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

P.M Questions and Answers Transcript

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Question 1: This is regarding outpatient 32 and the claims-based data that you're going to be pulling for 2015. We verified with our coders – because they said on the earlier call this morning that the colonoscopies for the planned admissions would be excluded for this – our coders are indicating that there's no code to indicate that it's a planned admission. We were wondering how they were going to address this.

Answer 1: Hi. This is Elizabeth. Actually, there's an algorithm that will be coming out. I believe that will probably be part of the Specs Manual when it's available, but they're in the numerator. It will exclude quite a few of the planned admissions. That has been taken into account.

So we know that sometimes colonoscopies are performed as part of a screening process before another procedure. That has been taken into account in the algorithm.

I believe that the measures folks will be providing that through the Specs Manual. I can't swear to it. Let me get further information from the measures steward to confirm that. But that's my current understanding.

Question 1: Okay. So then we should look forward to it in the Specs Manual with a little further direction?

Answer 1: I believe so. Yes.

Question 1: Okay, great. Thank you.

Answer 1: Sure.

Question 2: Yes. In your discussion of the validation of going from 1 case to 12 cases, I was wondering – is that 12 cases per measure? For example, if we only have, like, three cases of OP-4. Or is it 12 cases, kind of, aggregate of all the measures that you submit for?

Answer 2: It's 12 cases, aggregate. There are some hospitals that actually submit less than 12 cases in a quarter. When we pull those for validation, we don't get very good validation results. So we'll be looking for hospitals that are fully participating in the program. I'll let FMQAI add to this if they have anything to say.

Answer 2: That was perfect.

Question 3: Yes. I have a question related to OP-29 and -30. I understand that we're collecting data from April 1st to the end of the year. However, my question is then, when we're looking at the total number of cases that we need – 63 versus 96 – are we looking at the full year? Because I believe those numbers were originally based on a full year's worth of cases to determine that number.

Answer 3: This is Mollie at FMQAI. Yes. That's based on your calendar year. So even though you're only collecting the data for the nine-month period, you'll base the number of 63 or 96 off the full calendar year of 2014.

Question 3: We're supposed to use 2014? Okay. That's good clarification. I wasn't sure if we were looking back a year for that.

Answer 3: Well, it's based on the number of colonoscopies you did in 2014. You can look back to 2013 to get an idea of how many cases you did in the previous year so you knew what you were shooting for, but it's based on the amount you actually do in 2014.

Question 3: Okay. Thank you very much.

Question 4: Hi. My question is about OP-20. We have, sometimes, a patient brought in for lab draws to our ED, or a patient may come for a wound care to our EDs. What it ends up to be is a high percentage in our sample size, our door to evaluation, and it comes to unable to determine because the physician has not seen the patient.

It's causing a problem since The Joint Commission is now asking for anything more than five percent unable to determine to come with an action plan. I was wondering if you have any insights to that, and if you can help me with determining what I can do at this end to kind of help out with that process.

Answer 4: Sure. This is Marty Ball from FMQAI. When you look at OP-20, Door to Diagnostic Evaluation by a Qualified Medical Professional, you're going to include patients in there that have an E&M code to fulfill the measures, so someone who comes in for a lab draw should not be pulled into that population.

Question 4: Yes. I checked with our coding, and they said that they are coded with E&M Code Level 1. That's the usual practice among everyone. I just don't know how to verify that.

Answer 4: So a person who comes in for lab charge is charged for an emergency room visit?

Question 4: They've seen the nurse, so they're just charging for nursing care.

Answer 4: You know, your question is very specific. If you could give us a call here, then you can ask for me – Marty Ball. The phone number's on the screen right now. I'll work through that with you.

Question 4: I really appreciate it. Thank you so much.

Question 5: Yes. Thank you for taking my question. I was just wondering what the process is for hospitals to identify – or who we should contact to identify – the medical records staff. Who's responsible for submitting validation records under the OQR Program?

Answer 5: This is Marty Ball again. That's an excellent question. And thanks for bringing that up. KEPRO is the CMS Support Contractor who's responsible for gathering the information to update the PRS system for the medical record contract. I've been told that they have a specific location on their website where you can enter that information on a form. And Livanta is also a Support Contractor that is collecting that information, and you can check their website as well.

Question 5: Thank you.

Answer 5: Yes. Thank you.

Question 6: Hi. This is Erica. My question is for the validation for the next cycle. I believe it's starting these charges in April 2014. When will the list comeut?

Answer 6: The validation list – we expect – we expect the validation list to be released early-to-mid December. That will have the 500 hospitals selected for next year.

Question 6: Okay. Thanks.

Question 7: Hi. The first part of my question has been answered. That's about identifying the medical records staff. Is there a time frame that we should have this process completed on the website?

Answer 7: You would want to do that pretty soon because that's going to be anything that's sent out by the Support Contractors that needs to go to your facility, such as record requests from the CDAC, will go to that person.

And that's done – when we sent out records, the CDAC sends out record requests on a quarterly basis. So it would be something if you have an incorrect contact in there, you would want to update that information as soon as possible.

Question 7: Thank you.

Question 8: Yes. Hi. The question had to do with Outpatient 29 and Outpatient 30. Here at our facility, we're really trying to seek the format for the data collection so that we can do our submission for our colonoscopies. Is there some place that we should be looking, or should we just use an Excel spreadsheet? And we sure appreciate your advice.

Answer 8: This is Marty again. I would use – basically what you want to do is look at your denominator statement. Depending on whether you have zero to 900 colonoscopies, which requires you to submit 63 – or greater than 901, which requires a submission of 96 cases – you can start looking at your cases from that prior year and find who fulfills the denominator statement. Once you reach your minimum sampling thresholds, you may over-submit

by five percent or 10 percent. Then you've fulfilled what you need to do, and you'll submit those cases.

Question 8: But would the submission be in a certain format?

Answer 8: The submission is going to be entered on QualityNet as a numerator and denominator.

Question 8: Thank you.

Question 9: Hi! Good afternoon. We do about 500 cataract surgeries a year here. We were wondering – how many cases should we submit? Is it all the cases, or are we going to be doing a sample for submission?

Answer 9: Hi. This is Mollie. Again, it's the same criteria. You would follow the same criteria for if you have 900 or less, you can enter 63 cases. If you have 901 or more, it's 96. Again, that measure has been made voluntary. So you can always submit all your cases or as many as you want. Those are just the minimum requirements. Does that help?

Question 9: Thank you. Yes. Great.

Answer 9: Sure.

Question 10: Yes. Thank you. I would like some clarification again regarding the hospitals who have to identify medical records staff responsible for submitting their records for validation. Now is that something every hospital has to do it this time? And the reason I say that is because we are – our hospital was selected for validation prior, and records were submitted. So even if that has happened before, we still need to do this at this time?

Answer 10: You can feel free to give us a call here at the Outpatient Support Contractor, and we can look into the database and see who you have previously identified as your medical record contact.

It may not be necessary that a facility updates that information if they've kept that current with their QIO previously. This is more just – this is how this system is now going to be updated for the medical record contact.

Question 10: Oh, I see. So do I call this number that's on the screen now? The 866-800-8756?

Answer 10: That's correct.

Question 10: Okay. Thank you. I will do that.

Answer 10: Okay.

Mollie Carpenter: Okay. At this time, then this concludes our program for today. I would like to thank Elizabeth for all the valuable information that she shared with us today. And we hope that you have heard useful information that will help you in your Hospital Outpatient Quality Reporting Program. Please remember that you will not receive your WebEx survey for the CE certificate today. It will be sent from WebEx in the next 48 hours. If we did not get to your question, please use the question-and-answer tool located on www.QualityNet.org. A Hospital OQR subject matter expert will send you a timely response. Thank you again, and enjoy the rest of your day.

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