

Support Contractor

CY 2016 OPPS/ASC Proposed Rule

Questions & Answers

Moderator:

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Speaker(s):

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Question 1: Regarding OP-26, I wanted to verify if I should use the Specifications

Manual 8.0 or 7?

Answer 1: For OP-26, you should utilize Specifications Manual 8.0a. While these

encounter dates are for 2015, the codes specifically for OP-26 were

updated to reflect the top 2014 codes.

Question 2: Is calendar year 2016 for the reporting period of 2015?

Answer 2: The program pays for "PY" 2016 with 2015 abstractions on 2014 data.

Question 3: What is required to be reported for Critical Access Hospitals?

Answer 3: Critical Access Hospitals are not required to report under the Hospital

OQR Program. All data submitted is voluntary.

Question 4: Will PPS-Exempt Cancer Hospitals be included in the proposed OP-33

EBRT Measure?

Answer 4: This proposed rule is for the Outpatient Quality Reporting Program.

Question 5: Is OP-34 an abstracted measure?

Answer 5: OP-33 and -34 are web-based measures. The proposed EDTC measure

does not require hospitals to submit patient data on each element; but rather, hospitals would be required to answer "yes" or "no" as to whether these clinical indicators were recorded and communicated to the receiving

facility within the appropriate time frame (80 FR 39330).

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Question 6 How does an abstractor know if the elements were sent to the receiving

hospital?

Answer 6: Administrative communications must be completed prior to patient

departure; this includes the nurse-to-nurse communication and the provider-to-provider communication. The other six subcomponents must

be completed within 60 minutes of transfer (80 FR 39330).

Question 7: For OP-34, is the measure for patients transferred to other acute care

hospitals or does it apply to patients being returned to nursing homes? Please clarify the definition of "transferred to another healthcare facility."

Answer 7: For more information on this proposed measure, including its

specifications, we refer readers to the Current Emergency Department Transfer Communication Measurement Specifications, Data Definitions, and Data Collection Tool at qualityforum.org, as well as the University of

Minnesota websites.

Question 8: For OP-34, would the Glasgow Score or other neuro assessment for

trauma, cognitively altered, or neuro patients only also include an NA for

patients that are not neuro or trauma?

Answer 8: This is only required for patients with documentation of altered

consciousness, possible brain head injury, post-seizure, trauma, stroke, or

TIA, transient ischemic attack.

So in those cases, that's when the Glasgow Coma Scale is required for this. And I do want to encourage everyone – please go back to the Proposed Rule and look at the links that we've provided because you'll find a lot

Rule and look at the links that we've provided because you'll find a lot more depth there. The Proposed Rule has a lot of detail in and of itself, but you'll find even greater depth about the measures and about some of the time frames by looking at the links. Additional information on this

measure is also available at: http://www.qualityforum.org.

Question 9: I have a question regarding the time frame for measures submitted via the

CMS web-based tool. When will the change described on slide 29 be

implemented?

Answer 9: CMS is proposing to change the data submission time frame for measures

submitted via the CMS web-based tool (QualityNet website) from July 1 through November 1 to January 1 through May 15. So any changes, such as the change with the web-based measures being reported from January 1st to May 15th, those will be effective beginning with the CY 2017

Payment Determination.

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Question 10: What would be the first reporting period for the proposed submission time

frame of January 1 - May 15th?

Answer 10: In this Proposed Rule, beginning with the CY 2017 Payment

Determination, CMS is proposing that hospitals report data the year prior to the payment year. Additional information on this measure is also available at: http://www.qualityforum.org/QPS/0291 (80 FR 39338).

Question 11: Will EDTC measures apply to Critical Access Hospitals?

Answer 11: Critical Access Hospitals are not required to report under the Hospital

OQR Program. All data submitted is voluntary.

Question 12: Currently we enter 2014 OP web-based data July 1 – November. Will the

proposed change of January – May 15 still require the previous full year of

data?

Answer 12: Yes, the web-based measures will be reported for the entire calendar year.

Question 13: Are OP-33 & OP-34 required measures or optional measures?

Answer 13: These are proposed measures. For more information on this proposed

measure, including its specifications, we refer readers to the Current Emergency Department Transfer Communication Measurement Specifications, Data Definitions, and Data Collection Tool at the

University of Minnesota.

Question 14: For OP-33, if radiotherapy is not available in our facility, is there an

exemption?

Answer 14: The following patients are excluded from the denominator: patients who

have had previous radiation to the same site, patients with femoral axis cortical involvement greater than three cm in length, patients who have undergone a surgical stabilization procedure, and patients with spinal cord

compression, cauda equina compression, or radicular pain.

Question 15: What is the implication protocol for OP-34? Where can we find this?

Answer 15: For more information on this proposed measure, including its

specifications, we refer readers to the Current Emergency Department Transfer Communication Measurement Specifications, Data Definitions,

and Data Collection Tool at the University of Minnesota website. Additional information on this measure is also available at: http://www.qualityforum.org/QPS/0291 (80 FR 39333).

Question 16: When will the next list of hospitals for validation be released? They will

be the hospitals affected by the proposed change.

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Answer 16: You can obtain a list of the hospitals chosen for validation on the

QualityNet website under the Outpatient Program tab. Please note that the lists are not typically updated for the next year until late November/early

December.

Question 17: Does OP-34 include transfers to acute rehab and inpatient hospice?

Answer 17: For more information on this proposed measure, including its

specifications, we refer readers to the Current Emergency Department Transfer Communication Measurement Specifications, Data Definitions, and Data Collection Tool at the University of Minnesota and the Quality Forum websites at http://www.qualityforum.org/QPS/0291 (80 FR 39333).

Question 18: If the patient is admitted to your own acute care, will there have to be a

special transition form, or will the ED record be sufficient?

Answer 18: CMS is proposing to adopt OP-34, the Emergency Department Transfer

Communication measure. The EDTC measure captures the percentage of patients transferred to another health care facility whose medical record documentation indicated that administrative and clinical information was communicated to the receiving facility in an appropriate time frame.

Question 19: If the Proposed Rule is accepted, would the Jan 1st–May 15th deadline be

applied for web-based measures for CY 2015 data?

Answer 19: Beginning with the CY 2017 Payment Determination, we are proposing

that hospitals must report data between January 1 and May 15 of the year prior to the payment determination with respect to the encounter period of January 1 to December 31 of two years prior to the payment determination year. For example, for the CY 2017 Payment Determination, the data submission window would be January 1, 2016 through May 15, 2016, for

the January 1, 2015 to December 31, 2015, encounter period.

Question 20: On slide 29, what year is applicable to the last section?

Answer 20: The last section refers to the web-based measures. CMS is proposing to

change the data submission time frame for measures submitted via the CMS web-based tool (QualityNet website) from July 1 through November 1 to January 1 through May 15 (80 FR 39338). Beginning with the CY 2017 Payment Determination, we are proposing that hospitals must report data between January 1 and May 15 of the year prior to the payment determination with respect to the encounter period of January 1 to December 31 of two years prior to the payment determination year. For example, for the CY 2017 Payment Determination, the data submission window would be January 1, 2016 through May 15, 2016, for the January

1, 2015 to December 31, 2015, encounter period.

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Question 21: For OP-34, currently we are reporting this for the MBQIP measure, and it

includes transfer to nursing homes. Will this change for OP-34 to just

acute?

Answer 21: We are unable to speak with regard to another program. CMS is proposing

the OP-34 measure to be a requirement for the OQR Program. This

proposed measure still needs to follow the commenting period and into the

Final Rule process.

Question 22: For OP-34, the data collection guide does state that patients being

transferred to SNFs and ALFs are included in the population.

Answer 22: Detailed specifications can be found using the link on the slide. The link

may also be found on page 39333 of the *Federal Register*. On that same page, you can also find the link to qualityforum.org which provides

additional information.

Question 23: These are "proposed" measures. When will we know if CMS accepts

them and the changes?

Answer 23: The Final Rule will be posted in November 2015.

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