Quality Reporting Program

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Specifications Manual Update: Hospital Outpatient Quality Reporting (OQR) Program

Presentation Transcript

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Krissy Cockman: Hello, and welcome to the Hospital OQR Program webinar. Thank you for joining us today.

Today we are touring the Hall of Specifications. I am Krissy Cockman, a Project Manager for the Hospital OQR Program. Today, Melissa Thompson, the Specifications Manual Lead for the Hospital OQR Program, will be taking you all on a tour of the Specifications Manual updates. We would also like to thank all of the measure writers who assisted us in the development of this presentation. They are also available in the chat box to answer your questions directly. We so appreciate their expertise!

The learning objectives for this webinar are listed here on this slide. This program is being recorded. A transcript of today's presentation, including the questions and answers received in the chat box, and the audio portion of today's program will be posted at www.qualityreportingcenter.com at a later date. If you have a question, please put that question in the chat box located on the left side of the screen. Without further delay, let's begin our tour with Melissa Thompson, our official SpecMaster.

Melissa Thompson: Hello everyone. We will be discussing the Specifications Manual, but before we get started with that aspect, I would like to review the Final Rule a bit as we've received numerous questions, and hopefully we can clarify a few things.

This slide reflects measures finalized for removal in the 2019 Outpatient Prospective Payment System, or OPPS, ASC Final Rule. A frequent point of

confusion for people is between Calendar Year and Payment Determination Year and how that applies to various measure types. All the measures on this slide are finalized for removal for the Calendar Year 2021 Payment Determination. There are additional measures as well on the following slides that we will review. Beginning with OP-5, the last time you will report data for this measure will be August 1, 2019. That submission will contain your quarter one 2019 data of January 1 through March 31, 2019 encounters. For the claims-based Outpatient Imaging Efficiency Measures, or OIE measures OP-9, OP-11, and OP-14, the last collection with respect to these removed measures would be June 30th of 2018. Remember, OIE measures are calculated using data from hospital outpatient claims paid under Medicare's Outpatient Prospective Payment System. Hospitals do not need to submit any additional data for calculation of OIE measures as CMS collects this data.

This slide reflects the web-based measures finalized for removal. OP-27, the Influenza Vaccination Coverage among Healthcare Personnel measure, is the only web-based measure removed for Calendar Year 2020 Payment Determination. This means you will no longer report data for this measure. Your last data submission deadline was in May 15, 2018. Now, let me reiterate, this applies to this program only. Please be aware that this measure is still being reported for other programs, and additionally, you will want to make sure you are meeting any state requirements related to this measure. With regard to the other web-based measures, OP-12, OP-17, and OP-30, the last time you will report data for these three measures will be the May 15, 2019 submission deadline. This will be for your Calendar Year 2018 reporting period. As a side, submission of your web-based measures for Calendar Year 2020 Payment Determination is now open on QualityNet. You can enter your data now, or, as soon as you have it available. If you have any other questions regarding the Final Rule, please contact the support contractor at 866.800.8756.

Let me review the manual production process. Currently, the manual is updated annually. The annual version, for example v12.0, is initially posted in July which is six months prior to the encounter dates it will reference. Now, this version will reflect changes and updates that occurred during the previous year. Then, after the Final Rule is released in November, the updated version, in this case v12.0a, is updated to reflect changes from the Final Rule and is released and posted to QualityNet by or before January 1st. The old version, 12.0, is removed from QualityNet so that it doesn't cause confusion as to which manual you should be referencing for that Calendar Year. However, any changes in that older version will still be accessible in the form of Release Notes. So, again, for example, now that version 12.0a is posted, any changes that occurred in 12.0 you will still find those changes in the Release Notes within the updated v12.0a, and I'll come back to this point a little later. What happens if there are changes between the annual productions? Well, that's a good question, and this does occur. If there are any changes between the annual versions, they are communicated through Release

Notes which are posted onto QualityNet. It will have the name of Release Notes and the version to which it refers to. Any changes, whether in annual production or in Release Notes, you will find highlighted in yellow within the manual. Now, this is a great way to easily determine any changes. So, if you see yellow highlight, pay particular attention, as this is different from a previous version and/or update.

Now, let's move on with the updates to the Specifications Manual since the last annual version. As we move forward, I will try to be as clear as I can in communicating these rulings as they relate to the changes within the Specifications Manual. Now, the changes we're covering today are those that were made to v12.0 posted in July of 2018 and the updated Specifications Manual v12.0a posted in January of 2019, that reflects the changes of the Final Rule that was just published in November of 2018. The Specifications Manual is a reference tool that contains useful information to help facilities navigate through the Outpatient Quality Reporting Program. There are different sections throughout the manual that we will cover today, and let's begin by giving a brief overview of each of these sections. So, if you have your manual handy, you will notice that we're going to be following these sections or tabs of the manual in order.

Release Notes. As we mentioned a few moments ago, if there are any changes between the annual versions of the Specifications Manual, they're communicated through Release Notes. Introductory Material houses the Table of Contents, Acknowledgement, Program Background, Using the Manual, and Outpatient Delivery Settings. Section 1 contains the Measure Information Forms, or MIFs. You will find measure Algorithms, Rationale, Numerator/Denominator Statements, Included Populations, Data Elements, Data Collection Approach, and the type of measure it is. There's great stuff in here. This will provide the necessary information you need to appropriately abstract the data. Section 2 is the Data Dictionary, and this contains an Alphabetical Data Element List and General Abstraction Guidelines. Section 3 consists of the Missing and Invalid Data. This section contains explanation of Unable to be Determined, or UTD, and Missing and Invalid Values. Section 4 contains the Population and Sampling Specifications and covers sample size requirements, sampling approaches and examples, and transmission of outpatient population and sample data elements. Section 5 is the Hospital Quality Measure Data Transmission. In this section, you will find information on clinical data XML file layout and the data processing flow. Section 6 is a newer section and that's the Tools and Resources. Just that, a great place for resources like ED Arrival Time Guidelines, Reasons for Delay in Fibrinolytic Therapy Guidelines, and certain measure fact sheets and algorithms. Last, but not least, is the Appendices. The Appendices has the ICD-10_CM Diagnosis and CPT Code Tables, Glossary of Terms, Medication Tables, and a Preview Section. So, let's see what's changed.

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Let's start at the beginning with the changes to the Introductory Materials section. So, we're going to begin with the Table of Contents.

In v12.0a a total of seven measures were removed to align with the determinations of the Calendar Year 2019 OPPS/ASC Final Rule. Three of those were Imaging Efficiency Measures, OP-9, OP-11, and OP-14. The other four are web-based measures, OP-12, OP-17, OP-27, and OP-30. So, all of these measures are removed from the Table of Contents. We will discuss these measures a little more in detail later in the presentation. So, let's move on to the Program Background.

Program Background. The Program Background will see the addition of the Paperwork Reduction Act, or PRA, disclosure statement right after the Measures Management Systems Text in v12.0a. The Paperwork Reduction Act was enacted in 1995 to minimize paperwork burden. Administrative burden involves the time and effort associated with completing program and system requirements and managing facility operations. This would include things like identifying and maintaining an active QualityNet Security Administrator and filling out forms and other paperwork.

In v12.0 under Using the Manual, which provides a brief overview of the information contained in each section of the manual, Section 6: Tools and Resources was added. We will talk about the Tools and Resources in a little more detail shortly. There were no additional updates to this section for v12.0a.

Of course, with the removal of measures, they will also be removed under Outpatient Delivery area as well. This will impact the Outpatient Imaging Efficiency Measures and measures submitted via a web-based tool sections, and these were removed in v12.0a following the Final Rule.

Now, let's move on to the Acute Myocardial Infarction, or AMI, and Chest Pain measures in Section 1: Measure Information Forms.

As a quick reminder, the measures under the AMI measure set are OP-2, OP-3, and OP-5. For Chest Pain, it will only be OP-5.

In v12.0 OP-2, Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival, had changes to the Rationale and Measure Analysis Suggestions within the Measure Information Form. The change in the Rationale reflects updated and current evidence to support the measure. The Measure Analysis Suggestions' update removes a reference to OP-1 which had been removed from the Outpatient Quality Reporting Program beginning with Calendar Year 2020 Payment Determination.

With regard to OP-3, Median Time to Transfer to Another Facility for Acute Coronary Intervention, in v12.0 there was a change in the Rationale as well, and

like the change we just talked about for OP-2, this change reflects updated evidence to support the measure rationale. There were no other changes in v12.0a.

OP-5. Again, in v12.0, the rationale for OP-5, Median Time to ECG, was updated to reflect current evidence to support the measure rationale. However, v12.0a update reflects the Calendar Year 2019 Final Rule that finalized removal of OP-5 beginning with the Calendar Year 2021 Payment Determination. So, in v12.0a the following statement has been added to the Measure Information Form, and that statement reads "Data for this measure will no longer be collected after First Quarter 2019 (encounter dates January 1 through March 31, 2019) for the OQR Program. The last data submission deadline for OP-5 will be August 1, 2019." I want to emphasize OP-5 is finalized for removal from the program beginning with Calendar Year 2021 Payment Determination. Because the First Quarter 2019 data is part of the 2020 Payment Determination, you will collect data for OP-5 for reporting period of January 1 through March 31, 2019. Because the clinical data submission deadline for First Quarter 2019 is not until August 1, this measure will remain in the 2019 v12.0a Specifications Manual with this added language. Now, you will not see OP-5 in the following Calendar Year 2020 v13.0 manual that we posted in July. It will be removed.

So, the next measure set we will discuss in our Specifications Manual review is ED-Throughput which is Section 1.3.

The measures under the ED-Throughput include OP-18, a chart-abstracted process of care measure and OP-22 submitted via the online tool through the Secure Portal side of QualityNet. Now, there's only one change to this measure set, and that was to OP-18.

In v12.0 changes again were made to the Rationale to reflect updated and current evidence to support the measure rationale. There were no other changes made in v12.0a.

So, let's move onto Section 1.4: Stroke. Now, there's only one measure currently in the Stroke measure set.

OP-23 is 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.

In v12.0, you guessed it, the Rationale was changed for OP-23 to reflect updated evidence to support the measure rationale. The Excluded Population section of the Measure Information Form lists two of the three discharge exclusions in previous versions. This change will add Discharge Code 8 "unable to determine or UTD" as an exclusion to align with the measure algorithm. So, Excluded Population will go from "patients who left the emergency department against medical advice or

discontinued care" to "patients who left the emergency department against medical advice, discontinued care, or for whom the discharge code is not documented or unable to be determined."

On to Imaging Efficiency measures.

The measures contained in this measure set are OP-8, OP-9, OP-10, OP-11, OP-13, and OP-14.

For v12.0a the measures OP-9, OP-11, and OP-14 are removed from the Specifications Manual since these measures were finalized for removal from the OQR Program in the 2019 Final Rule. Now, these are claims-based measures, and data were collected through June 30, 2018 and will not be calculated thereafter. The OIE measures are based on claims data. There is a lag between when the claims are adjudicated and when facility scores are reported on Hospital Compare. So, in 2019 you should reference v11.0b of the Specifications Manual for details on OP-9, 11, and 14 when reviewing their updated performance scores.

Moving on to our next measure set in the Specifications Manual, Section 1.6: Measures Submitted via a Web-Based Tool.

Web-based measures include OP-12, OP-17, which are reported in QualityNet, and OP-27 which was reported through NHSN.

Also included in the web-based measures submitted through QualityNet are OP-29, OP-30, OP-31, and OP-33. Now, let's take a look at the changes that have taken place in the Specifications Manual specific to web-based measures.

In adherence to the changes finalized in the 2019 Final Rule, OP-12, OP-17, and OP-30 will be removed from the 2019 OQR Specifications Manual. Last reporting date for these three measures is, again, May 15, 2019 for encounters January 1 through December 31, 2018. Also, the removal of OP-27. This measure was finalized for removal beginning with Calendar Year 2020 Payment Determination. So, therefore, again, data will no longer be collected. This means the last reporting date for this measure was May 15, 2018, and remember, again, this if for this program only. This measure is still being reported for the Inpatient Quality Reporting Program. In addition, there may be other programs and/or state requirements. Also, for OP-27, there was an update for this measure in v11.0b, the 2018 manual, to include the statement "Data for this measure is no longer collected after Calendar Year 2019 Payment Determination. The last data submission deadline for OP-27 was May 15, 2018." Now, this statement was added on the Measure Information Form for OP-27.

In v12.0 changes were made to OP-31 to better clarify the Description, the Numerator and Denominator Statements, and Definitions of Performance Met.

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The first change we are going to talk about is the addition to the description. Now, there's an addition of what you see here on the slide which was adding "based on completing a pre-operative and post-operative visual function survey." This will now make the description read in full as "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 based on completing a pre-operative and post-operative visual function survey." Additional changes were made to the 2019 Measure Information Form to align with 2018 changes. These were changes with the Numerator and Denominator Statements, as well as, the Definitions of Performance Met. With respect to the Numerator Statement, "18 years and older" was added, and the change of the word "instrument" to "survey" was also made. So, now the Numerator Statement reads as "Patients 18 years and older who had improvement in visual function achieved within 90 days following cataract surgery based on completing both a pre-operative and post-operative visual function survey." Now, a similar change was made to the Denominator Statement in that the word "instrument," again, was changed to "survey." So, the statement now reads "All patients aged 18 years and older who had cataract surgery and completed both a pre-operative and post-operative visual function survey."

There was also an addition of Definitions of Performance Met, not met, and denominator exception and the respective Healthcare Common Procedure Coding System codes. And there were no additional changes made in this section for v12.0a.

For OP-33 in v12.0 the changes related to this measure have been made to clarify the Denominator Exclusions and Additional Instructions. The first change we are going to talk about for OP-33 is in the first sentence of the first bullet of the Denominator Exclusions. Previously, the statement read "Patients with a primary diagnosis of multiple myeloma." The word "primary" has now been removed. So, now the statement reads "Patients with a diagnosis of multiple myeloma" and the corresponding codes with that. The second change is to Additional Instructions, and this is removing the statement "If the EBRT treatment course is initiated but not completed, the case should still be included." This will no longer be under Additional Instructions. Now, there were no changes made in v12.0a. So, that completes changes to the measures submitted via a web-based tool, so let's move on.

Moving into Section 1.7: Claims-Based Outcome Measures. There were changes and updates to the Measure Information Forms based on the most recent re-evaluation and also to align with the 2019 Final Rule.

The measures included are OP-32, OP-35, and OP-36. So, let's discuss the changes with regards to these measures.

The changes for OP-32 occurred in v12.0a. With regard to the cover page, there was a change to the reference for the performance period for Calendar Year 2020 Payment Determination from Calendar Year 2018 only to Calendar Year 2016 through Calendar Year 2018 to reflect the performance period has been extended from one year to three years and also adjusted the performance period for Calendar Year 2021 Payment Determination similarly to Calendar Year 2017 through Calendar Year 2019 performance period. Now, this change was finalized in the 2019 Final Rule to extend that performance period from one year to three years allowing better information to be publicly reported. The other changes were to the text to reference the latest measure specifications and point users to the Q & A Tool.

Another change for OP-32 was to the Included Population language. This was to include explicit mention of CPT codes and a link to direct users to the Measure Updates and Specifications Report found on QualityNet. The CPT codes that define the patient cohort were removed from the Measure Information Form. These can now be found at the link for the Measure Updates and Specifications Report on QualityNet. In the Cohort Exclusions, excluded colonoscopy section, there was explicit mention of cohort exclusions and diagnosis codes to a link pointing users to the measure specifications. The colonoscopy bullet points in Tables 1 and 2 were also removed, and under the selected references, there was a change to the 2016 measure specifications with reference to the latest specifications on the Measure Methodology page on QualityNet.

There were also some changes for OP-35. In v12.0a on the cover page the text was changed to reference the latest measure specifications and point users to the new Q & A Tool. In the Improvement Noted As section there was additional verbiage added which is noted on this slide. The statement now reads “A decrease in the hospital-level risk-adjusted rates of inpatient admissions or ED visits. Lower rate indicates better quality.”

Continuing with OP-35 in the Numerator Statement there were changes to the code section of the Numerator Description to reference the Measure Updates and Specifications Report on QualityNet. In the Cohort Exclusions sections there was a change in the language to explicit mention of cohort exclusions, and there is a link pointing users to the measure specifications page.

Under Risk Adjustments there was a language change to direct users to the Measure Methodology page on QualityNet. Additionally, for the measure calculation the link was also changed, and this change will also direct users to the same Measure Methodology page on QualityNet.

Now, last of the outcome measure changes is for OP-36. In v12.0a, as with the previous two outcome measures we just covered, on the cover page the text was changed to reference the latest measure specifications and point users to the new

Q & A Tool. Also, the Improvement Noted As, there was a language change describing the performance improvement. The statement now reads “A decrease in the ratio of predicted to expected unplanned hospital visits. Lower scores indicate better quality.”

For the Included Populations there was an added reference to the Measure Methodology page on QualityNet. The Cohort Exclusions section now points the users to Measure Updates and Specifications Report for detailed cohort exclusion criteria. Additionally, references to the relevant sections of the Measure Updates and Specifications Report were added in the Risk Adjustment and Measure Calculation sections of the Measure Information Form.

Now, on to Section 2 of the Specifications Manual, the Data Dictionary. As we talked about earlier, the Data Dictionary contains an Alphabetical Data Element List and General Abstraction Guidelines. In this section there are two links, one is the Data Dictionary and General Abstraction Guidelines, and the other one is the Alphabetical Data Element List. The changes we will discuss here will be found under the Alphabetical Data Element List which would be the second blue link if you were looking at this on QualityNet. Once you click on that link and the Alphabetical Data List opens, you will then click on that data element name, which will be in blue, for the specifics related to that data element. We’re going to begin with Arrival Time.

In v.12.0 the second bullet point was added under the Exclusion Guidelines for Abstraction. It will now include pre-printed times on a vital sign graphic record. This will align with our Tools and Resources provided in Section 6. There are no changes in v12.0a to this element.

The next change is to data element ED Departure Time, and this was in v12.0. Additions were made to the Inclusion Guidelines for Abstraction to align with the Tools and Resources found in Section 6 of the manual. You can see here on this slide what terms were added to the Inclusion Guidelines for Abstraction.

Also, to this same data element was an addition under the Exclusion Guidelines. The exclusions listed on this slide were added in v12.0. There were no additional changes in v12.0a.

For the data element Initial ECG Interpretation this update adds the term “consider” to the list of negative qualifiers or modifiers as this term suggests inconclusive evidence of STEMI. So, if you’re looking at this list of qualifiers, the addition of the word “consider” was added after “cannot rule out” in the bulleted list of qualifiers.

Moving on to the data element Probable Cardiac Chest Pain. Now, there were several changes in v12.0 for this data element, so, you are going to see a lot of

yellow highlight. I'll go over these over the next few slides. The first of two changes made under Notes for Abstraction were made to clarify guidance for abstracting "yes" or "no" for this data element. A minor change was made to the first bullet which was adding the acronym "AMI" in the first sentence after "Acute Myocardial Infarction." There was an addition of a sub-bullet which states, "Note that the term 'rule out' indicates a differential/working diagnosis."

The next change for this data element is under the Notes from Abstraction is a change to the second bullet an additional sentence at the end. This statement was changed from "If there is a nurse or physician documentation of an exclusion term, or a term that aligns with an exclusion term, select No." This was changed to "If there is a nurse or physician documentation of an exclusion term, select No. If there is a nurse or physician documentation of an exclusion term and an inclusion term, continue to select No."

Now, we're still talking about the same data element, but now we're discussing changes within the Inclusion Guidelines for Abstraction. Below the bullet header Inclusion Guidelines for Abstraction, this statement was changed from "Acute Myocardial Infarction and Chest Pain Inclusions" to "Probable Cardiac Chest Pain Inclusions (note the Probable Cardiac Chest Pain Inclusion List is not all-inclusive, nor is an inclusion term on this list a definitive indication of AMI). Then below that in the bulleted list "AMI," "Heart Attack," "Chest Pain", and "Myocardial Infarction" were removed. Also, after the bulleted list is another added section for a list of terms that definitively indicate AMI.

The last change for this data element updates the Exclusion Guidelines for Abstracting Probable Cardiac Chest Pain data element. The change includes adding the following above the list of exclusions "In addition to the conditions listed below, conditions that cause chest pain but are not cardiac in origin will also be considered exclusion. This includes, but not limited to, chest pain in response to respiratory, gastrointestinal, and neurological complications." And then two conditions were removed from the list, and that was "atypical chest pain" and "non-specific chest pain." There were no additional changes in v12.0a.

The last data element that we are going to discuss is Transfer for Acute Coronary Intervention. Changes to the notes for abstraction include adding a bullet which states "The reason for transfer must be a defined ACI. As such, if implicit reasons for transfer, such as 'Patient has STEMI' or 'Transferred for cardiology consult to discuss possible cath lab' are listed, then select Value 3." There were no additional changes in v12.0a.

The next section in the Specifications Manual to discuss is Section 4: Population and Sampling Specifications.

In v12.0a to align with the 2019 Final Rule determinations and the removal of web-based measure OP-30 beginning with Calendar Year 2021 Payment Determination all references to OP-30 were removed from this section. And that's it for Population and Sampling.

Section 5: Hospital Outpatient Quality Measure Data Transmission.

In v12.0 all reference fields to data related to removed measures OP-1, OP-4, OP-20, and OP-21 were removed in the Hospital Outpatient Clinical Data XML File Layout, and all references to measure set pain management were removed in the Hospital Outpatient Population Data XML File. As you will recall, these measures were removed in the 2018 Final Rule. In v12.0a submission instructions were added for measures submitted via web-based tool. Now, this was added to provide users a quick reference to the web-based measures submission process.

Okay, we're almost there, the end that is. So, on to Section 6: Tools and Resources. As a point of information, there are many more tools and resources available on our website qualityreportingcenter.com, and you can find that under the Tools and Resource tab.

For those of you who may not be familiar with Section 6: Tools and Resources let's review its contents. This section was introduced into the OQR Specifications Manual in v11.0a in 2018 as additional reference material. This is still a relatively new section and will likely continue to grow and change with the program. In the Arrival Time and Departure Time Guidelines there are scenarios with answers for your review. We get many questions about times and how to abstract those, and you may find the answer you were looking for in this Tools and Resources section. There's also things like Algorithms, Denominator Codes, and Fact Sheets for OP-29, OP-31, and OP-33. Take a look at this section when you're working with these certain measures especially if you have questions or need clarity, and I hope you find this section useful.

Again, since this is such a new section there weren't many changes made. In v12.0a reference material such as the Algorithm, Denominator Codes, and the Fact Sheet for OP-30 were removed from the Tools and Resources section, as this measure, again, was finalized for removal in the 2019 Final Rule.

Last, but not least, Appendices.

In v12.0 Table 9.0: Long Bone Fracture was removed from the Table of Contents due to the removal of pain management measure set, and in Appendix C: Medication Tables two tables were removed, 1.1 and 9.1. These were removed to align with the 2018 Final Rule and the removal of OP-4 and OP-21 beginning with Payment Determination Year 2020.

And then in v12.0a, in Appendix A, Table 7.01, six new codes were added. The code F53 was changed to F531. For Table 8.0 two new codes were added. The code I638 was removed, and there were several code descriptions updated as you'll see on this slide. Now, the ICD-10 codes are updated annually some time in August with effective dates of October 1st through September 30. For example, right now the current ICD-10 codes are effective October 1, 2018 through September 30, 2019. So, now back in September Appendix A in v11.0b was updated, and in the 2019 v12.0a manual was updated in December with the same Appendix A update from v11.0b, and these will be effective through September 30, 2019. Now, then the cycle continues. In September 2019 you'll see an addendum to v12.0a with the next code update. So, now we've made it through the changes for the 2019 Specifications Manual v12.0 and 12.0a

We have some resources listed here on this slide. Do not ever hesitate to call our help desk. That number is seen here at the bottom of the slide. We have some other resources listed on this slide as well. If you have measure-specific questions, please use the Question and Answer Tool on QualityNet. The measure writers will respond to you directly. Well, that is all I have for you today, so, I'm going to turn things back over to Krissy.

Krissy Cockman: Thanks Melissa. How about we take some questions that we received in the chat box? How does that sound?

Melissa Thompson: Absolutely.

Krissy Cockman: Ok Melissa, you mentioned the ICD-10 codes will change again in the v12.0a manual. When will we see that happen, and how will we know?

Melissa Thompson: Great question. Okay, so ICD-10 code updates in Appendix A are historically posted to QualityNet in August, early September. When this update occurs, a ListServe notification is sent out to advise users of the update.

Krissy Cockman: Okay, that's great information. When OP-5 is removed after Calendar Year 2020 Payment Determination, what do we submit for the chest pain measure set?

Melissa Thompson: Well, OP-5 is the only measure in the chest pain measure set; therefore, there will be no further action required for chest pain after you submit your First Quarter 2019 data, and, again, that's your January 1 through March 31, 2019 encounters.

Krissy Cockman: Okay, sounds good. When a patient elopes from the hospital, what do we abstract for discharge disposition since there is no elopement discharge value in the Specifications Manual?

Melissa Thompson: This is a good question. We do get this one quite a bit. If a patient is documented as eloped and there is no other order written for discharge, for example discharge to home, you will select Value 8, Unable to Determine, or UTD. Do not select AMA as there must be explicit documentation that the patient left against medical advice in the patient's medical record in order to abstract Value 7 AMA.

Krissy Cockman: Ok, let's take another question. You mentioned claims-based outcome measures and that hospitals do not have to provide CMS any additional documentation. What report can I run to see who the patient population was for these measures in my hospital?

Melissa Thompson: Okay, so let's go back to what measures are your claims-based outcome measures. Those are OP-32, OP-35, and OP-36. Now, hospitals do not have the data available to run these reports on QualityNet. So, there's no report that the facility can run themselves. CMS will provide Claims Detail Reports, or CDRs, to hospitals who have data for these measures, and currently these are scheduled to be delivered in late March 2019.

Krissy Cockman: All right, another question, once there are Release Notes, is the actual manual that is on the website updated or do we have to go to the Release Note?

Melissa Thompson: That's another really good question. Actually, the Release Notes will reflect the changes that have been updated within the manual. So, you're going to see these updates in the manual along with the Release Notes as well.

Krissy Cockman: Okay, I know you reviewed the removed measures, but I am still unclear. When you say Payment Determination Year for removal in Calendar Year 2021, when do we stop reporting?

Melissa Thompson: Okay, yeah, this is a question many people have, so let's break this out by the different measure sets. So, for the claims-based Imaging Efficiency measures, which are OP-9, OP-11, and OP-14, these would be claims through June 30 of 2018. Now, for the chart-abstracted measure OP-5, you will submit First Quarter 2019, which is, of course, is your January 1 through March 31, 2019 encounters, as the last quarter of data for this measure. And, just remember, the First Quarter 2019 submission deadline is August 1, 2019. And then for the web-based measures, that's your OP-12, OP-17, and OP-30, you're going to report your Calendar Year 2018 encounters by the May 15, 2019 submission deadline, and this will be the last data collection for these removed web-based measures. Remember, OP-27 was removed for Calendar Year 2020, so you will not report on that measure anymore.

Krissy Cockman: Okay, here's another question we've seen a couple of times in the chat box. I am confused about OP-5. When do we stop abstracting? What quarter? Do we abstract this measure in 2019?

Melissa Thompson: Okay, let's go back to OP-5 again. This measure has been removed for Payment Determination Year 2021. Your last reporting date would be for the First Quarter 2019 data. That's using encounters January 1 through March 31 of 2019. You will report this data through QualityNet by the submission deadline of August 1, 2019. From then on you are no longer reporting on OP-5.

Krissy Cockman: Ok Melissa. Here's another one we've seen a couple of times in the chat box. Please clarify the last time we need to abstract for OP-30.

Melissa Thompson: Yes Krissy, that's a great question. So, OP-30 is being removed from the program beginning with Calendar Year 2021 Payment Determination. This means encounters occurring from January 1st through December 31, 2018 will be submitted to QualityNet by the submission deadline of May 15, 2019. Data will no longer need to be collected for this measure after that submission deadline. Be aware, you can start submitting your web-based measures now to QualityNet. It is open.

Krissy Cockman: Okay, that's great information. I think we have time for one more question. What do you say?

Melissa Thompson: Sure.

Krissy Cockman: The new Tools and Resources section is good; however, if we have a more specific question, where, again, can we ask these questions?

Melissa Thompson: And that's another good question. Okay, so you can ask a question using the Q & A Tool on QualityNet. So, from the home page of QualityNet, on the right side you will see questions and answers box. Click on Hospital-Outpatient. If you have never asked a question, it will ask you to create an account. Now this, this account is different than your Security Administrator or Basic User account. It's very quick and easy to set up. A password is not even required but is optional for this account. So, that's how you would submit your questions.

Krissy Cockman Ok, great. Thanks to everyone who submitted questions in the chat box, and thanks again to Melissa. We appreciate you sharing your time and expertise with us. We would also, once again, like to thank the measure writers who have so graciously assisted with this presentation. I hope this webinar has given everyone something. So, that's all the time we have today. We appreciate you joining us. I'm going to turn things back over to our host to go over the CE process.