

## Measures and Timelines for the CY 2020 Payment Determination: Hospital OQR

<b>Cardiac Care (Acute Myocardial Infarction and Chest Pain)</b>	<b>Implementation*</b>
<b>OP-2:</b> Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	2008
<b>OP-3:</b> Median Time to Transfer to Another Facility for Acute Coronary Intervention	2008
<b>OP-5:</b> Median Time to ECG	2008
<b>ED-Throughput</b>	<b>Implementation*</b>
<b>OP-18:</b> Median Time from ED Arrival to ED Departure for Discharged ED Patients	2012
<b>OP-22:</b> Left Without Being Seen	2012
<b>Stroke</b>	<b>Implementation*</b>
<b>OP-23:</b> Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival	2012
<b>Imaging Efficiency</b>	<b>Implementation*</b>
<b>OP-8:</b> MRI Lumbar Spine for Low Back Pain	2008
<b>OP-9:</b> Mammography Follow-up Rates	2008
<b>OP-10:</b> Abdomen CT–Use of Contrast Material	2008
<b>OP-11:</b> Thorax CT–Use of Contrast Material	2008
<b>OP-13:</b> Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low-Risk Surgery	2013
<b>OP-14:</b> Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT)	2013
<b>Submitted Via a Web-Based Tool</b>	<b>Implementation*</b>
<b>OP-12:</b> The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data	2011
<b>OP-17:</b> Tracking Clinical Results between Visits	2012
<b>OP-29:</b> Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	2014
<b>OP-30:</b> Colonoscopy Interval for Patients with a History of Adenomatous Polyps–Avoidance of Inappropriate Use	2014
<b>OP-31:</b> Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery**	2015
<b>OP-33:</b> External Beam Radiotherapy for Bone Metastases	2016
<b>Outcome Claims-Based</b>	<b>Implementation*</b>
<b>OP-32:</b> Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	2016
<b>OP-35:</b> Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	2020
<b>OP-36:</b> Hospital Visits after Hospital Outpatient Surgery	2020

\*The implementation date indicates the beginning of initial data collection for this measure.

\*\*Hospitals may voluntarily submit data but will not be subject to a payment reduction with respect to this measure during the voluntary reporting period.

## Measures and Timelines for the CY 2020 Payment Determination: Hospital OQR

### Cardiac Care (AMI and CP) Measures

Measure Name and Description	Chart-Abstracted Clinical Data Quarters Required	Clinical Data and Population and Sampling Due in OPPS Clinical Warehouse	Record Validation Quarter	Record Validation Request, Approximate (Records Due 45 Days After Request)	Public Reporting Quarters	Hospital Compare Release, Approximate
<b>OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival</b> Emergency Department acute myocardial infarction (AMI) patients with ST-segment elevation on the ECG closest to arrival time receiving fibrinolytic therapy during the ED stay and having a time from ED arrival to fibrinolysis of 30 minutes or less.			Q1 2018	September 2018	Q3 2017–Q2 2018	April 2019
	Q2 2018	11/01/2018	Q2 2018	December 2018	Q4 2017–Q3 2018	July 2019
	Q3 2018	02/01/2019	Q3 2018	March 2019	Q1 2018–Q4 2018	October 2019
	Q4 2018	05/01/2019	Q4 2018	June 2019	Q2 2018–Q1 2019	January 2020
	Q1 2019	08/01/2019				

## Hospital OQR Quality Measures and Timelines for the CY 2020 Payment Determination

### Cardiac Care (AMI and CP) Measures

Measure Name and Description	Chart-Abstracted Clinical Data Quarters Required	Clinical Data and Population and Sampling Due in OPPS Clinical Warehouse	Record Validation Quarter	Record Validation Request, Approximate (Records Due 45 Days After Request)	Public Reporting Quarters	Hospital Compare Release, Approximate
<b>OP-3a: Median Time to Transfer to Another Facility for Acute Coronary Intervention–Overall Rate</b> This rate looks at all AMI patients who were transferred out for acute coronary intervention at another facility. It calculates the time from the patient arrival to patient departure. OP-3a is the rate for <i>all</i> cases transferred for acute coronary intervention (OP-3b + 3c). OP-3a <i>is not</i> publicly reported.			Q1 2018	September 2018	Not Publicly Reported (NPR)	N/A
	Q2 2018	11/01/2018	Q2 2018	December 2018	NPR	N/A
	Q3 2018	02/01/2019	Q3 2018	March 2019	NPR	N/A
	Q4 2018	05/01/2019	Q4 2018	June 2019	NPR	N/A
	Q1 2019	08/01/2019				
<b>OP-3b: Median Time to Transfer to Another Facility for Acute Coronary Intervention–Reporting Measure</b> This rate looks at all AMI patients who were transferred out for acute coronary intervention at another facility and <i>did not</i> have a contraindication to fibrinolytics. OP-3b <i>is</i> publicly reported.			Q1 2018	September 2018	Q3 2017–Q2 2018	April 2019
	Q2 2018	11/01/2018	Q2 2018	December 2018	Q4 2017–Q3 2018	July 2019
	Q3 2018	02/01/2019	Q3 2018	March 2019	Q1 2018–Q4 2018	October 2019
	Q4 2018	05/01/2019	Q4 2018	June 2019	Q2 2018–Q1 2019	January 2020
	Q1 2019	08/01/2019				
<b>OP-3c: Median Time to Transfer to Another Facility for Acute Coronary Intervention–Quality Improvement Measure</b> This rate looks at all AMI patients who were transferred out for acute coronary intervention at another facility and <i>did</i> have a contraindication to fibrinolytics. OP-3c <i>is not</i> publicly reported.			Q1 2018	September 2018	NPR	N/A
	Q2 2018	11/01/2018	Q2 2018	December 2018	NPR	N/A
	Q3 2018	02/01/2019	Q3 2018	March 2019	NPR	N/A
	Q4 2018	05/01/2019	Q4 2018	June 2019	NPR	N/A
	Q1 2019	08/01/2019				

## Measures and Timelines for the CY 2020 Payment Determination: Hospital OQR

### Cardiac Care (AMI and CP) Measures

Measure Name and Description	Chart-Abstracted Clinical Data Quarters Required	Clinical Data and Population and Sampling Due in OPPS Clinical Warehouse	Record Validation Quarter	Record Validation Request, Approximate (Records Due 45 Days After Request)	Public Reporting Quarters	Hospital Compare Release, Approximate
<b>OP-5: Median Time to ECG</b> Median time from emergency department arrival to ECG (performed in the ED prior to transfer) for acute myocardial infarction (AMI) or Chest Pain patients (with <i>Probable Cardiac Chest Pain</i> ).			Q1 2018	September 2018	Q3 2017–Q2 2018	April 2019
	Q2 2018	11/01/2018	Q2 2018	December 2018	Q4 2017–Q3 2018	July 2019
	Q3 2018	02/01/2019	Q3 2018	March 2019	Q1 2018–Q4 2018	October 2019
	Q4 2018	05/01/2019	Q4 2018	June 2019	Q2 2018–Q1 2019	January 2020
	Q1 2019	08/01/2019				

## Measures and Timelines for the CY 2020 Payment Determination: Hospital OQR

### ED-Throughput Measures

Measure Name and Description	Chart-Abstracted Clinical Data Quarters Required	Clinical Data and Population and Sampling Due in OPPS Clinical Warehouse	Record Validation Quarter	Record Validation Request, Approximate (Records Due 45 Days After Request)	Public Reporting Quarters	Hospital Compare Release, Approximate
<b>OP-18a: Median Time from ED Arrival to ED Departure for Discharged ED Patients – Overall Rate.</b> Median time from emergency department arrival to time of departure from the emergency room for patients discharged from the emergency department. <i>OP-18a is not publicly reported.</i>			Q1 2018	September 2018	NPR	N/A
	Q2 2018	11/01/2018	Q2 2018	December 2018	NPR	N/A
	Q3 2018	02/01/2019	Q3 2018	March 2019	NPR	N/A
	Q4 2018	05/01/2019	Q4 2018	June 2019	NPR	N/A
	Q1 2019	08/01/2019				
<b>OP-18b: Median Time from ED Arrival to ED Departure for Discharged ED Patients – Reporting Measure.</b> <i>OP-18b is publicly reported.</i>			Q1 2018	September 2018	Q3 2017–Q2 2018	April 2019
	Q2 2018	11/01/2018	Q2 2018	December 2018	Q4 2017–Q3 2018	July 2019
	Q3 2018	02/01/2019	Q3 2018	March 2019	Q1 2018–Q4 2018	October 2019
	Q4 2018	05/01/2019	Q4 2018	June 2019	Q2 2018–Q1 2019	January 2020
	Q1 2019	08/01/2019				

## Measures and Timelines for the CY 2020 Payment Determination: Hospital OQR

### ED-Throughput Measures

Measure Name and Description	Chart-Abstracted Clinical Data Quarters Required	Clinical Data and Population and Sampling Due in OPPS Clinical Warehouse	Record Validation Quarter	Record Validation Request, Approximate (Records Due 45 Days After Request)	Public Reporting Quarters	Hospital Compare Release, Approximate
<b>OP-18c: Median Time from ED Arrival to ED Departure for Discharged ED Patients – Psychiatric/Mental Health Patients</b> OP-18c is publicly available*			Q1 2018	September 2018	Q3 2017–Q2 2018	*
	Q2 2018	11/01/2018	Q2 2018	December 2018	Q4 2017–Q3 2018	*
	Q3 2018	02/01/2019	Q3 2018	March 2019	Q1 2018–Q4 2018	*
	Q4 2018	05/01/2019	Q4 2018	June 2019	Q2 2018–Q1 2019	*
	Q1 2019	08/01/2019				
<b>OP-18d: Median Time from ED Arrival to ED Departure for Discharged ED Patients – Transfer Patients</b> OP-18d <i>is not</i> publicly reported.			Q1 2018	September 2018	NPR	N/A
	Q2 2018	11/01/2018	Q2 2018	December 2018	NPR	N/A
	Q3 2018	02/01/2019	Q3 2018	March 2019	NPR	N/A
	Q4 2018	05/01/2019	Q4 2018	June 2019	NPR	N/A
	Q1 2019	08/01/2019				

\*OP-18c measure data displayed on preview reports will be available through the download process at [data.medicare.gov](http://data.medicare.gov) and excluded from display on Hospital Compare.

## Measures and Timelines for the CY 2020 Payment Determination: Hospital OQR

### ED-Throughput Measures

Measure Name and Description	Reporting Period	Submission Period	Hospital Compare Quarters	Hospital Compare Release, Approximate
<b>OP-22: Left Without Being Seen*</b> Percent of patients who leave the Emergency Department (ED) without being evaluated by a physician/advanced practice nurse/physician's assistant (physician/APN/PA).	January 1–December 31, 2018	January 1–May 15, 2019	CY 2018	January 2020

\*OP-22 is a chart-abstracted measure reported via a web-based tool in the secure portion of QualityNet.

## Hospital OQR Quality Measures and Timelines for the CY 2020 Payment Determination

Stroke Measure						
Measure Name and Description	Chart-Abstracted Clinical Data Quarters Required	Clinical Data and Population and Sampling Due in OPPS Clinical Warehouse	Record Validation Quarter	Record Validation Request, Approximate (Records Due 45 Days After Request)	Public Reporting Quarters	Hospital Compare Release, Approximate
<b>OP-23: Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival</b> Emergency Department Acute Ischemic Stroke or Hemorrhagic Stroke patients who arrive at the ED within 2 hours of the onset of symptoms who have a head CT or MRI scan performed during the stay and having a time from ED arrival to interpretation of the head CT or MRI scan within 45 minutes of arrival.			Q1 2018	September 2018	Q3 2017–Q2 2018	April 2019
	Q2 2018	11/01/2018	Q2 2018	December 2018	Q4 2017–Q3 2018	July 2019
	Q3 2018	02/01/2019	Q3 2018	March 2019	Q1 2018–Q4 2018	October 2019
	Q4 2018	05/01/2019	Q4 2018	June 2019	Q2 2018–Q1 2019	January 2020
	Q1 2019	08/01/2019				



## Measures and Timelines for the CY 2020 Payment Determination: Hospital OQR

### Imaging Efficiency Measures (No additional data are required for the imaging measures.)

Measure Name and Description	Reporting Period	Hospital Compare Quarters	Hospital Compare Release, Approximate
<p><b>OP-8: MRI Lumbar Spine for Low Back Pain</b> The percentage of MRI (Magnetic Resonance Imaging) of the Lumbar Spine studies with a diagnosis of low back pain on the imaging claim and for which the patient did not have prior claims-based evidence of antecedent conservative therapy.</p>	July 1, 2017–June 30, 2018	Q3 2017–Q2 2018	July 2019
<p><b>OP-9: Mammography Follow-up Rates</b> The percentage of patients with mammography screening studies that are followed by a diagnostic mammography, ultrasound, or Magnetic Resonance Imaging (MRI) of the breast in an outpatient or office setting within 45 days.</p>	July 1, 2017–June 30, 2018	Q3 2017–Q2 2018	July 2019
<p><b>OP-10: Abdomen CT–Use of Contrast Material</b> The percentage of abdomen studies that are performed with and without contrast out of all abdomen studies performed (those with contrast, those without contrast, and those with both). The measure is calculated based on a one-year window of claims data.</p>	July 1, 2017–June 30, 2018	Q3 2017–Q2 2018	July 2019
<p><b>OP-11: Thorax CT–Use of Contrast Material</b> The percentage of thorax studies that are performed with and without contrast out of all thorax studies performed (those with contrast, those without contrast, and those with both). This measure is calculated based on a one-year window of claims data.</p>	July 1, 2017–June 30, 2018	Q3 2017–Q2 2018	July 2019
<p><b>OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non Cardiac, Low Risk Surgery</b> The percentage of Stress Echocardiography, Single Photon Emission Computed Tomography, Myocardial Perfusion Imaging (SPECT MPI) or Stress Magnetic Resonance Imaging (MRI) studies performed at a hospital outpatient facility in the 30 days prior to a low-risk, non-cardiac surgery performed anywhere.</p>	July 1, 2017–June 30, 2018	Q3 2017–Q2 2018	July 2019
<p><b>OP-14: Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT)</b> The percentage of Brain CT studies with a simultaneous Sinus CT (i.e., Brain and Sinus CT studies performed on the same day at the same facility).</p>	July 1, 2017–June 30, 2018	Q3 2017–Q2 2018	July 2019

## Measures and Timelines for the CY 2020 Payment Determination: Hospital OQR

### Measures Submitted Via a Web-Based Tool

Measure Name and Description	Reporting Period	Submission Period	Hospital Compare Quarters	Hospital Compare Release, Approximate
<p><b>OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data</b> Documents the extent to which a provider uses an Office of the National Coordinator for Health Information Technology (ONC) certified electronic health record (EHR) system that incorporates an electronic data interchange with one or more laboratories allowing for direct electronic transmission of laboratory data in the EHR as discrete searchable data elements. This measure applies to all outpatient departments associated with the facility that bill under the Outpatient Prospective Payment System (OPPS). This may include the emergency department (ED), the outpatient imaging department, the outpatient surgery department, and the facility's clinics.</p>	January 1–December 31, 2018	January 1–May 15, 2019	CY 2018	January 2020
<p><b>OP-17: Tracking Clinical Results between Visits</b> The extent to which a provider uses an Office of the National Coordinator for Health Information Technology (ONC) certified electronic health record (EHR) system to track pending laboratory tests, diagnostic studies (including common preventive screenings), or patient referrals. This measure applies to all outpatient departments associated with the facility that bill under the Outpatient Prospective Payment System (OPPS). This may include the emergency department (ED), the outpatient imaging department, the outpatient surgery department, and the facility's clinics.</p>	January 1–December 31, 2018	January 1–May 15, 2019	CY 2018	January 2020

## Hospital OQR Quality Measures and Timelines for the CY 2020 Payment Determination

### Measures Submitted Via a Web-Based Tool

Measure Name and Description	Reporting Period	Submission Period	Hospital Compare Quarters	Hospital Compare Release, Approximate
<p><b>OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients*</b></p> <p>The percentage of patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.</p>	January 1–December 31, 2018	January 1–May 15, 2019	CY 2018	January 2020
<p><b>OP-30: Colonoscopy Interval for Patients with a History of Adenomatous Polyps–Avoidance of Inappropriate Use*</b></p> <p>The percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior colonic polyp(s) in previous colonoscopy findings, who had a follow-up interval of 3 or more years since their last colonoscopy.</p>	January 1–December 31, 2018	January 1–May 15, 2019	CY 2018	January 2020
<p><b>OP-31: Cataracts: Improvements in Patient’s Visual Function within 90 Days Following Cataract Surgery**</b></p> <p>The percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery.</p>	January 1–December 31, 2018	January 1–May 15, 2019	CY 2018	January 2020
<p><b>OP-33: External Beam Radiotherapy for Bone Metastases</b></p> <p>The percentage of patients, regardless of age, with a diagnosis of painful bone metastases and no history of previous radiation who receive external beam radiation therapy (EBRT) with an acceptable fractionation scheme.</p>	January 1–December 31, 2018	January 1–May 15, 2019	CY 2018	January 2020

\*For HCPCS codes affected, see [QualityNet](#).

\*\*Hospitals may voluntarily submit data but will not be subject to a payment reduction with respect to this measure during the voluntary reporting period.

## Measures and Timelines for the CY 2020 Payment Determination: Hospital OQR

Outcome Claims-Based Measures (No additional data are required for the outcome claims-based measures.)			
Measure Name and Description	Reporting Period	Hospital Compare Quarters	Hospital Compare Release, Approximate
<p><b>OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy</b> Estimates a facility-level rate of risk-standardized, all-cause, unplanned hospital visits within 7 days of an outpatient colonoscopy among Medicare fee-for-service (FFS) patients aged 65 years and older.</p>	January 1–December 31, 2018	CY 2018	January 2020
<p><b>OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy</b> Estimates hospital-level, risk-adjusted rates of inpatient admissions or ED visits for cancer patients <math>\geq 18</math> years of age for at least one of the following diagnoses—<i>anemia, dehydration, diarrhea, emesis, fever, nausea, neutropenia, pain, pneumonia, or sepsis</i>—within 30 days of hospital-based outpatient chemotherapy treatment.</p>	January 1–December 31, 2018	CY 2018	January 2020
<p><b>OP-36: Hospital Visits after Hospital Outpatient Surgery</b> Facility-level, post-surgical risk-standardized hospital visit ratio (RSHVR) of the predicted to expected number of all-cause, unplanned hospital visits within 7 days of a same-day surgery at a hospital outpatient department (HOPD) among Medicare fee-for-service (FFS) patients aged 65 years and older.</p>	January 1–December 31, 2018	CY 2018	January 2020