



Outpatient Quality Program Systems and Stakeholder Support Team

Hospital OQR Program Cliff Notes: What You Need to Know for Successful Reporting Presentation Transcript

Speakers

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Pam Rutherford: Good afternoon and welcome. Thank you for joining us. My name is Pam, and I have Karen here with me. Today, we are going to give you program Cliff Notes of recent updates, program details, and things you need to know when reporting for this program.

If you would like to view the PowerPoint, click on the icon on the right side of your screen. This will allow you to view or download this PowerPoint.

On this slide, we have the learning objectives. We will discuss program details, including program requirements and important reminders, data reporting systems, program measures, and deadlines. We will also show you the new screens in HQR. Some of you may not be aware of the updates for entering your web-based measures. So, we will show you that. Lastly, we will show you how to check your data submissions.

Let's start with our first chapter of Cliff Notes with program details and important must-dos. So, now, let me turn things over to Karen. Karen.

Karen

Vanbourgondien: Thank you, Pam. So, what is it that you need to do successfully to meet program requirements? Great question. First, you will need to submit the required data. Currently, there are two systems that you enter data into, the Hospital Quality Reporting, or HQR, system, and the National Healthcare Safety Network, or NHSN, system. We'll talk about all of the program measures in detail in just a few minutes. Briefly, your web-based measures, OP-22, 29, and 31, are entered into the HQR system annually. You will report OP-38, the COVID-19 vaccination measure, into the NHSN system, and those data are reported quarterly. You also have chart-abstracted measures, also referred to as clinical data. These are patient-level measures. You submit data for those on a quarterly basis in the HQR system using either a vendor or the CART application. There are also claims-based measures, and these do not require manual abstraction and reporting. Also, to meet program requirements, you need to meet validation requirements if you are selected for validation.

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So, on that note, let's talk about validation.

CMS selects a random sample of 450 hospitals for validation purposes and selects an additional 50 hospitals. Selected hospitals have 30 days to electronically submit records and must receive at least a 75 percent validation score.

The 50 target hospitals will be chosen based on certain criteria. 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 that 75 percent, the hospital will fail the validation requirement.

Second, a hospital may be selected if they had an outlier value for a measure based on the data it submits. For those of you that 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 that indicates a poor score.

The third criteria for targeted hospitals: any hospital that has not been randomly selected for validation in any of the previous three years. Fourth, any hospital that passed validation in the previous year but had a lower bound confidence interval that included 75 percent.

Lastly, any hospital that had less than four quarters of data due to an ECE for one or more quarters and with a two-tailed confidence interval less than 75 percent. Those hospitals would also be targeted. This last aspect has been recently added. It was finalized during the last rulemaking cycle.

If a hospital is unable to submit data or access medical records due to some extraordinary circumstance, such as a natural disaster or significant system issue, the hospital may request an ECE. Hospitals will need to complete the Extraordinary Circumstances Exceptions form and submit the form with any supporting documentation within 90 days of the date of that extraordinary circumstance.

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Additionally, if CMS has determined that your hospital did not meet program requirements and will not receive its full APU, you have an option for reconsideration. The reconsideration process is available on the QualityNet website. The request must identify the hospital's specific reason, or reasons, for believing it did meet requirements and should receive the full APU. There is a March 17 deadline to submit reconsideration requests. So, for this current payment year, that deadline has already passed. Yet, if your hospital had need to do that next year, it would need to meet that March 17 deadline. If a hospital filed for reconsideration and is dissatisfied with the result of the reconsideration, the hospital may file a claim with a Provider Reimbursement Review Board, or PRRB, appeal. However, if a hospital fails to submit a timely reconsideration request by that applicable deadline, March 17, then the hospital will not be eligible to file an appeal with the board.

Okay. So, let's just review some absolute must-dos.

To gain access into the reporting systems and report data, you need the appropriate access. So, for the HQR system, you should have at least one Security Official. The NHSN has a similar role as the SO for HQR, but the role is called a Facility Administrator. I will talk about both of these in a little more detail in just a second.

To help keep you in the loop on current happenings related to this program, please make sure you are registered for the email updates found on the QualityNet home page. Also, when abstracting, collecting, and reporting your data, if you have a question, you can use the Q&A tool that is also on the QualityNet website. Additionally, make sure that you are using the program's specifications manual. So, I kind of put a lot out there. Let me just show you the last couple of things in a little more detail.

So, the address to the QualityNet home page is here on the slide. Again, to stay up-to-date with program notifications, updates, reminders, those types of things, there is the QualityNet Mailer, otherwise known as ListServe notifications. Signing up for this really is a must. This service is no cost and takes about five minutes to register.

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This email service is a very quick and easy way to stay in the loop. So, you will be sent emails about deadlines, program updates, webinars, and much more. So, to initiate this email process or email service, you would click on that Subscribe to Email Updates icon.

If you have a question, and you want to ask a question, you will click on the down arrow next to Help, right there at the top of the screen toward the right. The question and answer tool will appear, and you can select Ask a Question. Lastly, access the specifications manual to get specifics on what you are abstracting, sample requirements, and much more. To find the manual, select the Hospitals-Outpatient button right there in the center. This will direct you to the page where the specifications manuals are located. You will always have two options. Make sure you choose the one that correlates to the reporting period that you are abstracting.

As I mentioned a couple of slides back, the NHSN system only allows one Facility Administrator. If the current Facility Administrator is available, then they can transfer that role to a new user right in the NHSN system. If the current Facility Administrator is not available, the only way to transfer that role is to complete Change NHSN Facility Administrator Role on the NHSN website. Now, let's talk about the reporting systems, the measures that you are going to be reporting, and the deadlines.

So, as we discussed earlier, again, there are two separate systems, and you need to enter data into HQR and the NHSN system.

For the HQR system, you will need to have a HARP account. 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 two. This will allow you to enter data, and run reports, and things of that nature.

Of course, the other system is NHSN. For this program, the only measure submitted into the NHSN system is the OP-38 measure, which is the healthcare personnel COVID-19 vaccination measure. This system has a designated secure access, called SAMS, Secure Access Management System.

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You will need to have a Facility Administrator. The Facility Administrator role for this system is very similar to the Security Official role you need for HQR. You can only have one Facility Administrator in NHSN. You can have multiple users, but only one Facility Administrator.

So, just as a point of clarification here, because we do get this a lot. We get a lot of calls about this. HARP is not the system you are accessing; it is only the key that gives you access into HQR and other systems. So, you will log into HQR using your HARP credentials.

So, let's talk about the types of measures, and we touched on this a little bit earlier. First, let's talk about web-based measures. The web-based measures are data submitted using a web-based tool, and they are submitted into the HQR system or the NHSN system.

The second type of measures are the chart-abstracted, patient-level measures, or clinical data. These measures are submitted quarterly through the HQR system either by using CART or a third-party vendor. 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 that all of 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 of these measures.

Let's begin with the chart-abstracted measures. So, here we have the current chart-abstracted clinical measures for the Hospital OQR Program as it relates to the 2024 payment determination year. Now, these data are entered quarterly, and we have the four quarters for the payment determination year. The reporting period, or encounter dates, for Quarter 1 are October 1 through December 31, 2022.

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Now, remember OP-2 and OP-3, Those measures have been removed from the program. That removal begins with the 2023 reporting period for the 2025 payment determination. So, the last time you are going to submit data for those two measures will be August 1, 2023. So, Quarter 2 data, due the following April, will not have these two measures as reporting options. So, the last rulemaking cycle, CMS finalized their proposal to align patient encounter quarters for chart-abstracted measures, and that will begin with the calendar year 2024 reporting period for the 2026 payment determination.

This slide shows the transition year necessary to align the quarters. For the calendar year 2025 payment determination, CMS will only use three quarters of 2023 data. So, Quarter 1 will not be utilized, as Quarter 1 2023 data are already included in the 2024 payment determination. So, therefore, it is not included in the 2025 payment determination when the quarters are first aligned. The use of the three quarters would be for that year only. The following year, the quarters will be aligned, and, once again, CMS will use four quarters of data. So, you can see that the alignment beginning with the calendar year 2024 reporting period for 2026 payment determination, all four patient encounter quarters for chart-abstracted measures will align with the calendar year at that point.

All right. Switching over to web-based measures. Here we are looking at the web-based measures reporting and submission periods for the payment determination year 2024, which 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 its 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. OP-31 is Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery. Just a point of reference, the OP-31 measure is going to remain a voluntary measure. In this year's rulemaking cycle, it was finalized to go from mandatory back to voluntary, and it will be voluntary until such time CMS puts forth any further changes.

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So, the reporting period for all these measures is from January 1 through December 31 of 2022. These data are submitted during the submission period which is anytime from January 1 through May 15, 2023. Please do not wait until May 15 to submit your data. We always encourage you to get in there a little bit early.

All right. So, the other web-based measure, OP-38, the COVID-19 Vaccination Coverage Among Healthcare Personnel measure, is the only measure for this program that is submitted into the NHSN system, and these data are reported quarterly. The next deadline for Quarter 4 data is May 15. That is with all your other web-based measures that we just talked about. I don't have payment year 2025 here on the slide, but the deadlines would be the same dates.

Next, the claims-based measures. These types of measures for this program are either imaging measures or outcome measures. So, in this slide here, we have 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, -10, and -13 are from July 1, 2021, through June 30, 2022. The new Breast Cancer Screening Recall rates measure, the OP-39 measure, will use encounter dates from July 1, 2021, through June 30, 2022, for calculation of payment for year 2024.

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. The calculated encounter dates for that measure are January 1, 2020, through December 31, 2022. Just a note: January 1 through June 30, 2020, were not used in calculating data results, as those two quarters were covered under the CMS COVID-19 waiver. For OP-35 and OP-36, the calculated encounter date is one year. Data are collected from January 1, 2022, through December 31, 2022.

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OK. Let's also touch on OP-40. With the removal of OP-2 and OP-3, we finalized the adoption of OP-40, the ST-Segment Elevation Myocardial Infarction electronic clinical quality measure. OK. So, the STEMI eCQM has been finalized for adoption into the Hospital OQR Program measure set, and it is going to serve as a replacement for the two measures, OP-2 and OP-3, that were removed. CMS did believe that the adoption of this new measure would capture the OP-2 and OP-3 measure populations and would expand beyond those populations to comprehensively measure the timeliness and appropriateness of STEMI care. CMS finalized the reporting of this measure to be voluntary for the calendar year 2023 reporting period. As an eCQM, the OP measure allows for the retrieval of data directly from the electronic health record using that patient-level data. So, the use of the STEMI eCQM is in lieu of OP-2 and OP-3. The use of the STEMI eCQM measure, in lieu of the OP-2 and OP-3 measures, would eliminate the need for manual chart-abstraction, and it reduces the burden to hospitals. It will also broaden the group of measured STEMI patients included in the measure to include patients who present to and receive primary PCI at a PCI-capable facility, which is the vast majority of the STEMI patients. Voluntary reporting begins, as I said, in the calendar year 2023 reporting period for the 2025 payment determination. Mandatory reporting begins the year after that. So, let's take a look at that in a little bit more detail.

For the OP-40 measure, CMS finalized the deadline to be May 15. Of course, if May 15 ever falls on a non-workday, it will move to the next working day. You can see the deadlines, beginning here with the voluntary quarter for the calendar year 2023 reporting period. Data submission is mandatory that following year with one quarter and will gradually work up to add a quarter to a full calendar year by the calendar year 2027 reporting period. If you need any further details or information, we have several resources here that you can access regarding electronic clinical quality measures and the OP-40 measure specifically.

OP-37: We just want to remind you about this survey measure and a voluntary reporting period beginning with the calendar year 2023 reporting period.

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The mandatory reporting period will begin with calendar year 2024 reporting period for the 2026 payment determination. During the voluntary reporting period, you can report data voluntarily, or not. However, again that following year, you are going to have to start reporting. It will become mandatory at that point.

So, most hospitals already report HCAHPS for the inpatient side. So, we are not going to go into detail today on the OAS CAHPS, but you can visit that website. We have the website on the slide if you need more details.

The OAS CAHPS Survey does include only outpatients. The HCAHPS survey includes only inpatients. The OAS CAHPS Survey must be administrated by CMS-approved survey vendors on the hospital's behalf. The survey vendor will submit survey data to the OAS CAHPS Data Center. So, again, we have some resources here if you should need them with respect to the OP-37 survey measures.

So, again, here is a summary of the reporting deadlines. It does include the voluntary and mandatory reporting periods. Reporting deadlines are noted here. We have placed the direct link to the OAS CAHPS website here for, again, updates and further details.

All right. So, here is the down and dirty on what you need to know in the immediate future. Here is a summary of what you need to report through May 15, 2023. The next clinical quarterly submissions will be for Quarter 4 data, and the data submission deadline is May 1. You will report for OP-2, OP-3, -18, and OP-23. Remember that OP-2 and OP-3 are removed from the program, but you're still going to report data on through Quarter 1 2023, which is the August 1, 2023, deadline. That will be the time you report data for OP-2 and OP-3. Web-based measures submitted through HQR will be submitted by May 15, 2023. That will be for OP-22, OP-29, and OP-31. Again, OP-31 remains voluntary. OP-38 is the vaccination measure that is reported through NHSN, and your next quarterly deadline is for Quarter 4 2022 data. Those are due by May 15, 2023. May is a big, big month. So, always reach out to us, by the way, if you need any help.

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All right. Entering your data. For those of you who may have not been in there yet or you don't know, HQR has had a little bit of change to the screens when you're entering your data for web-based measures. So, we really just want to sort of hit the highlights and go through some of these changes with you, so you're aware.

Once you sign into HQR using your HARP credentials, this will be basically your landing page. You will click on the dashboard toggle to open your menu options. To enter your web-based data, you're going to select Data Submissions from the options.

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

Here, it is asking you how you would like to submit your data. It provides two options: File Upload and Data Form. For hospitals, there is no external file upload option for the submission of the web-based measures. So, you're going to 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, and that's where you're going to enter your data.

This is your new view. It's a little bit different. There have been some changes. So, one there is a new yellow caution symbol next to the measure name. That lets you know you have not submitted your data yet. Here, we can see that symbol next to all three measures because no data have been submitted yet. Also, you are now able to enter data for each measure individually. You do not have to enter all of the data for each measure together before you can submit the data. To that point, you will no longer see: "I'm ready to submit." There will be just a Submit button attached to each measure.

Always remember to check the payment year. It will always default to the current payment year.

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As before, you can check, “Enter zeros for this measure as I have no data to submit.” Check that if that measure does not apply to your hospital. You can’t leave anything blank. You must enter something for each measure.

So, let’s just take a closer look at this. Let’s start with OP-22. To begin data entry, you’re going to select the green Start Measure button. For this measure, you are entering a numerator and denominator. In this example, we’ve entered a numerator of 238, and our denominator is 1100. So, after you enter your numerator and denominator, you just select Submit.

Now, for measures OP-29 and OP-31, hospitals have the option to sample from their population, or you can submit data for your entire population. Hospitals that choose to sample for these measures should refer to the sample size in your manual, and you will submit either 63 or 96 cases per year, depending on your population. You can see that here on the slide. So, if you have 0–900, your yearly sample size is 63 cases. If you have 901 or more, your yearly sample size would be 96. So, if you have a high volume, 5,000–5,000, obviously CMS does not want you to go through thousands of charts. So, that is the reason why you have this sampling table that you can refer to in the specifications manual.

To illustrate this, let’s enter some fictitious data for OP-29. So, this is what the data entry page for OP-29 looks like. In this example, I am entering 850 for my numerator and 900 for my denominator. These two data fields have red asterisks, and they are mandatory data fields. The population boxes are not required. You can certainly fill in population and sampling if you are sampling for this measure voluntarily. Now, the data are entered. So, all you do at that point is click on that Submit button.

Now, if you accidentally transpose your numerator and denominator, the system will alert you, like you see here on this slide. If this happens, which it does, the system will say, “Hey, you made a mistake.” So, if it happens, all you do is simply re-enter your data and select Resubmit, that button there at the bottom.

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The last web-based measure in HQR is OP-31, which again is voluntary. If you choose to enter data, you will enter your data as you did before, for OP-29, and then just select the Submit button. So, back to my previous comment. If you do not have any data to submit for a measure, you selected, “Enter zeros for this measure as I have no data to submit.” If you click on that, you will get this pop-up window. It’s just asking you to confirm that you have no data. So, if that is indeed correct, and you don’t have any data to submit, you just click Confirmed.

Now, once you have submitted all of your data, your screen will look like this. It will give you a percentile and summary of your entered data. You want to look next to the measure for the green check mark saying Submitted. Once you are comfortable that you have submitted your data, you can use the Export PDF button, that blue button at the top right. That will print out your data submission report.

This is a partial view of that report. You will see the measures and the submission status. Here, we are seeing that each measure was submitted. You will have a Last Updated column. This will let you know the last time you uploaded any data into the system for each measure.

If you were to scroll down the report, it will provide a summary of the data you entered. Here you can see a partial view of that for the OP-22 measure. So, that is a very brief overview of data entry into HQR.

So, I am not going to show you the data entry tool into NHSN, but there are a few updates.

The updates are really related to boosters. Individuals are considered up to date if they received an updated bivalent booster or completed their primary series less than two months ago. Monovalent boosters are no longer included in CDC’s “up to date” definition. By all means, if you need additional information on these updates, please refer to the link we have provided on this slide.

Next, let’s talk about program resources, including how to check up on your data submission.

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Let's start at the support contractor website, [QualityReportingCenter.com](https://www.qualityreportingcenter.com). This website services multiple programs. So, from the home page that you see here on QualityReportingCenter.com, for this program, you will select the Outpatient icon at the top.

Your view will be what you see here. On the left, you will see the menu options specific to the [Hospital] OQR Program. You can see there are a lot of options and resources. In the interest of time, I am only going to show you a few.

You can see there are Program Information, Upcoming [Events], and Archived Events. Please view those tabs. Upcoming Events will let you know about education events we have in the immediate future. The Archived Events tab stores all of our previous webinars, and that library is pretty expansive.

For now, though, let me just show you what is under the Hospital OQR Program Tools and Resources tab. Information is divided into categories and can be accessed by clicking on whatever box that you choose. You can tell from the titles the information that would be available in each of these selections. For example, in New to Reporting, you will have the reporting guide, information on the program, deadlines, and those types of things.

You can also check on your publicly reported data for the [Hospital] OQR Program. Instead of going to Care Compare, you can use our Facility Compare Tool. It is an interactive tool that you can use to create your own spreadsheets, compare your data to other hospitals, and much more. This tool will contain measures that you report for the Hospital OQR Program and the same measures that are reported on the ASCQR Program.

I am showing you where this tool is, but not the tool itself today, as we have covered that in length in other presentations. So, to access that tool, you would just go to that left-hand side menu and click on that down arrow next to Data Dashboard. That will give you the options that you see here, and you would just simply click on Facility Compare Dashboard.

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Now, to check your web-based data, you can access the Lookup Tool. From that same menu on the left-hand side of that page, you're going to click on that down arrow next to Data Dashboard again. This time, you're going to select Lookup Tool. From the landing page of the Lookup Tool, you will just enter your hospital's CCN, and select the Enter button. Before we move on, let me just point out something. Do you see here where it says, "Note data last updated on." You always want to look at these dates because, if you entered your data after the date here, then your data may not show there. So, just be aware that you should take note of the date there that we have under Data Last Updated On.

So, once you do click that enter box, the results page will look something like this. Data submission results are clearly identified for the web-based measures, as you see here at the top, OP-22, -29 and -31. The display of YES indicates a successful data submission. The display of NO indicates that data have not been submitted. For the COVID-19 results under each Month and Quarter, a value of YES means you successfully submitted your data. NO means that you did not submit your data. There are other ways to check data submission as well. So, let me just go over that.

So, if we were to go back to the HQR system where we submitted our web-based measures, from that home page and the dashboard, you're going to select Performance Report. This will allow you another way to check your OP-38 data. So, from the Performance Report, you click on that icon. This will be your view. You will choose the program from the dropdown menu that will open. So, for this program, you're going to choose OQR, move to the encounter quarter, and choose your encounter that you want to run a report. In this example, we are choosing Quarter 3. Then, you would just simply select the Export CSV option.

This would be your result. You can see your facility's result, state summary, and a national summary. Always check that Last NHSN Update Date column to see the last time these data were updated. That is very similar to the Lookup Tool that I showed you before. These data are not live data; they are dependent on what NHSN has provided to us.

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Again, if you submitted your data after the date, you see here it may not be reflective of your data submission.

Now, if you wanted to check on your chart-abstracted measures, you can run a different report. So, again, from the HQR main landing page, you would select Program Reporting, but, this time, you are going to choose the option of Reporting Requirements.

As before, you're going to choose the program and the encounter quarter. Select the Export CSV option. Here is the result. You will check the report to ensure that the total cases. That's Column N. It has a number greater or equal to the Number of Total Claims column, which is Column O. For ED-Throughput, make sure the number meets the Sampling Criteria threshold.

So, here we see that ABC Hospital had 964 claims under Column O. So, make sure you submit enough cases to meet program requirements. So, because there are more than 901 claims, as seen in the column, your minimum sample size is 96. This hospital would need to submit a minimum of 96 cases. That is a very brief summary and some tools you can utilize to check up on your own data submission.

So, that's about all I have time to show you today. So, let me hand things back over to Pam. Pam.

Pam Rutherford: Thank you, Karen. As always, if you have any program questions, give us a call. Our phone number is at the top of the slide here. We are always glad to help.

You can also use the Q&A tool on QualityNet. We also have the email for NHSN and the phone number for the service center for technical questions.

That's all the time we have today. Thank you for joining us. We look forward to seeing you all next time. Have a great rest of your day.