Outpatient Quality Reporting Program

Hitting the Highlights: Changes, Reports, Tools, and FAQs

Questions & Answers

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Question: What version of the manual do we use when reporting 2015 data for OP-29 and OP-30?

Answer: You should always utilize the manuals that reflect the encounter dates. Please utilize Specifications Manuals 8.0a and 8.1. (If the patient's encounter date was February 15, 2015, then you would use Manual 8.0a. If the patient's encounter date was October 15, 2015, you would use Manual 8.1.) Specifications Manual 8.0a covers patient encounter dates of January 1, 2015 to September 30, 2015. Specifications Manual 8.1 covers patient encounter dates of October 1, 2015 to December 31, 2015.

Question: Is the denominator change for OP-29 effective with 1/1/16 abstractions?

Answer: Yes, the denominator changes for OP-29 are effective with 1/1/16 encounters.

Question: Is OP-33 a required or optional measure?

Answer: OP-33 is a required measure. Failure to report will put your facility at risk for a two percent reduction in your payment update.

Question: When is the time frame for data entry of the web-based measures?

Answer: For all web-based measures, the reporting period opened January 1, 2016, with a deadline of May 15, 2016, for reporting of 2015 encounters.

Question: We submitted clinical data for Q2 2015. Is it being validated?

Answer: If your hospital was selected for validation, then this quarter will be included for the payment update determination for payment year 2017.

Question: For OP-33, did the CPT code changes now enable a facility to pull the information from the facility data versus the physician billing data?

Answer: Yes, the CPT codes are now codes used for facility billing.

Question: Please define "reconsideration request."

Answer: For facilities that have experienced a reduction or denial of their payment update, the reconsideration request is the process a facility will follow if they feel they should have received their full payment update. More information, forms, and the process can be found on the QualityNet.org website.

Question: Define "validation cycle."

Answer: The term "validation cycle" refers to those quarters which are validated for a given APU payment determination year. For example, for PY 2017, the quarters to be validated are Q2, Q3, and Q4 of 2015.

Question: Is the OP-33 measure a chart-abstracted measure or a claims-based measure?

Answer: OP-33 is a chart-abstracted, web-based measure.

Question: For OP-33, is the population limited to no previous radiation to the same anatomic site or patients who have no history of any previous radiation to any anatomic site?

Answer: One of the denominator exclusions for OP-33 is previous radiation treatment to the same anatomic site, but this is not the only denominator exclusion.

Question: Just to clarify, the submission deadline for web-based measures is May 15, 2016, so no more long range period as it has been before: July 1 – November 1, 2017?

Answer: That's correct. The submission deadline for **all** web-based measures has been changed to May 15, 2016.

Question: For OP-26, what are the dates and procedure codes we are to use for this submission?

Answer: For OP-26, you will collect data from the entire calendar year of 2015, utilizing the table of procedure codes located in Specifications Manual 8.1.

Question: When should hospitals that have been selected for validation expect to receive their validation feedback reports?

Answer: Validation feedback reports are typically distributed within 45-60 days after the record submission date.

Question: For OP-33, to clarify, they **are not** excluded if they've received radiation to a different anatomic site?

Answer: Correct. However, there are other denominator exclusions which you would have to address.

Question: So we need to enter zeros for OP-31 and 33 if we don't submit? If so, how is this reported publicly?

Answer: Below are guidelines for how OP-31 data will be publicly reported on Hospital Compare:
*If the data entered for both numerator and denominator are zeroes, N/A with Footnote 5 will display.
*If the data fields are left blank, N/A with Footnote 5 will display.
*If data are entered with a denominator between 1 and 10, Footnote 1 will be used, and the data will not be displayed.
*If data are entered with a denominator of 11 or above, the rate will be displayed. This will hold true regardless of the numerator.

Question: If we submit data, is the PPR report updated immediately?

Answer: No, the PPR is updated monthly.

Question: Regarding slide 16, what OP measures are you referring to? When I look at the QNet web-based measures, it is asking for CY 2015 data for PY 2017.

Answer: On slide 16 we were referring to the Final Rule changes. We discussed that the 2017 payment determination will utilize a three-quarter validation cycle which will include Q2, Q3, and Q4 of 2015. The submission periods for clinical data will remain unchanged.

Question: What version of the Specifications Manual should be used for abstraction of OP-29 and OP-30 for October–December 2015 encounters?

Answer: You should always utilize the manuals that reflect the encounter dates. Please utilize Specifications Manuals 8.0a and 8.1. (If the patient's encounter date was February 15, 2015, then you would use Manual 8.0a. If the patient's encounter date was October 15, 2015, you would use Manual 8.1.) Specifications Manual 8.0a covers patient encounter dates of January 1, 2015 to September 30, 2015. Specifications Manual 8.1 covers patient encounter dates of October 1, 2015 to December 31, 2015.

Question: Does the Event transcript have both morning and afternoon Q&A?

Answer: Yes, we include all questions and answers for each webinar session.

Question: We do not do radiation here, so I believe I have to put 0s there as well?

Answer: Correct, facilities that do not perform EBRT should report "zero" in the numerator and denominator.

Question: Wasn't OP AMI retired along with the Inpatient AMI? What about OP CP?

Answer: Neither the AMI nor the CP measures were removed from the Hospital OQR Program. Both measure sets are still required to be submitted.

Question: Will the Q&A be available for all webinars?

Answer: Yes, all of the questions and answers for the a.m. and p.m. sessions, the presentation transcripts, and the audio portion of the webinar are posted on www.qualityreportingcenter.com after every webinar.

Question: If you have an order to admit the patient to observation but the patient is still in the ED, would the observation time be abstracted as discharged from the ED, or the time the patient actually leaves?

Answer: Use the time the observation order was written. It would not matter how much longer the patient stayed in the ED.

Question: Can EMS arrival time be used if the EMS is on the staff of the hospital?

Answer: No, the EMS record cannot be used as a source for abstraction of the *Arrival Time* element. Only the ED record can be used in abstraction; this record starts when the patient arrives in the ED. Therefore, any **pre-hospital** record cannot be used for the *Arrival Time* data element.

Question: Can you please provide a list of all of the Outpatient web-based measures that must be entered on QualityNet by May 15th? I'm specifically interested in learning if this also includes the measures referred to as structural measures (like "Does/Did your facility use a safe surgery checklist based on accepted standards of practice?" etc.).

Answer: A complete listing of the Hospital OQR measures is available on the QualityNet website, under the **Hospitals-Outpatient** tab, then **Measures**. You will also find a listing here: http://www.qualityreportingcenter.com/hospitaloqr/information/. We also provide a guide for answering web-based measures on the **Videos, Resources, and Tools** page of this website. You can find this on the qualityreportingcenter.com website under the outpatient tab at: http://www.qualityreportingcenter.com/hospitaloqr/tools/.

Question: Why can't abstractors use the EMS run sheets for *Arrival Time*?

Answer: For the *Arrival Time* data element, the Specifications Manual states "documentation outside the Only Acceptable Sources list should **not** be referenced for abstraction (ambulance record, physician, office record, H&P)." This can be found in v 9.0a, page 2-10.

Question: For Imm-2, when answering the earliest documented time of decision to admit and the patient is in observation status-is the time from ED to admit or the time that the patient is admitted to acute from observation?

Answer: Your question relates to the Inpatient Quality Reporting Program. Please enter your inquiry into the QualityNet **Inpatient** Q&A tool.

Question: Our hospital does not provide an external beam service. So do we need to report OP-33?

Answer: Facilities that do not perform EBRT should report "zero" in the numerator and denominator.

Question: I have been looking for the Q&A from the 1/21/16 IPFQRP new measures and non-measures reporting part 2 and have not seen it. I will continue to watch for it.

Answer: You can find these transcripts at: http://www.qualityreportingcenter.com/inpatient/ipf/events/. If you have further questions regarding any Inpatient information, you may want to contact the Inpatient Quality Reporting team at 844.472.4477.

Question: What calendar time frame does the May 15, 2016, web-based measure deadline cover?

Answer: The web-based measures are due by May 15, 2016; this would include encounters from January 1, 2015 through December 31, 2015. For OP-27, it would include the flu season from October 1, 2015 through March 31, 2016.

Question: If a patient comes into the ED for OPM and refuses pain medication but two hours later, still in the ED, decides to accept the pain medication, do we answer "Refused" or "Yes, given"?

Answer: If there is documentation of a reason for not administering pain medication (patient refusal), select "No."

Question: For OP-31, if we do not want to report, do we not enter the data entry option, or do we have to open the entry and leave it blank?

Answer: You may either not enter the measure or input "zero" for the numerator and denominator; either way will suffice. Below are guidelines for how OP-31 data will be publicly reported on Hospital Compare:
*If the data entered for both numerator and denominator are zeroes, N/A with Footnote 5 will display.
*If the data fields are left blank, N/A with Footnote 5 will display.
*If data are entered with a denominator between 1 and 10, Footnote 1 will be used, and the data will not be displayed.
*If data are entered with a denominator of 11 or above, the rate will be displayed. This will hold true regardless of the numerator.

Question: What is the strict definition of "provider," and does it include any staff other than licensed MD, DO, PA, and NP (for example, RNs)?

Answer: The measure states that *Provider Contact Time* is the earliest time at which the patient had direct contact with the physician/APN/PA or institutionally credentialed provider, excluding the triage nurse. An institutionally credentialed provider is someone the hospital credentials, such as an RN, to perform certain tasks.

Question: The information we received said the OP-29 and OP-30 changes were effective for Q4 15.

Answer: OP-29 and OP-30 changes were made in the Specifications Manual 9.0a. and 9.1. This is a web-based measure and is reported annually, not

quarterly. Changes will start on patient encounter dates of January 1, 2016 to December 31, 2016, to be reported by May 15, 2017.

Question: If a patient is 70 at the time of their colonoscopy and the MD writes that follow-up is not necessary based on the patient's age, would that case fail? The patient would be 80 at the next required colonoscopy.

Answer: This patient would be excluded from your denominator, as the physician documented that follow-up was not necessary due to the patient's age.

Question: Specific to OP-29, OP-30, and OP-33, if sampling is being used and patients are removed from the denominator due to denominator exclusion criteria, is it necessary to add more cases to the sample to ensure the sample size is adequate since exclusions are not being reported?

Answer: For these measures, you will first identify the outpatient population for the outpatient measure as defined by the measure. You will then refer to the sample size chart in the Specifications Manual that pertains to each measure to determine your minimum sample size. As cases are removed from the measure based on denominator exclusions, more cases must be sampled until the minimum number of cases is achieved.

Question: To clarify, data collected from outpatient encounters from October through December 2015 for OP-29 and OP-30 should use the latest version of the Specifications Manual, even though the encounters abstracted are in 2015?

Answer: You should use the Specification Manual associated with the patient encounter date.

Question: Is the Q&A for OP-29 effective with 01/01/2016 encounters onward?

Answer: Changes for OP-29 are reflected in the Specifications Manual 9.0a. The change will affect 2016 data collection that will be reported in 2017.

Question: For the ED patient that leaves without being seen by the provider, would the correct abstraction answer be "UTD"?

Answer: If the patient leaves prior to being seen by the physician/APN/PA, then this is Left Without Being Seen.

Question: Since OP & IP manual updates are now on the same schedule--July 2016 (OP 9.1) & (IP 5.1), can you provide why/when the same updates were not in the OP-23 LKW Stroke indicator, as were in the IP LKW Stroke

indicator? They are the same indicator and based on the same Stroke benchmarking, yet the two bullets provided in the IP LKW abstraction don't seem to be present in OP LKW, which makes abstraction reporting confusing for hospital sites. Thanks, kindly. Any information is appreciated as to when OP-23 abstraction details will be updated.

Answer: Abstractions should be done according to the Specifications Manual for each element for each program.

Question: The unit for patients that are still in the ED but are waiting for further workup and are not kept in the main flow ED is considered CDU unit. The practitioner who covers these observations to CDU unit is an ED-dedicated provider. If the observation order is for the ED clinical decision unit, does that make a difference for departure time?

Answer: For the *ED Departure Time*, the intention is to capture the latest time at which the patient is receiving care in the emergency department under the care of the ED services. If this unit is still under the care of the ED, the patient is still considered an ED patient.

Question: For OP-29, pt 92 years old - provider documented "recall PRN" - pt had colonoscopy 3 years prior to this one with removal of tubular - adenoma October 2015 time period - it fails the measure. When does the new age criteria start?

Answer: The new age criteria for OP-29 and OP-30 starts for January 1, 2016 to December 31, 2016 patient encounters reported in 2017.

Question: Since we are on a time limit to complete our abstractions, how can we expedite our questions when they are submitted to ensure we receive the needed answers before our deadlines?

Answer: The questions entered through the QualityNet Question and Answer tool are sent to various contractors and response times may vary.