

Michigan Critical Access Hospital Quality Network

Strategy Group #2

Data Management and Analysis

February 18, 2022

As a premier system of quality, the Michigan Critical Access Hospital Quality Network (MICAH QN) will be a model in developing processes that demonstrate the high quality service provided by CAHs. MICAH QN will identify opportunities for change that lead to continued improvement in the health status of the population we serve.

Reporting Reminders

- To Crystal Barter
 - 4th quarter HCAHPS
- NHSN Antibiotic Stewardship Annual Facility Survey
- OP-22 LWBS report in HARP

Antibiotic Stewardship Resources

[Core Elements of Hospital Antibiotic Stewardship Programs | Antibiotic Use | CDC](#)

[Implementation of Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals | Antibiotic Use | CDC](#)

[The Core Elements of Hospital Antibiotic Stewardship Programs: Checklist \(cdc.gov\)](#)

[Current Report | Antibiotic Use | CDC](#)

MBQIP
OP-22
LWBS

Submit to HARP

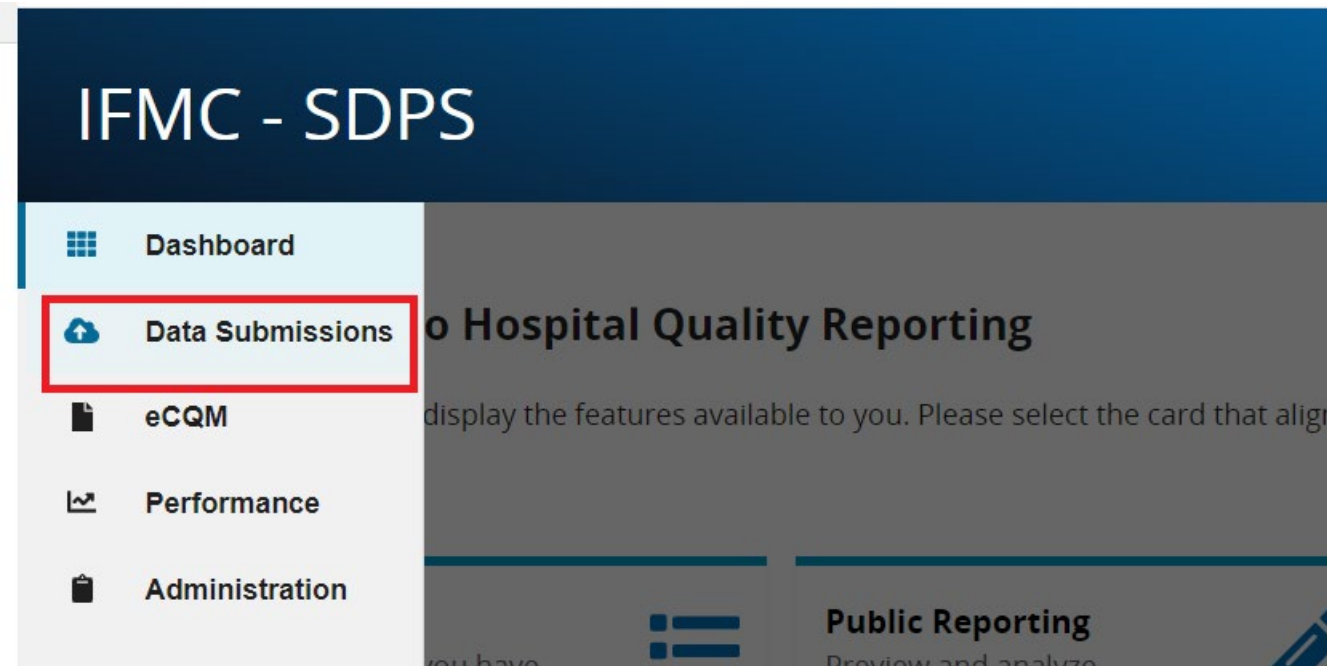
hqr.cms.gov

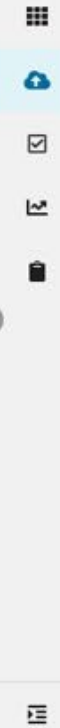
Annually - Due May 15th

Note: You are entering for the Payment Year (PY) two years ahead (i.e. entering 2021 data for PY 2023)

AS A PREMIER SYSTEM OF QUALITY, THE MICHIGAN CRITICAL ACCESS HOSPITAL QUALITY NETWORK (MICAH QN) WILL BE A MODEL IN DEVELOPING PROCESSES THAT DEMONSTRATE THE HIGH QUALITY SERVICE PROVIDED BY CAHS. MICAH QN WILL IDENTIFY OPPORTUNITIES FOR CHANGE THAT LEAD TO CONTINUED IMPROVEMENT IN THE HEALTH STATUS OF THE POPULATION WE SERVE.

LWBS OP-22 Reporting





- eQM
- Web-based Measures
- Population & Sampling
- Chart Abstracted
- HCAHPS

How would you like to submit your data?

File Upload
Upload files for program credit here.



Data Form
Enter data for program credit here.





eQCM Web-based Measures Population & Sampling Chart Abstracted HCAHPS

File Upload Data Form

You have selected Data Form submission. You can choose a different method at any time.

Select the Data Form

IQR	Launch Data Form	OQR	Launch Data Form
PI	Launch Data Form		

Outpatient Quality Reporting (OQR)

NOTE: Proceeding with data submission will change a Providers status to **Participating** if they are currently **Not Participating** or **Withdrawn**.

Payment Year

2023

CMS Certification Number: 231314

Submission Period: 01/01/2021 - 05/17/2021

With Respect to Reporting Period: 01/01/2020 - 12/31/2020

Current Submission Period: **Open**

✓ Enter

✓ Preview

✓ Submit

OP-22

Left Without Being Seen

Please enter zeros for this measure as I have no data to submit

▶ Start Measure

OP-29

Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients

Please enter zeros for this measure as I have no data to submit

▶ Start Measure

OP-31

Improvement in Patients's Visual Function within 90 Days Following Cataract Surgery

Please enter zeros for this measure as I have no data to submit

▶ Start Measure

[< Back](#)

OP-22

Left Without Being Seen

Rectangular Snip

* Indicates required measure

Please enter zeros for this measure as I have no data to submit

Numerator

* What was the total number of patients who left without being evaluated by a physician/APN/PA?

0

Denominator

* What was the total number of patients who presented to the ED?

0

Cancel

Save & Return

CMS Certification Number:

231314

Submission Period:

01/01/2021 - 05/17/2021

With Respect to Reporting Period:

01/01/2020 - 12/31/2020

Last Updated:

-

Outpatient Quality Reporting (OQR)

NOTE: Proceeding with data submission will change a Providers status to **Participating** if they are currently **Not Participating** or **Withdrawn**.

Payment Year
2023

CMS Certification Number:
Submission Period:
With Respect to Reporting Period:
Last Updated:

Current Submission Period: **Open**

Enter Preview Submit

+ OP-22 **Complete**
Left Without Being Seen

[Edit Measure](#)

Score for this measure

n/a 0 0
Numerator Denominator

Lower score is better

Enter 2021 data

OP-29

Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients

Start Measure

Please enter zeros for this measure as I have no data to submit

HQR Web-Based Measures

hqr.cms.gov/hqrng/datasubmission/sde/oqr

+ **OP-29** ✓ Complete [Edit Measure](#)
Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients

Score for this measure

n/a	0 Numerator	0 Denominator
------------	-----------------------	-------------------------

Higher score is better

+ **OP-31** ✓ Complete [Edit Measure](#)
Improvement in Patients's Visual Function within 90 Days Following Cataract Surgery

Score for this measure

n/a	0 Numerator	0 Denominator
------------	-----------------------	-------------------------

Higher score is better

[✓ I'm ready to submit](#)

* For Paperwork Reduction Act Notice, see Specifications Manual



Delayed

The Centers for Medicare & Medicaid Services announced it will delay updating the Overall Hospital Quality Star Ratings on the Care Compare website from April until **July** so it can correct a calculation error in the calendar year 2021 results for the OP-10 outpatient imaging efficiency measure.

Updated Peer Group 5 P4P



**Blue Cross
Blue Shield**
of Michigan

BCBSM Peer Group 5 Pay for Performance

- Program document sent 1/27/2022 from Josh Amundson
- Change in percentage for hospital's payment rate
- Change in program structure
- Reallocation of scoring