



## **Outpatient Quality Program Systems and Stakeholder Support Team**

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

#### **Presentation Transcript**

#### **Speaker**

Outpatient Quality Program Systems and Stakeholder Support Team

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**Matt McDonough:** Hello, and welcome to today's webinar. Thank you for joining us today. My name is Matt McDonough and I'm a project director with the Outpatient Quality Programs Systems and Stakeholder Support Team. With the help of Karen today, I'll be your travel guide through the world of Hospital Quality Reporting.

I'm going to pass things over to Karen now who will get our journey started. Karen?

**Karen**

**VanBourgondien:** Thank you, Matt. Hi, everyone. Thanks for joining us today. My name is Karen VanBourgondien. Matt will be taking us on the adventure today and presenting most of the material, but let me just cover a few things.

Today, we'll be travelling virtually around the country in search of clues that will help us with our Hospital OQR Reporting! We'll unlock each city we'll be traveling to using some clues, and then we'll fly to that city to learn important information about reporting, as well as tools and resources to assist you. At the end of each section, we'll do a quick Knowledge Check before we head off to our next destination. So, I'll be popping in here and there to do some polling questions to see just how well everyone is doing. So, pack your bags and get ready to go.

Before we begin our adventure today, I would like to let you know what we will be covering. We will be discussing the requirements for the OQR program. We will be going over the measures, the types of measures, and how to enter the data into the two systems. We are also going to be spending some time discussing all the tools and resources available to you to ensure your successful reporting. If you have any questions along the way, you can put those questions in the chat box located on your screen. One of our subject matter experts will respond.

So, without any further delay, let me hand things back over to Matt to begin the adventure. Matt, take it away.

**Matt McDonough:** Today, we'll be visiting some landmarks across America in our quest to learn all about the Hospital OQR Program.

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If you know where we're heading for our first stop, type a note in the chat! This city is home to the oldest ballpark in Major League Baseball, opened in 1912 on the day the Titanic sank! We could also stop by Harvard University, the oldest institution of higher learning in the United States, or the Old North Church, with Paul Revere and "one if by land, two if by sea." Of course, we're talking about...

Boston, Massachusetts! Here in Boston, we'll learn all about what it takes to successfully report for the Hospital OQR Program. There's a lot going on and there have been changes in the last year along with COVID-19 and all of those challenges. So, let's get started.

In this first section, we'll be covering the program requirements, explaining the most frequently used program terms, public reporting, and the most recent final rule, as it relates to the Hospital OQR Program.

The statutory authority for the Hospital OQR Program states that eligible hospitals who meet program requirements will receive their full Annual Payment Update, or APU, under the Outpatient Prospective Payment System.

Conversely, hospitals that do not meet program requirements will incur a 2.0 percentage point reduction to their annual outpatient department fee schedule increase factor. Part of the program requirements are making sure you report data for the required measures by the designated deadlines.

So, what is it that you need to do to successfully meet program requirements? Great question. Currently, there are two separate systems for your data, the Hospital Quality Reporting, or HQR System, and the National Healthcare Safety Network, or NHSN, system.

Your web-based measures, OP-22, OP-29, and OP-31 are entered into the HQR System. You will report OP-38, the COVID-19 vaccination measure, into the NHSN system.

You also have chart-abstracted measures, also referred to as clinical data. These are patient-level measures you submit on a quarterly basis in the HQR System using either a vendor or the CART application.

Both the web-based measures and the clinical measures can both be entered by a vendor if that is what your hospital elects. There are also claims-based measures that do not require manual abstraction and reporting. We'll talk about all the program measures in detail in just a few minutes.

If you are selected for validation, you will also need to meet the validation requirements for the measures that apply.

Validation. Okay, let me elaborate a little on this because there were some validation changes finalized this last rulemaking cycle. CMS selects a random sample of 450 hospitals for validation purposes, and also selects an additional 50 hospitals based on the following criteria:

Firstly, the hospital fails the validation requirement that applies to the previous year's payment determination. Secondly, the hospital has an outlier value for a measure based on the data it submits. For those of you who are not aware, an "outlier value" is a measure value that is greater than five standard deviations from the mean of the measure values for other hospitals, and it indicates a poor score. Next, [it includes] any hospital that has not been randomly selected for validation in any of the previous three years. Lastly, [it includes] any hospital that has passed validation in the previous year but had a lower bound confidence interval below 75 percent.

Selected hospitals have 30 days to electronically submit medical records. Now, as far as the validation score, 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.

So, I just used a few terms, and sometimes people get confused by the different terms. The reporting period is the timeframe from which you are gathering data. It is also referred to as the patient encounter period by some. The submission period is the timeframe you have to submit your data. The payment determination year is the year you see a payment reflection for the data you reported or did not report.

Now, a few slides back, I explained that if you do not submit data by the submission deadline, then you are subject to a 2.0 percent reduction in your Medicare payments. In the example on this slide, we are using OP-29 for the current payment cycle. You are using encounters for the time period of January 1 through December 31, 2021. That is your reporting period. You then submit that data during the submission period of January 1 until May 16, which is the submission deadline. It is the 16th because the 15th is a Sunday this year.

The data collection and submission is for the payments you will receive in the following year, the payment determination year 2023. The 2023 payment year is from January 1 through December 31, 2023. Now, you're familiar with the terms you'll hear.

Any data that you report to CMS for this program will be publicly displayed. Before your data are displayed publicly, you will receive a preview report. When you have a preview report become available, take the time to evaluate it. That's your opportunity to review what will be displayed on the Care Compare site. This report is sent to the designated Security Official through Managed File Transfer. This is why you will need at least one Security Official. This is one report that you will receive.

You can use this public data to compare your hospital to others, whether it be regional, state, or national. I'm going to show you a new tool we've developed to assist you with this a little later in our presentation. The Star Ratings support CMS efforts to put the patient first in all of our programs. As part of this effort, patients should be empowered to work with their health care providers to make health care decisions that are best for them.

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An important component of this effort is to provide Medicare beneficiaries and their family members with meaningful information about quality and cost to assist them in being informed and active health care consumers.

In the most current rulemaking cycle, there were several finalized proposals for this program.

In summary, there were a few administrative changes such as the extension of the ECE policy to include eCQMs and some updates to the validation policy, which we talked about a few moments ago.

There were two measures that will be removed from the program, and those are the AMI measures, OP-2 and OP-3.

There were also the adoption of three new measures. OP-38 is the COVID-19 vaccination measure; OP-39 is the breast cancer screening measure; and OP-40 is the STEMI eCQM. This STEMI eCQM will replace the OP-2 and OP-3 measures which were removed.

OP-31 and OP-37a–e measures have been finalized to require mandatory reporting in the near future. OP-31 has been voluntary for this program, and OP-37a–e have been in a delayed status.

CMS also requested comment on different topics such as the potential adoption of THA/TKA measures, a potential future adoption of a pain management measure, information on rural emergency hospitals, health equity, and the future of Digital Quality Measures.

These finalized changes will be discussed here today as they relate to the program and to make sure you have all the information you need to successfully report for this program. We're going to discuss these measures and their submission deadlines in detail. I'm just letting you know here the changes that occurred in this latest rulemaking cycle. The next rulemaking cycle will begin with the calendar year 2023 proposed rule which will go on display this summer.

If you know where our next stop is, type a note in the chat! This city is pretty much the birthplace for coffee shop culture in the United States. Starbucks, anyone? Fans of its Seahawks football team have gotten so loud, they register on the Richter scale! It's iconic Space Needle towers over its skyline. Of course, we're talking about...

Seattle, Washington! Here in Seattle, we'll dive into our discussion about program measures. Let's go!

In this section, we'll be covering the types of measures for this program, as well as the specific measures and their deadlines. As we discussed earlier, there are two separate systems to enter data, the Hospital Quality Reporting, or HQR System, and the National Healthcare Safety Network, or NHSN, system.

There are three measure types for this program, and we touched on this earlier as well. First, let's talk about web-based measures.

The HQR System is where you are going to submit your web-based measures that are due annually. You will need to have a HARP account to do so. HARP is a secure access system that allows you to access multiple CMS applications. You will also need to have at least one person who is a Security Official for that system. We do recommend at least two. This will allow you to enter data, run reports, access secure reports, and things of that nature. For some hospitals vendors will also enter data for the web-based measures.

The other system is NHSN. This is where you are going to enter the OP-38 measure, which is the healthcare personnel COVID-19 vaccination measure. These data are reported quarterly. This system also has a designated secure access, which is called SAMS. You will also need to have a Facility Administrator for this system. The Facility Administrator role for this system is similar to the Security Official role you need for HQR. You can only have one Facility Administrator, but you can also have additional users for this system.

The names for the secure access for these two systems are different, but it is the same principle. You must have secure access, a designated Security Official or Facility Administrator, to have appropriate access into the systems.

The second type of measures are the chart-abstracted, patient-level measures, or clinical data. These measures are submitted quarterly via the HQR System either by using CART, which is a free software application provided by CMS, or by a third-party vendor. Web-based measures can also be entered by a vendor but typically hospitals enter that data.

If you do use a vendor, remember that you, the hospital, is ultimately responsible for the submission of data. So, it is your responsibility to check and make sure all your data submissions are complete and timely.

Lastly, there are the claims-based measures. Data for these measures are collected via 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 go over the reporting periods and submission periods for all these measures.

Let's begin with the chart-abstracted measures. Here we have the current chart-abstracted clinical measures for the Hospital OQR Program as it relates to the 2023 payment determination year. These data are entered quarterly, and we have the four quarters for the payment year 2023. The next upcoming submission will be May 2nd and will be for Q4 data. The reporting period, or encounter dates, for that quarter are October first through December 31, 2021.

Your last data submission for this payment year will be Q1 2022, which will be due August 1, 2022. It may seem odd that Q1 data are the last quarter to be submitted, but Q1 2022 data are connected to the 2023 payment determination.



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Remember that the OP-2 and OP-3 measures that we just talked about are being removed. That removal begins with the calendar year 2023 reporting period. So, the last time you submit data for those will be August 1, 2023.

Now, let's switch over to web-based measures. Here we are looking at the web-based measures reporting and submission periods for the payment determination year 2023. This is the reporting cycle we are currently in. These are the measures you are entering into the HQR System.

These measures include OP-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 is Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients, and OP-31 is Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery. The OP-31 measure is currently a voluntary measure, but, in this year's rulemaking cycle, it has been finalized to be mandatory beginning with the calendar year 2025 reporting period.

The reporting period for all these measures is from January 1 through December 31 of 2021. These data are then submitted during the submission period from January 1 through May 16th. May 15th falls on a Sunday this year. That is why your data are due on the 16th, not the 15th.

Now, let's switch over to the measures submitted via the NHSN system.

OP-38 is the COVID-19 Vaccination Coverage Among Healthcare Personnel, or HCP measure, which assesses the percentage of personnel working in a facility who have been vaccinated for COVID-19. This is the only measure for this program that is submitted into the NHSN system. These data are reported quarterly. This measure is required beginning with calendar year 2022 reporting period for the calendar year 2024 payment determination. That is the current quarterly reporting period. This measure has been finalized across programs. So, your hospital is most likely reporting this data for the inpatient program as well. Your hospital will report that data once. There will be no need to enter data for the inpatient and outpatient programs separately.

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However, if your hospital does not report the data, that also means that your hospital will not meet program requirements for both the Hospital Inpatient and the Hospital Outpatient Quality Reporting Programs.

The reporting requirement for the OQR program started with Quarter 1 of 2022, and you see that under the Reporting Period. Quarter 1 of 2022 uses encounters of January 1 through March 31, 2022, with the submission deadline of August 15, 2022. Following the timeline, Quarter 2's deadline will be November 15, 2022, using the reporting period of April 1 through June 30, 2022, and so on for Quarters 3 and 4 of 2022.

By the way, let me mention mandates. We're all aware there have been various mandates issued, both state and federal. These mandates are completely separate from the program requirements for this program. Whatever happens with these mandates, you will still need to meet the program requirements in order to avoid a payment penalty.

Next are the claims-based measures. These types of measures for this program are either imaging measures or outcome measures.

This slide demonstrates the imaging measures in one column, and you will see Calculated Encounter Dates in the other. The Calculated Encounter Dates refer to the period of time which is calculated for the measure data. So, all cases that meet measure criteria in that timeframe will be used to calculate the measure data. You can see the calculated encounter dates for OP-8, OP-10, and OP-13 are from July 1, 2020, through June 30, 2021.

The new Breast Cancer Screening Recall rates measure, OP-39, will use encounter dates from July 1, 2020, through June 30, 2021, for data calculation for the payment year 2023.

The second type of claims-based measures are the outcomes measures. For this program, the outcome 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, 2019, through December 31, 2021. That is the period of time when the patient was in your facility.

For OP-35 and OP-36, the reporting period is one year. Data are collected from January 1, 2021, through December 31, 2021. I mentioned this earlier. The survey measures were recently finalized to have a voluntary period beginning with the calendar year 2023 reporting period. The mandatory reporting will begin with the calendar year 2024 reporting period for the 2026 payment determination. During this voluntary reporting period, you can report data voluntarily, or not. However, the following year, calendar year 2024, you must start collecting data to report.

The new STEMI eCQM also starts off with voluntary reporting of one quarter for the calendar year 2023 reporting period and mandatory reporting begins the following year, the calendar year 2024 reporting period. That would be for the 2026 payment determination year.

We covered this extensively in our final rule webinar back in January. We'll be bringing you more information on the new measures as the time for submission draws closer. So, what do you have coming in the immediate future?

Here we have a summary of what you'll need to report through August of 2022.

The next clinical quarterly submissions will be for Quarter 4 data, and the data submission deadline is May 2, 2022. You will report for OP-2, OP-3, OP-18, and OP-23. Remember, that OP-2 and OP-3 were removed from the program, but you will report data on OP-2 and OP-3 through Quarter 1 2023, which are due August 1, 2023. That will be the last quarter of data collected and submitted for these two measures.

Web-based measures in HQR will be submitted by May 16, 2022. That includes the OP-22, OP-29, and OP-31 measures. Again, as of right now, OP-31 is still voluntary. The mandatory reporting for OP-31 begins with the 2025 reporting period for the 2027 payment determination. This means the first time you must submit will be May 15, 2026. However, you can certainly report data voluntarily until that time.

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The new COVID-19 vaccination measure is reported in NHSN and began with the 2022 reporting period. This means it began with January 1, 2022, encounters. As we discussed a few times now, inpatient and outpatient programs are reporting data once by hospital CCN.

If you know where we're heading next, type a note in the chat! This city's Wrigley Field ballpark is known for its ivy-covered outfield walls. It's "Cloud Gate" sculpture, The Bean, is one of the most iconic outdoor sculptures in the world. From 1973 to 1998, its Sears Tower building was the tallest building on the planet. Of course, we're talking about...

Chicago, Illinois! Here in the windy city, we'll discuss entering your data into HQR. Let's go.

In this section, we'll be walking you through data submission when using the HQR System.

Once you sign into HQR using your HARP credentials, this will be your landing page. You will click on the dashboard toggle to open your menu options. You will select the Data Submission option to begin reporting your data.

Once you click on that data submissions icon, this will be the next page. At the top, you can see the various options for reporting data. Right now, we are going to talk about the submission of web-based measures. So, we are going to select the web-based measures option.

Here, it is asking how you would like to submit your data and provides two options: File Upload and Data Form. However, for hospitals, there is no external file upload option for submission of the web-based measures. So, you will select Data Form.

This will be your view. To open the submission application, you will click on Launch Data Form. This will direct you to the web-based submission entry page, where you will enter your data.

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When you open the application, on the left side, you will see your hospital's CCN, the Submission Period, and the Reporting Period.

Please make sure you have the correct payment year selected in the box there, at the top right-side of the page, by the number 1. It will always auto default to the most current payment year. So, right now, you are currently submitting data for the payment determination year 2023, which is what you see here.

To enter your data, you will start by selecting the green Start Measure icon. That will open the data entry page. If your facility does not perform procedures related to the measure, you can just click on the box where it says, 'Please enter zeros for this measure as I have no data to submit.' It's right there next to the arrow for the number 3. If you select that box, the system will auto-fill zeros in that measure for you.

Once you have submitted your data, the "I'm ready to submit" box will turn blue. Select that blue box. This is what moves your data into the warehouse. It is not submitted until you select that blue, "I'm ready to submit" box. Now, a word of caution. If you go back in and view your data in the edit mode, then you will actually be pulling your data back from the warehouse, which means the system understands it as if you did not submit your data at all. Well, we don't want that. In that situation, be sure that you click on that "I'm ready to submit" button again to move your data back into the warehouse. Awesome, you've entered all your data.

Once your data submission is complete, you will see a green check mark with the word Complete next to all of the measures.

This view allows you to quickly review the data that you entered. If you did make a mistake, you can just click on the blue Edit Measure icon, and the data entry page will open again allowing you to revise your data. Remember, if you do edit your data, make sure that you click the blue "I'm ready to submit" button again. If you do not click that blue "I'm ready to submit" button again, your revised data will not be captured and updated into the warehouse.

To make sure it has actually been submitted, you will look at the green banner at the top right of the screen. You'll want to make sure that you see the green check mark next to Submit.

You can print off a screen shot for your records, or you may choose to click the Export Data Icon and save the information that way.

Congratulations, data submission is complete!

If you want to enter data for your chart-abstracted clinical data, you will choose the Chart-Abstracted tab at the top. You can test your submission by loading your data in the Test environment. Many hospitals test their submission first. If you do use this function, please remember that the Test environment does not move your data into the warehouse. It is strictly for testing. When you are ready to submit your data, select the Production environment.

Entering data this way is generally for vendors who enter data for multiple facilities at once. If you are entering data for your hospital only, you will use CART, not this area of HQR. Again, you need to select Production for the data to be captured and uploaded to the warehouse for program credit. You can use the Select Files option or the Drag and Drop option. Once uploaded, you will see the status of your submission as Received. You can also run your Case Status Summary report to see cases accepted and rejected counts. Now, you have entered all your data!

If you are not using a vendor and submitting for your hospital, you will submit your data using CART. Again, CART is a no-cost application tool found on QualityNet. You can download the most current version directly from QualityNet. If you need assistance, QualityNet has tutorials and CART training available on their website.

Tell us in the chat if you know our next iconic city! This city's cable cars are the stuff of legend. It's Golden Gate bridge is one of the most recognizable bridges on earth, and it's row of "Painted Ladies" Victorian-style houses are some of the most photographed homes in the world. Of course, we're talking about...

San Francisco, California! Here in the city by the bay, we'll discuss entering your data in NHSN. Off we go.

In this section, we'll show you how to enter your data into the NHSN system. To begin, you will log into the SAMS portal using the SAMS Soft Token or Grid Card at [sams.cdc.gov](https://sams.cdc.gov). You will enter your username, password, and whichever multi-factor option you are using, which is either the hard or soft token.

Once you've logged in, you're still in SAMS here. Remember SAMS is the key to get into the NHSN building. So, to get into NHSN and enter your data, you will now select NHSN Reporting.

This will take you to the NHSN landing page. Under Select Component, you will select Healthcare Personnel Safety in the drop-down menu, right there by number 1. Under Select Facility/Group, by the number 2, you will select the desired facility for your hospital in next drop-down menu. Then, click Submit.

This will be your next view. You will be unable to enter any data unless you create a Monthly Reporting Plan. To begin your Monthly Reporting Plan, you will go to the navigation bar on the left-hand side, hover your cursor over Reporting Plan, and select Add.

From this page, you will select the month, which we have January here, and then choose the year. You'll go down to Weekly COVID-19 Vaccination Module, select the box next to COVID-19 Vaccination Summary, and hit Save.

Now, you may get this alert box that you see here. What it's telling you is that no data are found for January 2022. Well, if this is your first time going in for the month of January, then that will be true. You haven't entered it yet. No worries. Just select the OK box.

This page will then display, letting you know that your HCW plan has been successfully created.

Go ahead and check your dates and that the appropriate COVID-19 Vaccination Summary box is selected. Then, select Save. You will now go back to the left-hand navigation bar and hover over Vaccination Summary. Then, select COVID-19 Weekly Vaccination Summary.

You will then see a screen in a calendar format for the vaccination summary data. This is just a screen shot here, so the dates that you actually see will depend on the time frame that you entered. One thing to note is a week for this reporting tool ends on Sunday. So, the first week shown here, ends on January 2. That means the first week shown here would correlate with the first week of January. For example, if you submit data for that week, it includes data for January and December. The system will put the data submitted under the month of January as that is the month that the week ended on.

You will select the week you wish to enter data. Any week that does not have data entered will have a tan color. The color map is located at the top. So, let's click on the first week here at the top.

On this screen, red asterisks indicate mandatory fields. Let me just say this: You'll have to enter your information in one sitting. If you do not complete your data entry and you have to leave, when you come back, the data will not be there. This is just an FYI. Do the whole thing at once. If you want to see what this entire data entry tool looks like, there's a blank one available on NHSN, and we have the direct link to that document here on the slide. You can just print it off and keep it available, if you need it.

Enter 0 if no HCP are reported for a required field. Now, we're not going to show you step-by-step the data entry, as we did an extensive webinar a few weeks back. If you need details on that aspect, please access the February webinar in the [Archived Events](#) option on our website. I'll be showing you that site here today as well. Additionally, NHSN has some tutorial videos on their website as well.

Once you have entered your data, you will be redirected here, and the week on the calendar will now turn green.



You'll receive the pop-up message, indicating that you have successfully saved your record. You'll simply repeat this process the next time you enter your data. That's all there is to reporting the COVID-19 data.

Our last stop is really someplace special. Do you know where it is? Home to democracy in the free world, the dome of its Capitol building is known worldwide. It's obelisk shaped Washington Monument honors America's first president, and its subway system features eleven types of iconic architecture, like this "waffle" style vault station designed by Harry Weese that is found in 32 stations. Let's finish our journey today in...

Washington, DC! We'll close today talking about some tools and resources available on both QualityNet and on Quality Reporting Center that can help you.

In this section, we'll be looking at the tools and resources on QualityNet, such as signing up for email updates, using the Q&A tool, accessing program information, and how to locate the specifications manual.

Over on Quality Reporting Center we'll talk about accessing program information, discussing the Facility Compare tool, and using the Lookup Tools.

Let's start with the QualityNet website. We're just going to take a few moments here to review some important information for successful reporting. So, start by entering the web address that you see here at the top.

You'll land on the home page. If you'd like to stay up-to-date with all of the program notifications and updates, then signing up for QualityNet Mailer, otherwise known as ListServe notifications, is a must. This service is a no-cost service that takes about five minutes to register. It's a very quick and easy way for you to stay in the loop. You'll be sent emails about deadlines, program updates, educational webinars, and more. To start this email service, you would click on that Subscribe to Email Updates icon, right there on this screen next to the number 1.

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If you have a question, you can ask that question by clicking on the down arrow next to Help, right there by number 2 on the screen. The Question and Answer Tool will appear, and you can select Ask a Question. Lastly, if you want more information about the program, you'll just select the Hospitals-Outpatient button, next to the number 3.

I want to show you where to find the specifications manual, so we would select the Hospitals-Outpatient button.

You'll see this view. You can see a banner at the top of the program-related sections to choose. Remember earlier we talked about CART? So, if you want information on CART, or to download the most current version, select Data Management at the top up there.

To access and download the specifications manual, you'll select the Download Specifications Manual option. You see two options; you would select the version that matches the encounter period that you are abstracting.

To learn more about the program, select the Learn More box, next to number 2. That will take you to another page with information. The options at the top will also change, providing you with events and more options.

Another great resource is the support contractor website, [QualityReportingCenter.com](http://QualityReportingCenter.com). This website is another resource that's incredibly helpful to those that are new to the program. It's full of tools and resources that are available to assist you with your quality reporting. So, you can access it by typing in the web address at the top of the slide.

You'll be taken to the home page. This website services multiple programs. So, from the home page of QualityReportingCenter.com, you will select the Outpatient icon at the top of the slide.

This is what you'll see. On the left, you'll see the menu options specific to the OQR program. You can see that there are a lot of options and resources. In the interest of time, I'm only going to show you a few.

You can see there are program information and upcoming and archived events. Please view the event tabs. The upcoming events will let you know about education that we'll have in the immediate future. The Archived Events tab stores all of our previous webinars, and this library is expansive.

For now, though, let me show you what's under the Hospital OQR Program Tools and Resources tab.

Here, information is divided into categories which can be accessed by clicking on the desired box. You can tell from the titles the information that would be available under each selection. For example, the New to Reporting will have a new to reporting guide, information on the program, deadlines, those types of things. We won't be showing you all of these tabs today, but please be sure to check it out for yourself. Again, this is a lot of useful information!

Now, let me show you a new tool that allows you to access your publicly reported data.

Let's go back to the primary menu. On the left side of the page, click on the down arrow next to Data Dashboard. That will open up the menu options that you see here. This is where you'll click on the Facility Compare Tool.

You'll be directed to this page. For a guide on the use of this tool, select Facility Compare Tool User Guide. Below that, you can see a tab called Hospital Outpatient Departments, and, if you click on the down arrow, you'll see information about the dates of encounters that are reflected and where to find archived data.

If you continue to scroll down this same page, you'll see the tool that we're going to show you.

Here we are, the CMS Quality Measures Scorecard. The program reports in this dashboard are easily accessible by clicking on the desired yellow report buttons. This is where you can view your facility or compare your facility to any other hospital nationwide.

## Outpatient Quality Program Systems and Stakeholder Support Team

To begin, we will select, “Explore all measures reported by a single facility.” That is the top yellow button.

You’ll be brought to this page. This report gives the user the flexibility to select a single facility to view all corresponding measures for that facility.

Now, just a few points of interest about this page. You can select the large black arrow on the top left side of the page, and this will take you back to the overall page that we just looked at.

At the top, in light blue, is your search criteria, and the Facility: NPI/CCN + Facility Name auto-populates with a random facility. So here, click on the drop-down menu in the current box. The drop-down box opens a list of hospitals. You can either choose from this list, or you can enter your facility’s CCN or name by just typing the information in.

You can hover over the bar in the bar graph to view additional information about the measure such as the National Score and if higher or lower scores are better for that particular measure.

To narrow down the list of facilities, click on the State or City drop-down menu and you can filter the list down to a specified state or city. Let me show you what that looks like.

Now, this is what the drop-down option looks like. You’ll have to click on the down arrow to open the box, and then you can start typing in your hospital’s name or your CCN. Once you enter your CCN, the report will load, which is what you see here on the left.

That will display your Single Facility Report. These data contain Care Compare for OQR for 2018, 2019, and 2020. On the left side, you see that the measures are grouped in two sections, the Higher Rates are Better section and the Lower Rates are Better section. You can also see the color legend that is used at the bottom of the screen. If you hover your cursor over any of the rates, as we’ve done here for OP-29, you’ll be provided with additional information about the national score.

Now, let's go back to the initial Scorecard page. Here we're going to select, "Explore state comparisons for related measures across programs." This will allow you to compare measures that are shared across programs by state.

Now, as most of you are aware the ASCQR Program also has some measures that the Hospital OQR Program has. The State Comparison for Selected Measure Report provides comparative views of state scores by selected category, measure ID and name, and year. View comparisons by a visual-colored map and top/bottom 10 states for the selected measure.

A state of interest can be selected to view all corresponding facility scores grouped by city on both a state map and a list. As we did in the previous report we looked at, at the top of the page, you can select what state you want to compare data. Here, we are looking at the year 2019 and the state of Florida.

We're comparing measures that are the same for the hospital OQR and ASC quality reporting programs. You will see the National Score above the dotted line for each measure. The state's score is also displayed.

All states are shown on the graph in gray. For Florida, the data are blue because that is the state that we chose to compare. The gold and blue arrows will provide additional information about the selected state that you are comparing. I'll show you that in a moment.

Now, let's take a closer look at a measure. We'll choose ASC-9 and OP-29 as they are the first ones here on the top.

OP-29 is the colonoscopy measure for hospitals, and ASC-9 is the same measure for ASCs. Again, the other states display in gray, but your selected state will be in blue. Notice that, for OP-29, in these data, 51 states reported this information. Florida's rate is 90.2, and the National Score is 91.0. There's a black, dotted line showing you this. The 90th percentile is 100 percent, and the 10th percentile is 71.0 percent.

Now, let's switch over and look at the ASC graph for Florida. We see the same data for this measure as reported by hospitals. Notice that, for ASC-9 data, 49 states have reported this information. Florida's rate is 64.6. The National Score is 78.4, and there is that black, dotted line showing you this. The 90th percentile is 100 percent, and the 10th percentile is 51.7 percent. I mentioned on the previous slide that, by clicking on the arrows, you will get more information.

So, for example, if we clicked on the gold arrow next to OP-29, this pop-up menu appears with specific data for that measure. You can select any of the blue or gold arrows for pop-up boxes with more information.

Now, let's look at one more report. Once again, we're back at the main overview page. What if you wanted to see the state comparison for all OQR measures? Well, for that information, let's take a look at "Explore state comparison for all OQR measures."

Here we are. Again, we're comparing Florida.

The State Comparison for All OQR Measures Report displays state comparative scores for current measures for the selected year. Included are the number of reporting states, the selected state's numeric rate, and a symbol indicating if the score is above or below the national rate. Symbols in blue indicate that the selected state's score is better than the national rate. Those gold symbols indicate worse than the national rate. At the top of the report, you can select the state and year for comparison. You will see boxes representing the various measures with data related to that measure contained within each box.

Once again, let's take a closer look at one of these measures. Again, we'll choose OP-29. Here, you'll see all states in gray. Again, your chosen state will display in blue. The state rate is 90.2 percent; the National Score is 91.0; the 90th percentile is 100 percent; and the 10th percentile is 71.0 percent. As before, you can click on the arrow for additional information.

Now, this is just a brief overview of this interactive tool. We really encourage you to check this out for yourself. You can sort, analyze, create your own data sheets, and much more using this interactive tool.

Now, let me show you another tool. I told you before that I would show you how to check your data submission. So, now that's what we're going to talk about.

Back on that main menu of the outpatient page of [QualityReportingCenter.com](https://QualityReportingCenter.com), click on the down arrow next to Data Dashboard. The menu options will display once again. This time, we're going to select Lookup Tools.

You can check your web-based measures data submission by going to the tool at the top here in the Lookup Tools. You will just need to enter your hospital's CCN. Then, select Enter.

On this same page, you can also check to see if reports are available for the OP-32, OP-35, and OP-36 measures. Under Claims-Based Measures, under the OP-32, OP-35, and OP-36 Lookup Tool, you do the same thing. You enter your hospital's CCN. Then, select Enter.

To check your web-based data submission or find your CCN, you will use the Facility CCN and Lookup, right there by number 1. You will enter your Hospital's CCN. Then, select Enter.

Your results page will look like this. Data submission results are clearly identified for the web-based measures that you see at the top, OP-22, OP-29 and OP-31. A display of Yes indicates that there has been successful data submission. A display of No indicates the data for that measure were not submitted.

In the COVID-19 Results, 2022 is the year for which data are being collected, but the applicable Calendar Payment Year Determination is 2024 in this case. Underneath each month or quarter, a value of Yes or No is displayed. For a Quarter Value to display Yes, a hospital must have reported vaccination summary data at least one week each month of the applicable quarter.

This tool is very popular. Now that we've added the ability to check on the new measures, we anticipate this to be very appreciated by the community.

Okay, that's going to do it for me. Let me go ahead and hand things back to Karen who will summarize some of the things we learned today. Karen?

**Karen**

**VanBourgondien:** Thanks, Matt. Great adventure. You covered a lot of material. Now, remember these tips. First and foremost, make sure you have at least one Security Official. We highly recommend having two, but you absolutely cannot report clinical or web-based data into HQR or receive reports without having at least one Security Official. You will also need a Facility Administrator for the NHSN data. Although there is only one Facility Administrator for NHSN, you can have multiple users. The Facility Administrator can add users in the NHSN system.

You will collect and submit data for the web-based measures entered in HQR, as well as the OP-38 measure, which is submitted into the NHSN system. You need to submit these data by the deadlines provided.

Please use the program specifications manual to ensure you are abstracting correctly. Of course, you can visit our website, [QualityReportingCenter.com](http://QualityReportingCenter.com), for additional tools and resources. As you saw during the presentation, we do have a lot right there at your fingertips.

Of course, we have important contact information for you. By all means, if you have questions about the program, give us a call. Our number's right there at the top. We're always really happy to hear from you and glad to help you in any way we can. We also have the information for QualityNet support, as well as the NHSN help desk. If you are not aware, NHSN does not have a phone number, so you will have to communicate with them with the email you see here on the slide.

That's all the time we have today. Thank you everyone for joining us. We hope it was helpful, and we'll see you on the next webinar.