

Supporting Statement - Part B
Submission of Information for the Hospital Outpatient Quality Reporting (OQR)
Program

Collection of Information Employing Statistical Methods

1. Describe potential respondent universe.

All subsection (d) hospitals receiving reimbursement under the Outpatient Prospective Payment System (OPPS) in the United States constitute the potential respondent universe; approximately 3,300 hospitals.

2. Describe procedures for collecting information.

Data are submitted via a secure Web site (QualityNet). Data may be: patient-level submitted directly to CMS, summary or aggregate data submitted directly to CMS or the Centers for Disease Control and Prevention (CDC) National Health Safety Network (NHSN) via Web-based tools. Electronic data conforming to a specified format will be collected in a secure Oracle-based relational database.

3. Describe methods to maximize response rates.

To maximize response rates, the Hospital OQR Program provides payment incentives for meeting participation. Hospitals that do not meet program requirements may have a 2.0 percentage point reduction in their OPPS annual payment update. In addition, CMS provides abstraction and submission tools, education, and technical assistance to any hospitals requiring assistance with program requirements.

4. Describe any tests of procedures or methods.

CMS has validation requirements for patient-level data submitted directly to CMS. A comparison of the data the hospital submitted to what is independently abstracted from the supporting medical record documentation is made. A measure match rate is calculated from the abstracted data so that a verification of the measure information is made.

A confidence interval using a binomial approach is used in calculation validation scores to account for sample variability, the data being analyzed are binary (match, do not match) and to account for the possibility of small sample sizes.

5. Provide name and telephone number of individuals consulted on statistical aspects.

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