



# Claims Details Usability Report

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HQR User  
Research

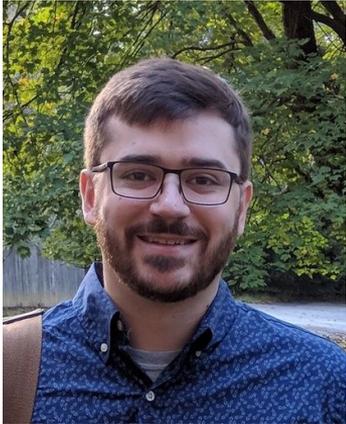
2021

## HQR UX Research & Design Team



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UX Researcher

 Ad Hoc



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UX Designer



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Business Analyst



**Stephanie Warren**  
UX Content





# AGENDA

1. Overview
  - a. Background
  - b. Methodology
  - c. Aggregate usability
2. Findings
  - a. Multi-variable A/B test
  - b. Nomenclature
  - c. Visual cues
3. Revisions
4. Conclusion
5. Next Steps



# Overview





# Background

- The claims detail report can be used by providers and their vendors to validate their actual chart-abstracted measure submissions.
- These reports only show finalized paid claims that hospitals have submitted to Medicare for payment.
- In new modernized version of QualityNet, the chart abstracted claims data will be available for users to view as web-based reports with case status summaries and measure statuses.



# Users

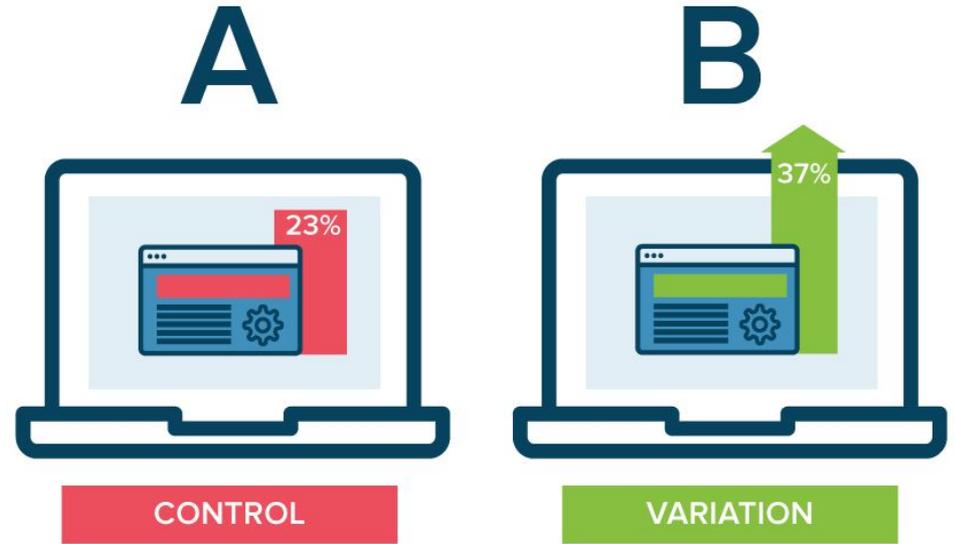
Participants	User Role	Facility Type
A	Quality	ASC
B	Sr. Director Quality & Clinical Data	Provider
C	Quality Manager	Provider
D	MU/PI Project Manager	Provider
E	AVP, Clinical Outcomes	HCS

# Methods

## Moderated Remote A/B Usability Test (Zoom)

- Speaking to users directly
- 5 users
  - Tasks Questions
  - Comprehension Questions
  - Rating Questions

Comparing two versions of the same product with subtle differences against each other to determine which one performs better or drives a desired interaction.



# We wanted to know do visual cues drive more interaction?

## A

▼ Edit Selection Export CSV

**Outpatient Quality Reporting** • Encounter Q1 2020

**i** The report includes only Medicare Fee for Service claims that have been finalized. Claims related to the OQR-ED Throughput population are excluded from this report.

---

**Data Last Updated**  
11/20/2018

## B

▲ Edit Selection Export CSV

**Outpatient Quality Reporting** • Encounter Q1 2020

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---

**Data Last Updated**  
11/20/2018

### New function

- Easily change program and discharge quarter without leaving data results page
- \*Want to drive interaction\*



## Prototype A Aggregate Usability

# 87.5%

### 4.6/5

“Easy” to use our prototype to complete tasks.

### 4.3/5

Much “easier” compared to the way they currently use QualityNet.

### 4.0/5

“Faster” to complete tasks on our prototype compared to the way they currently complete tasks in QualityNet.



## Prototype B Aggregate Usability

# 87.5%

### 4.5/5

“Easy” to use our prototype to complete tasks.

### 5/5

Much “easier” compared to the way they currently use QualityNet.

### 4.5/5

“Faster” to complete tasks on our prototype compared to the way they currently complete tasks in QualityNet.



## Aggregate Usability Score (Both Prototypes)

88.8%

4.6/5

“Easy” to use our prototype to complete tasks.

4.6/5

Much “easier” compared to the way they currently use QualityNet.

4.2/5

“Faster” to complete tasks on our prototype compared to the way they currently complete tasks in QualityNet.

# Findings





## Findings



The modernized reports are instrumental in providing users with real-time accessible claims data.

“When I see this, it will be great, easier access than before.”

- Quality Manager

## Key Findings

- 1 Very low learning curve to navigate to claims data.
- 2 Organized real time data provides high value to users.
- 3 Visual cues help users learn new interactions in the design.



# We asked users to find Medicare claims

## Task:

View IQR claims for Q1 of 2020.

## Scenario:

Let's say you work at this facility that participates in both the IQR and OQR Hospital Quality Reporting program and you wanted to check how many Medicare claims were finalized for your hospital in IQR for Discharge Q1 of 2020. Can you show me how you would do that on this prototype?

CMS.gov | Hospital Quality Reporting

Organization ABC | Jon Snow

Facility ABC  
CCN-123456

- Dashboard
- Submissions
- Program Reporting
- Administration

**My Tasks page is being retired.**  
Thank you for your patience as we make changes to HQR. Quality Net Secure Portal Reports are still on the My Tasks page, and will remain there until we complete the transition.  
[My Tasks](#)

### The New HQR is Coming

We are hard at work behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many exciting new features to help you execute your responsibilities faster, and with more confidence.

**New! Check out the navigation on the left:**

- All features and functions are now available in the navigation
- Tasks are clearly divided - move from one to another with ease

**Here are some of the key features of the new Hospital Quality Reporting**

<b>Intuitive Interfaces</b> Intuitive interfaces means you always know where you are within the system.	<b>Simple Submissions</b> We've taken the guess work out of submitting data, via a file or a form. All from one central location.	<b>Advanced Security</b> Security & Access is now easy to manage with our new suite of Access tools. Effortlessly add or modify anyone's permissions.	<b>Reliable Calculations</b> Accurate data, with real-time validation. No second guessing. No more waiting.
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# Intended pathway to navigate to the report

Dashboard

- Submissions
- Program Reporting
- Administration

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Intuitive interfaces means you
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We've taken the guess work out
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Security & Access is now easy
- Reliable Calculations**  
Accurate data, with real-time



- Dashboard
- Submissions
  - Chart Abstracted
  - eCQM
  - HCAHPS
  - Population & Sampling
  - Web-Based Measures
- Program Reporting
- Administration



**Data Results - Chart Abstracted**

File Upload | File Accuracy | **Claims Details**

**Claims Details**

The Claims Detail report identifies claims your hospital has submitted for payment that are included in the population for the chart abstracted measures in the selected time period.

Select a Program

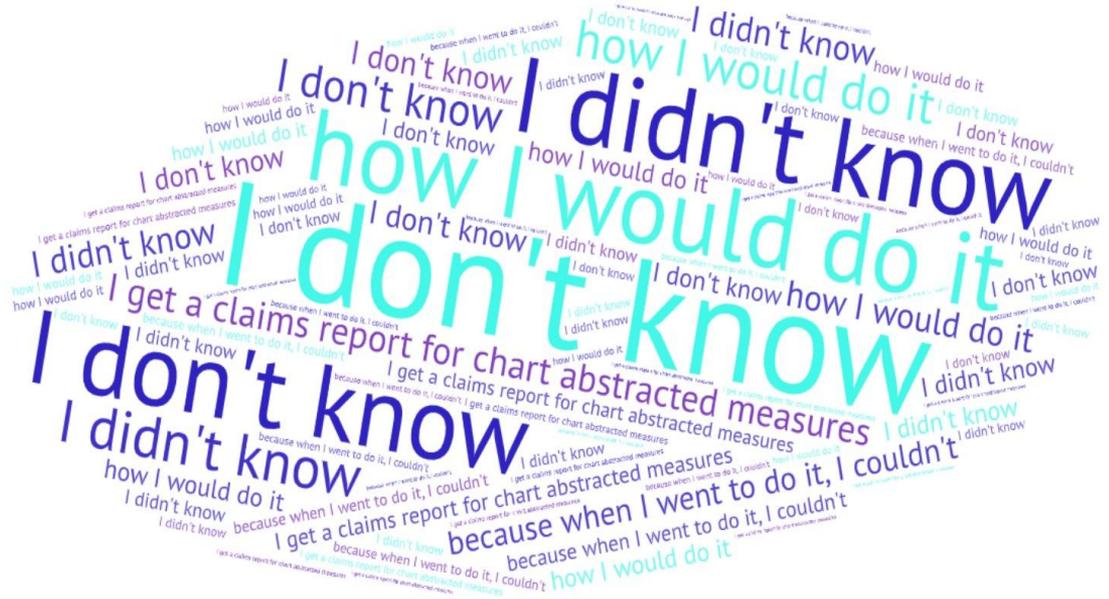
Inpatient Quality Reporting (IQR) > | Outpatient Quality Reporting (OQR) >

# Aggregate Task Score

# 65%

1 Failure (Experienced)

1 Partial Failure (Non-Experienced)



# Both users who failed had the same first click

Dashboard

Submissions

**Program Reporting**

Administration

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**Here are some of the key features of the new Hospital Quality Reporting**

Intuitive Interfaces	Simple Submissions	Advanced Security	Reliable Calculations
Intuitive interfaces means you	We've taken the guess work out	Security & Access is now easy	Accurate data with real-time

*"I don't know how I would do it."*

- **Quality Manager**

# Prompted users, task score decreased

Dashboard

Submissions

Program Reporting

Administration

**My Tasks page is being retired.**  
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Dashboard

Submissions

Chart Abstracted

eCQM

HCAHPS

Population & Sampling

Web-Based Measures

Program Reporting

Administration

Then finished task with ease.

## It was an “ah ha” moment after getting to the report page

*“I like it. When I see this, it will be great, easier access.”*

- **Quality Manager**

*“If I clicked “Edit Selection will it allow me to switch quarters?”*

*Clicked it.*

- **Quality**



# Experienced user really appreciated the new design

## Data Results - Chart Abstracted

File Upload File Accuracy **Claims Details**

### Claims Details

The Claims Detail report identifies claims your hospital has submitted for payment that are included in the population for the chart abstracted measures in the selected time period.

▼ Edit Selection

Export CSV

#### Inpatient Quality Reporting • Discharge Q1 2020

**i** The report includes only Medicare Fee for Service claims that have been finalized.

#### Data Last Updated

11/20/2018

Search

Claim Start Date

Claim End Date

Reset

Medicare Beneficiary Identifier	Claim Start Date	Claim End Date	Measure Set	Last Name	First Name	Birth Date	Gender
4WJ4LK7KH24	02/10/2020	02/10/2020	IQR-SEP	John	Jacob	04/15/1992	M
4WJ4LK7KH24	02/10/2020	02/10/2020	IQR-SEP	Jingleheimer	Schmidt	04/15/1992	M
4WJ4LK7KH24	02/10/2020	02/10/2020	IQR-SEP	Mark	Phillip	04/15/1992	M
4WJ4LK7KH24	02/10/2020	02/10/2020	IQR-SEP	Derwin	James	04/15/1992	M
4WJ4LK7KH24	02/10/2020	02/10/2020	IQR-SEP	Jones	Ralph	04/15/1992	M
4WJ4LK7KH24	02/10/2020	02/10/2020	IQR-SEP	Dorp	Dave	04/15/1992	M

*"This seemed pretty straight forward compared to what I've used in the past."*

- **Sr. Director Quality & Clinical Data**

*"This is much easier because with the old system you'd have to go in the system and run the reports."*

- **AVP, Clinical Outcomes**

# Organized claims data provides deep value

Data Last Updated

11/20/2018

Search

Claim Start Date

Claim End Date

Measure Set

Reset

Medicare Beneficiary Identifier	Claim Start Date	Claim End Date	Measure Set	Last Name	First Name	Birth Date	Gender
4Wj4Lk7KH24	02/10/2020	02/10/2020	IQR-SEP	John	Jacob	04/15/1992	M
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*"I think you hit a homerun with it. I like it. User friendly."*

*It's an easy read. The other reports are not so easy."*

- **Quality Manager**

*"Looking at the details and being able to export it, this is really smooth."*

- **AVP, Clinical Outcomes**

\*Eliminates the need to manually organize data\*

# Then we asked users to view claims data in OQR as part of our A/B Test

## Task:

Change Programs to view OQR Discharge claims from Q1 of 2020

## Scenario:

Let's say you wanted to check how many Medicare claims were finalized for your hospital in the OQR program for Discharge Q1 of 2020. Can you show me how you would do that on this prototype?

### Data Results - Chart Abstracted

File Upload File Accuracy **Claims Details**

#### Claims Details

The Claims Detail report identifies claims your hospital has submitted for payment that are included in the population for the chart abstracted measures in the selected time period.

▼ Edit Selection

Export CSV

#### Inpatient Quality Reporting • Discharge Q1 2020

**i** The report includes only Medicare Fee for Service claims that have been finalized.

#### Data Last Updated

11/20/2018

Search

Claim Start Date

Claim End Date

Reset

Medicare Beneficiary Identifier	Claim Start Date	Claim End Date	Measure Set	Last Name	First Name	Birth Date	Gender
4WJ4LK7KH24	02/10/2020	02/10/2020	IQR-SEP	John	Jacob	04/15/1992	M
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4WJ4LK7KH24	02/10/2020	02/10/2020	IQR-SEP	Dorp	Dave	04/15/1992	M

# Aggregate Task Score

95%





# Visual cues drove more interaction when changing programs

Participant	First Click	Desired Click
A	“Edit Selection” Version B	“Edit Selection” Version B
B, C & D	Side Nav Menu	“Edit Selection”
E	Back Button	“Edit Selection”

---

# Participants didn't notice "Edit Selection", but valued it after using it

A



▼ Edit Selection Export CSV

**Outpatient Quality Reporting** • Encounter Q1 2020

**i** The report includes only Medicare Fee for Service claims that have been finalized. Claims related to the OQR-ED Throughput population are excluded from this report.

**Data Last Updated**  
11/20/2018

*"It's saving you some steps, lets click, especially if you're working on the same quarter for more than one program."*

- **AVP, Clinical Outcomes**

*"That's handy. If you're reporting on both, it's nice to have the option to toggle back and forth on the same page."*

- **MU/PI Project Manager**

# Other participants didn't understand what "Edit Selection" does

**B**



↑ Edit Selection Export CSV

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11/20/2018

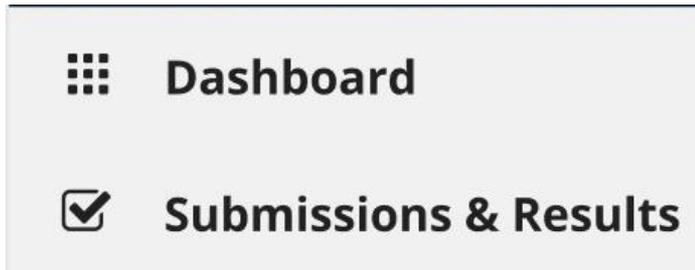
*"If I were to see edit selection, I wouldn't know that would let me select OQR."*

- **Sr. Director Quality & Clinical Data**

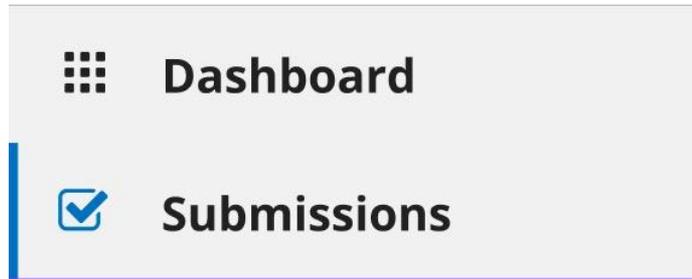
\*Consistent with what we found during reporting requirements usability testing\*

## We also A/B tested the side navigation menu nomenclature

**A**



**B**



Feedback from previous usability test & this test indicated that “Submissions & Results” wasn’t clear to some users

- “Most of what I am looking at are reports, not results. So other than the terminology, everything looks different.” - Quality
- FSN Performance Usability

## “Submissions” made a lot more sense to users

*“Submissions to me...I'm looking at it in two ways, either the hospital has submitted or a vendor is submitting for us.”*

- **AVP, Clinical Outcomes**

**B**



Dashboard



Submissions

\*Connects with users mental model\*

- Reduces cognitive load

# Provider ID's are major for HCS users

## Question:

What do you think about being able to select providers by provider ID's from the sub-page before generating a claims report?



*"For our org that's a key field because hospital names can change, especially if the hospital didn't update their name."*

- **AVP, Clinical Outcomes**

# Grouping & saving providers is valuable to HCS users

## Question:

If you had the opportunity to group and save providers with this new design, what would that look like and how would you group them?

*"Looking for claims, you could group providers similar to the existing system, you could group by state or to do a group all to dump the data at once instead of doing it individually. It would be helpful to be able to get a large data pool."*

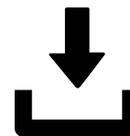
- **AVP, Clinical Outcomes**



Search Claims



Group by state



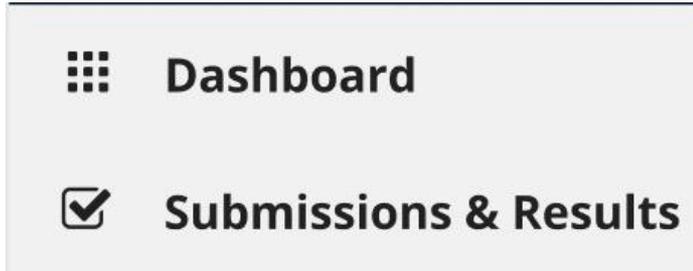
Save providers

# Revisions

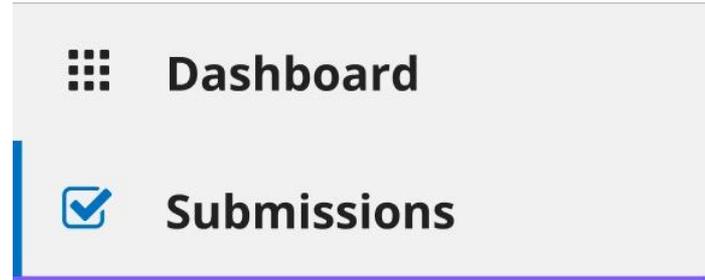


## Revised the side nav menu to show “Submissions”

A



B



# Implemented visual cue across design

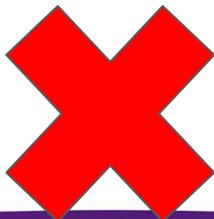
A

▼ Edit Selection Export CSV

**Outpatient Quality Reporting** • Encounter Q1 2020

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**Data Last Updated**  
11/20/2018



B

▲ Edit Selection Export CSV

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# Considering findings from reporting requirements usability

Change Report Selections 38%



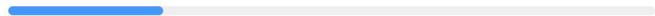
8 Votes

Change Program, Timeframe, or Provider Selections 24%



5 Votes

Edit Previous Selections 24%



5 Votes



## Claims Details

The Claims Detail report identifies claims your hospital has submitted for payment that are included in the population for the chart abstracted measures in the selected time period.

Export CSV

[Change Selections](#)

### Outpatient Quality Reporting • Encounter Q1 2020

**i** The report includes only Medicare Fee for Service claims that have been finalized. Claims related to the OQR-ED Throughput population are excluded from this report.

Last Updated

11/20/2018

# Showed more summary information with the data table

Search  Claim Start Date DD/MM/YYYY  Claim End Date DD/MM/YYYY

Medicare Beneficiary Identifier	Claim Start Date	Claim End Date	Measure Set	Last Name	First Name	Birth Date	Gender
4WJ4LK7KH24	02/10/2020	02/10/2020	IQR-SEP	John	Jacob	04/15/1992	M
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4WJ4LK7KH24	02/10/2020	02/10/2020	IQR-SEP	Dorp	Dave	04/15/1992	M

“Total finalized claims would be helpful. More summary data would be helpful.”

- Participant E
- AVP, Clinical Outcomes

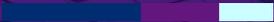


Search  Claim Start Date DD/MM/YYYY  Claim End Date DD/MM/YYYY

10 Files

Medicare Beneficiary Identifier	Claim Start Date	Claim End Date	Measure Set	Last Name	First Name	Birth Date	Gender
4WJ4LK7KH24	02/10/2020	02/10/2020	IQR-SEP	John	Jacob	04/15/1992	M
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4WJ4LK7KH24	02/10/2020	02/10/2020	IQR-SEP	Dorp	Dave	04/15/1992	M
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4WJ4LK7KH24	02/10/2020	02/10/2020	IQR-SEP	Dorp	Dave	04/15/1992	M

« 1 2 3 ... ### »



## Conclusion



The new navigation and summary information in the claim details report is seamless and truly reduces burdens in every way for users.

*"This seemed pretty straight forward compared to what I've used in the past."*

- Sr. Director Quality & Clinical Data



## Triage for next steps

Recommendations	Impact	Cost
Add tooltips for new design interactions	Low	Low
Enhance design to allow grouping & saving providers by state	Low	Low

# To Find Documented Deliverables

1. Research Plan
2. Prototype Requirements Guide
3. Usability Test Conversation Guide
4. Usability Analysis
5. Usability Report
6. Journey Map

**More on Confluence**





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