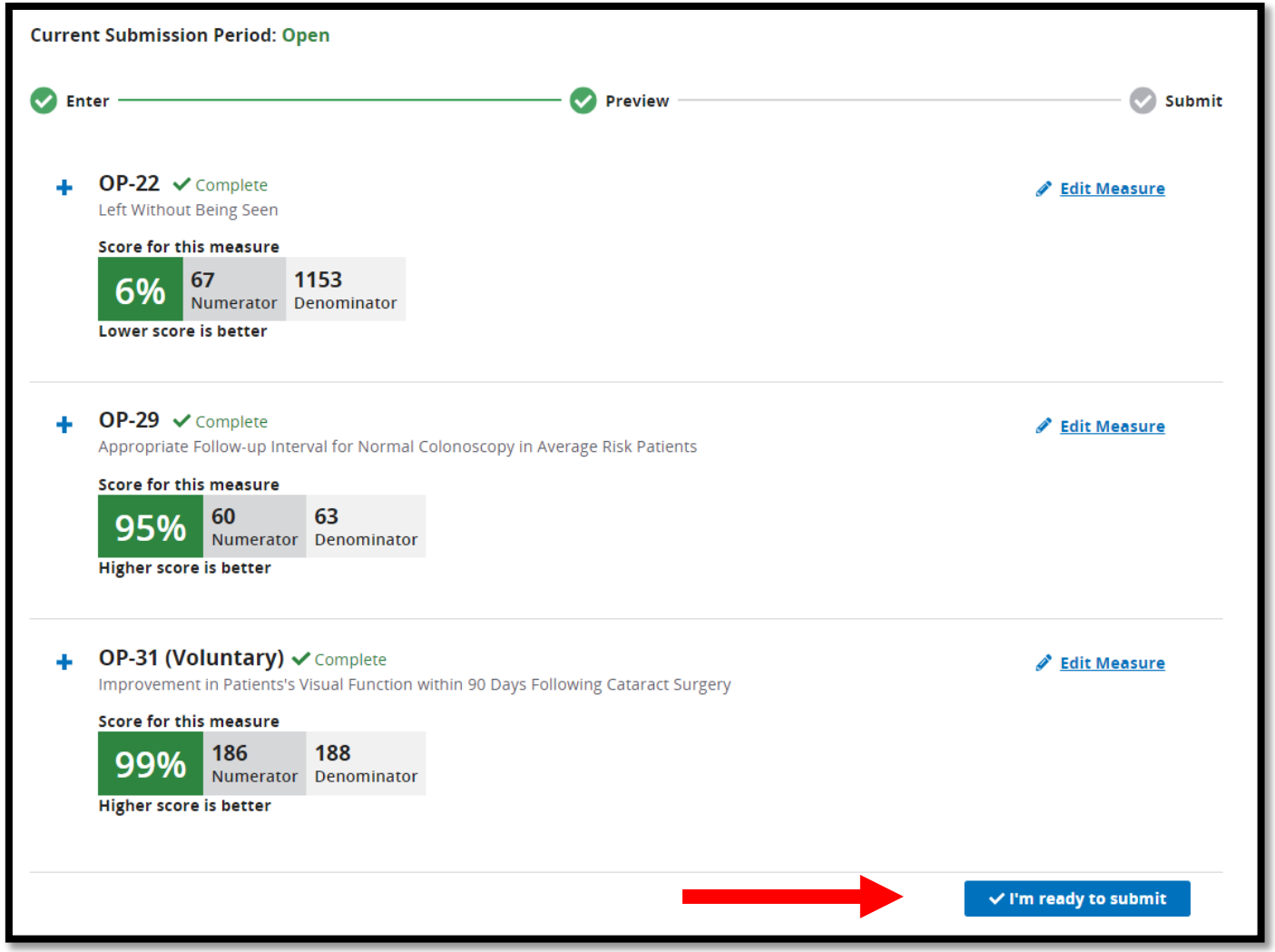
To enter your data, you can:

1. Check the Payment Year.
2. Select *Start Measure.*
3. Check the box next to *Please enter zeros for this measure as I have no data to submit* if your hospital does not perform these procedures.



Submit Your Data

Once you have entered all the data, select the blue *I'm ready to submit.*



Retain a Copy

- The green check next to *Submit* indicates a successful submission of your data.

- You can print a screen shot or use the *Export Data* feature to keep a copy for your records.

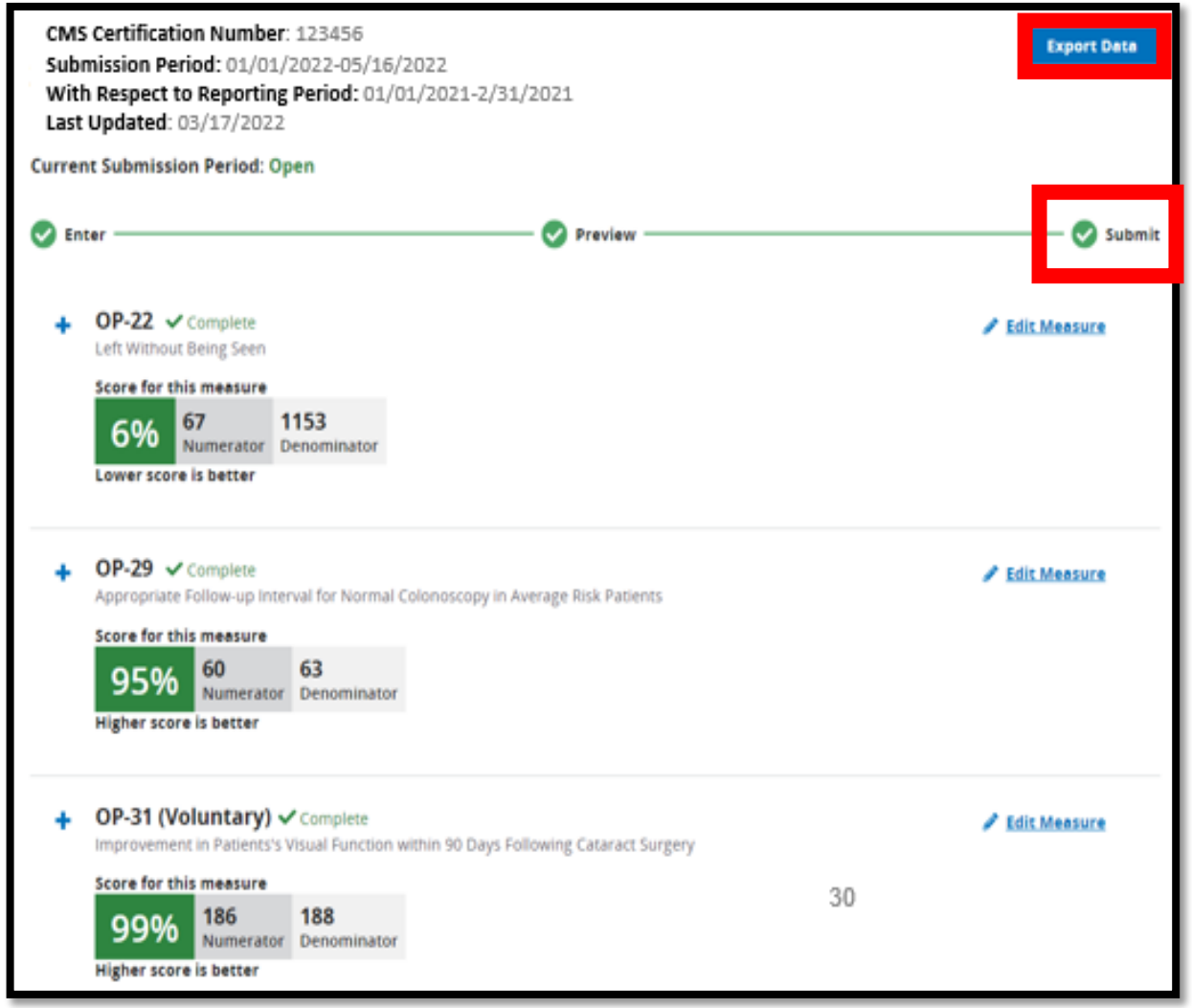


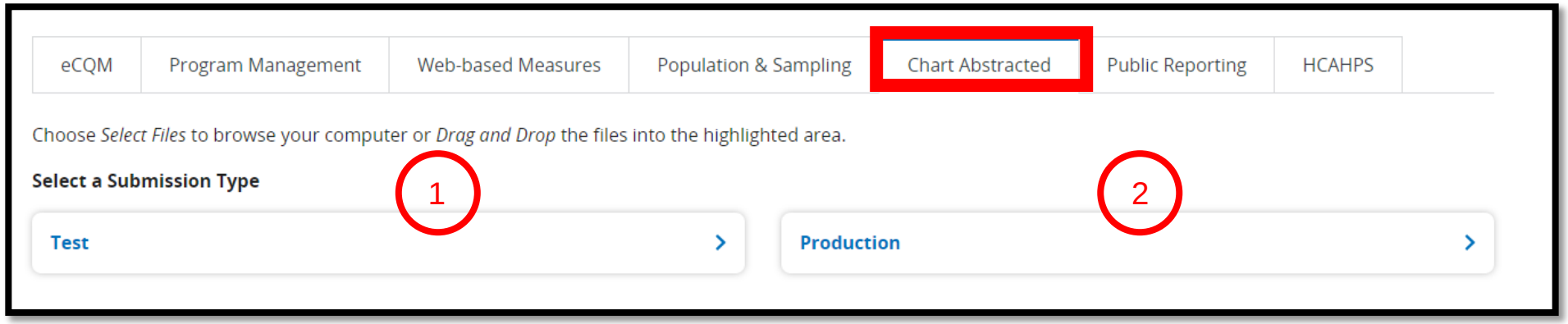
Chart-Abstracted Tab

From the Chart-Abstracted tab:

1. You can use the *Test* Environment.

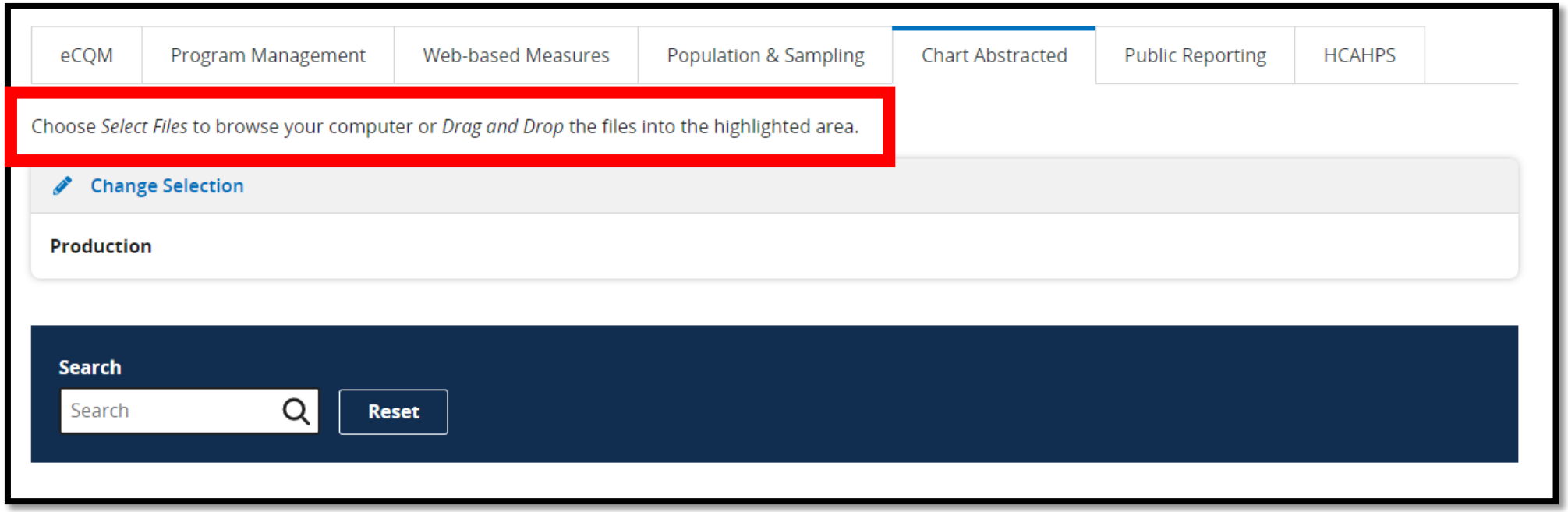
OR

2. You can submit your data in *Production.*



Select Your Files

You can use Select Files or the Drop and Drag feature to upload your data.



CART

- Enter clinical chart-abstracted measures through CART.
  - No cost application tools are found on *QualityNet.*
  - Tutorials and CART training are also available here: https://qualitynet.cms.gov/outpatient/data-management/cart/resources

OUR NEXT STOP…

SAN FRANCISCO

Entering Your Data: NHSN

Topics

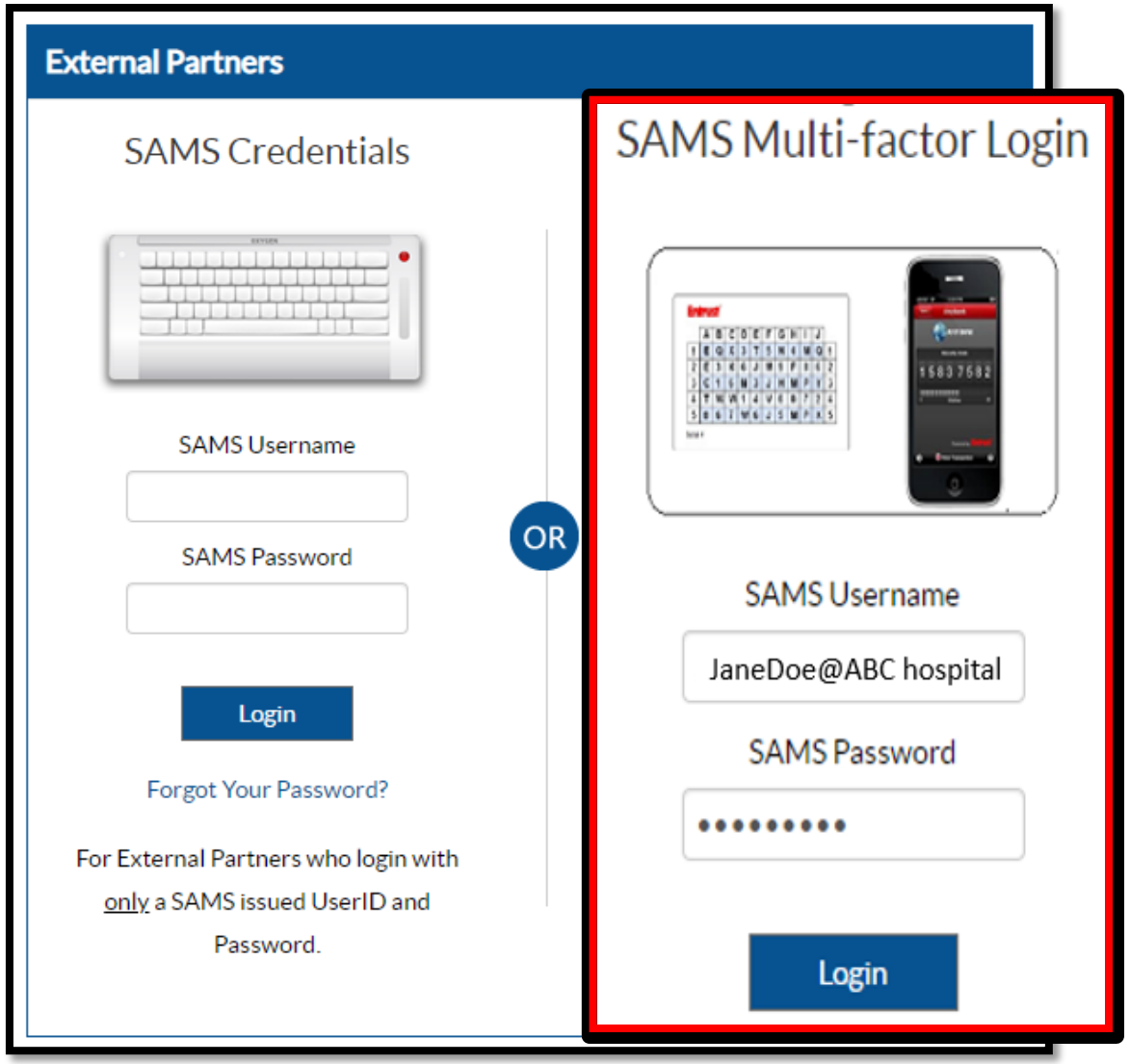
This section covers:

- How to enter your data into NHSN

Logging Into SAMS

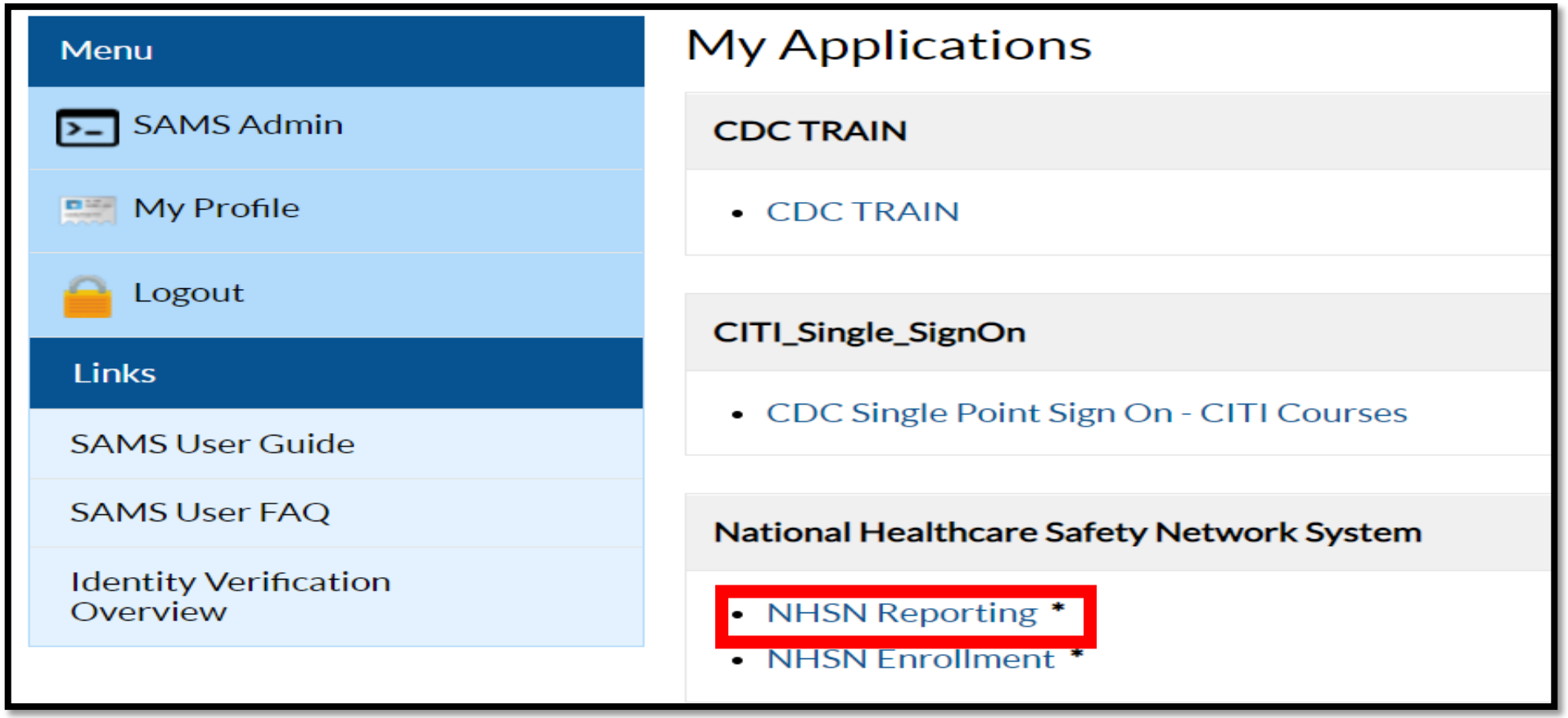
Log into the SAMS portal using the link provided or use sams.cdc.gov.

- Enter your username and password.
- Select *Login.*



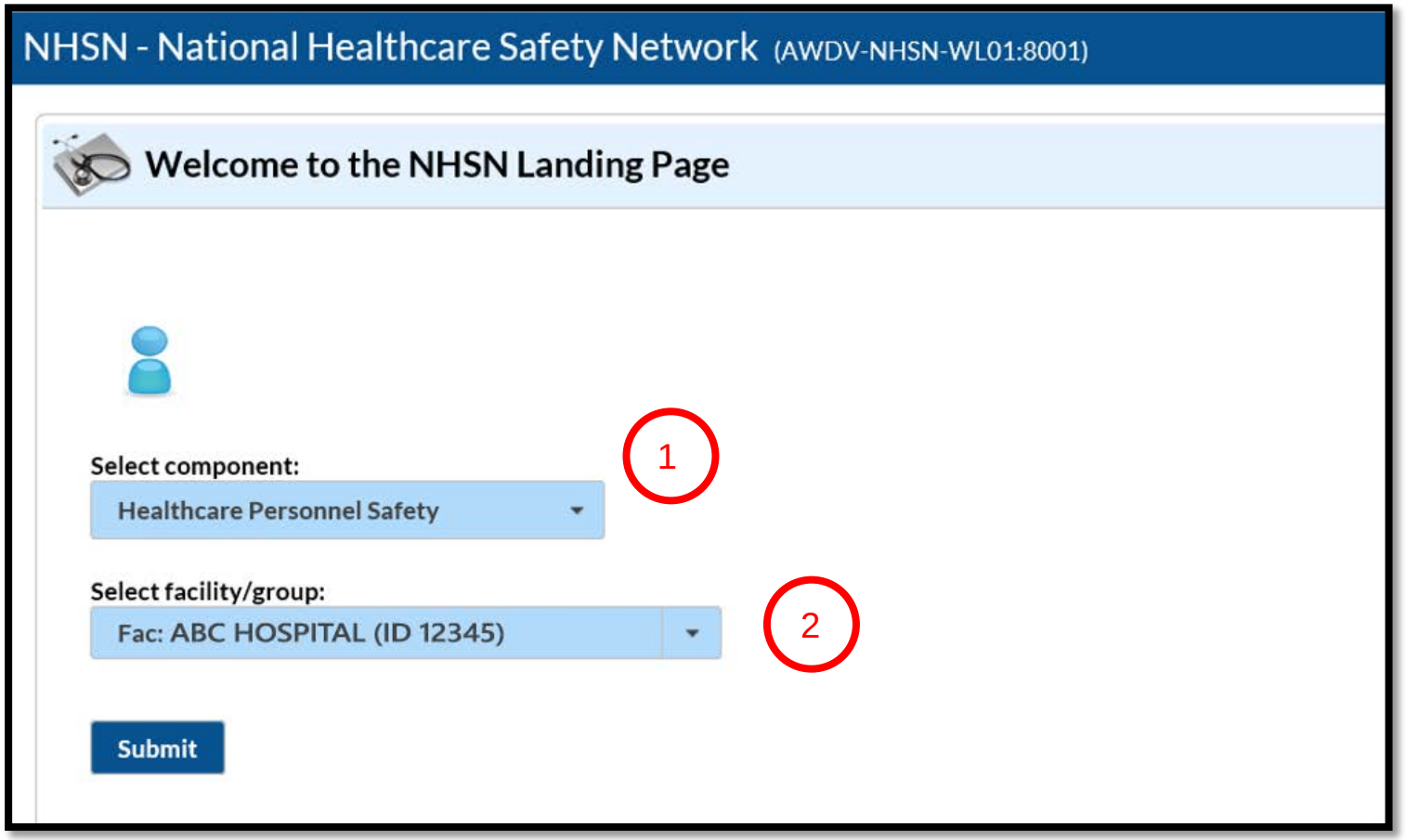
Accessing NHSN Reporting

Select *NHSN Reporting.*



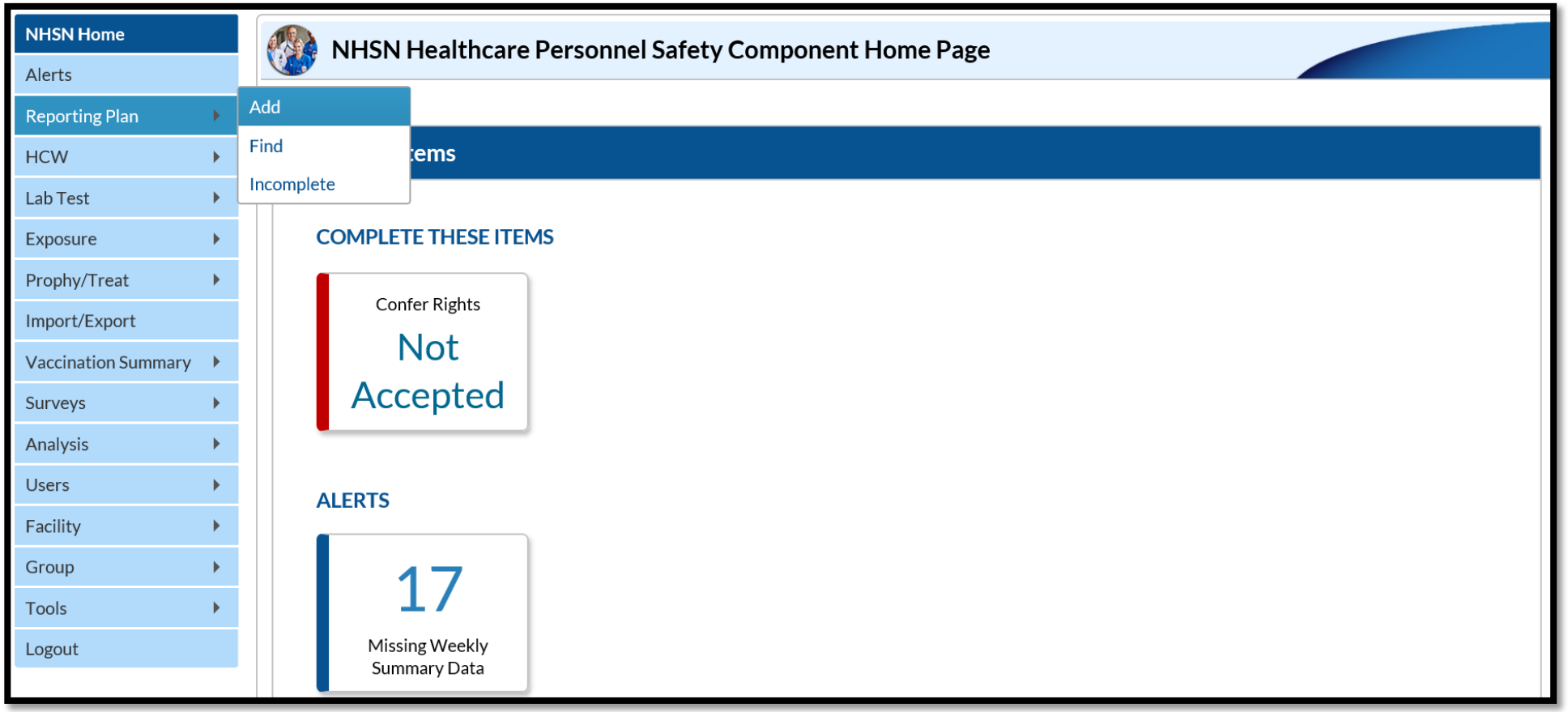
NHSN Landing Page

1. Under **Select Component**, from the drop-down menu, choose *Healthcare Personnel Safety.*
2. Under **Select facility/groups**, select your facility.



Add a Monthly Reporting Plan

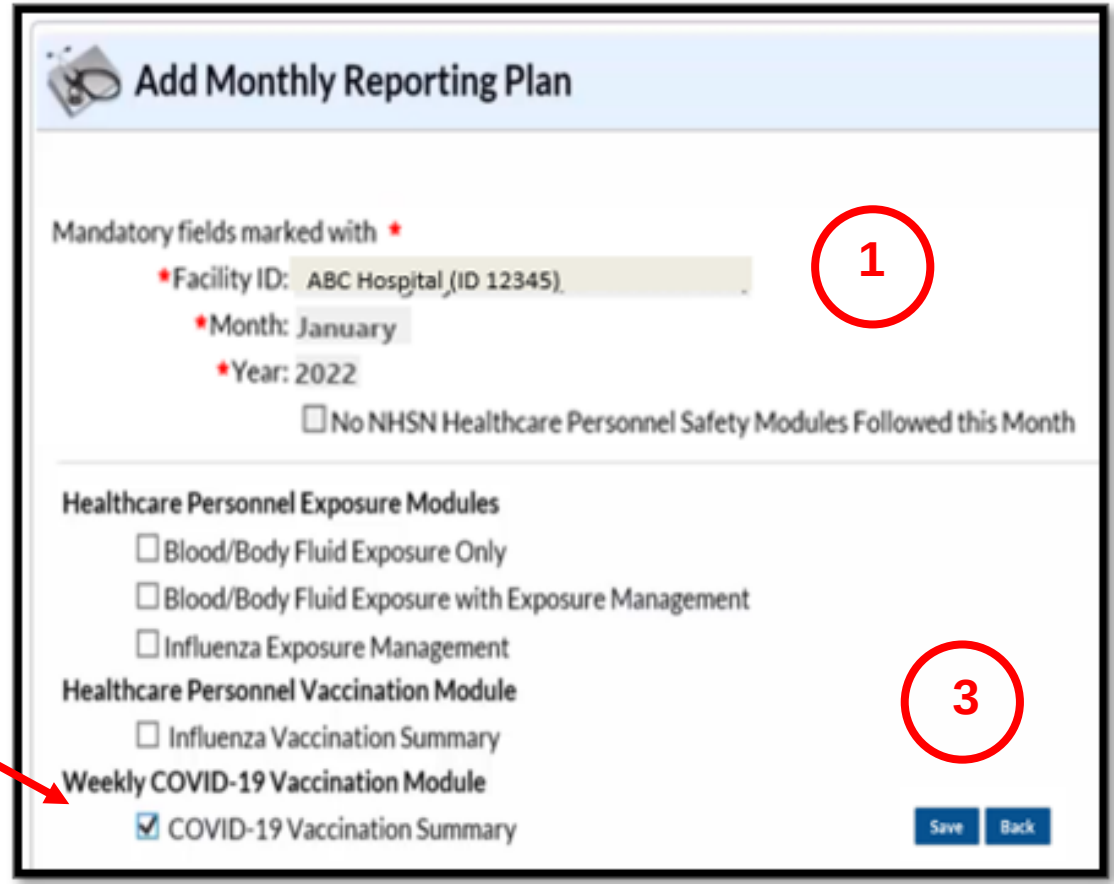
Hover over Reporting Plan from the left navigation bar.
Select *Add.*



Choose Your Options

Select:

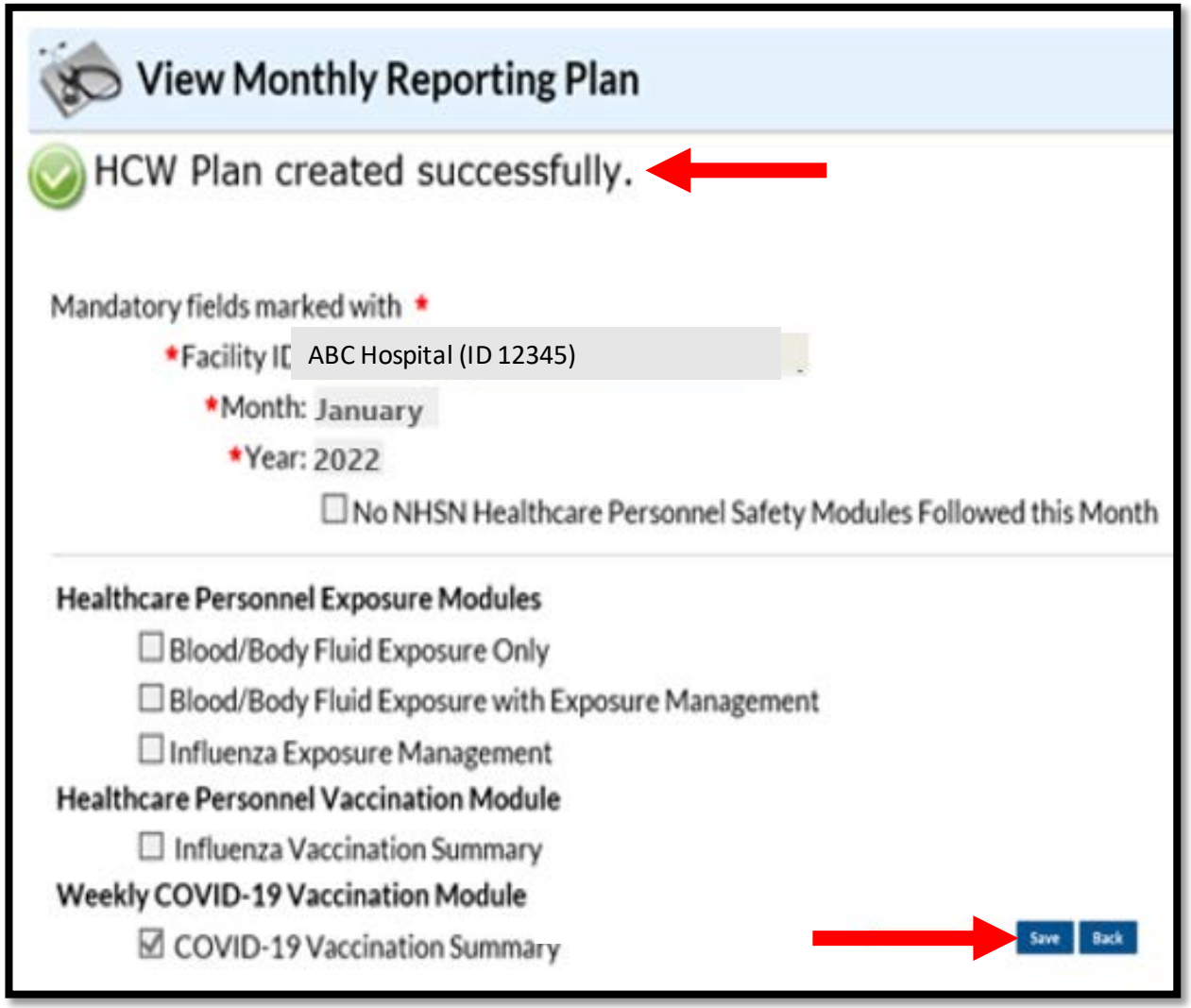
1. The month and year from the drop-down
2. COVID-19 Vaccination Summary
3. *Save*



This disclaimer may appear, since you have not entered your data yet. Select *OK.*

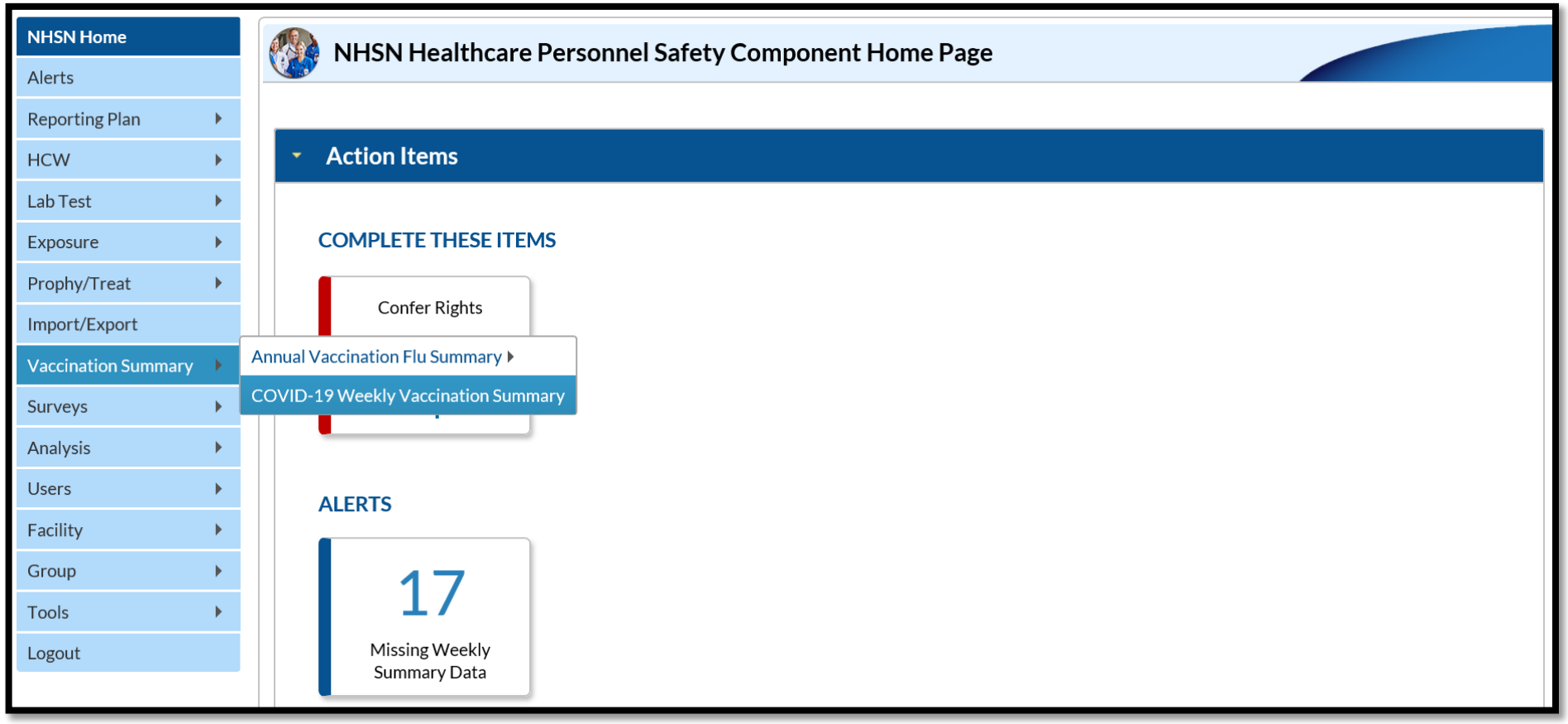
Plan Successfully Saved

- Look for “HCW Plan created successfully.”
- Select *Save.*



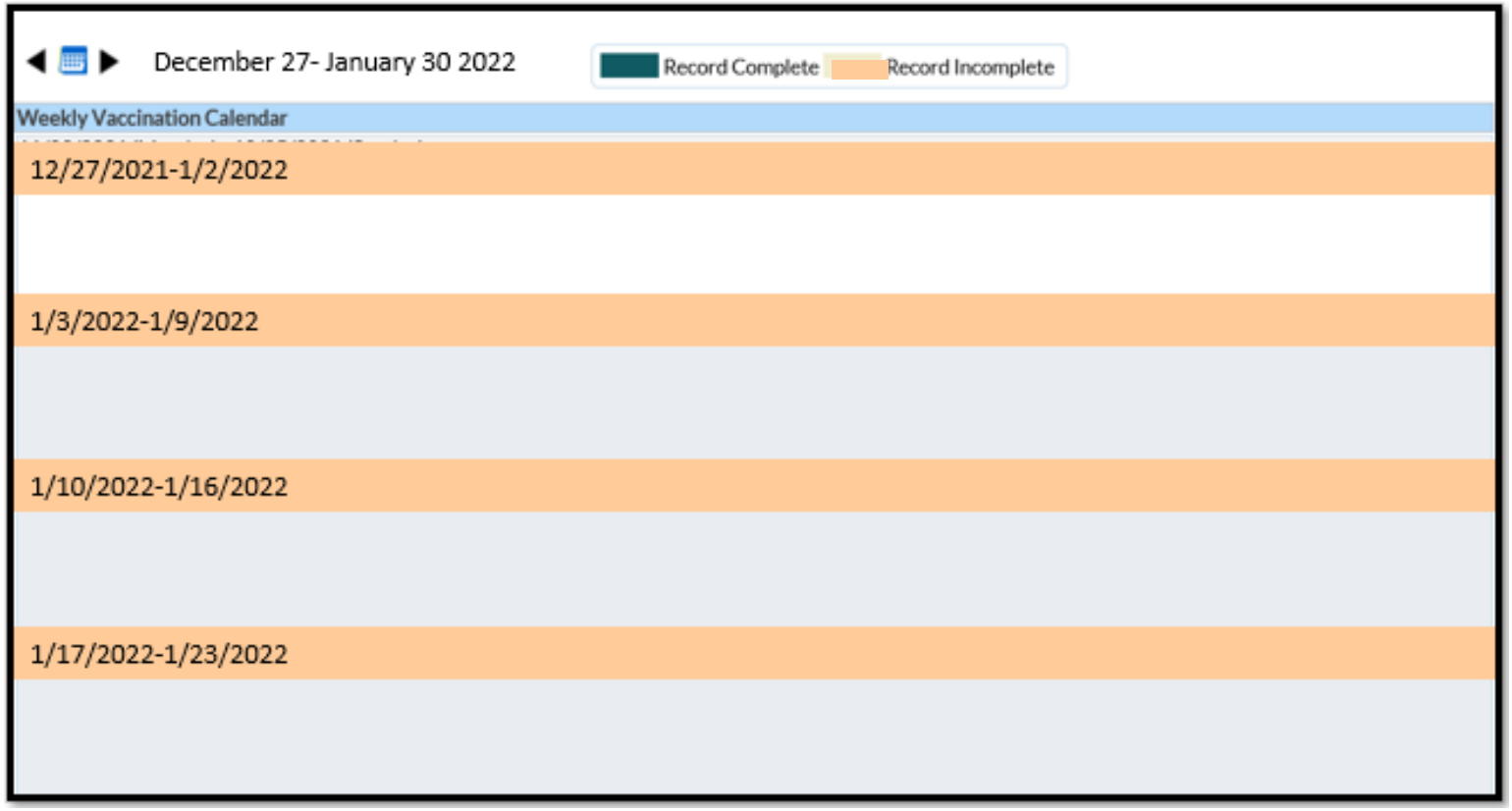
Home Page

1. Hover over **Vaccination Summary** from the navigation bar.
2. Select *COVID-19 Weekly Vaccination Summary.*



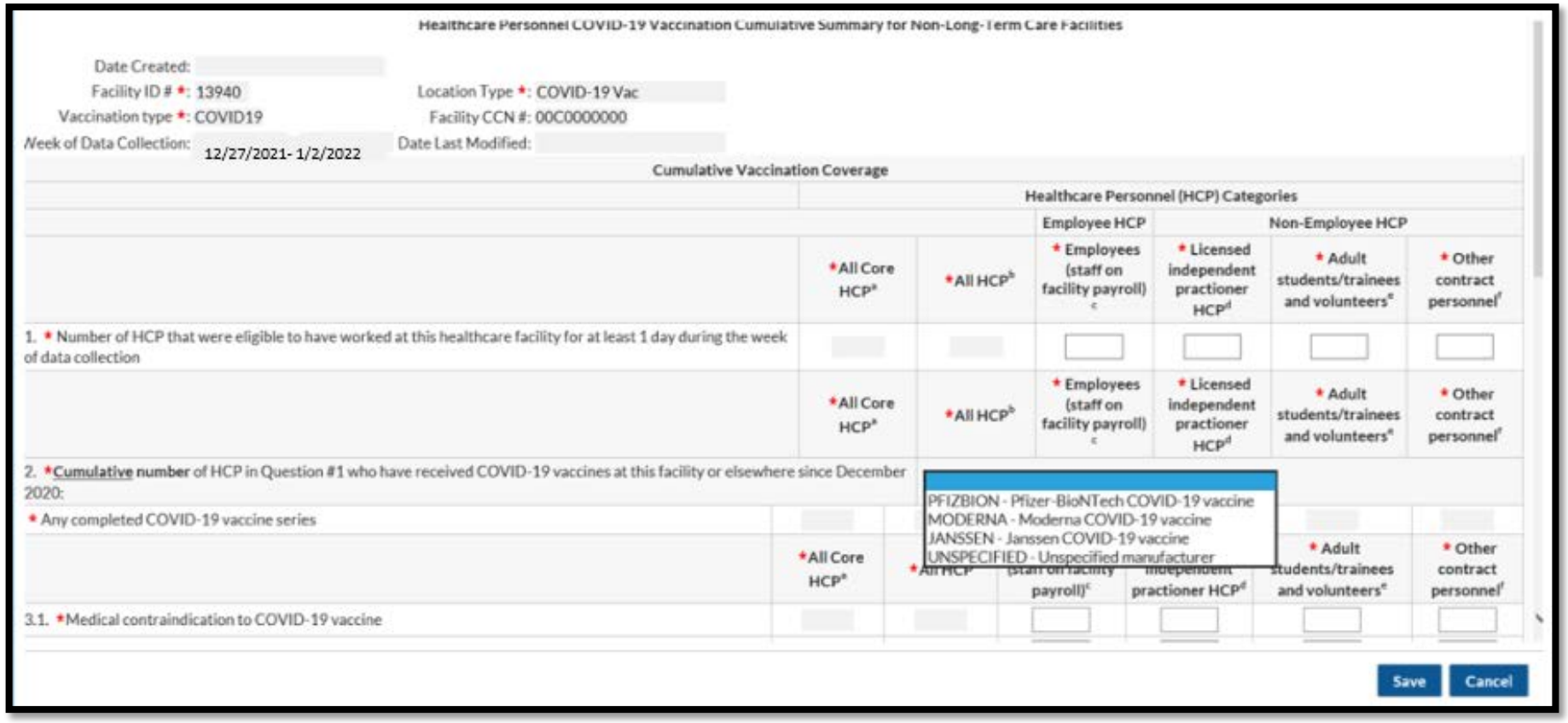
Calendar Week

Select the week to enter data.



Educational tools are located on NHSN:
https://www.cdc.gov/nhsn/hps/weekly-covid-vac/

Enter Your Data



Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Non-Long-Term Care Facilities

Date Created:

Facility ID # *: 13940 Location Type *: COVID-19 Vac

Vaccination type *: COVID19 Facility CCN #: 00C0000000

Week of Data Collection: 12/27/2021- 1/2/2022 Date Last Modified:

Cumulative Vaccination Coverage

	Healthcare Personnel (HCP) Categories					
			Employee HCP	Non-Employee HCP		
	*All Core HCP[a]	*All HCP[b]	* Employees (staff on facility payroll)[c]	* Licensed independent practioner HCP[d]	* Adult students/trainees and volunteers[e]	* Other contract personnel[f]
1. * Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection						
	*All Core HCP[a]	*All HCP[b]	* Employees (staff on facility payroll)[c]	* Licensed independent practioner HCP[d]	* Adult students/trainees and volunteers[e]	* Other contract personnel[f]
2. *Cumulative number of HCP in Question #1 who have received COVID-19 vaccines at this facility or elsewhere since December 2020:						
* Any completed COVID-19 vaccine series						
	*All Core HCP[a]	*All HCP[b]	(staff on facility payroll)[c]	practioner HCP[d]	* Adult students/trainees and volunteers[e]	* Other contract personnel[f]
3.1. *Medical contraindication to COVID-19 vaccine						

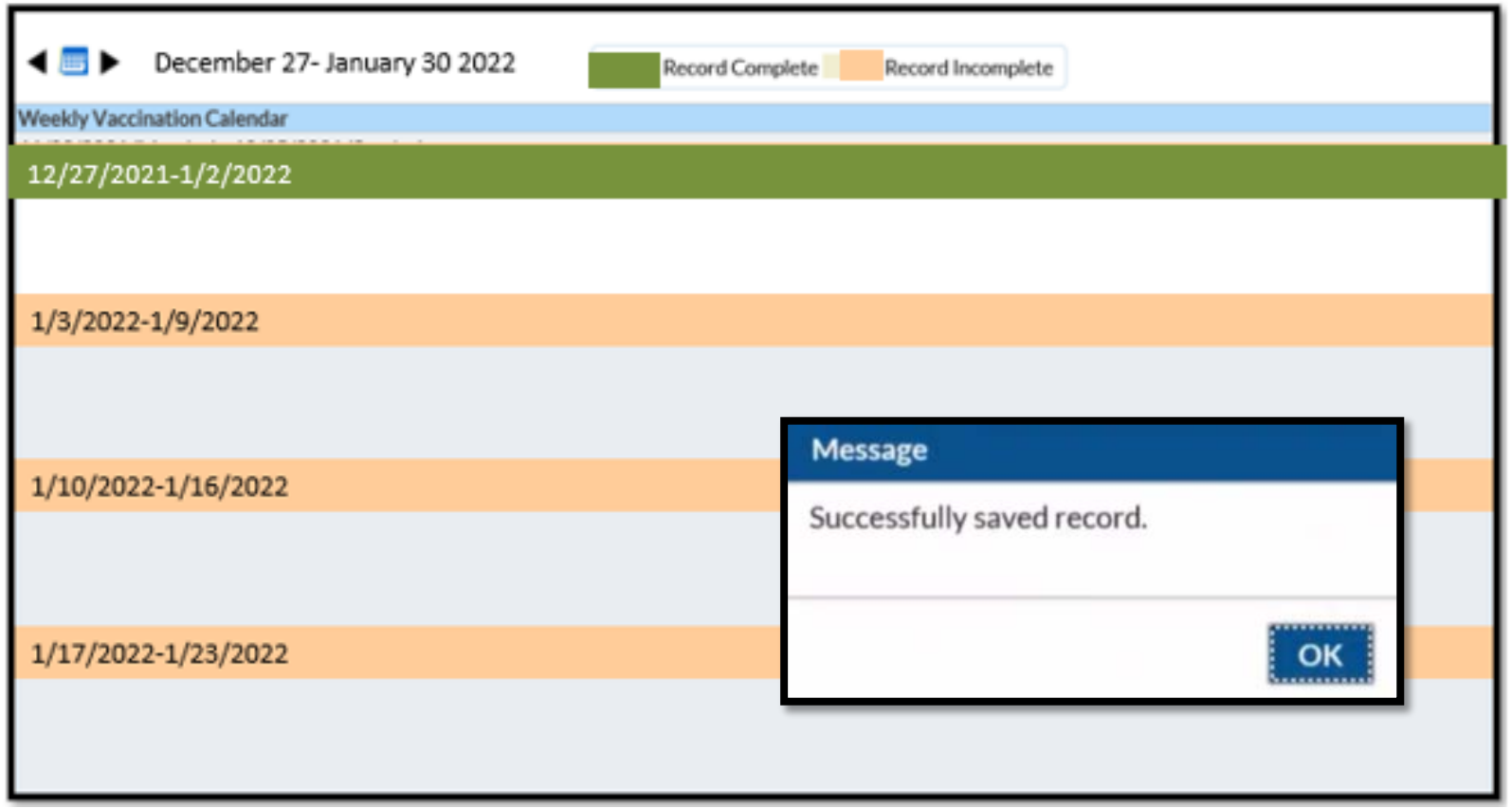
PFIZBION - Pfizer-BioNTech COVID-19 vaccine
MODERNA - Moderna COVID-19 vaccine
JANSSEN - Janssen COVID-19 vaccine
UNSPECIFIED - Unspecified manufacturer

Save Cancel

A blank vaccination form is available on NHSN:
https://www.cdc.gov/nhsn/forms/57.219-p.pdf

Completed Data Entry

Your completed week will turn green.
You will see a message box indicating your data are saved.



OUR LAST STOP…

WASHINGTON, DC

Tools And Resources

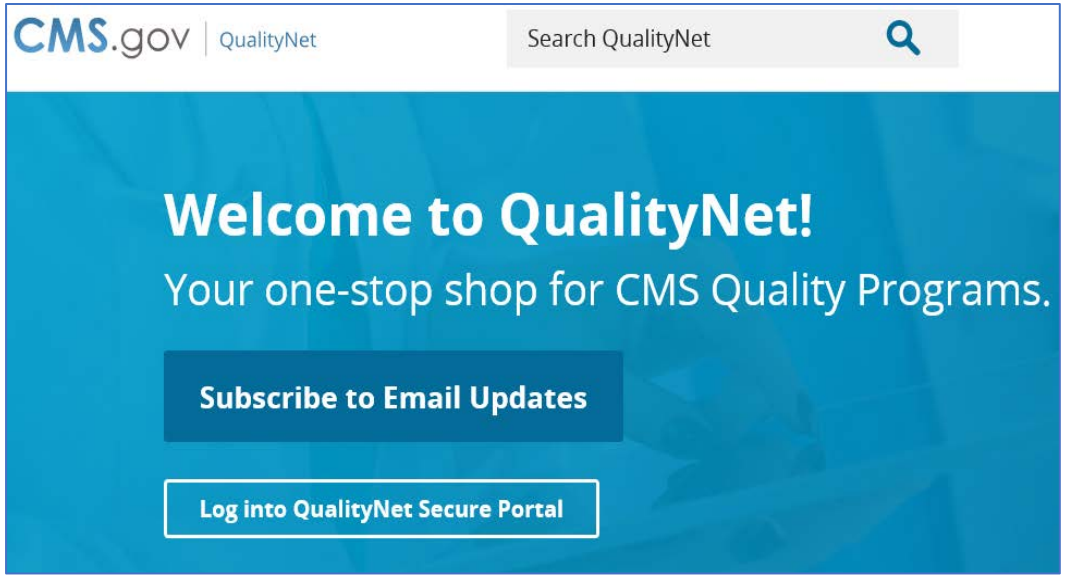
Topics

This section covers:

- Tools and resources on *QualityNet*
  - Signing up for email updates
  - Using the QA tool
  - Accessing program information
  - Locating the Specifications Manual
- Tools and resources on QualityReportingCenter.com
  - Accessing program information
  - Facility Compare Tool
  - Lookup Tools

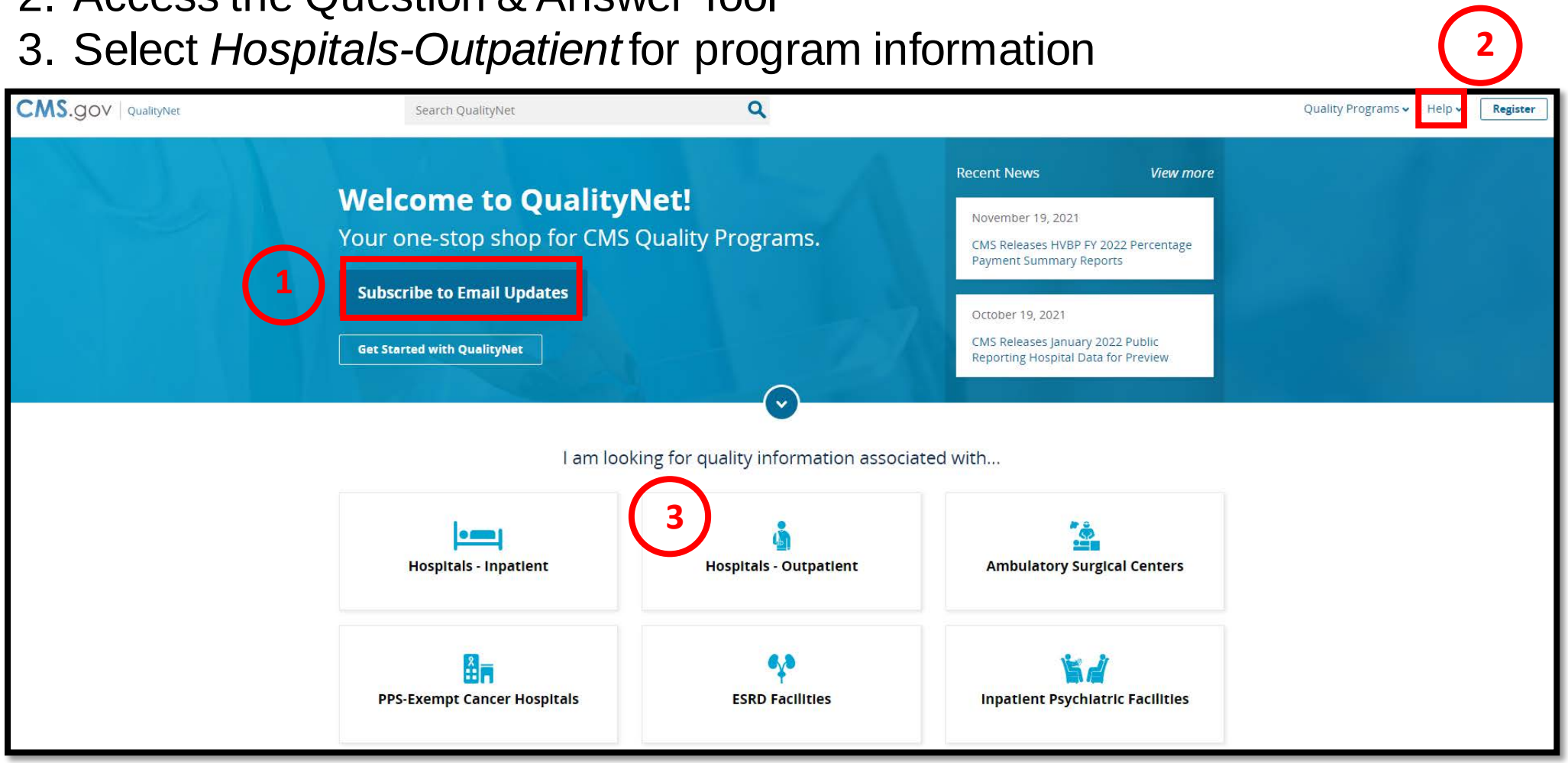
QualityNet Website

QualityNet.cms.gov



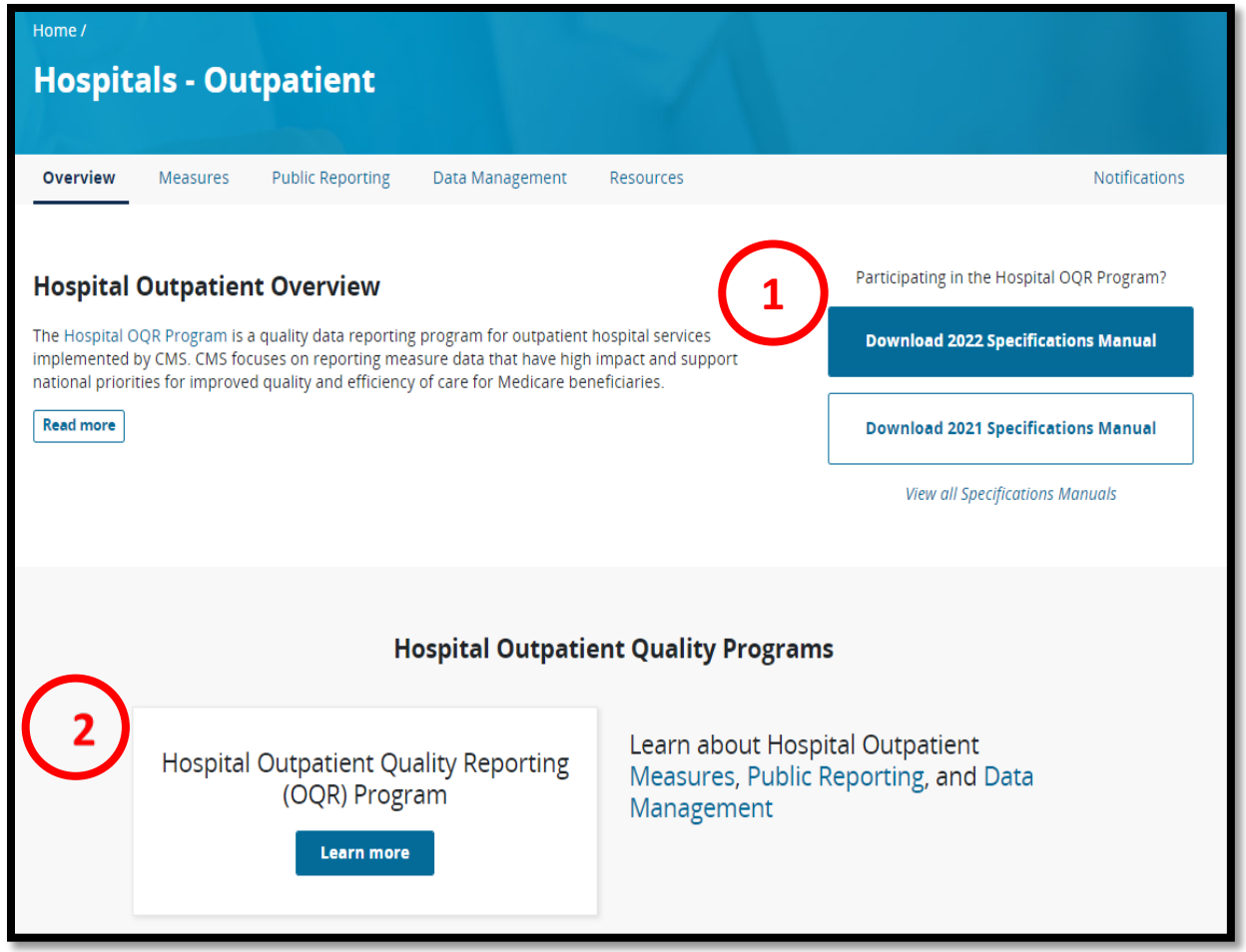
From the Home Page

1. Subscribe to Email Updates
2. Access the Question & Answer Tool
3. Select *Hospitals-Outpatient* for program information



Access the Specifications Manual

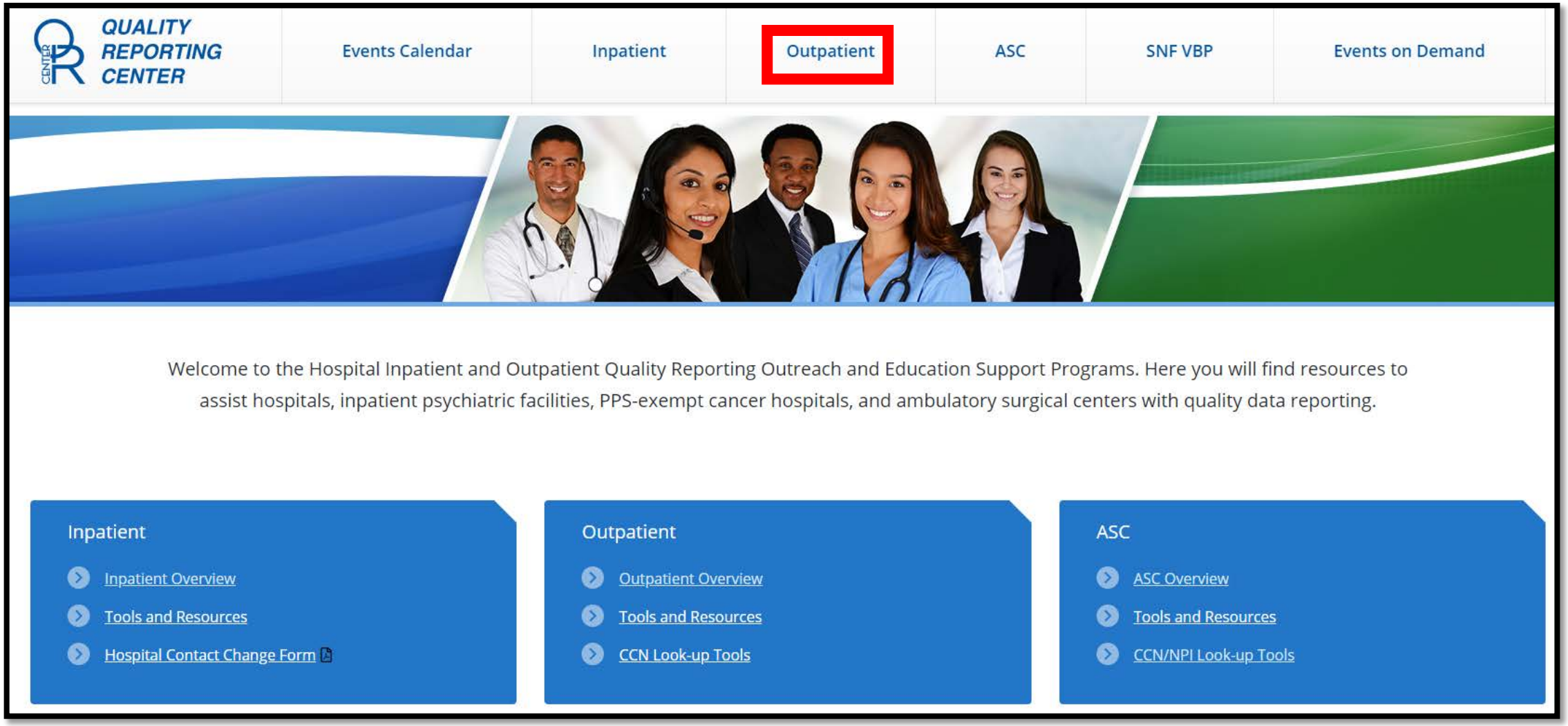
1. Download the Specifications Manual
2. Select *Learn more* for detailed program information



Quality Reporting Center Website

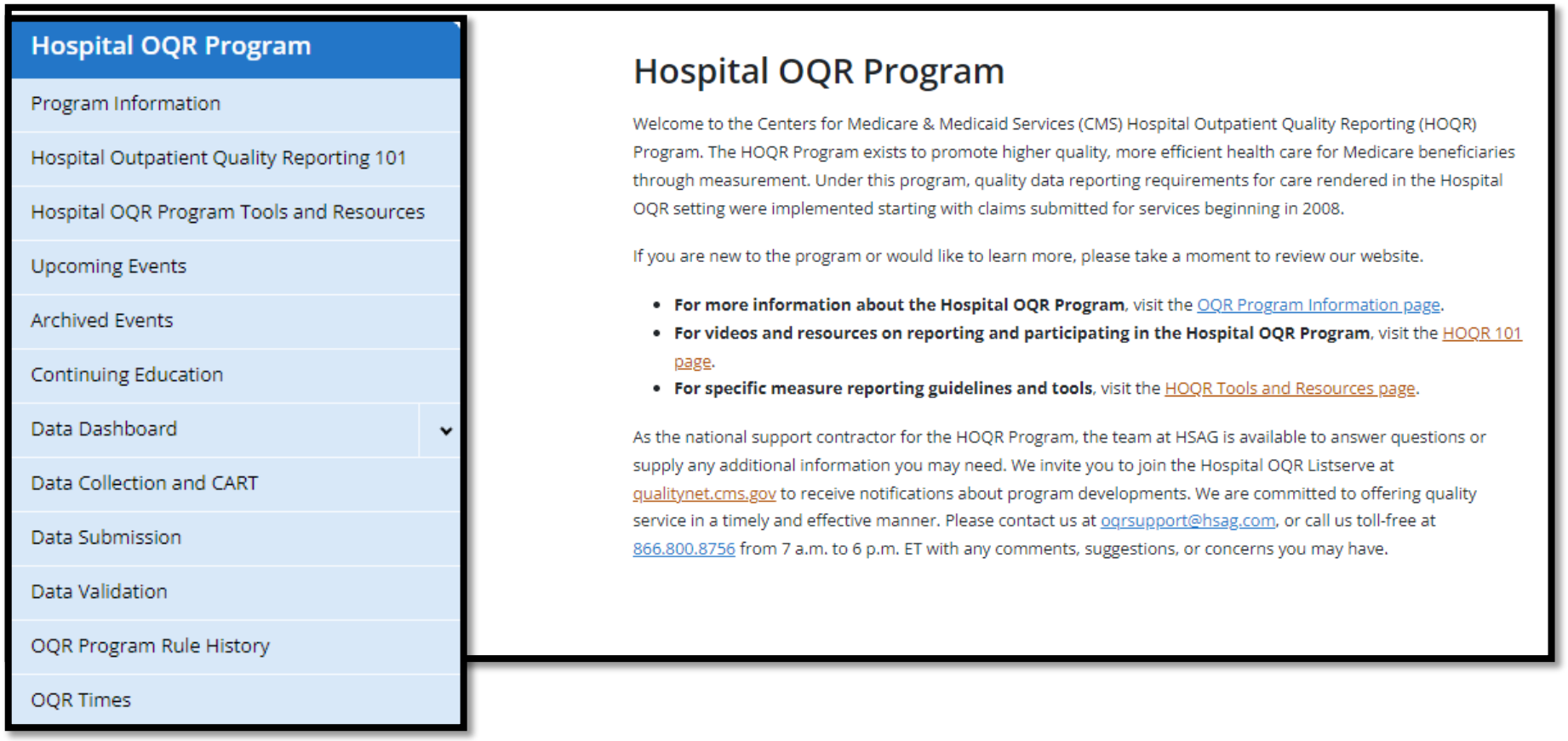
QualityReportingCenter.com

The Homepage



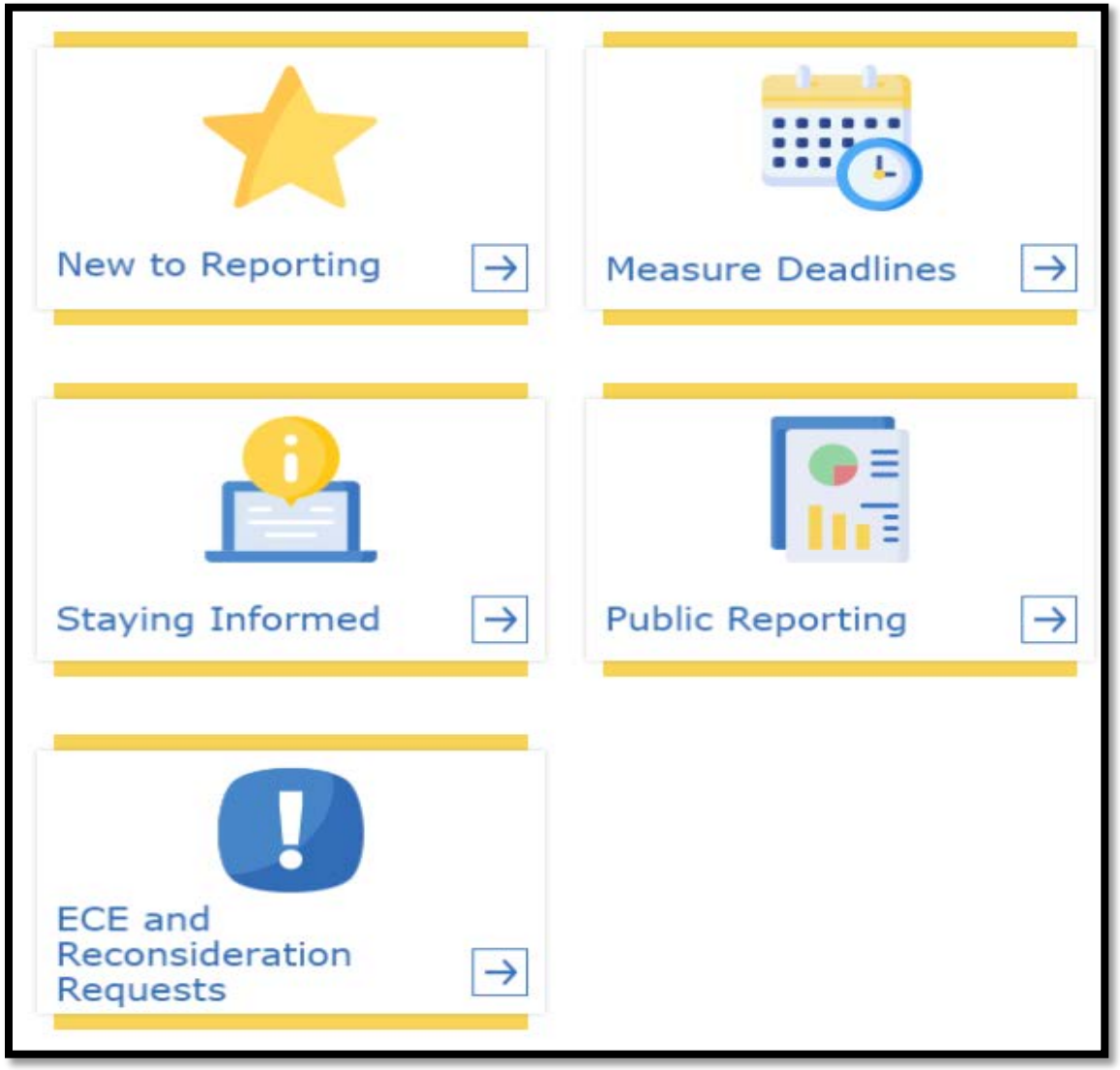
QRC Resources

The navigation bar displays numerous resources to choose from. Select *Hospital OQR Program Tools and Resources* for program tools.



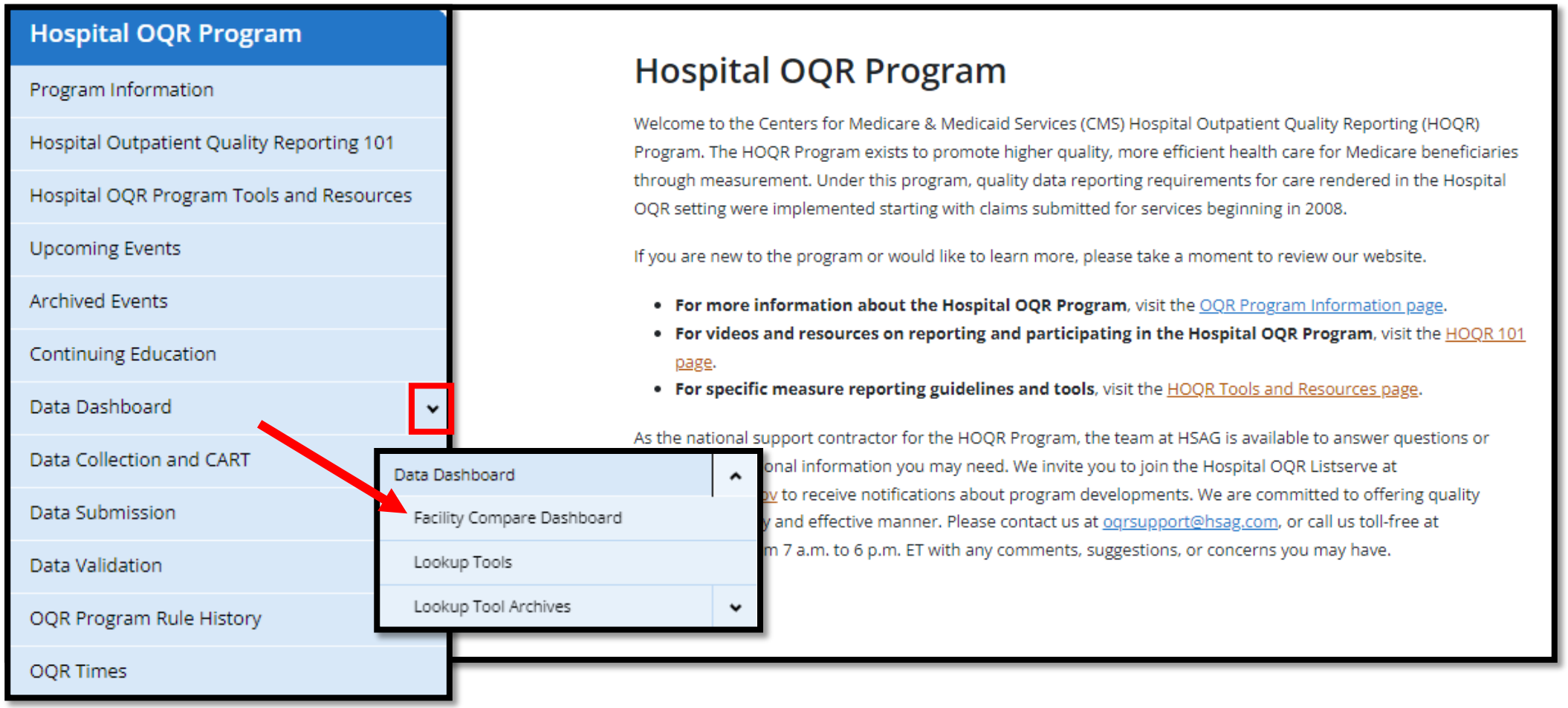
Resource Options

Select any of the five options for more detailed Information.



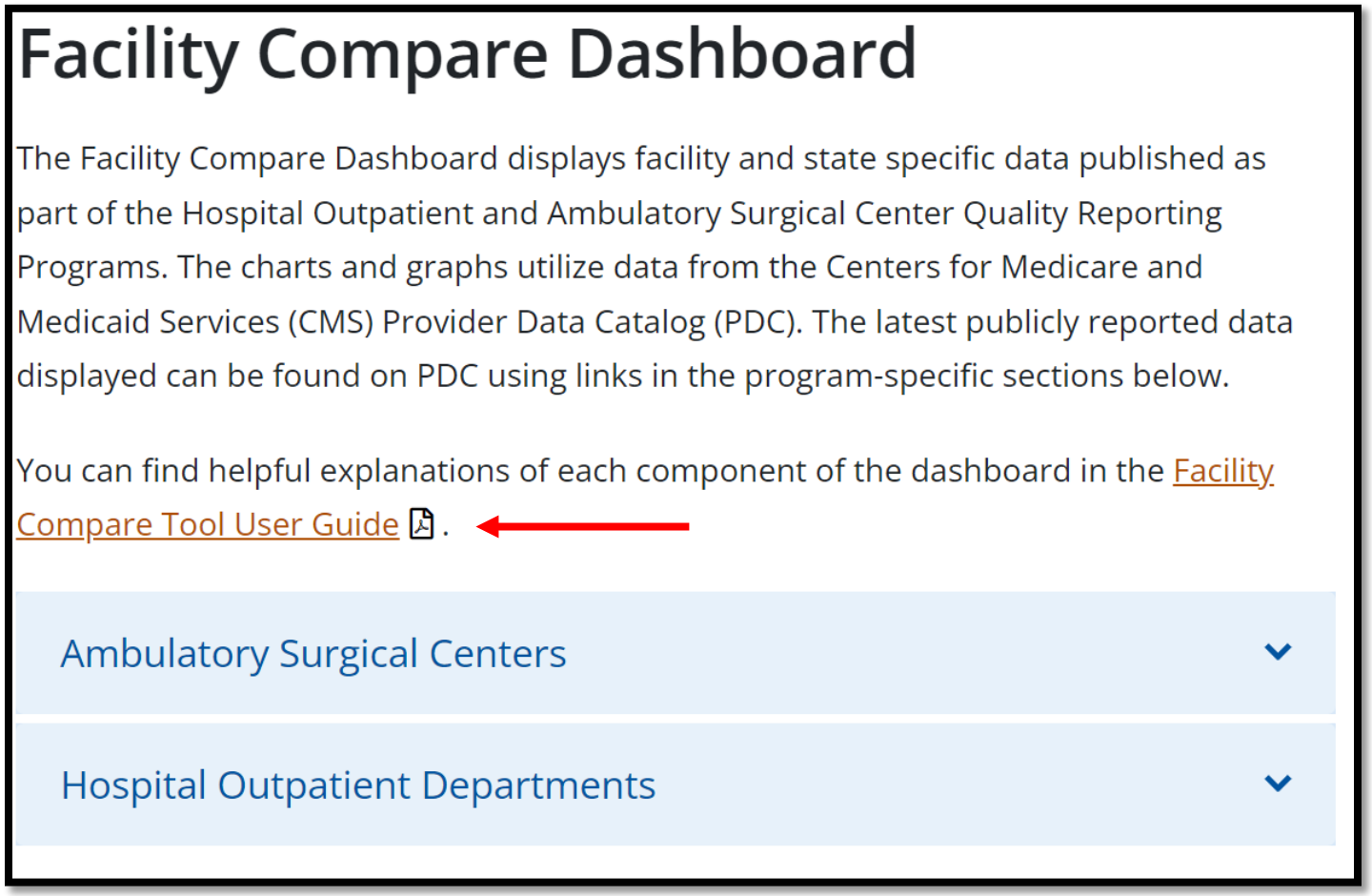
Facility Compare Dashboard

Select *Facility Compare Dashboard* from the drop-down menu.



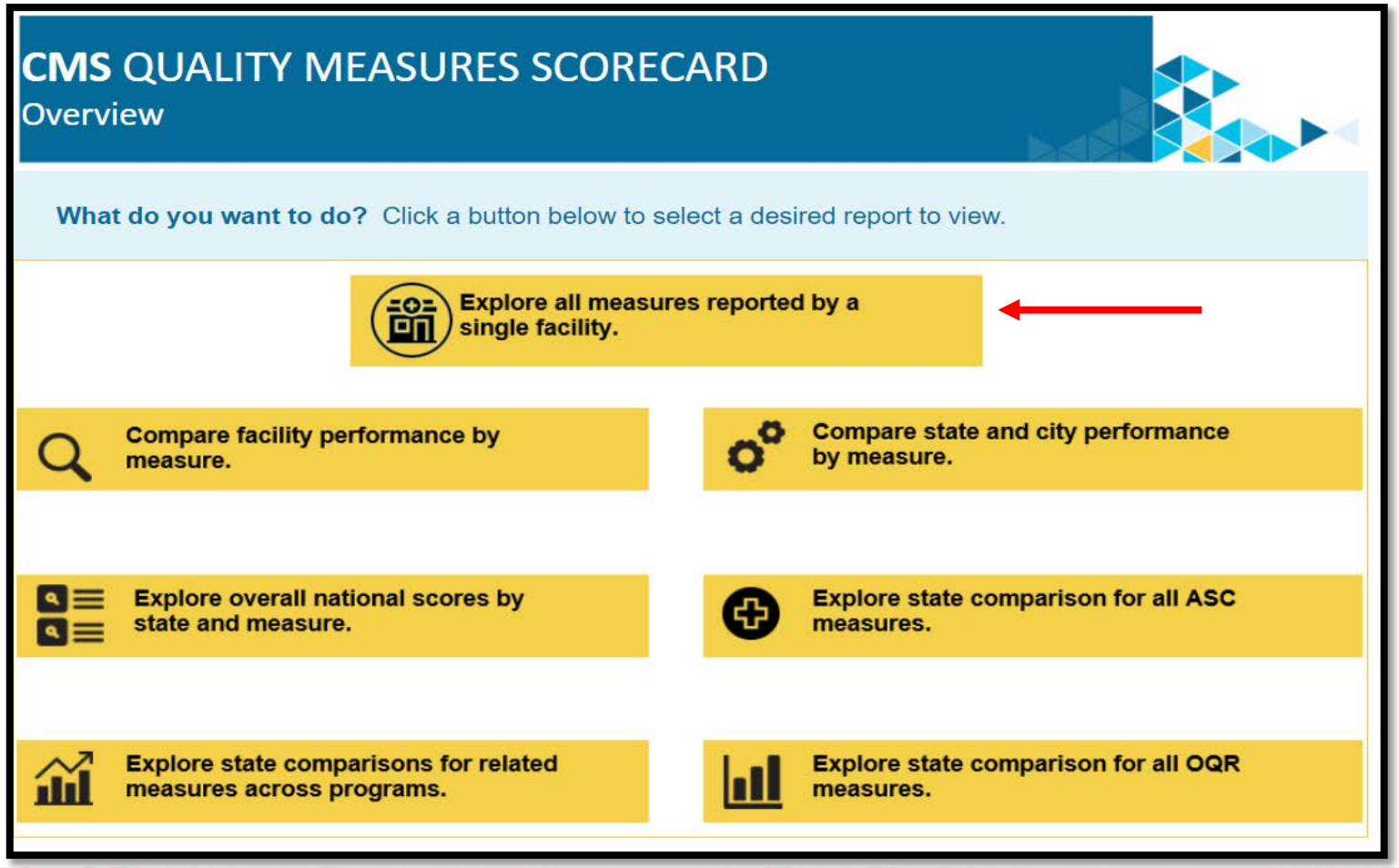
User Guide

For instructions, select *Facility Compare Tool User Guide.*



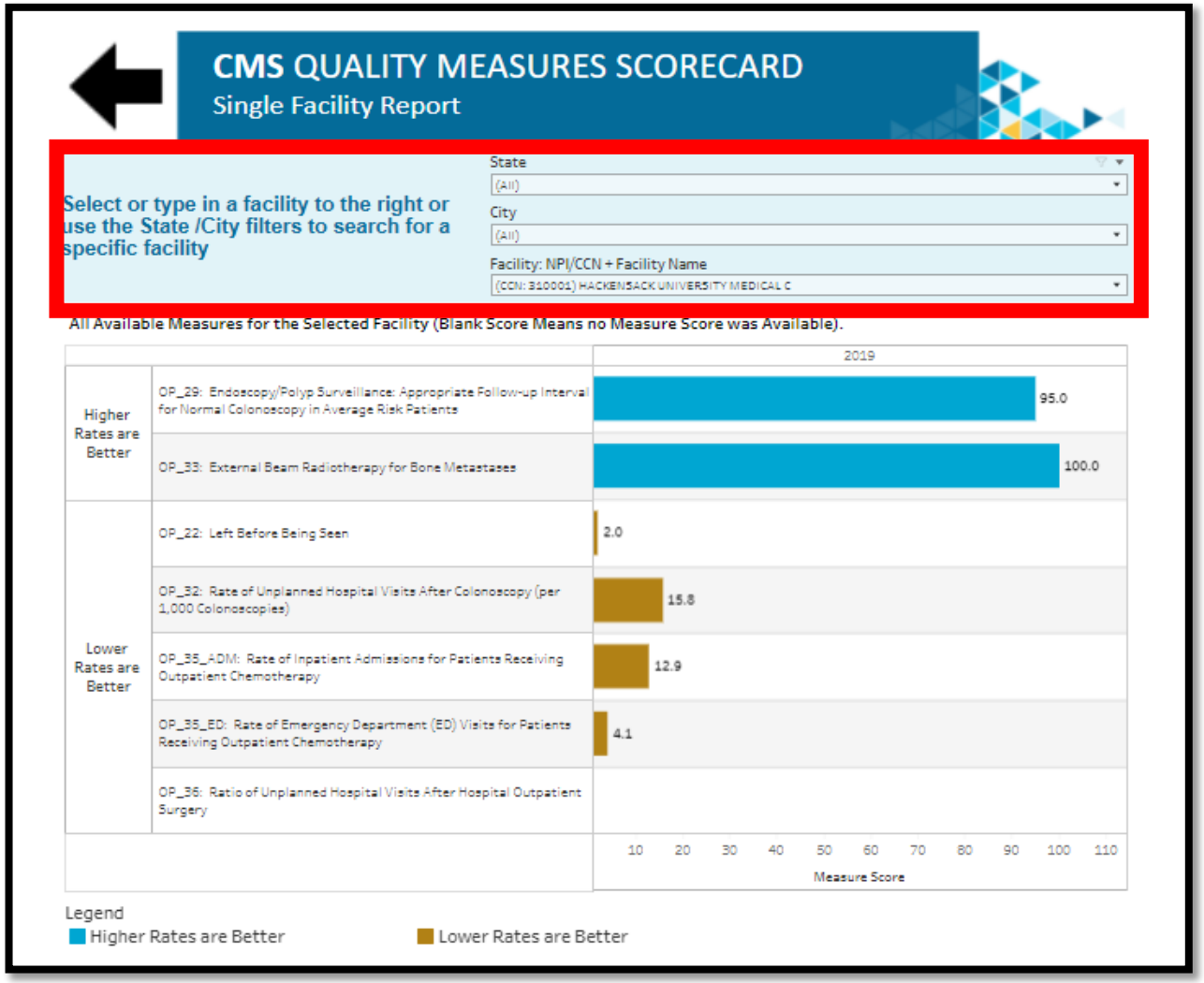
Scorecard

From the Scorecard options, select
Explore all measures reported by a single facility.

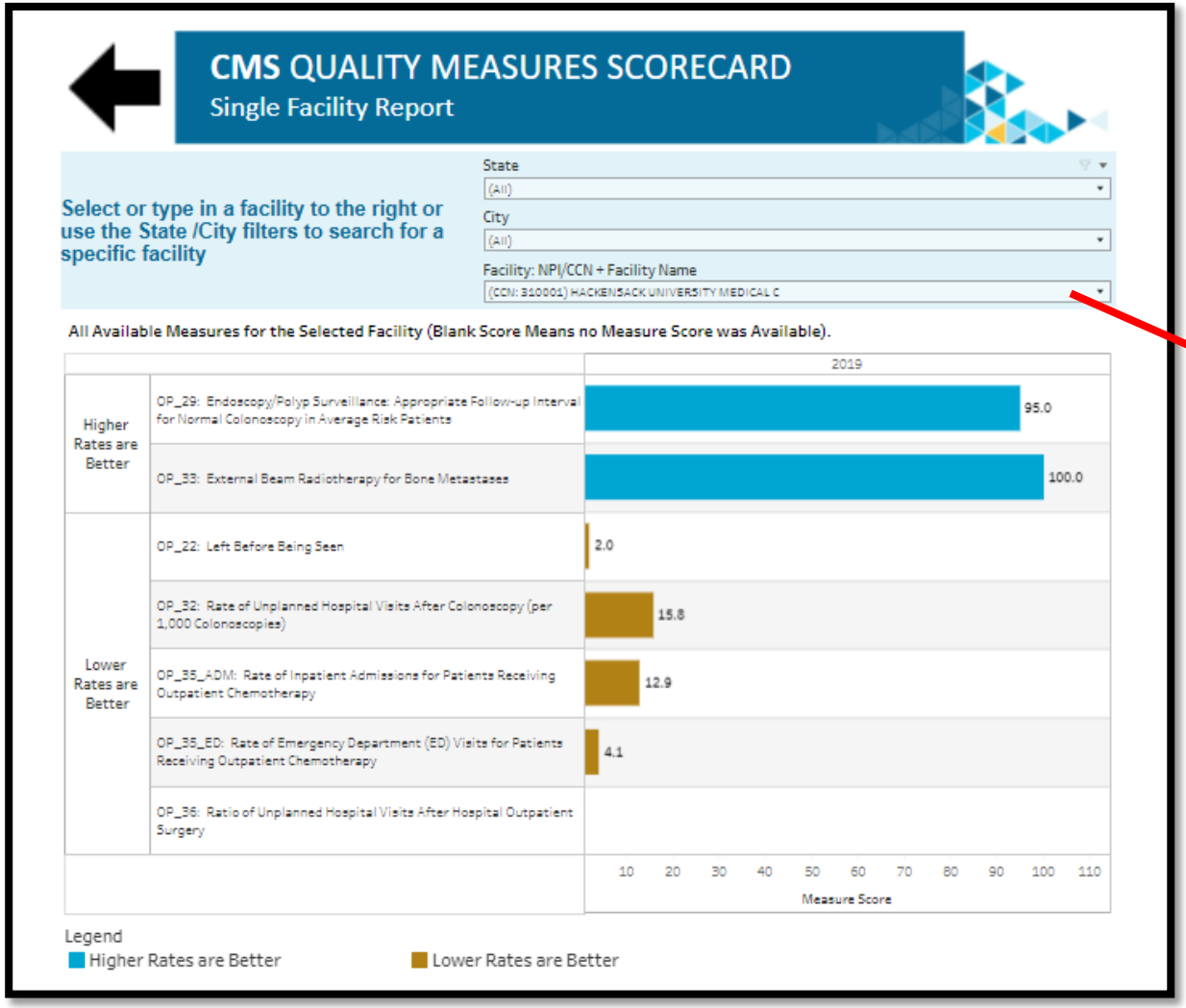


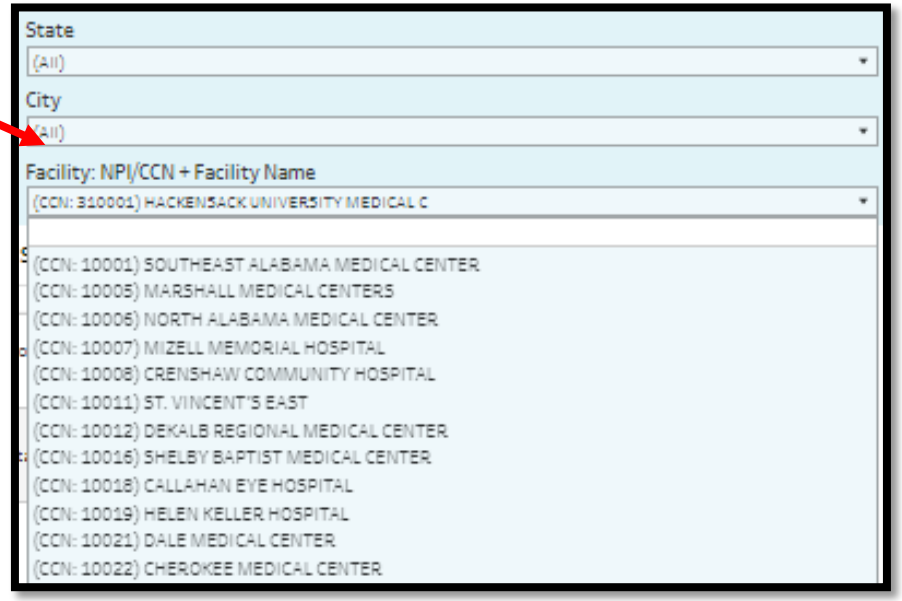
Single Facility Report View

You can make your selections in the light blue area to filter your search options.

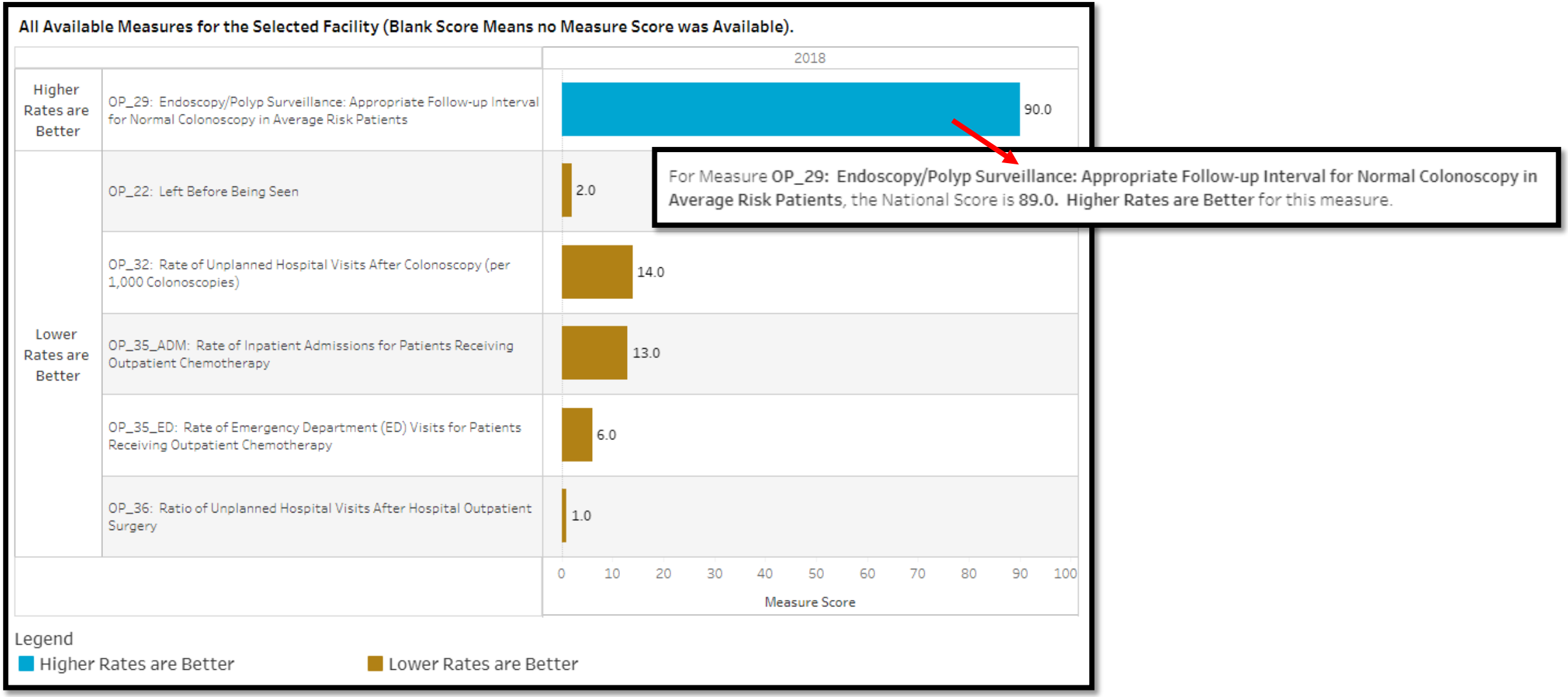


Filter Options

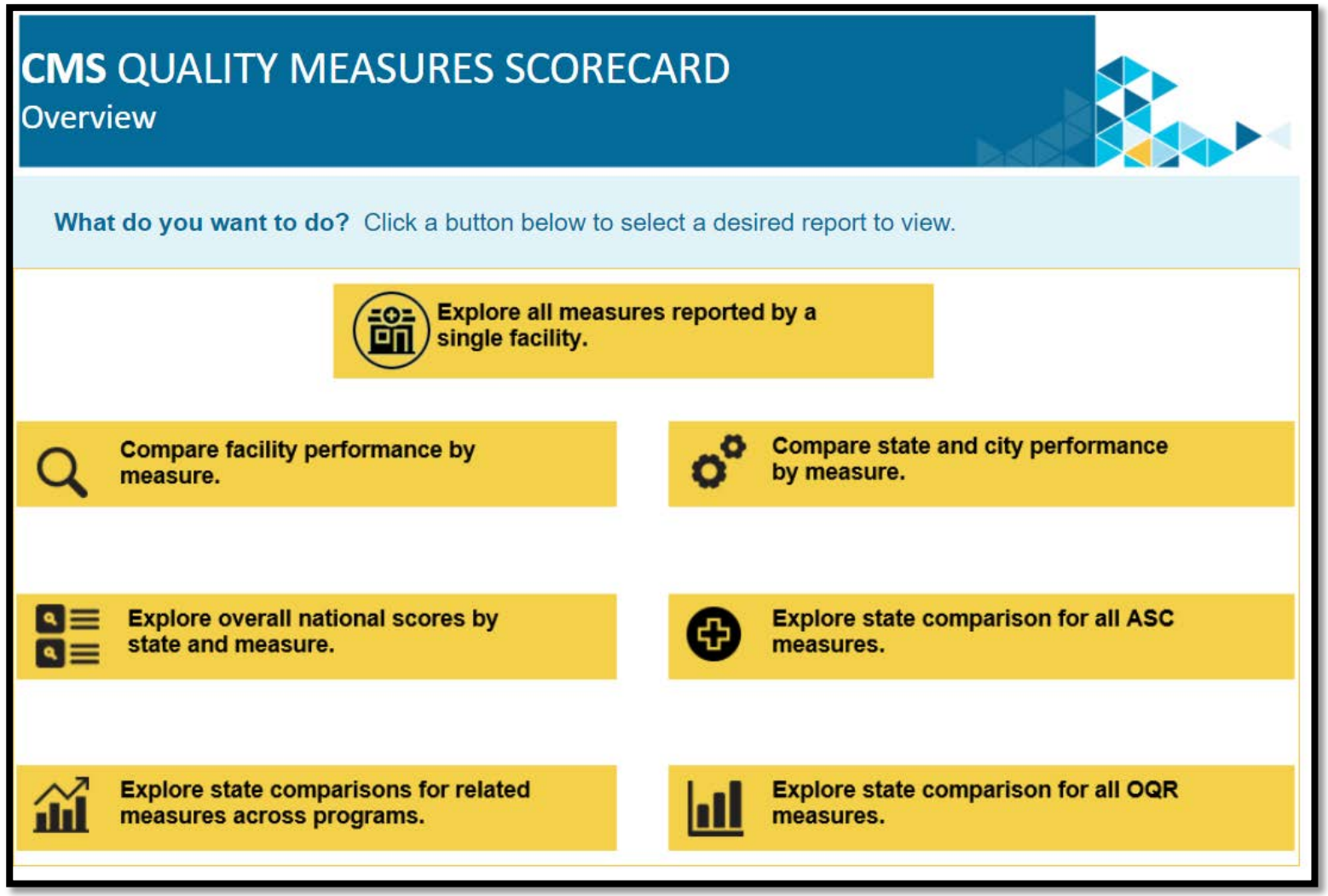




Single Facility Report View

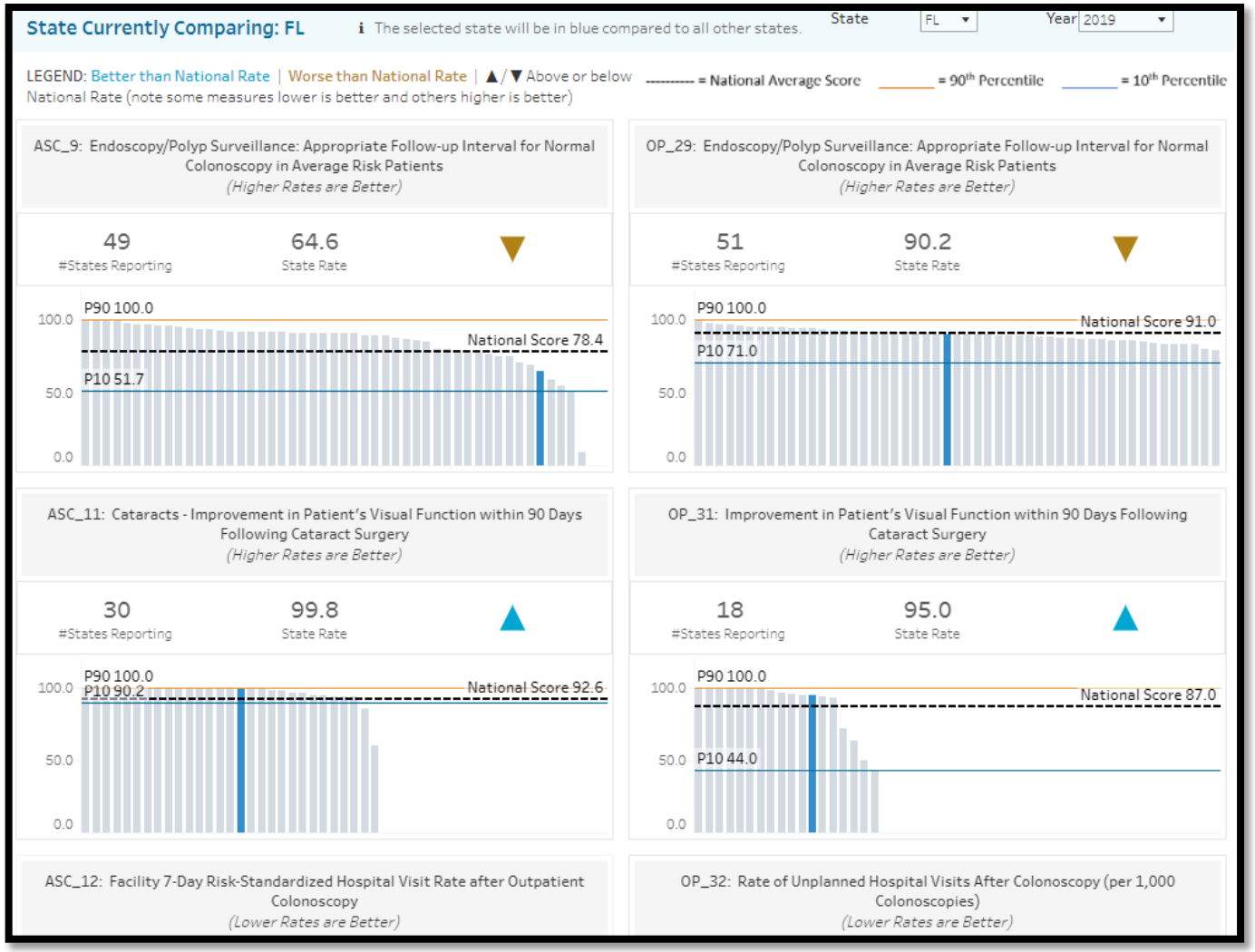


State Comparisons: Across Programs



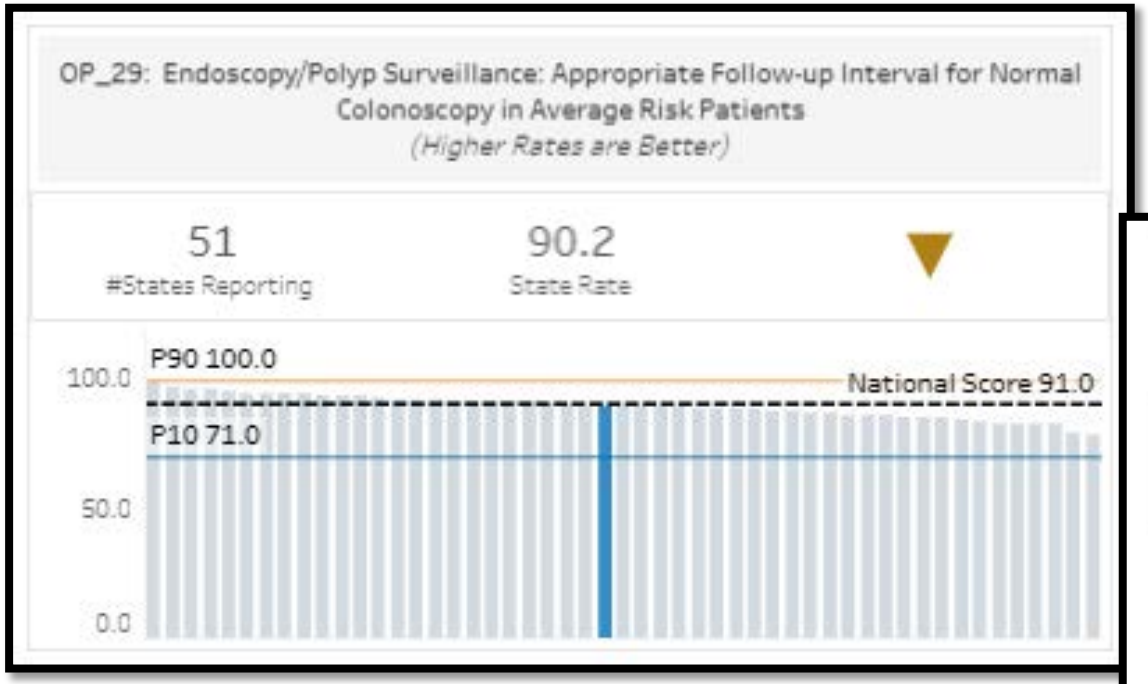
Report Results

- All states are shown in gray.
- The selected state is shown in blue.
- National and state scores are display with a dotted line.
- The gold and blue arrows provide more information about the selected state data you are comparing.



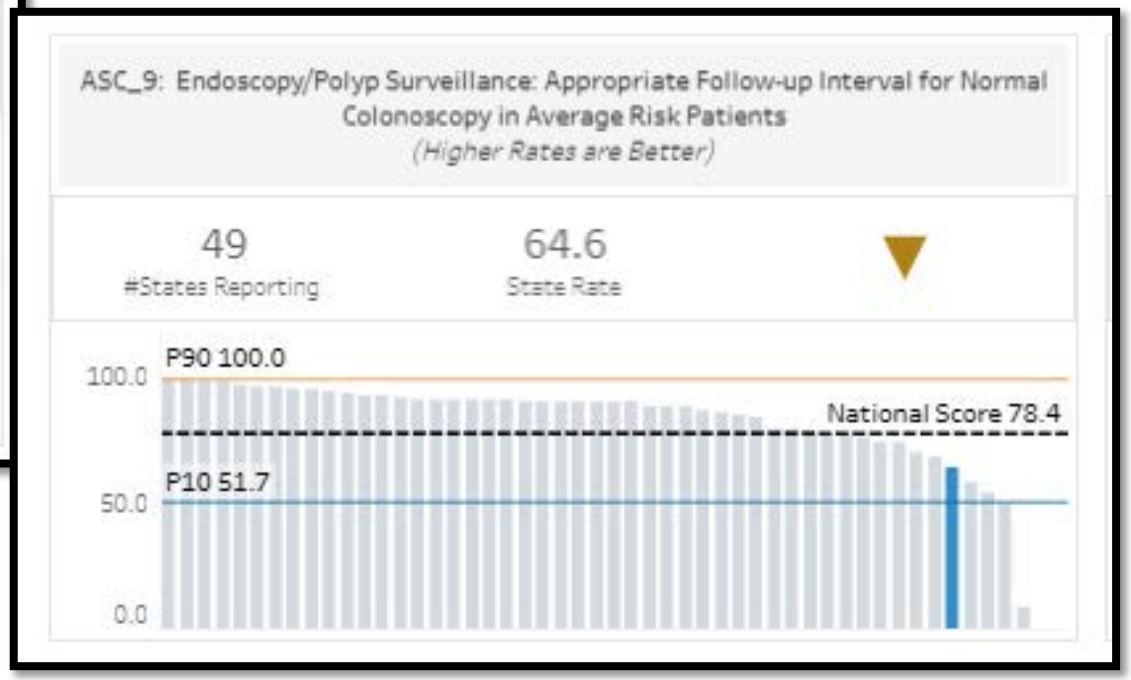
A Closer Look

This report allows you to compare the same measure from the Hospital OQR Program and the ASCQR Program.



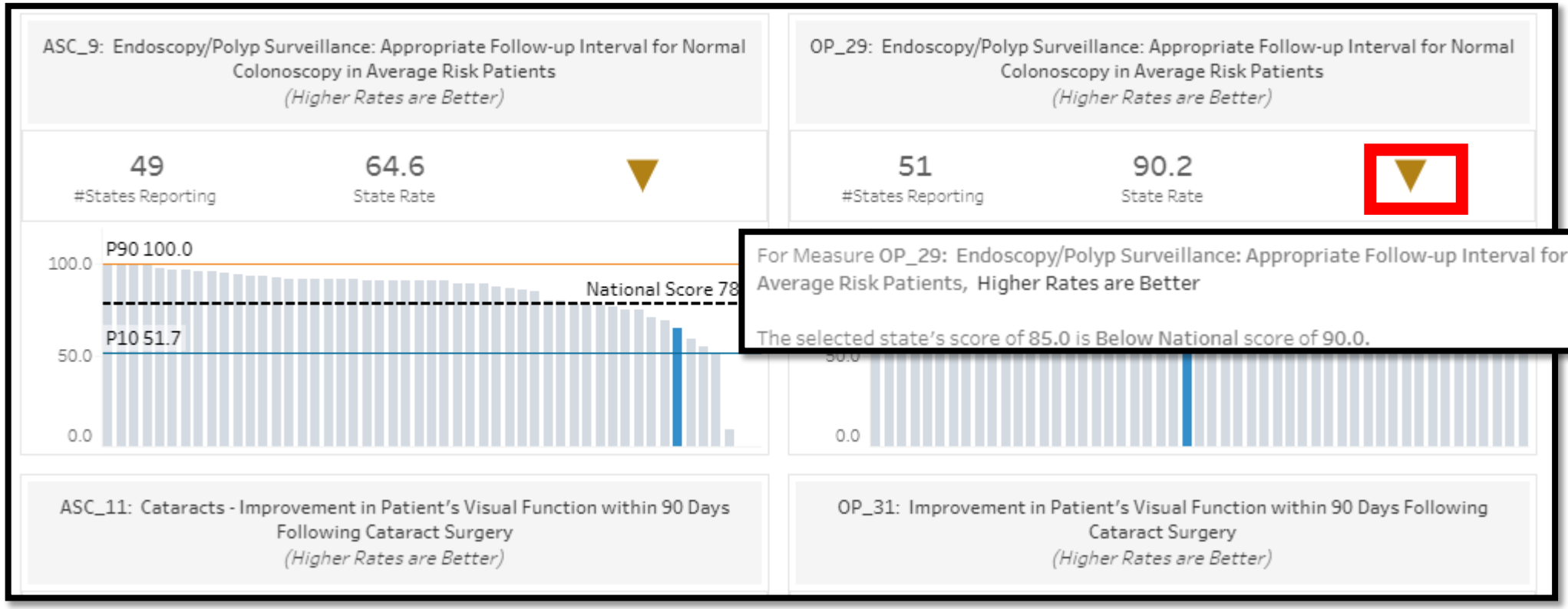
OQR Program

ASC Program

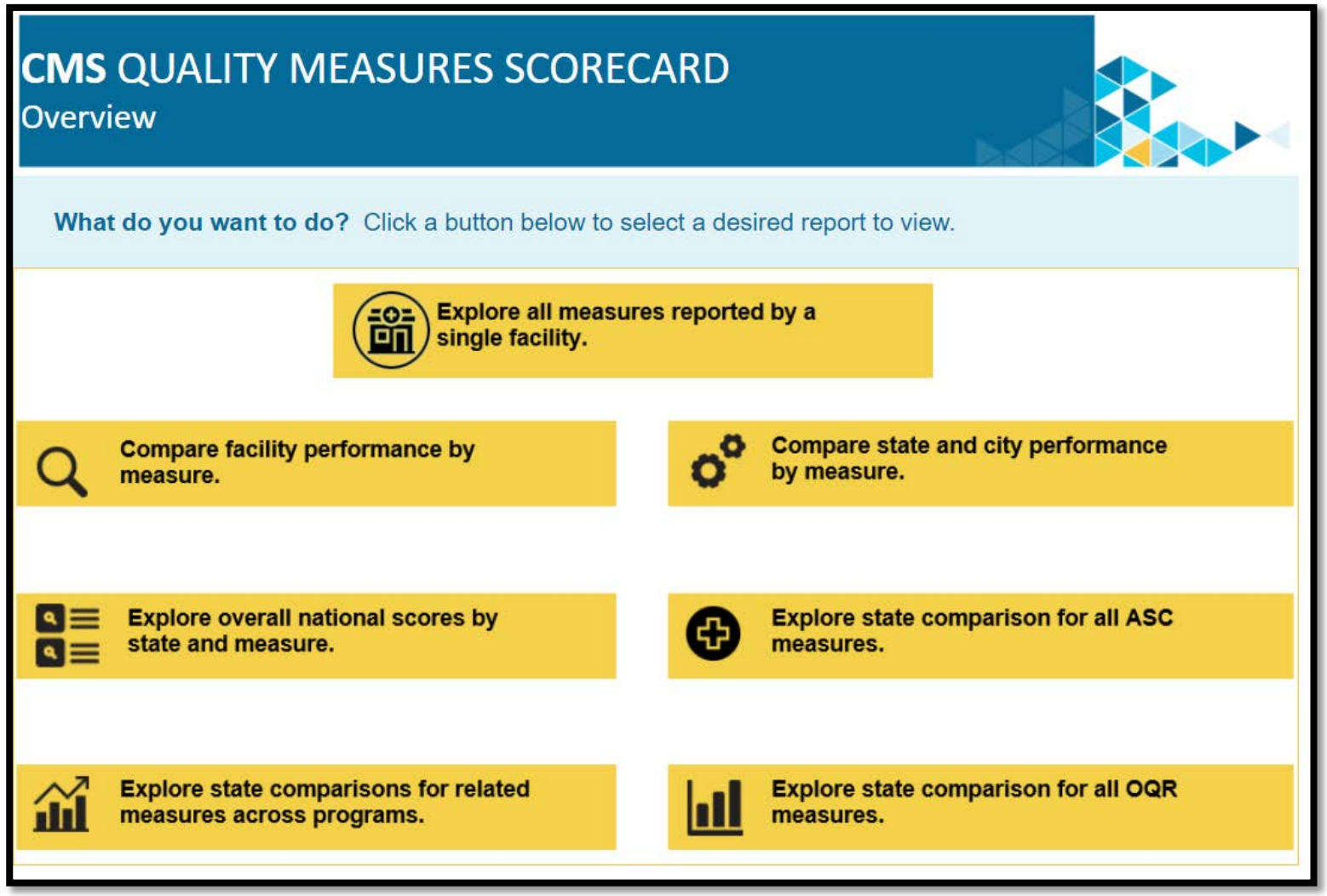


Additional Information

Select the gold arrow for a pop-up with additional information.



State Comparison: All OQR Measures

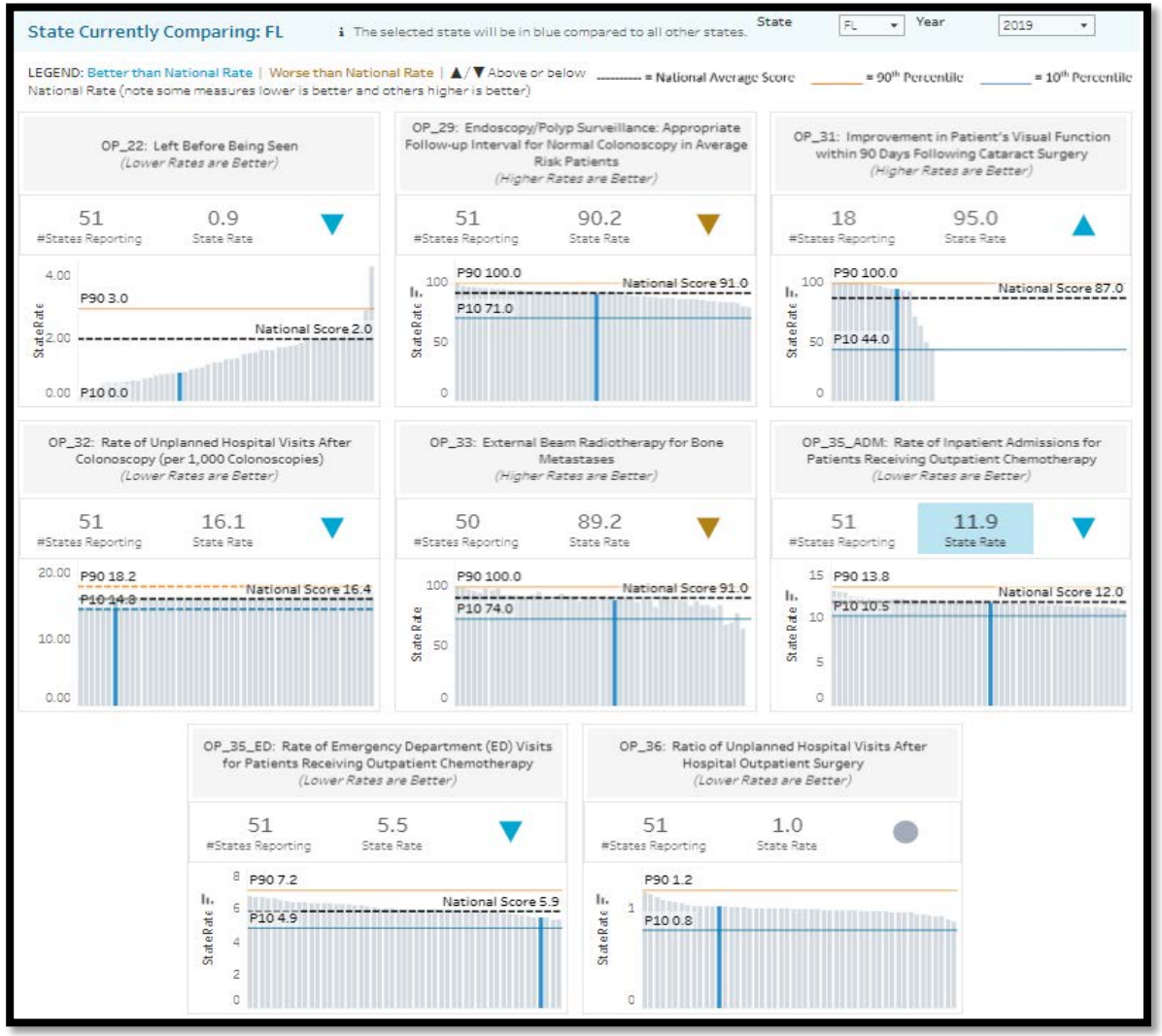


Report Results

Individual boxes will represent each measure.

Each state will be colored gray and your selected state will be in blue.

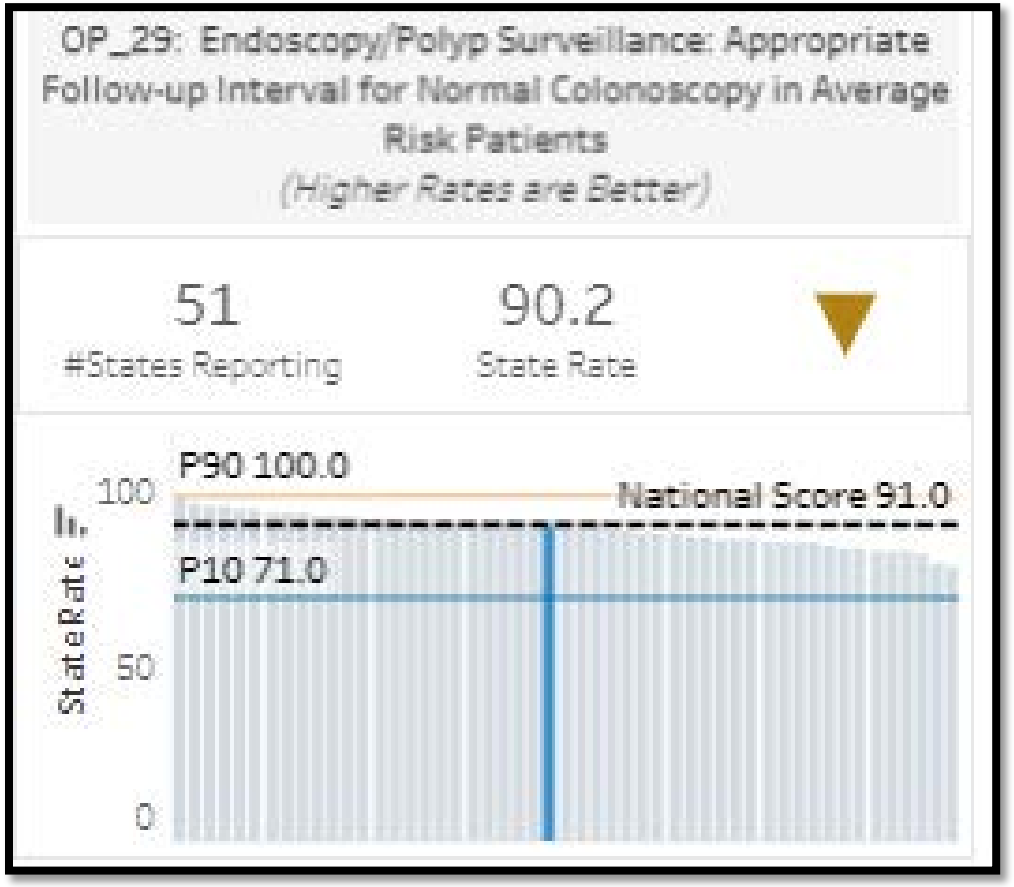
You may hover your cursor for a pop-up window displaying any additional information.



A Closer Look

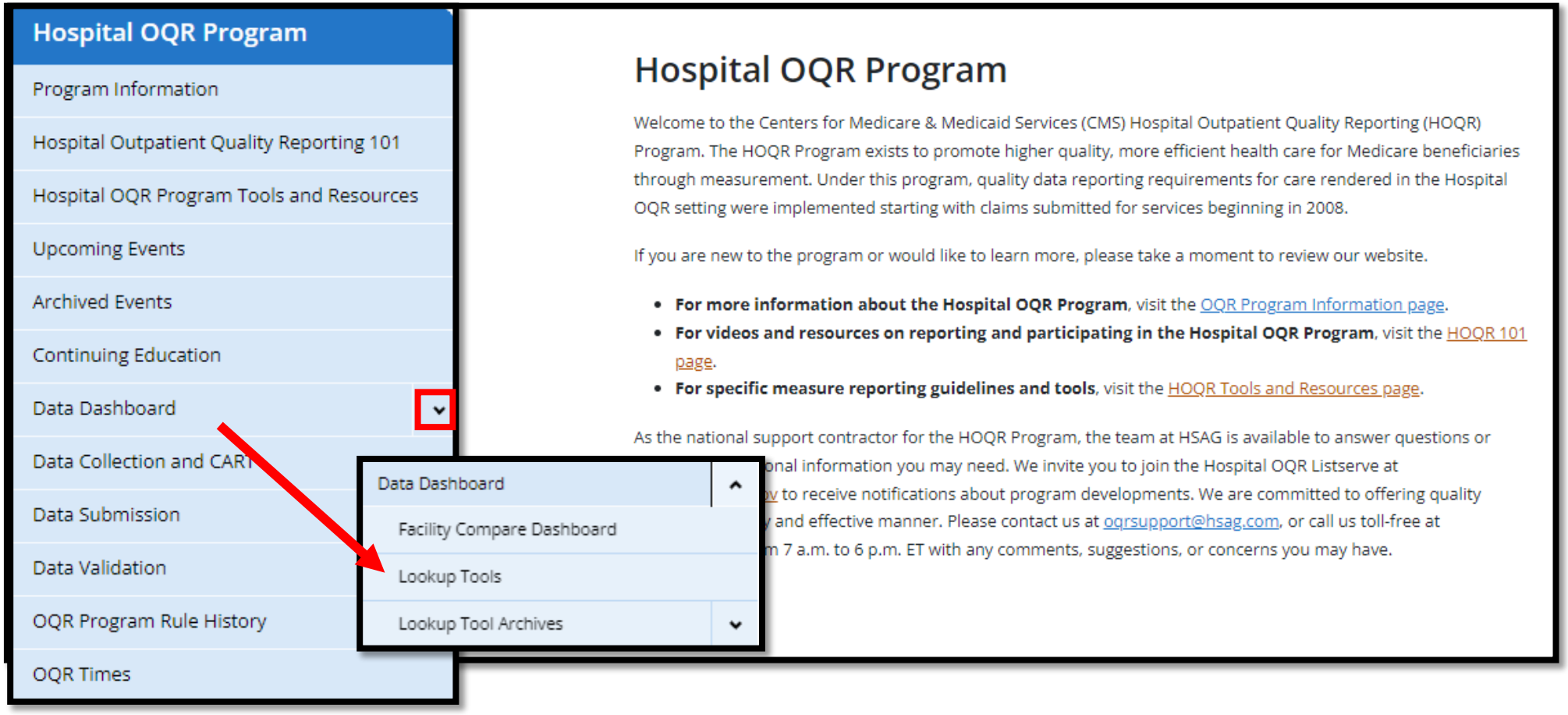
The data will show for your selected state.

- State rate is 90.2
- National Score is 91.0
- 90th percentile is 100%
- 10th percentile is 71.0%
- Additional information provided by clicking on the blue arrow



LoopUp Tools

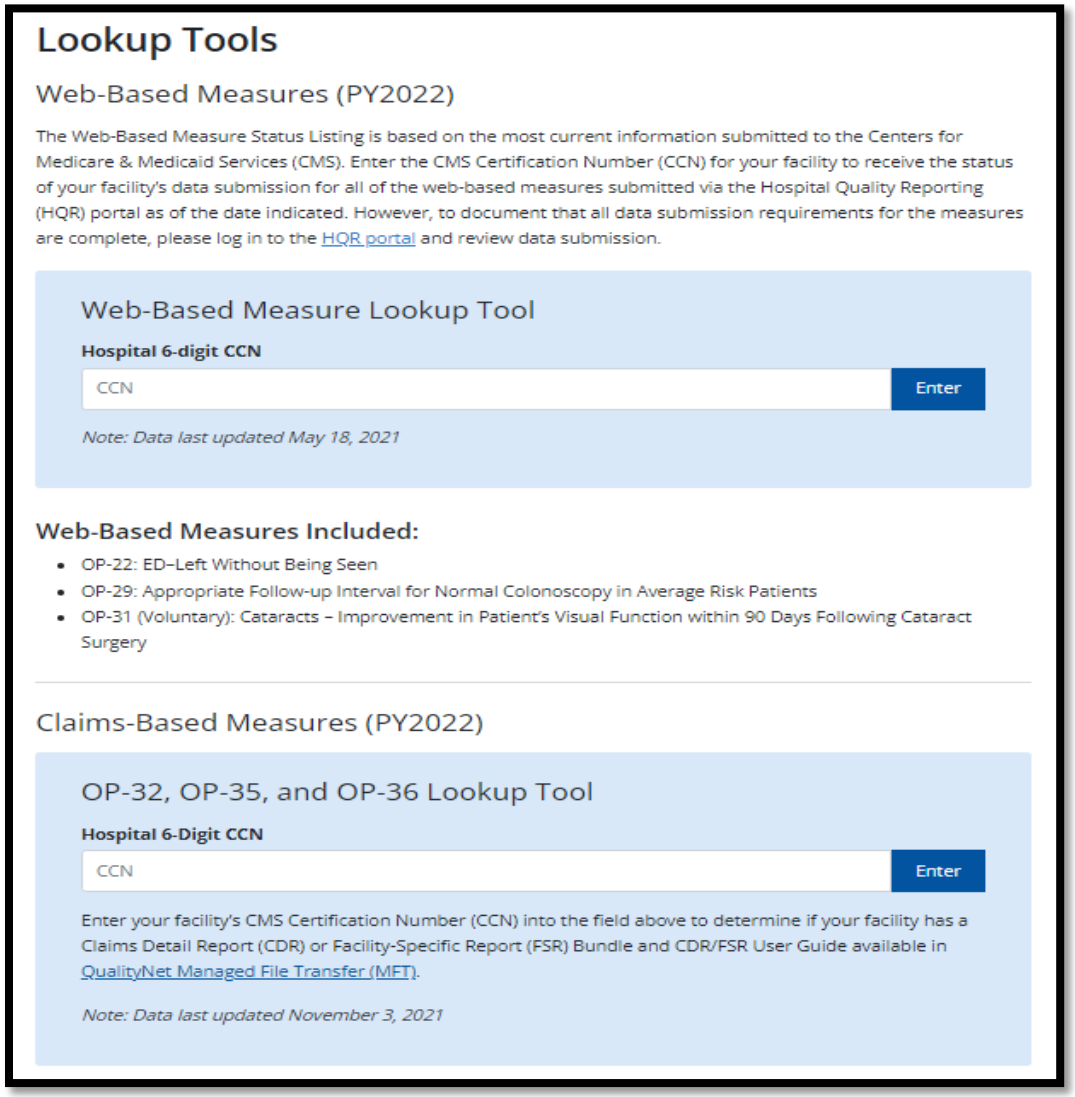
Select *Lookup Tools* under Data Dashboard to check your data submission.



LookUp Tool

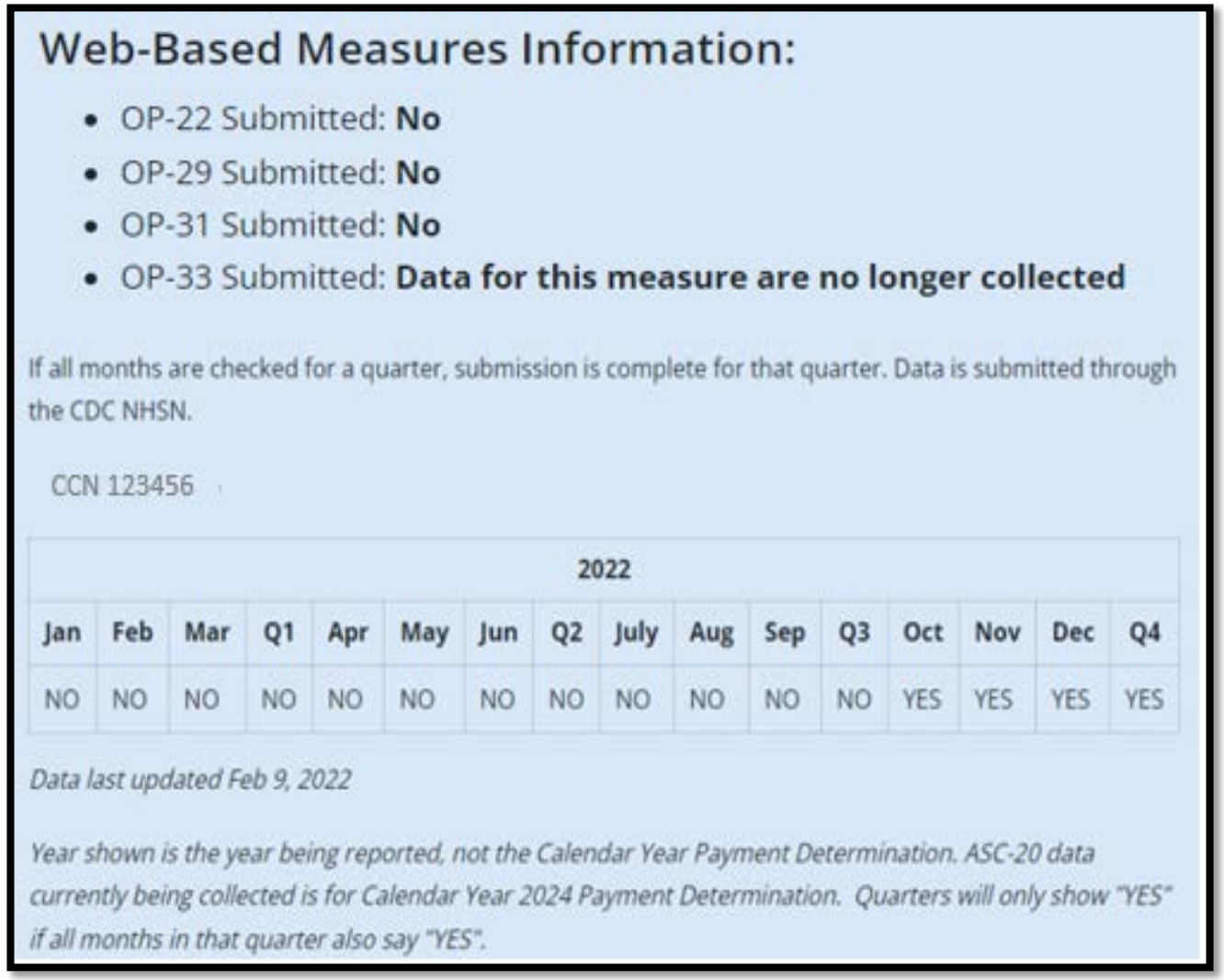
1. You can check your web-based data submission in the **Lookup Tools** by entering your hospital's CCN and select *Enter*

2. You can also check to see if reports are available in the **OP-32**, **OP-35, and OP-36 Lookup Tool**



Results: Data Submission

- Data submission results are clearly identified.
- **YES** indicates a successful data submission.
- **NO** indicates no data were submitted for that measure.



Web-Based Measures Information:

- OP-22 Submitted: **No**
- OP-29 Submitted: **No**
- OP-31 Submitted: **No**
- OP-33 Submitted: **Data for this measure are no longer collected**

If all months are checked for a quarter, submission is complete for that quarter. Data is submitted through the CDC NHSN.

CCN 123456

2022															
Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	July	Aug	Sep	Q3	Oct	Nov	Dec	Q4
NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES

Data last updated Feb 9, 2022

Year shown is the year being reported, not the Calendar Year Payment Determination. ASC-20 data currently being collected is for Calendar Year 2024 Payment Determination. Quarters will only show "YES" if all months in that quarter also say "YES".

SUMMARY

Remember These Tips

- Identify and maintain a Security Official.
  - CMS highly recommends two active Security Officials.
- Have a Facility Administrator for NHSN*.
- Collect data for web-based measures in HQR and NHSN.
- Submit by the deadline.
- Use the Specifications Manual for accurate abstracting.
  - https://qualitynet.cms.gov/outpatient
- Access QualityReportingCenter.com for program support.

* There is only one Facility Administrator permitted in the NHSN system

Resources

- Hospital OQR Program Support Team: (866) 800-8756
- QualityNet Support:
  - E-mail: qnetsupport@hcqis.org
  - Phone: (866) 288-8912
- NHSN help desk: nhsn@cdc.gov

Thank You!

Acronyms

APU	Annual Payment Update	**HQR**	Hospital Quality Reporting
CART	CMS Abstraction & Reporting Tool	**MRI**	magnetic resonance imaging
CDR	Claims Detail Report	**NHSN**	National Healthcare Safety Network
CMS	Centers for Medicare & Medicaid Services	**OAS CAHPS**	Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey
CT	computerized tomography	**OP**	outpatient
CY	calendar year	**OPPS**	Outpatient Prospective Payment System
ECE	Extraordinary Circumstances Exception	**OQR**	Outpatient Quality Reporting
eCQM	electronic clinical quality measure	**PY**	payment year
ED	emergency department	**Q**	quarter
FSR	Facility-Specific Report	**SAMS**	secure Access Management Services
HARP	HCQIS Access Roles and Profile	**STEMI**	ST-Segment Elevation Myocardial Infarction
HCQIS	Healthcare Quality Information System Access	**HQR**	Hospital Quality Reporting

Continuing Education Approval

This program has been approved for one credit for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

Note: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

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