



Outpatient Quality Reporting Program

Support Contractor

Touring the Hall of Specifications

Questions & Answers

Speaker:

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- Question:** Are OP-12, OP-17, and OP-30 being collected for any other programs?
- Answer:** You would need to refer to the program requirements for any additional programs your facility participates in. This presentation is referring only to the Hospital Outpatient Quality Reporting Program.
- Question:** Will the removed measures be removed from Hospital Compare and Star ratings?
- Answer:** OP-5 will no longer be refreshed on Hospital Compare beginning with the April 2020 refresh. Measures OP-12, OP-17, and OP-30 will no longer display beginning with the January 2021 refresh. OP-9, OP-11, and OP-14 will no longer display beginning with the July 2020 refresh.
- Question:** What's OQR Program?
- Answer:** Outpatient Quality Reporting Program
- Question:** On slide 53, under the Exclusion Guidelines for abstraction, "atypical chest pain" and "non-specific chest pain" were removed. If we see these terms in our abstraction, how do we abstract probable cardiac chest pain? Do we disregard these findings (neither include nor exclude), or do we abstract it as chest pain?
- Answer:** If you come across a term that has been removed from the Exclusion Guidelines (such as "atypical chest pain" or "non-specific chest pain"), you should treat it as neither an Inclusion nor an Exclusion term. This means you should not consider the term when looking for Inclusion and Exclusion terms.



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"Atypical chest pain" has been removed from the Exclusion guidelines, so you would disregard the term. "Acute chest pain" indicates the chest pain is cardiac, so it falls under the Inclusion term "chest pain." Therefore, you should abstract a value of "Yes" for that data element.

Question: We will no longer abstract OP-30 starting 2019 Q1, correct?

Answer: Correct. OP-30 has been removed for the CY 2021 Payment Determination, so the last time you will report OP-30 will be on or before the May 15, 2019 deadline for the reporting period of January 1 through December 31, 2018.

Question: If they are not included in Hospital Compare, then they will not be included in the Star calculations?

Answer: You will need to contact Star Ratings for any questions related to Star Ratings and/or calculations. You can contact them at CMSstarratings@lantanagroup.com.

Question: To clarify regarding the association between the Calendar Year (CY) encounter data and its associated Payment Determination Year based on what the presenter has discussed, it sounds like for the OQR program, the data collected for Calendar Year 2019 encounters references the Calendar Year 2020 Payment Determination. Is that correct? Is it always this way (i.e., CY 2020 encounter data will affect CY 2021 Payment Determination Year)? I'm not sure when it comes to certain measures, like the chart-abstracted web-based tool measures (i.e., OP-29, OP-30, OP-33). I know that the collection of these measures is submitted annually only (as can be seen with the removal of measure OP-30 encounters effective January 1, 2019, with a submission due date of May 15, 2019). Since we submit CY 2018 encounter data for these web-based measures by May 15, 2019, does this count towards the Calendar Year 2020 Payment Determination, or the Calendar Year 2021 Payment Determination?

Answer: The Hospital Outpatient Quality Program has three terms to describe the Payment Determination process: Reporting Period (that is your patient encounter period), Submission Period (that is when you submit data to CMS), and Payment Determination Year (this is the time period that your claims submitted to Medicare will be affected based on complete program requirements). For web-based measures, you are correct that data for the 2018 Reporting Period (patient encounters) submitted in 2019 are for payment determination in 2020. You can also call 866.800.8756 for additional information. You can access the following link to the 2020 Payment Determination Important Dates:



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<https://www.qualityreportingcenter.com/wp-content/uploads/2019/01/Hospital-OQR-Important-Dates-2020-payment-determination-FINAL.pdf>.

Question: So, if atypical chest pain is listed as well as acute chest pain would you answer yes or no to cardiac pain in nature?

Answer: Thank you for your inquiry regarding the Probable Cardiac Chest Pain data element. Version 12.0a of the Specifications Manual indicates that if there is documentation of an inclusion criterion, and no exclusions are present, you should select “Yes” for the Probable Cardiac Chest Pain data element. However, if there is documentation of an exclusion term, select “No.” The intent of this data element is to determine if the patient’s chest pain was cardiac in origin. Based on the information provided, the chest pain can be explicitly linked to a cardiac issue due to the note of “acute chest pain.” Therefore, you should abstract a value of “Yes” for this data element.

Please use the above guidance in the Specifications Manual to abstract for the Probable Cardiac Chest Pain data element in this case. Please note that CMS’ contractors do not have access to hospitals’ medical records and cannot make judgments based on excerpts. The Specifications Manual continues to remain the definitive source for guidance on measure specifications and reporting. Please make a final determination regarding appropriate case abstraction based on your best judgment. Additional information on the specifications for the Hospital Outpatient Quality Reporting (HOQR) Program measures can be accessed at: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1196289981244>.

Question: Since OP-5 is going away after 1Q19 abstraction period, will Chest Pain (CP) be going away at that time as well?

Answer: Yes, as OP-5 is the only measure at this time in the CP measure set, there are no further submission requirements for the CP measure set following the 1Q2019 data submission deadline of August 1, 2019.

Question: OP-27 will no longer be reported for OQR data but has been stated it will still be reported elsewhere. Where will it be reported now?

Answer: We can only speak to the Hospital Outpatient Quality Reporting Program. You may check with the Inpatient Quality Reporting Program for their requirements. Also, some states or other agencies require this information.



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Question: For ED throughput arrival time, can the time seen by provider be used as Arrival Time (earliest time on record) versus the registration time documented which is later than the time seen by the provider?

Answer: For ED *Arrival Time* based on the information you have provided, yes, you can use the time seen by provider, because this would be the earliest time documented.