



Outpatient Quality Reporting Program

Support Contractor

Abstraction Tricks and Tips

Questions & Answers

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- Question 1:** If I need to change my email address to receive QualityNet information, etc., where do I change this?
- Answer 1:** You will need to rejoin the ListServe with your new email address. You can do this on the QualityNet home page.
- Question 2:** For long bone fracture, the patient refused the initial dose of pain med, but later received the pain med while still in the ED. Quest answered to select "no" for the data element. Do you agree? It seems that the question is asking if the patient received pain meds while in the ED.
- Answer 2:** If there is physician/APN/PA or nursing documentation of a reason for not administering the pain medication (patient refusal), select "No."
- Question 3:** Regarding OP-26, do we use the new table in the 8.0a manual for 2014 procedures?
- Answer 3:** Please utilize Specifications Manual v8.0a to answer OP-26.
- Question 4:** Why does the current data element for pain medication still say, "for patients aged 18 years or greater, intranasal and parenteral only"? The speaker just said "po or parenteral for greater than two years of age."
- Answer 4:** In the Specifications Manual 8.0a it states "for patients aged two to less than 18 years, if oral, intranasal or parenteral pain medication is administered, answer "Yes" to pain medication.
- Question 5:** OP-26, that is being submitted beginning July 1, is for 2014 procedures?

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Answer 5: OP-26 will be answered for procedures performed in 2014. Please use the latest available procedure codes available on QualityNet (Specifications Manual 8.0a).

Question 6 What, if any, financial impact does the submission of data have for a hospital?

Answer 6: Please see the CY 2015 OPPTS/ASC final rule with comment period (79 FR 67018) for the “Estimated Effects of OPPTS Changes on Hospitals” for the CY 2017 payment determination at www.federalregister.gov.

Question 7: Does the less than five cases per quarter rule also apply to Outpatient Stroke?

Answer 7: Yes. The less than five cases per quarter rule applies to Outpatient Stroke. The five or fewer rule applies to all Hospital OQR core measures: AMI, CP, Pain Management, and Stroke. If you have fewer than five cases per measure set (please note that AMI and CP are combined measure sets), you are not required to submit data for that given measure set.

Question 8: For Stroke, I thought the code stroke forms are the primary source for LKW, or is this only for IP Stroke?

Answer 8: An ICD-9 Principal Diagnosis Code for Acute Ischemic or Hemorrhagic Stroke as defined in Appendix A, OP Table 8.0.

Question 9: Can CMS validate ED arrival time via EMR screenshots?

Answer 9: If the screenshot is part of the permanent medical ED record and is submitted with the validated record to the CDAC, this would be acceptable.

Question 10: What if the ECG done in the ambulance does is not signed by the provider? The second question is: what if the ECG done in the ambulance does not include any inclusion? Do we then take one done in the ED if it has an inclusion term?

Answer 10: For ECG time: in the event the patient had an ECG performed within 60 minutes prior to arrival at the ED, enter the time the patient arrived at the ED. Data elements for OP-5 are ECG and ECG Date and Time. This is **not** tied to the data element called Initial ECG Interpretation.

Question 11: I wanted to double check what was said about using the observation order time for ED departure. Is this for all Outpatient ED-Throughput times?

Answer 11: Yes.

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- Question 12:** We heard you say that ambulance ECG should be used for Arrival Time. Under which circumstances is this true?
- Answer 12:** In the event the patient had an ECG performed within 60 minutes prior to arrival at the emergency department, enter the time the patient arrived at the emergency department.
- Question 13:** Are we submitting data for OP-31?
- Answer 13:** You can voluntarily submit OP-31 beginning next year during the web-based submission time frame. Finalized in the CY 2015 OP/ASC final rule, hospitals have the option to voluntarily collect and submit data for OP-31 for the CY 2017 payment determination and subsequent years.
- Question 14:** Can you go over where to find the claims-based measures?
- Answer 14:** Information on the claims-based measure OP-32 can be found in the most recent Specifications Manual. In addition, Yale will be conducting a webinar on the dry-run of this measure. You can access this presentation on the QualityNet website at the following link:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228775181731>.
- Question 15:** Please clarify Slide 40 -- Illegal immigrants. Are they considered Medicare, which is selection "1," or Non-Medicare, which is selection "2"?
- Answer 15:** In the Specifications Manual under "Payment Source," it states that if the patient is an Undocumented Alien or Illegal immigrant select "1."
- Question 16:** For AMI and CP, do you abstract observation patients that are transferred with AMI or Chest Pain?
- Answer 16:** Yes. Observation patients that are transferred with AMI or Chest Pain are eligible for abstraction.
- Question 17:** If the patient is on transdermal pain med as a routine med at home, do we say "no" to pain med, even if the medication is on the pain med list?
- Answer 17:** Transdermal patches are considered an exclusion for all age groups. For a list of the acceptable types of medication for this measure, please refer to the bulleted list titled "Anesthesia and Analgesia" on page 2-70 of version 8.0a of the Hospital Outpatient Quality Reporting (OQR) Specifications Manual.
- Question 18:** Regarding CDAC notification: who do they send the notification letters to, a specific person or department head?

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- Answer 18:** The CDAC sends all communication to the Medical Records Department contact in PRS. PRS is a national database utilized by CMS Support Contractors. If you feel the requests are not being sent to the correct person, please contact the Hospital OQR Support Contractor to have this information updated.
- Question 19:** Using a pre-arrival ECG will give better door to ECG times, but not door to PCI times.
- Answer 19:** The data elements for OP-5 are ECG and ECG Date and Time. This is **not** tied to the data element called Initial ECG Interpretation.
- Question 20:** If a pain medication is listed on the patient's record but no time is listed, is that an exclusion?
- Answer 20:** If the pain medication is ordered PRN, then the dose must be documented and timed. If the medication is ordered as a routine dose, then it is assumed the medication was administered as ordered.
- Question 21:** Does ECG done in ambulance need to be signed and dated?
- Answer 21:** For the data element.
- Question 22:** Can the presenter repeat what she said about birthcare patients that show up in ED-Throughput? If they were not seen by the ED MD, what time do we use?
- Answer 22:** The data elements for OP-5 are ECG and ECG Date and Time. This is **not** tied to the data element called Initial ECG Interpretation. For the data element Initial ECG Interpretation, start with review of the **signed** tracing.
- Question 23:** Patient comes to ED triage and is taken to L&D. Final Billing does not have a E/M code but has codes for ED Triage and Transfer to L&D. Is there supposed to be an E/M code?
- Answer 23:** If your facility is billing for the triage, this would be through the ED. Check with your billing department to see how they recuperate this charge.
- Question 24:** What is the benchmark for ED-Throughput?
- Answer 24:** All of the latest benchmarks can be found on QualityNet.org. Please visit www.qualitynet.org, then go to the Hospitals - Outpatient drop-down menu and select the Benchmarks of Care link. The Outpatient information is listed toward the bottom of the page.
- Question 25:** For safe surgery checklist - do we need to document three separate times, or can we use the initial time under the heading "Safe Surgery Checklist"?

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- Answer 25:** As long as all three perioperative critical points are addressed within the medical record, then you can answer "Yes" for OP-25: Safe Surgery Checklist Use. You will not be addressing a specific time when submitting this data into the QualityNet Secure Portal.
- Question 26:** Do we need to de-select OP-6 and OP-7 on QualityNet?
- Answer 26:** No. There is no de-selecting process for the Hospital OQR Program. You will just not submit OP-6 and OP-7 moving forward.
- Question 27:** What about the term “consider” on an ECG – exclusion or inclusion?
- Answer 27:** As the words "probable" and "consider" are neither negative nor positive qualifiers in the Initial ECG Interpretation data element in Version 8.0a of the Specifications Manual, they should be ignored and have no bearing on the finding(s) they are associated with.
- Question 28:** Ambulance does not include any inclusion? Do we then take one done in the ED if it has an inclusion term?
- Answer 28:** For ECG time: in the event the patient had a ECG performed within 60 minutes prior to arrival at the ED, enter the time the patient arrived at the ED. Data elements for OP-5 are ECG and ECG Date and Time. This is **not** tied to the data element called Initial ECG Interpretation.
- Question 29:** Are we submitting data for OP-31?
- Answer 29:** You can voluntarily submit OP-31 beginning next year during the web-based submission time frame. You will not submit any data during the web-based submission period beginning July 1, 2015.
- Question 30:** We are submitting 100% of all OP-29 and OP-30 cases but will still probably not meet the minimum requirement for population; is that okay?
- Answer 30:** If your sample size for OP-29 and OP-30 are less than 63, it is appropriate to abstract at 100%.