Outpatient Quality Reporting Program

Support Contractor

Hospital Outpatient Quality Reporting (OQR) Program 2018 Specifications Manual Update

Questions & Answers

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Speaker:
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Question: I believe I heard Qualityreportcenter.com? Not sure I got it right.

Answer: The website, www.qualityreportingcenter.com, is the site for the CMS Support and Education Contractor for the Outpatient quality measures.

Question: For OP-26, we use encounters from January 1, 2017 through Dec 31, 2017 and use the table from version 10.0a?

Answer: You are correct. Data are from encounters January 1, 2017 through December 31, 2017, and you will use the 10.0a manual.

Question: Is there a direct link for the Specifications Manual, newest version?

Answer: Yes. From the home page of QualityNet, under the Hospitals-Outpatient drop-down menu, click on Specifications Manual. You will then select Version 10.0a for January 1, 2017 through December 31, 2017 encounters, and then at the bottom of the page, select "Accept" of the CMS Disclaimer. You can then select "Download Entire Manual," then select "PDF version," then save it to your desktop if you want it downloaded. The direct link to the manual is: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1196289981244.

Question: Does this mean that Hospital Outpatient (HOP) Acute Myocardial Infarction (AMI), Chest Pain (CP), Pain, and Stroke are being discontinued after 1Q2018?

Answer: No, OP-2, OP-3, and OP-5 (AMI/CP), and OP-23 (Stroke) will also remain in this program. The measures removed are OP-1, OP-4, and OP-20, OP-21, as well as the web-based measures OP-25 and OP-26.

Question: Where can I get the slide deck for this presentation?

Answer: You can find the slides for today's event at: www.qualityreportingcenter.com. In the Upcoming Events area on the right side of the page, click the link for today's presentation. The slides are available on the bottom of the page. After the events, they will be available in the Archived Events section.

Question: The OP-1, Median Time to Fibrinolysis, is being removed also?

Answer: Yes, as per the Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Program Final Rule, released November 1, CMS has finalized the removal of OP-1 from CY 2018 data collection (CY 2020 payment determination). Data will be collected through March 31, 2018 for Q1 2018 patient encounters.

Question: Will OP-31 be voluntary?

Answer: Yes, OP-31, Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery, continues to be a voluntary measure for the Hospital OQR Program.

Question: Is OP-33 is still optional?

Answer: No, OP-33, External Beam Radiotherapy for Bone Metastases, is a required measure and was never a voluntary measure. The only voluntary measure at this time for the Hospital OQR Program is OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery.

Question: Feedback: Probable Cardiac Chest Pain continues to be a challenge. The provider wrote "weakness, chest pain, no additional indication that this was cardiac in nature." During the CDAC, we were marked incorrect, as chest pain was an inclusion term, and told we should have marked yes to Probable Cardiac Chest Pain. Coding had the chest pain unspecified code utilized. This code should be considered to be added as an exclusion.

Answer: Typically, "chest pain, unspecified" matches the data element exclusion term "non-specific chest pain" unless surrounding documentation suggests that the "chest pain, unspecified" is clearly linked to a cardiac issue.

However, since our team does not have a full account of the patient record, please consider the entire context and differential diagnoses and use your best judgment to determine if there are any other exclusions, terms that align with an exclusion, or any additional documentation that clearly suggests the patient's chest pain was not presumed to be cardiac in origin.

Question: How do you get the patient-level data for the Outpatient Imaging Efficiency (OIE) Measures?

Answer: Patient-level claims data for the Outpatient Imaging Efficiency (OIE) measures were only provided to facilities during a one-time dry run reporting period that occurred before the first year that the measures were publicly reported on Hospital Compare. Since public reporting for OIE measures began, only facility-level data are made available. Hospital-level data will be made available from April 6, 2017 through May 5, 2017 for the 2017 publicly reported results. The dry run for OIE measures OP-8, OP-9, OP-10, and OP-11 used patient-level claims data to calculate performance for calendar year 2007, the results from which were released to facility QualityNet inboxes in February 2010. The dry run for OIE measures OP-13 and OP-14 used claims from calendar year 2009 to calculate performance, the results from which were released to facilities in April 2011. These dry-run reports can be accessed by facilities through their QualityNet inboxes. While CMS does not provide facilities with hospital-specific reports of patient-level claims data, by working with your hospital's billing office and using the published CMS measure specifications, hospitals should be able to identify those patients included in the calculation of each OIE measure. Visit QualityNet to access the full specifications for the OIE measures.

Question: For the OP-29 measure, is a handwritten operative report with the 10-year follow-up plan for repeat colonoscopy acceptable?

Answer: Yes, if the operative report is considered to be the colonoscopy report.

Question: How frequently will we receive data for OP-35 and OP-36?

Answer: CMS will provide facilities with annual facility-specific reports for each measure outlining facility-specific data and performance. CMS is currently finalizing decisions on providing additional off-cycle facility-specific data reports to facilities.

Question: Do these changes take effect with Q1 2018?

Answer: For clinical measures OP-1, -4, -20, and -21, you can stop collecting data after March 31st this year. This is Q1 2018 data. Just be sure to submit this by the August 1, 2018 submission deadline. You are collecting that quarter because that quarter is connected to the **2019** payment determination. Now for your web-based measures OP-25 and -26, data for those measures from January 1–December 31, 2017 encounters should be entered into QualityNet with your other web-based measures on or before the May 15 deadline. You will no longer submit data for OP-25 and OP-26 after the May 15, 2018 deadline.

Question: Do we need to submit a Health Insurance Claim (HIC) number for OQR?

Answer: No, the data element Patient HIC Number has been removed from the Hospital OQR Program.

Question: I am looking for last year's preview report. We had an outlier for simultaneous CT head and sinus, and we think it is a billing error but want to confirm. Is there a way to get the previous report?

Answer: Preview reports are released to hospitals prior to public reporting. This allows hospitals to review their data and submit any questions or concerns to CMS. Preview reports will be made available to participating hospitals in February, the dates for which will be posted on the QualityNet home page soon.

Question: If being transferred for Acute Coronary Intervention, we can use that as a reason for no thrombolytics prior to transfer?

Answer: "Transfer for Acute Coronary Intervention" is not listed as a contraindication in the Inclusion Guidelines for Abstraction in version 11.0a of the Specifications Manual. As a result, if the "Transfer for Acute Coronary Intervention" is clearly linked to the decision to not administer fibrinolytic therapy by a physician/APN/PA, you may abstract a "1" for the Reason for Not Administering Fibrinolytic Therapy data element; otherwise, you should abstract a value of "3."

Question: Please clarify observation when considering ED Departure. If the patient is placed under ED observation, ED Departure would be considered the time the order was placed under ED observation, correct?

Answer: That is correct, the manual states for patients placed into observation services, use the time of the physician/APN/PA order for observation for ED Departure Time. The intention of this guidance is to abstract the time that the patient is no longer under the care of the ED. When a patient is

placed into observation, their clinical workflow may vary from patients who are not placed into observation prior to departure from the ED, so the observation order may be used instead of the actual ED departure time.

Question: Regarding OP-29 on slide 40, does the physician have to state a reason no follow-up colonoscopy is needed if the patient is 66 years or older, or will the measure pass if the Operative Note says "No follow-up colonoscopy is needed" for any patient 66 years of age or greater (i.e., if follow-up is less than 10 years, there just has to be diverticulitis documented in the medical record; it does not have to be listed as the reason the follow-up is only 5 years)?

Answer: A reason would not have to be documented. Having documentation no follow up colonoscopy is needed would be sufficient to exclude the case if the patient was documented as >=66 years old.

Question: For the pain score of “zero” for OP-21, would the score need to remain zero during the entire ED visit?

Answer: Generally speaking, documentation of patient pain score of zero is sufficient to abstract a value of "No" to the Pain Medication data element; however, the abstractor should use his or her best judgment to determine if there is a valid reason for not administering pain medication. For example, if a patient presents to the ED and reports a pain score of zero, there would be no reason to expect or request that pain medication be given, and you would abstract "No" to the Pain Medication data element. If this pain score subsequently changes later in the ED visit, it would still be acceptable to abstract "No," given the initial pain score of zero.

Question: If OQR will not publish the data for the measures listed on slide 13 or the OQR would get it from other sources instead of the hospitals submitting the same to OQR?

Answer: Data for the deleted measures OP-1, OP-4, OP-20, OP-21, OP-25, and OP-26 will not be displayed on Hospital Compare once the data rolls off, due to non-submission.

Question: Will the questions and answers be available for later review?

Answer: All of the questions and answers from the chat box will be included in the transcripts to be posted on www.qualityreportingcenter.com at a later date.

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Question: Slide 62, R07.9: if the patient received the EKG and the ASA and was transferred to another facility for cardiology consult, will that be enough to clearly indicate this is a cardiac issue?

Answer: Typically "chest pain, unspecified" matches the data element exclusion term "non-specific chest pain" unless surrounding documentation suggests that the “chest pain, unspecified” is clearly linked to a cardiac issue. Based on the documentation, the patient received the EKG and the ASA and was transferred to another facility for cardiology consult. Please consider the entire context and differential diagnoses and use your best judgment to determine if there are any other exclusions, terms that align with an exclusion, or any additional documentation that clearly suggests the patient's chest pain was not presumed to be cardiac in origin, in which case, you should abstract a "No" for this data element; otherwise, abstract a "Yes."

Question: For Pain Management, in the situation of a patient receiving pre-hospital/ER medication, so medication in ER is given later.

Answer: Documentation of a patient-related reason for withholding pain medications is sufficient to abstract a value of "No" to the Pain Medication data element.

Question: I could not hear the webinar; will the webinar be posted anywhere?

Answer: If at any time you are unable to hear the audio of the webinar, you can request a phone number for the webinar audio. The slides and recording, along with a word-for-word transcript, will be available on our website, www.qualityreportingcenter.com. If you need help in finding this information, then please call the Help Desk at 866.800.8756.