



# Outpatient Quality Program Systems and Stakeholder Support Team

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## Springtime Refresh: Exploring the Specifications Manual and Other Important Resources

### Questions & Answers

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**Subject-matter experts researched and answered the following questions after the live webinar. The questions may have been edited for grammar.**



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**Question 1:** What is the target date for the release of public files for this update period?

The next Care Compare release is scheduled for April 28, 2021. A notification will be sent when this occurs.

**Question 2:** For those of us under validation, when should we expect to see our results for Quarter (Q)1 and Q2 2020? Q1 was sent eight months ago.

You will need to contact the validation team for information on validation scores. The contact information should have been provided with record request.

**Question 3:** Are there any resources outside the Specifications Manual for OP-29 abstractions?

The Specifications Manual is the source for abstracting all measures. There are additional resources specific to OP-29 in Section 6: Tools and Resources. You can also submit a measure-specific question via the *QualityNet* [Question & Answer](#) tool.

**Question 4:** If we don't submit data for OP-31, how should we complete the submission in Hospital Quality Reporting (HQR)? Can we do nothing?

Since OP-31 is voluntary, you can either leave OP-31 unanswered or click the *Please enter zeros for this measure as I have no data to submit* box. If you select this box, the system will enter zeros for this measure.

**Question 5:** Are Critical Access Hospitals (CAHs) required to submit data for the OP-29 and OP-31 measures?

Any data submitted by CAHs is completely voluntary for the Hospital OQR Program.

**Question 6:** Is the COVID-19 exception applicable to the outcome measures for the encounter dates of January 1 through June 30, 2020?



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Yes, the exception applies to the outcome measures (OP-32, OP-35, and OP-36) for encounter dates from January 1 through June 30, 2020.

**Question 7:** **If you choose to submit only for encounters from July 1 through December 31, 2020, for one measure, do you do the same for all measures?**

No, under the COVID-19 exception, encounters from January 1 through June 30, 2020 were excepted. The facility can submit the data for the excepted months voluntarily, or not at all. Either decision will not impact your Annual Payment Update (APU).

**Question 8:** **The reports under the Reporting Requirements tab in HQR are not showing that we have a Security Administrator/Official, but we do. When will this be fixed?**

This is a known issue. This has been corrected. It should display in Column G as “Active SA/SO” with Yes or No, depending on the hospitals’ current SA/SO status at the time of the report.

**Question 9:** **How are Medicare Advantage claims-based measures collected?**

Medicare Part A and B are used for the claim-based measures data collection. Please see the measure specifications in the Specifications Manual for the codes and claims included in the collection and calculation of these data.

**Question 10:** **Where can we find the “time from door to EKG standards” on the *QualityNet* website?**

If you are referring to the benchmarks, *QualityNet* is no longer providing these. However, you can use the Care Compare site to see facility, state, and national information.



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**Question 11:** I thought the Median Time to ECG measure would be in the Measure Information Forms. I need to locate the Time from Door to ECG required times for our chest pains and AMI populations. Please direct me to this information.

The Hospital OQR Program removed the chest pain measure beginning with Q2 2019 data. The last data submission deadline for OP-5 was August 1, 2019. The current measures for the acute myocardial infarction (AMI) measure set are OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival and OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention.

**Question 12:** How does a user referencing the ED Volume (EDV) know whether the volume has been adjusted for the COVID-19 exception? Does the Specifications Manual specifically instruct the hospital to only submit volume for the appropriate periods? How will that exception appear in the released public files?

The hospital is the only source who will know if the submitted data were for a full calendar year of data or only Q3 and Q4 2020. The Specifications Manual provides measure-specific information and guidance related to data abstraction and does not provide information on submission deadlines. The [QualityReportingCenter.com](https://www.qualityreportingcenter.com) site provides the Important Dates Document. The EDV will be displayed in preview report for Care Compare.

**Question 13:** For OP-22, if only six months of data are submitted due to the COVID-18 exception, will the denominator be used to determine the EDV as if it were for the full year?

The data you submit as the denominator for the OP-22 measure will be used to calculate your EDV categories (low, medium, high, very high) on your preview report for Care Compare. There will be no way to know if a hospital submitted six months or a full year of data.

**Question 14:** Can we select N/A for Sampling Frequency for the OP-29?

Yes, that is acceptable.



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**Question 15:** An earlier slide noted OP-22 was chart-abstracted. Our facility has been submitting data gleaned from a report we pull from our Electronic Health Record (EHR), looking at Discharge Disposition of ED Patients. We have put the number of Left Without Being Seen (LWBS) in the numerator and total ED discharges in the denominator. There is no chart abstraction involved. Have we been doing it wrong all these years?

OP-22, an ED Throughput measure, is entered annually with the web-based measures. The numerator asks, "What was the total number of patients who left without being evaluated by a physician/APN/PA?" The denominator asks, "What was the total number of patients who presented to the ED?" You can review the MIF for this measure in the Specifications Manual at <https://qualitynet.cms.gov/outpatient/specifications-manuals#tab2>

**Question 16:** Where can the benchmarks be located?

*QualityNet* no longer updates Benchmarks of Care. However, you can find facility, state, national, and the top 10 percent data on the Care Compare site.

**Question 17:** When I submitted our Q4 data, I received a "partially rejected" response. When I look at my Data Submission report it shows all cases were "accepted."

If your Case Status Summary report does not show rejections, you should not have any rejected files. Please open a Help Desk ticket with *QualityNet* to resolve this issue at (866) 288-8912.

**Question 18:** When does the updated Hospital OQR Program Important Dates document post?

The Important Dates document is generally updated one quarter prior to the start of the next applicable payment year. You find this document on [QualityReportingCenter.com](http://QualityReportingCenter.com).

**Question 19:** OP-31 is a voluntary measure. When entering data in HQR for the web-based measures, is a response to OP-31 required to submit data for OP-22 and OP-29?



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No, you do not have to enter data for OP-31 to submit data for OP-22 and OP-29. You can elect to enter a 0 value in the denominator and numerator. Select the “Please enter zeros for this measure as I have no data to submit box.” or leave it untouched. Any of these options are acceptable for the voluntary OP-31 measure.

**Question 20:**      **Are the OQR measures optional?**

OP-312 is the only measure that is voluntary for the Hospital OQR Program. All other measures are required for hospitals as specified in subsection (d), paid by Medicare under the Outpatient Prospective Payment System (OPPS).