



Outpatient Quality Reporting Program

Support Contractor

CY 2018 Hospital Outpatient Quality Reporting (OQR) Program Proposed Rule

Questions & Answers

Moderator:

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Centers for Medicare and Medicaid Services (CMS)

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Question: The definition for the new measure on OP-36: Hospital Visits after Hospital Outpatient Surgery, the description states in part, “unplanned hospital visits within 7 days of a same-day surgery at a hospital outpatient department (HOPD).” Our hospital performs same-day surgery for patients with Outpatient admission type. However, we do not have a separate Outpatient Surgical Department. Would our same-day surgeries be included in this measure?

Answer: The target population is Medicare FFS patients aged 65 years and older undergoing same-day surgery. The measure includes surgeries performed in an outpatient setting, and matches to a hospital facility claim to identify the HOPD where the surgery took place. For specifics regarding these measures, you can access: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228775181731>

Question: When will hospitals get their dry run reports?

Answer: You will be able to download your Facility Specific Report (FSRs) for the measures via the QualityNet Secure Portal on the following dates: OP-35: Admissions and Emergency Department Visits for Patients Receiving Outpatient Chemotherapy measure Dry Run Report will be available from August 15 through September 14, 2017. OP-36: Hospital Visits after Hospital Outpatient Surgery measure Dry Run Reports will be available from September 1 through September 30, 2017.



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- Question:** Are the OP-35 and OP-36 measures claims-based or chart-abstracted measures?
- Answer:** The OP-35 and OP-36 measures are claims-based measures and will not require abstraction at the facility level.
- Question:** How do you call into the National Provider Call? What is the phone number?
- Answer:** The number to call is given when you register and information will be sent by the measure contractor in the near future. For information on registration: <https://www.qualitynet.org> >Hospitals–Outpatient > Measures > Chemotherapy Measure Dry Run OR <https://www.qualitynet.org> > Hospitals–Outpatient > Measures > Surgery Measure Dry Run
- Question:** The calendar year (CY) 2020 payment determination changes would start on what date?
- Answer:** CY 2020 payment determination corresponds with January 1–December 31, 2018 patient encounters. This is reported in 2019 for payment the CY 2020 payment year.
- Question:** Does this mean that case review for long bone pain management would continue until January 1, 2020?
- Answer:** These are proposed changes. If finalized, removal of OP-21 would be for the 2020 payment determination year. This means you would not collect data beginning with January 1, 2018 patient encounters.
- Question:** I assume information with call-in number, etc. will be sent out via ListServe for the Dry Run presentations?
- Answer:** Yes, further communication will be sent by that contractor as the date gets closer. Registration information is not available at this time. You can send your questions regarding OP-35 and OP-36 to: CMSChemotherapyMeasure@yale.edu or CMSHOPDSurgeryMeasure@yale.edu
- Question:** Why get rid of OP-1 and not OP-2? Isn't the standard of care “Cath Lab Intervention” and not “fibrinolysis”?



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Answer: The OP-1 measure only provides the median time from door to needle and does not note whether or not that value exceeds the clinical best practice of 30 minutes.

Question: Will CMS still report OP-18b reporting measure, in addition to OP-18c, on Hospital Compare in July 2018 and forward?

Answer: You are correct. It is proposed to continue reporting OP-18b and then add public reporting for OP-18c as early as July 2018, using patient encounters during the third quarter of 2017.

Question: Where can we find benchmarks (i.e., top decile, top quartile, median, etc.) for all measures?

Answer: Not all measures have benchmarks. But for those that do, these benchmarks are located on QualityNet under the Hospital Outpatient tab, from the drop-down menu, select Benchmarks of Care.

Question: Is CMS proposing to require OP-31 instead of keeping it as an optional measure?

Answer: No. There are no proposed changes for OP-31.

Question: Where does Hospital Compare describe patient population for OP-18? I can't find that it defines 18c. How will 18c be distinguished?

Answer: This measure information can be found in the OQR Specification Manual, Version 10.0a. See the link below. It starts on page 1-53. The data required for public reporting were already collected and submitted by participating outpatient hospital departments. The proposal to publicly report OP-18c does not create additional burden.
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1196289981244>