



Counting on the Numbers

Understanding Your
Facility Specific Report

Agenda

Topic	Speaker
<ul style="list-style-type: none">• System Password Integrity• OP-38 Updates• The Final Rule• Preview Period• Obtaining Your Reports	Karen VanBourgondien, BSN, RN, Education Lead Outpatient Quality Program Systems and Stakeholder Support Team
<ul style="list-style-type: none">• Fall 2022 Hospital OQR Reports Using Centers for Medicare & Medicaid Services (CMS) Disparity Methods• Hospital OQR Program CMS Disparity Methods Focus Group	Tamara Mohammed, MHA, PMP, Associate Director Yale Center for Outcomes Research and Evaluation.
Ask the Subject-Matter Experts	Yale CORE and the Outpatient Quality Program Systems and Stakeholder Support Team
Additional Support and Wrap-Up	Karen VanBourgondien, BSN, RN



Hospital Outpatient Quality Reporting Program (OQR) Program Reminders, Highlights, and Updates

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



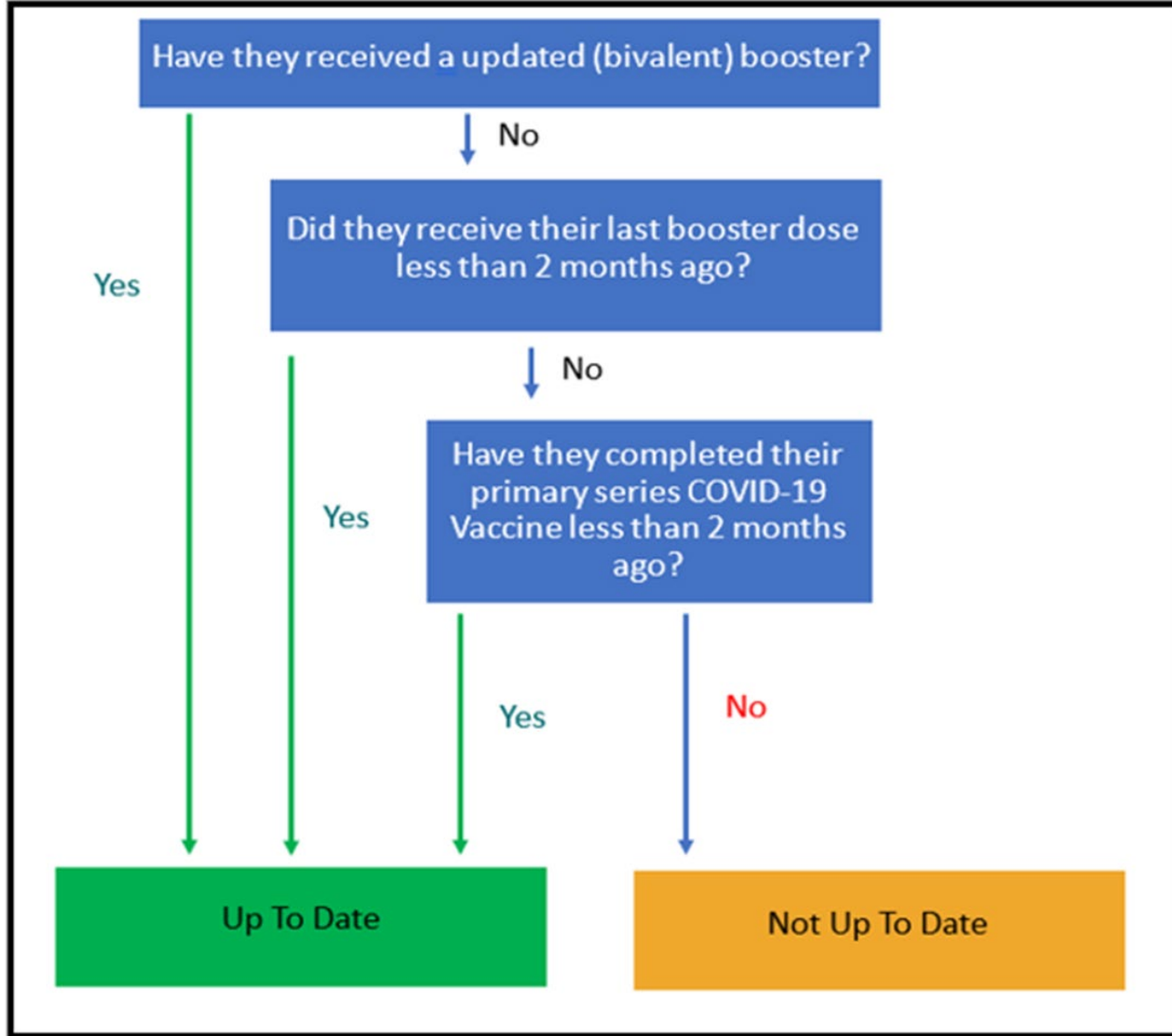
**For password integrity,
maintain an active account.**

You should log in at least every:

- 60 days for the National Healthcare Safety Network (NHSN) system.
- 90 days for the Hospital Quality Reporting (HQR) system.

Passwords

Flow Chart: Up to Date for Q4 2022



OP-38: COVID-19 Vaccination Coverage Among Health Care Personnel (HCP)

- NHSN changed the definition of Up to Date.
- Current guidance: <https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.pdf>
- The next OP-38 submission deadline is November 15, 2022

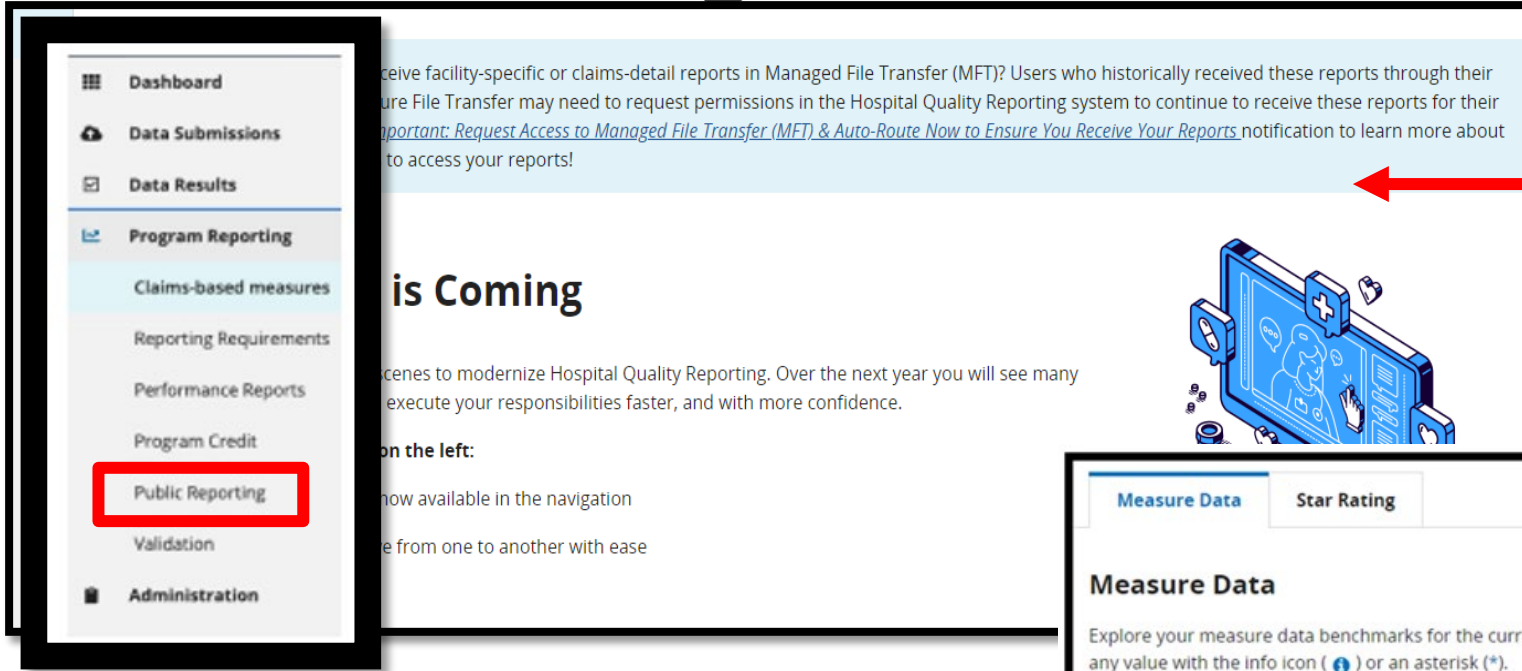
Final Rule

- The Calendar Year (CY) 2023 Hospital Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Payment System Final Rule was displayed November 3, 2022.
 - Available on the *Federal Register*: <https://www.federalregister.gov/public-inspection/2022-23918/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment>.
 - CMS will present a webinar discussing the finalized proposals on January 18, 2023.
 - Registration notifications will be sent prior to the event

Preview Period

- Preview data for the January 2023 *Care Compare* refresh is available on HQR
- Preview Period extends from November 8—December 7, 2022.
- A preview Help Guide is available at:
<https://qualitynet.cms.gov/outpatient/public-reporting/public-reporting>

Accessing Your Preview Report in HQR



From the left-hand navigation menu, select *Public Reporting*.

receive facility-specific or claims-detail reports in Managed File Transfer (MFT)? Users who historically received these reports through their Managed File Transfer may need to request permissions in the Hospital Quality Reporting system to continue to receive these reports for their reports. [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) notification to learn more about how to access your reports!

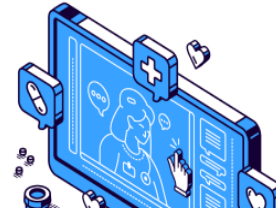
is Coming

changes to modernize Hospital Quality Reporting. Over the next year you will see many changes that will help you execute your responsibilities faster, and with more confidence.

on the left:

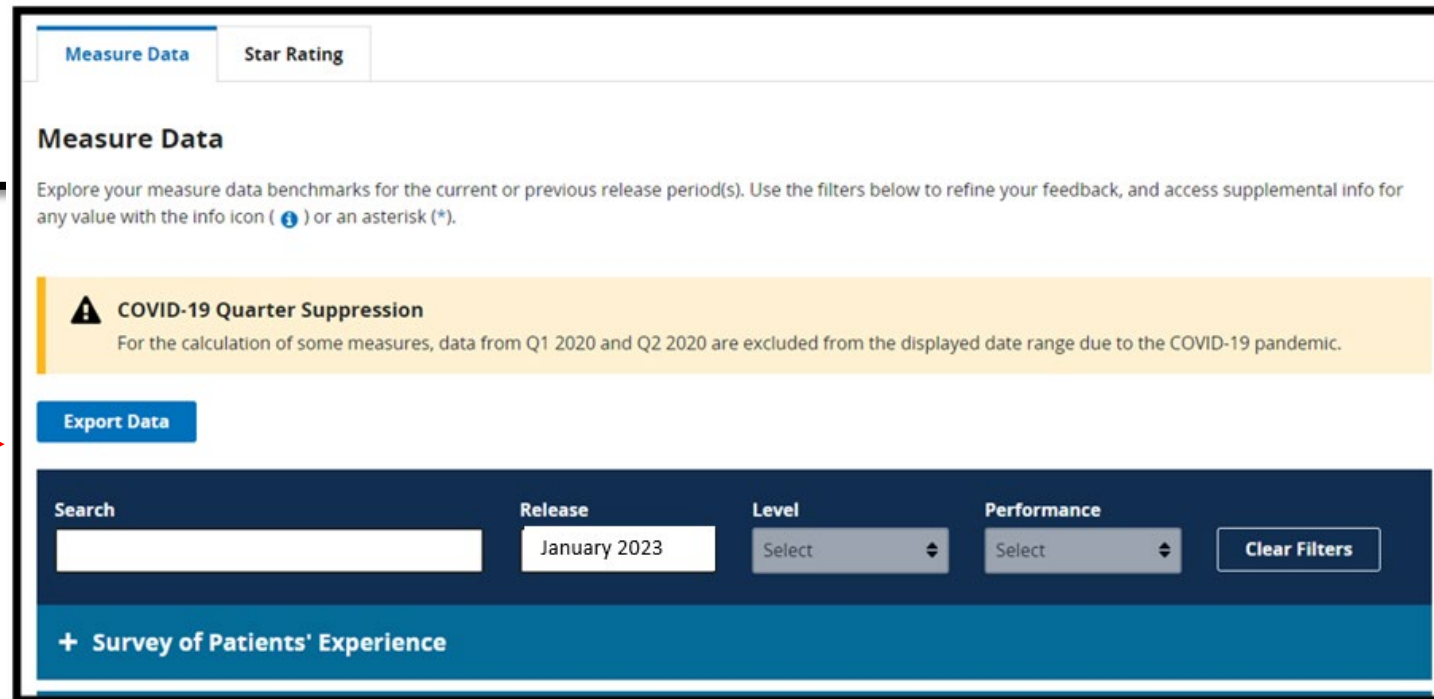
now available in the navigation

move from one to another with ease



The most current Preview Period will be auto-filled under the Release category.

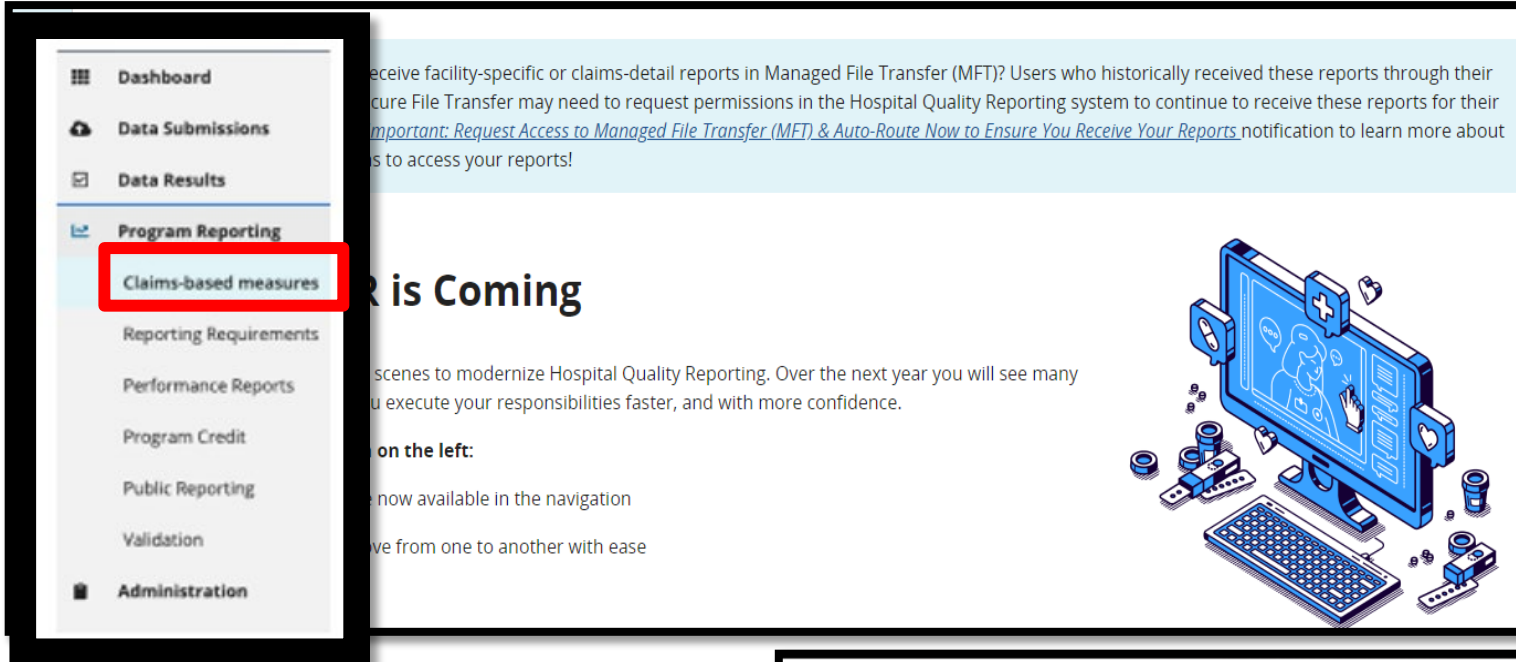
Once an accordion is expanded, the measures and data will display for that category.



Obtaining Your FSRs

- Claims-based measures have moved from Managed File Transfer (MFT) to HQR.
- Beginning November 8, 2022, claims-based measure reports will only be in MFT by request.
- For technical issues, call the CCSQ Service Center at 866.288.8912.

Accessing Your FSR in HQR



The screenshot shows the HQR interface. On the left, a navigation menu is displayed with a red box around the 'Claims-based measures' option. The main content area features a light blue header with text about Managed File Transfer (MFT) and a section titled 'What is Coming' with an illustration of a computer monitor and keyboard.

Receive facility-specific or claims-detail reports in Managed File Transfer (MFT)? Users who historically received these reports through their Managed File Transfer may need to request permissions in the Hospital Quality Reporting system to continue to receive these reports for their reports. [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) notification to learn more about how to access your reports!

What is Coming

As the system evolves to modernize Hospital Quality Reporting, Over the next year you will see many changes that will help you execute your responsibilities faster, and with more confidence.

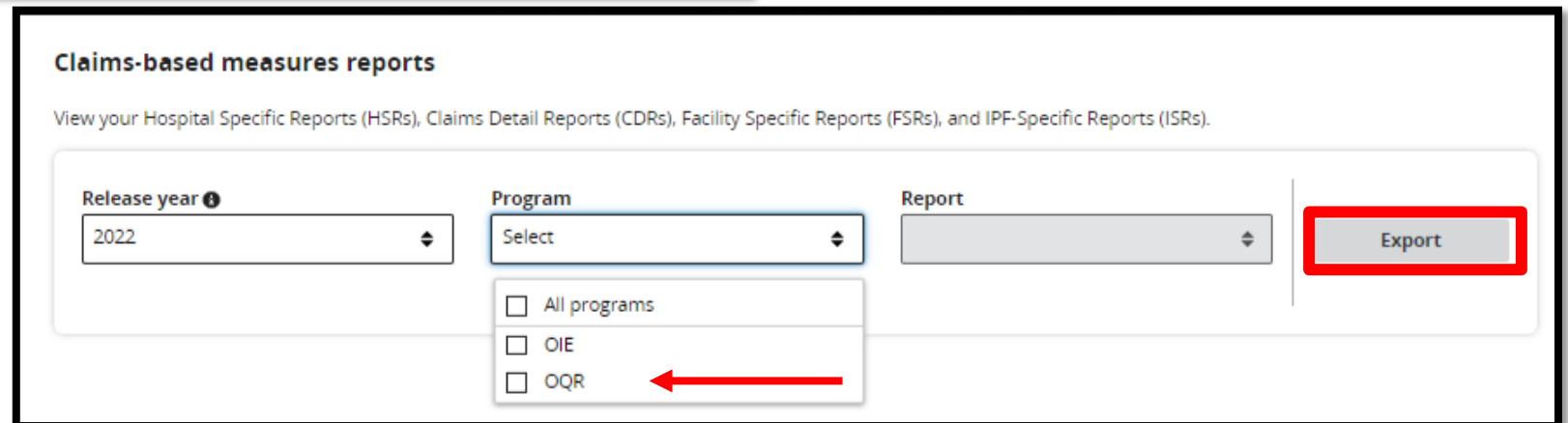
On the left: The 'Claims-based measures' option is now available in the navigation menu.

Users can now move from one to another with ease.

From the left-hand navigation menu, select *Program Reporting*.

Then select *Claims-Based measures*.

Select your report release year, program, and report. Then select Export.



The screenshot shows the 'Claims-based measures reports' section. It includes a sub-header, a descriptive sentence, and a filter form with three dropdown menus: 'Release year' (set to 2022), 'Program' (set to 'Select'), and 'Report'. An 'Export' button is highlighted with a red box. A red arrow points to the 'OQR' option in the 'Program' dropdown menu.

Claims-based measures reports

View your Hospital Specific Reports (HSRs), Claims Detail Reports (CDRs), Facility Specific Reports (FSRs), and IPF-Specific Reports (ISRs).

Release year ⁱ 2022

Program Select

Report

All programs

OIE

OQR

Export



Fall 2022 Hospital OQR Program Reports with Results Using CMS Disparity Methods

Tamara Mohammed, MHA, PMP
Associate Director
Yale CORE

FSR Measures and Results

In November 2022, CMS released Facility-Specific Reports (FSRs) that contained results for the following measures for Calendar Year (CY) 2023 payment determination under the OQR program:

- OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy
- OP-36: Hospital Visits after Hospital Outpatient Surgery

The FSRs also contained, for the first time, results for the 3 measures on the CMS Disparity Methods, stratified by patient's Dual Eligibility status.

- Dual Eligible: Individuals enrolled in Medicare Part A (Hospital Insurance) and/or Part B (Supplemental Medical Insurance) and are also enrolled in full-benefit Medicaid and/or the Medicare Savings Programs (MSPs) administered by each individual state.

2022 Reporting: CMS Disparity Methods

- These are confidential only; will **not** be publicly reported
- These are calculated using data from the following:
 - January 1, 2019 – December 24, 2019, and July 1, 2020 – December 31, 2021, for the Colonoscopy measure
 - January 1, 2021 – December 31, 2021, for the Chemotherapy and Surgery measures
- Results are risk-adjusted for age and comorbid diseases

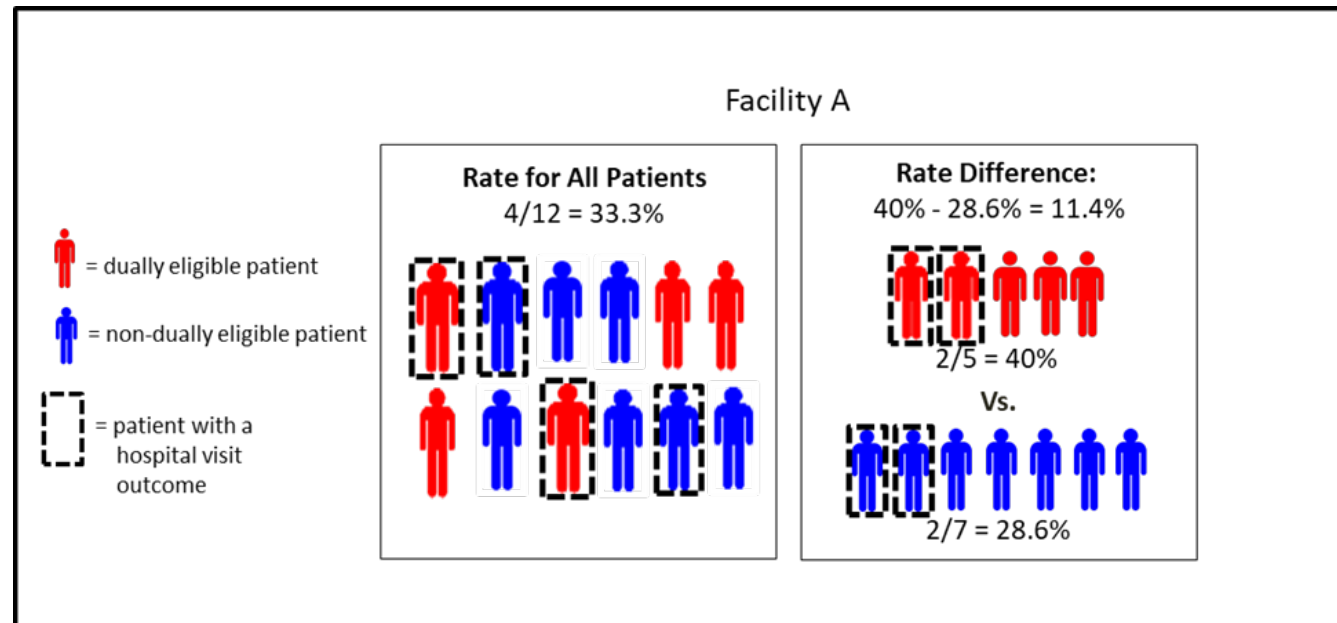
The CMS Disparity Methods

- CMS developed the Disparity Methods to examine disparities in health measures using different sociodemographic factors such as dual eligibility status.
- Same CMS Disparity Methods applied to measures in the Hospital Inpatient Quality Reporting (IQR) program
- There are 2 Disparity Methods:
 1. The Within-Facility Method:
 - Seeks to compare results within a facility
 - Will Facility A's patients who are dual eligible have worse health outcomes than patients who are not dual eligible in the same facility?
 2. The Across-Facility Method:
 - Seeks to compare results across facilities
 - How does Facility A perform for their patients who are dual eligible compared to Facility B, that treat similar patients?

Within-Facility Disparity Method

This method measures the difference in the outcome (hospital visit rates) by calculating a Rate Difference

$$\text{Rate Difference} = \text{Hospital Visit Rates for Patients who are Dual Eligible} - \text{Hospital Visit Rates for Patients who are Non-Dual Eligible}$$



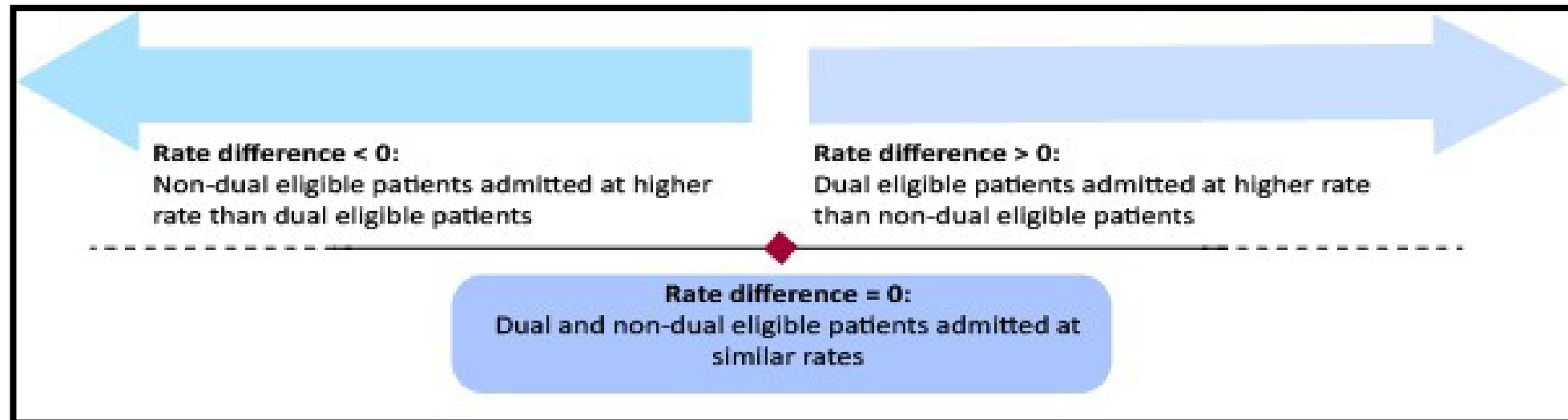
Interpreting the Rate Difference for the Within-Facility Disparity Method

A **positive** rate difference indicates:

Dual eligible patients **have higher** hospital visit rates than non-dual eligible patients at your facility. This can also be interpreted as dual eligible patients have **worse** outcomes than non-dual eligible patients at your facility.

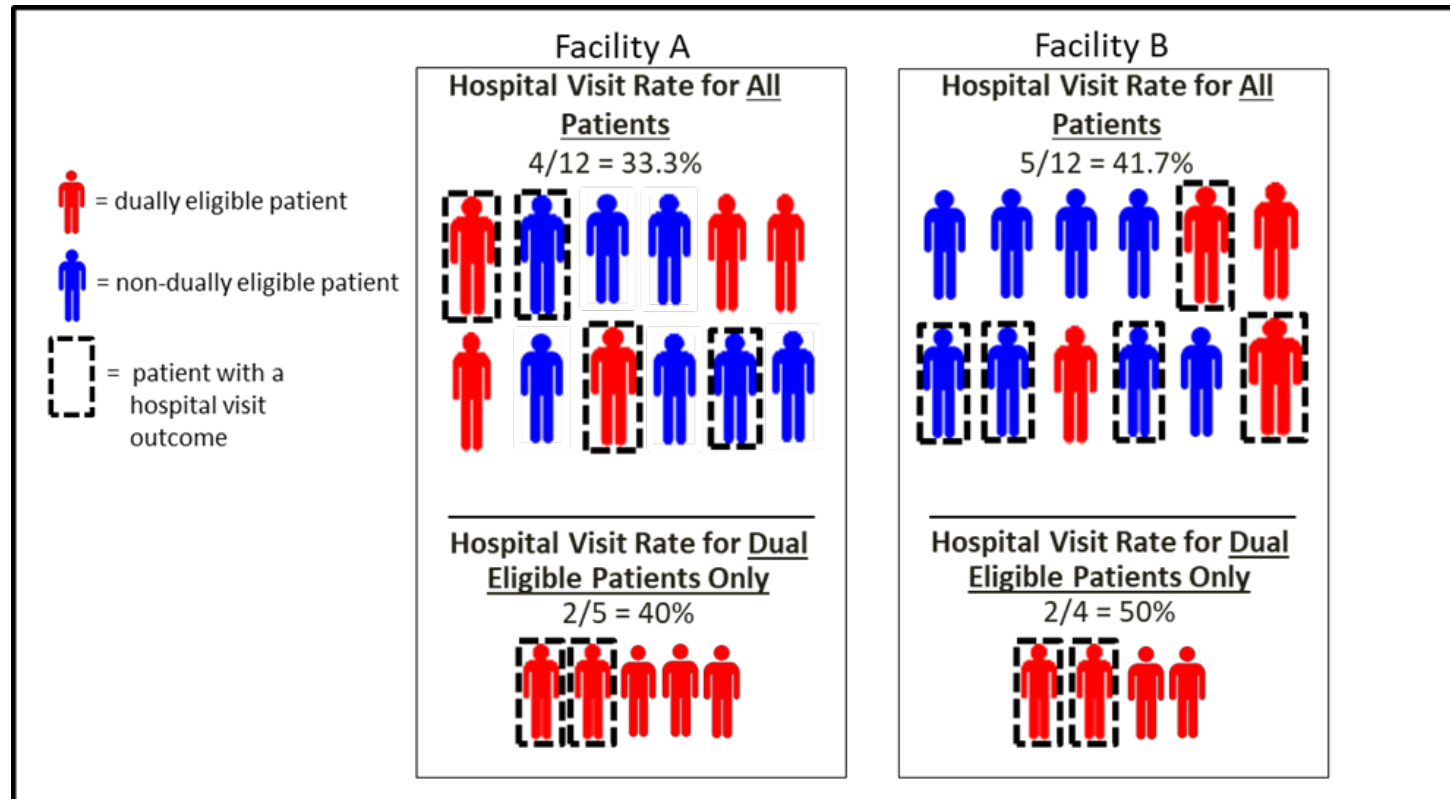
A **negative** rate difference indicates:

Dual eligible patients have **lower** hospital visit rates than non-dual eligible patients at your facility. This can also be interpreted as dual eligible patients having **better** outcomes than non-dual eligible patients at your facility.



Across-Facility Disparity Method

This method measures the outcome for dual eligible patients only by calculating an Outcome Rate.



Interpreting the Outcome Rate for the Across-Facility Disparity Method

A rate **higher** than the state or national result (or higher than 1 for the surgery measure) indicates:
Your facility's dual eligible patients have higher hospital visit rates compared to other facilities in your state or in the nation

A rate **lower** than the state or national result (or lower than 1 for the surgery measure) indicates:
Your facility's dual eligible patients have lower hospital visit rates compared to other facilities in your state or in the nation.

Results Provided in the 2022 FSRs

CMS Disparity Method Applied	Provides Information On
None	Risk-standardized hospital visit result at your facility
Within-Facility Disparity Method	Difference in the outcome of risk-adjusted rate of facility visits between dual and non-dual eligible patients at your facility
Across-Facility Disparity Method	Risk-adjusted outcome rate of facility visits for dual eligible patients at your facility compared to other facilities in the state or nation

Understanding your FSR: Within Facility Table

	Performance Information	Patients	Colonoscopy Measure	Chemotherapy Measure - Inpatient Admissions	Chemotherapy Measure - ED Visits ^a	Surgery Measure
11						
12	Comparative Performance at Your Facility ^{b,c}	For Duals (compared to Non-Duals)	Similar outcomes for dual eligible and non-dual eligible patients	Worse outcomes for dual eligible patients	Worse outcomes for dual eligible patients	Worse outcomes for dual eligible patients
13	Your Facility's Result Difference ^d	Duals minus Non-Duals	5.03	1.01%	1.50%	1.27%
14	Your Facility's Average Predicted Result ^d	For Duals	16.78	7.89%	6.39%	6.22%
15	Your Facility's Average Predicted Result ^d	For Non-Duals	11.75	6.89%	4.89%	4.95%
16	Total Number of Outcomes (Numerator) at Your Facility	For Duals	2	3	4	6
17	Total Number of Eligible Cases/Patients (Denominator) at Your Facility	For Duals	73	35	35	55
18	Total Number of Outcomes (Numerator) at Your Facility	For Non-Duals	2	1	2	8
19	Total Number of Eligible Cases/Patients (Denominator) at Your Facility	For Non-Duals	180	42	42	125
20	Additional Information - State and National Information	--	--	--	--	--
21	Average State Result Difference ^d	Duals minus Non-Duals	4.97	1.08%	1.46%	1.07%
22	Total Number of Outcomes (Numerator) in Your State	For Duals and Non-Duals	1,298	2,546	1,283	3,468
23	Total Number of Eligible Cases/Patients (Denominator) in Your State	For Duals and Non-Duals	98,249	23,288	23,288	66,485
24	Total Number of Outcomes (Numerator) in the Nation	For Duals and Non-Duals	25,421	31,779	16,678	57,406
25	Total Number of Eligible Cases/Patients (Denominator) in the Nation	For Duals and Non-Duals	1,793,620	310,198	310,198	1,057,592

Understanding your FSR: Across Facility Table

	Performance Information	Patients	Colonoscopy Measure	Chemotherapy Measure - Inpatient Admissions	Chemotherapy Measure - ED Visits ^a	Surgery Measure
11						
12	Comparative Performance at Your Facility ^{b,c}	For Duals	No different than the national result	No different than the national result	No different than the national result	No different than the national result
13	Your Facility's Result ^d	For Duals	26.63	12.63%	8.37%	1.06
14	Total Number of Outcomes (Numerator) at Your Facility	For Duals	2	3	4	6
15	Total Number of Eligible Cases/Patients (Denominator) at Your Facility	For Duals	73	35	35	55
16	Observed Result (Numerator/ Denominator) at Your Facility	For Duals	2.74%	8.57%	11.43%	10.91%
17	Additional Information - State and National Information	--	--	--	--	--
18	Average Result in Your State ^d	For Duals	25.97	13.42%	7.75%	1.00
19	Total Number of Outcomes (Numerator) in Your State	For Duals	356	805	413	784
20	Total Number of Eligible Cases/Patients (Denominator) in Your State	For Duals	16,856	5,542	5,542	10,617
21	Observed Result (Numerator/ Denominator) in Your State	For Duals	2.11%	14.53%	7.45%	7.38%
22	Total Number of Outcomes (Numerator) in the Nation	For Duals	2,522	3,942	2,310	4,443
23	Total Number of Eligible Cases/Patients (Denominator) in the Nation	For Duals	96,423	29,913	29,913	55,222
24	National Observed Readmission Rate (Numerator/ Denominator)	For Duals	2.62%	13.18%	7.72%	8.05%



Hospital OQR Program CMS Disparity Methods Focus Group

- On December 5, 2022, CMS will host a Focus Group to gain stakeholder feedback on the ability to:
 - Interpret and use disparity information provided in FSRs.
 - Identify the reporting improvements facilities prefer.
- Click [here](#) to register for the Focus Group.
- For questions related to the CMS Disparity Methods, email cmsconfidentialreporting@yale.edu.



Asking the Subject Matter Experts

Addressing
Your Questions

Additional Support

- For program-related questions, contact the support team at 866.800.5756
- For measure-specific questions, visit the Quality Question and Answer Tool:
cmsqualitysupport.servicenowservices.com/qnet_qa



Thank You!

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