



Hospital Outpatient Quality Reporting Program

Support Contractor

Hospital Outpatient Quality Reporting (OQR) Program Requirements: CY 2015 OPPTS/ASC Final Rule

A.M. Questions and Answers Transcript

Moderator:

Mollie Carpenter, RN, BSN
Educational Coordinator, FMQAI/HSAG

Speaker:

Elizabeth Bainger, MS, BSN, CPHQ
Centers for Medicare & Medicaid Services (CMS) Hospital OQR Program Lead

November 19, 2014

10 a.m.

- Question 1: Thank you. I just need clarification of the OP-6 and -7 on effective for calendar 2017. This means that, starting January 1st of 2015 patient encounters, I don't have to do any more abstractions of that, correct?
- Answer 1: That's absolutely correct. We have removed those two measures effective with January 1, 2015, patient encounters.
- Question 2: Yes, thank you. Clarification on the Hospital OQR Program validation. Do you know when the next set of hospitals is slotted to be chosen?
- Answer 2: I'm going to refer that one to FMQAI, if they could respond to that.
- Answer 2: Yes, this is Marty Ball from FMQAI. And we probably expect that list early to mid-December, and that will be posted on the QualityNet website.
- Question 3: Thank you. Good morning. I have a clarification. You had talked about a three dollar rebate or reimbursement. I missed part of that. Could you talk about that again?

Hospital Outpatient Quality Reporting Program

Support Contractor

- Answer 3: Sure. Right now some hospitals are submitting their patient information via electronic media, encrypted electronic media, please. But right now there's no reimbursement because we didn't address that in a rule prior to this. Effective with the calendar year 2015 rule – so starting January 1st – we are now putting it into the rule that you may submit this patient information via paper, as we've always done, or through electronic media that has been encrypted. If you choose to mail a flash drive, a CDC, a DVD – I'm sorry, a CD, a DVD that have been encrypted, you can be reimbursed up to three dollars for that per patient chart.
- Answer 3: This is Jim Grant. I just want to clarify that these are the cases that have been selected for validation. So if you've been selected for validation and you choose to send in your cases via either the encrypted files or through the Secure Portal, then you would be reimbursed the three dollars per case.
- Answer 3: Thank you for clarifying that, Jim. Yes, it's not for all submissions; it's if you've been selected for validation.
- Question 4: Hi. I just need some clarification regarding slide number 18, bullet number 2. It says encounter period April 1, 2014 to December 31, 2014. I could have sworn the speaker mentioned encounter period January 1, 2014 to December, or maybe I misunderstood.
- Answer 4: Yeah, I'm trying to get to slide 18 right now. And your question was about the encounter period or the submission period? I'm sorry, I was trying to get to the slide.
- Question 4: No, that's okay. Bullet number two, the encounter period. It says April but I could have sworn you said January 1st.
- Answer 4: This is OP-29 and -30, so that one was delayed until April 2014. I hear FMQAI. Is there some other clarification? I believe the slide is correct.

Hospital Outpatient Quality Reporting Program

Support Contractor

- Answer 4: Yes.
- Answer 4: If I misspoke, I apologize.
- Answer 4: No, this is Mollie over at FMQAI. I was just going to clarify that for the 2016 payment year determination, the encounter period is April through December. But moving forward, the next year in 2017, it's January through December. It was only to date—
- Answer 4: Right.
- Answer 4: 2016. Does that clarify your question?
- Question 4: Yes, thank you.
- Answer 4: You're welcome.
- Question 6: Good morning. My question also had to do with slide number 18. We are an ASC, so does the data for OP-29 and OP-30 also relate to ASC-9 and ASC-10?
- Answer 6: Yes, it does.
- Answer 6: I can't – okay, good. I was going to say I can't speak to ASCs. I know there's an upcoming webinar. When is that scheduled?
- Answer 6: That's scheduled for December the 5th.
- Answer 6: Okay. So there will be a webinar specific to ASCs on December 5th, and Dr. Anita Bhatia will be presenting that. And of course she knows the ASC Program nuts to bolts, so she'll be able to answer any of your questions. But for now, FMQAI can address that, I think.
- Answer 6: And that will also be presented at 10 a.m. and 2 p.m.

Hospital Outpatient Quality Reporting Program

Support Contractor

Answer 6: So did you get your question answered? Did FMQAI answer it for you.

Question 6: Yes, thank you.

Answer 6: Okay.

Question 7: Yes, thank you so much for your presentation. It was excellent. I just have two quick questions, or actually a clarification. For OP-6 and -7, the surgical measures that have been removed, will they – will CMS allow voluntary submission like they are with some of the inpatient measures that have been removed, or are they completely removed?

Answer 7: We have completely removed OP-6 and OP-7. We do not even have them available for voluntary submission. We're trying very hard to streamline the measures. We are looking to the future when we know that we're going to be adding measures, and we don't want to become overly burdensome, so we're trying to take away when we can. And when we take it away, we take it away completely, if possible, rather than making it voluntary. Although, as I indicated, we do have a measure now that is voluntary. So we – if we're going to remove it, we want to really remove it if we can.

Answer 7: Elizabeth, let me just add to that. That will be August 1st, quarter one, 2015 submission. The deadline will be the August 1st submission date.

Question 8: Thank you. My question's in regard to OP-32. And I realize some of this information may not be available at this time, but when reviewing OP-29 and -30, we often have patients that come in for an outpatient screening colonoscopy prior to being admitted either at our facility or another local facility for a more complex inpatient surgical procedure. Will there be exclusions in those claims-based measures that looks at that, where they're admitted not due to a complication of the screening colonoscopy?

Hospital Outpatient Quality Reporting Program

Support Contractor

- Answer 8: Okay. So OP-32 will look at unplanned admissions during that seven-day period following the colonoscopy. So if you're referring to a planned admission, so they had a screening done, a colonoscopy screening done, and now they're coming in for their planned procedure, then that would not be included in the algorithm.
- Question 9: Yes, on the validation, does it specify who the medical record personnel would be that is supposed to sign for the records?
- Answer 9: FMQAI?
- Answer 9: Yeah, that information is supplied by the hospital. And right now the Inpatient Support Contractor is updating PRS, which is where that information is stored. And so you'll be receiving some information from the Inpatient Support Contractor, and there you can update the medical record inpatient or outpatient contact person, or you can call the Support Contractor, and we can update that into our system. So if you have someone who is retired from that position, certainly call and update that information so the material goes to the correct person.
- Question 10: Thank you. I was wondering, in the new Specifications Manual coming out beginning with 1/1/15 discharges, are there going to be any detailed guidelines in that manual with regard to OP-29 and -30 other than what is currently listed on the Measure Information Form?
- Answer 10: No, the Measure Information Forms for -29 and -30 will not be changing. But just as a reminder, we do have some – quite a bit of reference material on our website, and that can help with the abstractions to that measure quite a bit, so please utilize those resources at qualityreportingcenter.com.
- Question 11: Thank you. My measure – or my question is in regards to OP-31. It's kind of a two-pronged question. First, will the measure become mandatory in – for

Hospital Outpatient Quality Reporting Program

Support Contractor

calendar year 2016?

Answer 11: The measure is actually now finalized to be a voluntary collection. So until the rule changes to make that a mandatory collection, it will remain a voluntary collection.

Answer 11: Yes, at this point the measure remains voluntary. And we would have to propose that in future rule-making if we were to make it mandatory.

Question 12: Hi. In reference to OP-29 and -30, when will that data be published and made public?

Answer 12: Jim, can you answer that question – the public reporting for OP-29 and -30?

Answer 12: I really don't recall when that's going to occur. Typically it's six months or – yeah, two quarters after it's been collected. So my guess, it would be sometime in July of 2016, but that's just off the top of my head and a guess. We will include something when we post the webinar for clarification.

Answer 12: Okay. So we'll get back to you with an answer for that one. [Editor's note: The earliest public reporting for these measures would be July 2016.]

Question 13: Good morning, and thank you for the presentation this morning. My first question is in regards to pages 10 and 11. If our facility has been participating in the outpatient program since its inception, do I need to do anything with regards to the Notice of Participation? We have always been active with this.

Answer 13: If you're participating in the program, you're participating in the program until you – if you – you don't do anything new. If you've already done your Notice of Participation, you're in the program until you withdraw. So if you haven't withdrawn from the program, you do nothing new.

Question 13: Alright. And then my –.

Hospital Outpatient Quality Reporting Program

Support Contractor

Answer 13: Each year your pledge gets carried forward, so you don't have to do anything.

Question 13: Alrighty. Excuse me. And then my second question is with regards to OP-31. I want to confirm that if we choose to voluntarily participate in this that that will be publicly reported. Is that correct?

Answer 13: Yes, that is correct. If you report the data, it will be publicly reported even though it's voluntary.

Question 14: Yes, I have a question about five or fewer cases per measure per quarter. So if you voluntarily submit, will it still be publicly reported even though the volume's low, or will there be some asterisk or comment?

Answer 14: This is Jim Grant. If you have 10 or fewer cases, it will not be publicly reported on Hospital Compare. So there would be a footnote that would indicate that there were too few cases to publicly report.

Operator: Thank you. At this time there are no further questions.

Marty Ball: Let me just make a correction to what I had said earlier in regards to updating the medical record contract – or contact at the facilities. We're not actually the Support Contractor who's going to be updating that information. So it's Livanta and KEPRO.

Do we have any further questions?

Operator: At this time there are no further questions.

Marty Ball: Alright.

Mollie Carpenter: Okay, great. Well, thank you and this concludes our program for today. I'd like to thank Elizabeth for the valuable information she shared with us today, and we hope that you've heard useful information that will help you in

Hospital Outpatient Quality Reporting Program

Support Contractor

your Hospital Outpatient Quality Reporting Program.

Please remember that you will not receive the WebEx survey for your CE certificate today. It will be sent to your email within 48 hours. If we did not get to your question, please use the question-and-answer tool located on www.qualitynet.org and a Hospital OQR subject matter expert will send you a timely response.

Thank you again and enjoy the rest of your day.

END

This material was prepared by the Support Contractor for the Hospital Outpatient Quality Reporting program, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). The contents presented do not necessarily reflect CMS policy. HHSM-500-2013-13007I FL-OQR/ASC-Ch8-12112014-02