



Hospital Outpatient Quality Reporting Program

Support Contractor

CY 2016 OPPS/ASC Proposed Rule

Questions & Answers

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- Question 1:** Is Population and Sampling required for OQR?
- Answer 1:** Population and Sampling is voluntary for the Hospital OQR Program.
- Question 2:** There is a bit of confusion regarding which OP Specs Manual to use for our CY 2014 data submission coming up. Should we be using Hospital Outpatient Quality Reporting Specifications Manual version v7.0b or v. 8.0a for encounters (1/1/14 to 12/31/14) for obtaining OP-26 CY 2014 data for the upcoming web-based submission during 7/1/15–11/1/15?
- Answer 2:** For only OP-26, facilities should utilize Specifications Manual 8.0a. While this manual reflects 2015 encounters, the codes for OP-26 were updated to reflect the top codes utilized in 2014.
- Question 3:** I thought that EBRT, NQF#1822, was an Inpatient measure, clinical effectiveness measure. Are you saying that it will be an Outpatient measure instead?
- Answer 3:** It is currently a PCHQR measure; CMS has determined that it is also appropriate as an Outpatient measure.
- Question 4:** For OP-34, how do you define “timely”?
- Answer 4:** 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).

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- Question 5:** Are OP-33 and OP-34 intended to be chart-abstracted measures?
- Answer 5:** OP-33 and -34 are web-based measures.
- Question 6:** For OP-34, does transferring a patient to another healthcare facility only include acute care hospitals?
- Answer 6:** 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 7:** I am late to log in. Is this being recorded?
- Answer 7:** Yes. All educational webinars for the Hospital OQR Program are recorded. The webinar recording will be posted within the next couple of business days at www.qualityreportingcenter.com.
- Question 8:** What is PCHQR?
- Answer 8:** PCHQR stands for PPS-Exempt Cancer Hospital Quality Reporting.
- Question 9:** CAHs now have to start reporting EDTC for MBQIP. Will CAHs be required to report EDTC, or will it be voluntary?
- Answer 9:** All reporting by Critical Access Hospitals for purposes of the Hospital OQR Program is voluntary at this time.
- Question 10:** For OP-26 reporting, you just stated to use version 8.0a for reporting those codes. I received an email from the QNet Help Desk stating to use 7.0b. I wanted to clarify if 8.0a is the list of codes we use.
- Answer 10:** For only OP-26, facilities should utilize Specifications Manual 8.0a. While this manual reflects 2015 encounters, the codes for OP-26 were updated to reflect the top codes utilized in 2014.
- Question 11:** What documentation will be acceptable to prove the measure OP-34 information is transferred to another facility?
- Answer 11:** 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.
- Question 12:** For the OP-34 EDTC-SUB 3 Numerator Statement (Number of patients transferred to another health care facility whose medical record documentation indicated that all of the elements were communicated to the receiving facility within 60 minutes of discharge), is it pulse?

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Respiratory rate? Blood pressure? Oxygen saturation? Temperature? Glasgow score or other neuro assessment for trauma, cognitively altered, or neuro patients only? It seems to require that the entire record must be read to or transmitted to the receiving hospital, then we must document that this was done. Am I misreading this? If not, it seems a very burdensome measure.

Answer 12: 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 13: Does the proposed OP-34 include psychiatric transfers?

Answer 13: 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: <http://www.qualityforum.org/QPS/0291> (80 FR 39333).

Question 14: Can you please explain further about OP-34? How do you score that?

Answer 14: To calculate the EDTC proposed measure score, hospitals assign a value of zero or one to each of the seven subcomponents for each case. In order to achieve a value of one for each subcomponent, the hospital must have recorded and transferred patient data pertaining to all of the elements that comprise that particular subcomponent; if data for any element fails to be recorded or transferred, then the value assigned to that subcomponent would be zero. Next, subcomponent scores are added together, for a total ranging from zero to seven per case. Finally, the facility score is calculated by adding all of the cases that achieved a perfect score of seven and dividing that number by the total number of cases to reflect the percentage of all cases that received a perfect score.

Question 15: Do you have a reference document of CMS acronyms?

Answer 15: There are multiple resources. The easiest one to access would probably be the CMS.gov website: <https://www.cms.gov/apps/acronyms/>.

Question 16: I thought that EBRT, NQF#1822, was an Inpatient measure, clinical effectiveness measure. Are you saying that it will be an Outpatient measure instead? So, if I am understanding this, the OP-33 measure would be for other hospitals other than the cancer hospitals who are involved in the PCHQR Program?

Answer 16: OP-33 is a measure that's been finalized in the PCHQR Program, which is the cancer hospitals. However, it's not an Inpatient measure, is our

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understanding, and we think it's appropriate in the Outpatient setting. So we have proposed this measure with that understanding that this would be a very useful measure for the Outpatient setting.

Question 17: For OP-34, does each subcategory require 100 percent compliance to pass? For example, if a patient had a KUB followed by CT of the abdomen, would both exams have to be communicated to pass the Procedures subsection?

Answer 17: Yes, that is correct. They have to pass both subsections.

Question 18: Are there exclusions for the ED Transfer Communication measure (OP-34), such as patients transferred to a VA Medical Center?

Answer 18: 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 19: I understand that the data is to be entered into the web portal. However, are these measures to be chart-abstracted for data collection?

Answer 19: To align with the EBRT measure, there are two proposed methods to submit aggregate data for OP-34 (EDTC). 1) Facilities can submit data to CMS via the web-based tool. 2) Facilities using a vendor can submit a flat data file (for example, comma separated value format) via QualityNet through their vendor. For both methods, the aggregate data file shall combine all patient information, rather than reporting individual patient-level data. If finalized, detailed information about format and submission requirements will be posted on QualityNet.