



# **Specifications Manual Update: Hospital Outpatient Quality Reporting (OQR) Program**

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Hospital OQR Program Support Contractor

**January 23, 2019**



Featuring:  
The Hospital  
Outpatient  
Quality Reporting  
(OQR) Program  
*Specifications  
Manual  
Versions  
12.0 and 12.0a*

OQR Program  
Support  
Contractor  
Presents  
"Touring the  
Hall of  
Specifications"  
~ January 23, 2019 ~

Starring:  
Melissa  
"SpecMaster"  
Thompson  
*RN, BSN,  
Specifications Manual  
Lead  
OQR Program Support  
Contractor*

# Learning Objectives

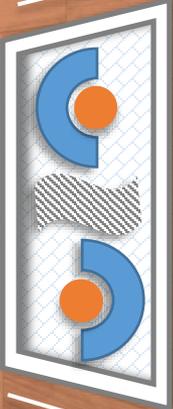
At the conclusion of the presentation, attendees will be able to:

- ✓ Identify changes to the Specifications Manual through version 12.0a.
- ✓ State the measures removed from the Specifications Manual based on final rulings.
- ✓ Describe how these changes will impact abstracting and reporting for this program.

The Final Rule Wing

CMS Presents  
The CY 2019  
OPPS/ASC Final  
Rule Wing

Starring:  
"The  
Federal  
Register"



Proposed  
changes  
include the  
"Patients Over  
Paperwork"  
initiative to  
enhance the  
patient care  
experience



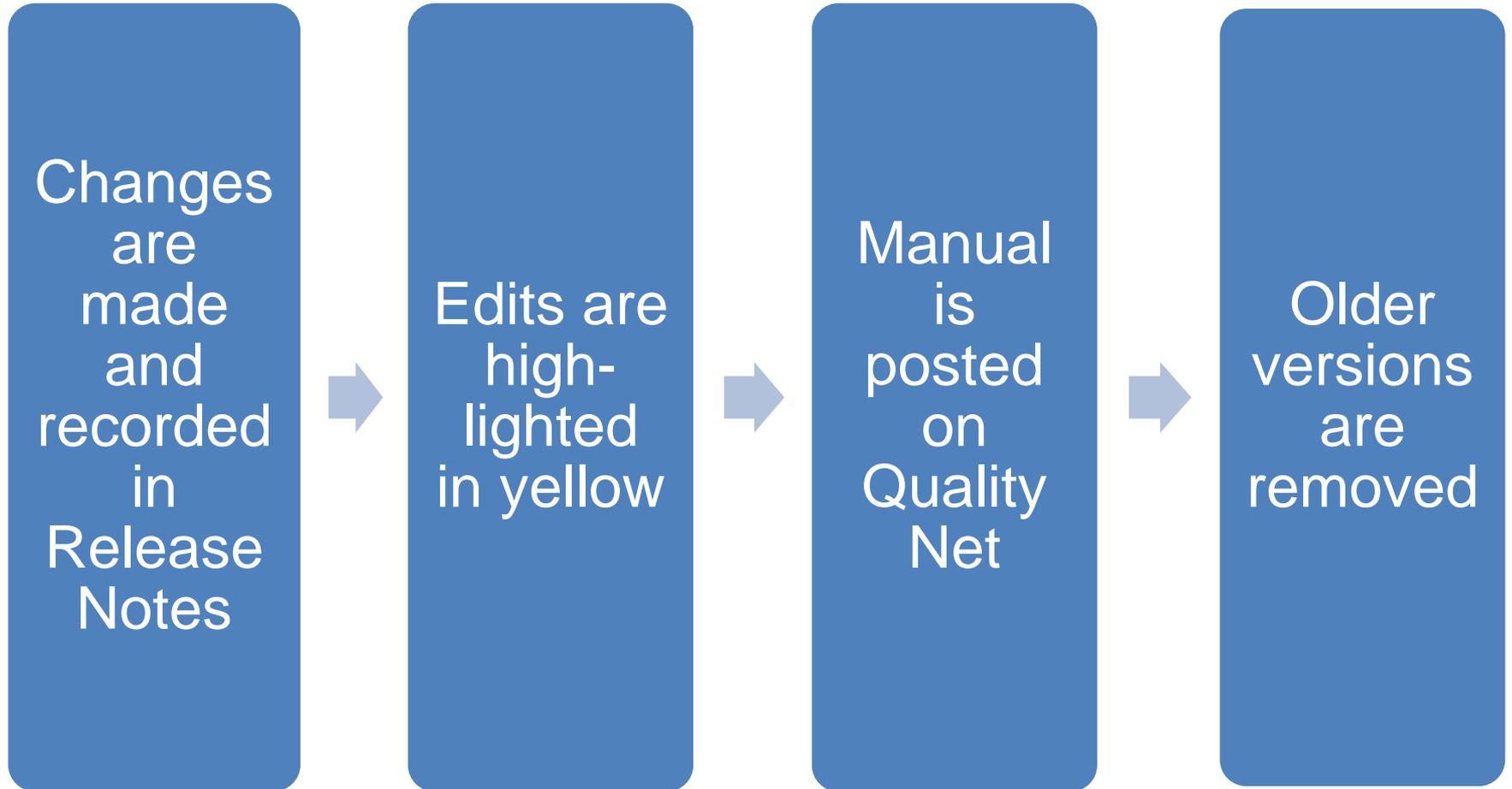
# Removed Measure Reporting Dates

| Measure                                          | Last Time You Report            |
|--------------------------------------------------|---------------------------------|
| OP-5: Median Time to ECG                         | August 1, 2019 for Q1 2019 data |
| OP-9: Mammography Follow-up Rates                | Claims through June 30, 2018    |
| OP-11: Thorax CT – Use of Contrast Material      | Claims through June 30, 2018    |
| OP-14: Simultaneous Use of Brain CT and Sinus CT | Claims through June 30, 2018    |

# Removed Measure Reporting Dates

| Measure                                                                                                                                                      | Last Time You Report |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into Their ONC-Certified EHR System as Discrete Searchable Data | May 15, 2019         |
| OP-17: Tracking Clinical Results between Visits                                                                                                              | May 15, 2019         |
| OP-27: Influenza Vaccination Coverage among Healthcare Personnel                                                                                             | May 15, 2018         |
| OP-30: Colonoscopy Interval for Patients with a History of Adenomatous Polyps—Avoidance of Inappropriate Use                                                 | May 15, 2019         |

# The Manual Process



# The Hall of Specifications

CMS Presents  
The OQR Program  
Specifications  
Manual Tour  
Starting 2pm

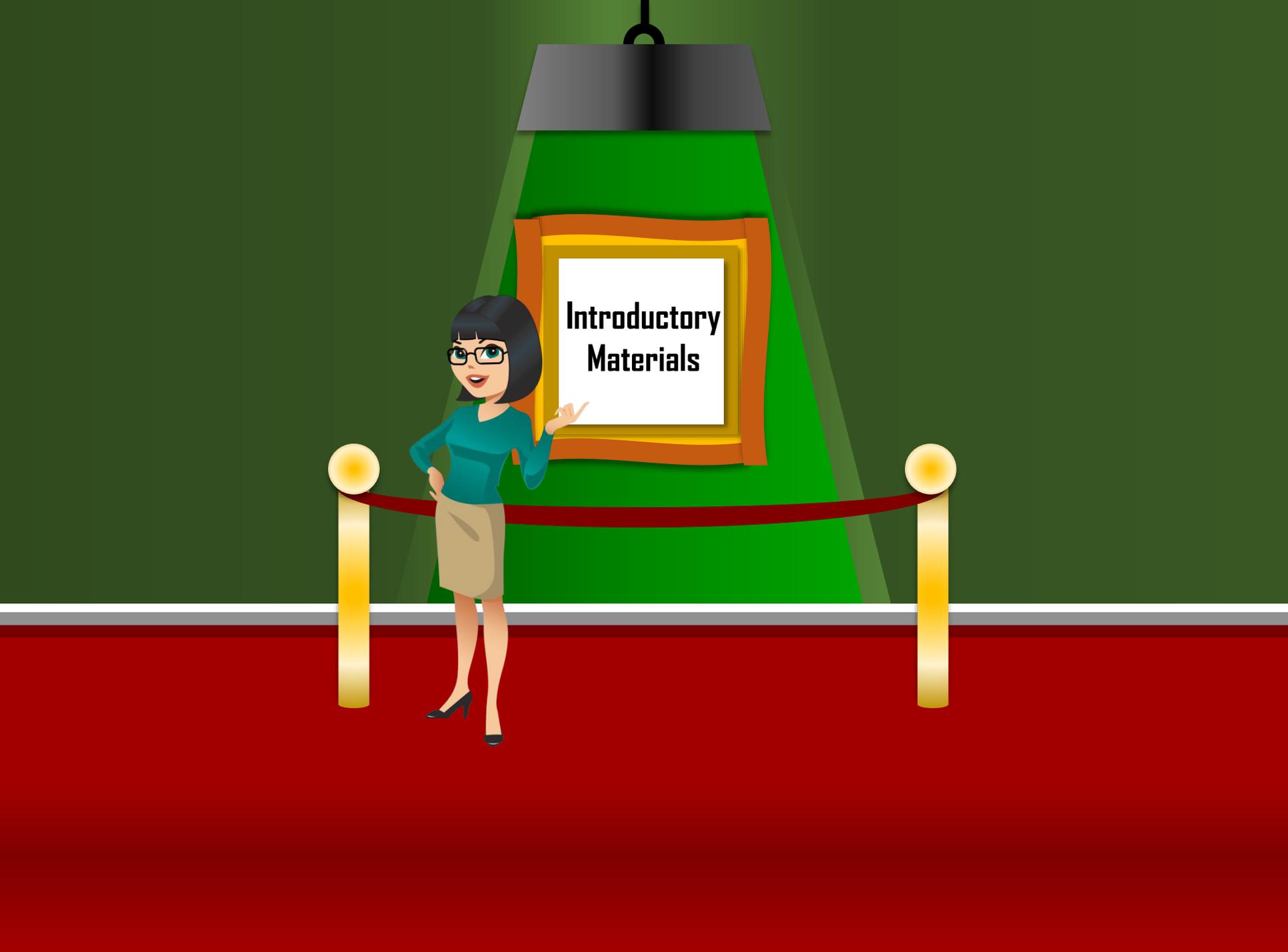
Starring:  
Melissa  
★  
Superstar  
★  
Thompson

Featured  
Today:  
Specifications  
Manual  
Versions  
12.0 and 12.0a



# Specifications Manual Structure

- Release Notes
- Introductory Materials
- Section 1 – Measure Information Forms
- Section 2 – Data Dictionary
- Section 3 – Missing and Invalid Data
- Section 4 – Population and Sampling Specifications
- Section 5 – Hospital Outpatient Quality Measure Data Transmission
- Section 6 – Tools and Resources
- Appendices

A woman with short black hair and glasses, wearing a teal long-sleeved top and a tan skirt, stands on a red carpet. She is pointing her right hand towards a sign. The sign is white with a black border and is mounted on a green wall. The sign is illuminated by a spotlight from above. The sign is flanked by two gold stanchions connected by a red rope. The background is a dark green wall.

**Introductory  
Materials**

# Table of Contents

- Version **12.0**
  - No change
- Version **12.0a**
  - **Removed** Imaging Efficiency Measures OP-9, OP-11, and OP-14
  - **Removed** Web-Based Measures OP-12, OP-17, OP-27, and OP-30

# Program Background

- Version **12.0**
  - No change
- Version **12.0a**
  - **Added** the Paperwork Reduction Act (PRA) disclosure statement after Measures Management Systems text

# Using the Manual

- Version **12.0**
  - **Added** Section 6: Tools and Resources
- Version **12.0a**
  - No changes

# Outpatient Delivery Settings

- Version **12.0**
  - No change
- Version **12.0a**
  - **Removed** Imaging Efficiency Measures OP-9, OP-11, and OP-14
  - **Removed** Web-Based Measures OP-12, OP-17, OP-27, and OP-30

Sections 1.1 and 1.2:  
Measure Information  
Forms

**Acute Myocardial  
Infarction(AMI)  
and  
Chest Pain(CP)**



# Included Measures

## AMI Measures

- OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED\* Arrival
- OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention
- OP-5: Median Time to ECG

## Chest Pain Measures

- OP-5: Median Time to ECG

\*Emergency Department

# OP-2

- **Version 12.0**
  - Rationale
    - This change reflects updated evidence to support the measure rationale.
  - Measure Analysis Suggestions
- **Version 12.0a**
  - No changes

# OP-3

- **Version 12.0**
  - Rationale
    - This change reflects updated evidence to support the measure rationale.
- **Version 12.0a**
  - No changes

# OP-5

- Version **12.0**
  - Rationale
    - This change reflects updated evidence to support the measure rationale.
- Version **12.0a**
  - **Added** “\*Data for this measure will no longer be collected after 1Q2019 (encounter dates January 1 through March 31, 2019) for the OQR program. The last data submission deadline for OP-5 will be August 1, 2019.”

Section 1.3: Measure  
Information Forms



ED-Throughput

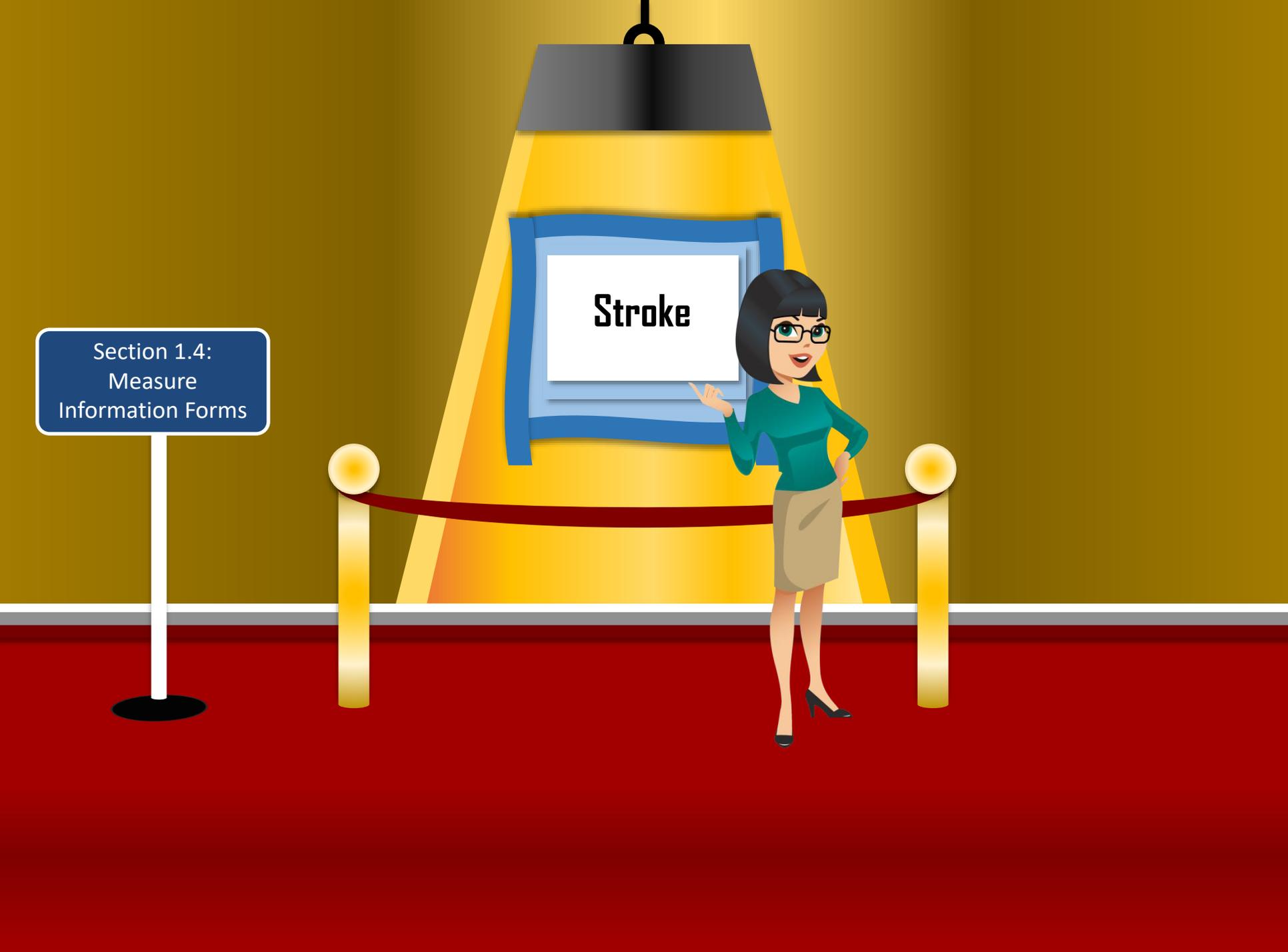
A woman with short black hair, glasses, a teal long-sleeved top, and a beige skirt stands on a red carpet. She is pointing her right hand towards a sign that reads 'ED-Throughput'. The sign is mounted on a yellow scroll and is illuminated by a large, orange, conical spotlight hanging from the ceiling. To the left of the woman is a blue sign on a white stand that reads 'Section 1.3: Measure Information Forms'. A red velvet rope is stretched between two yellow stanchions in front of the woman.

# Included Measures

- OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients
- OP-22: Left Without Being Seen

# OP-18

- **Version 12.0**
  - Rationale
    - This change reflects updated evidence to support the measure rationale.
- **Version 12.0a**
  - No changes

A woman with short black hair and glasses, wearing a teal long-sleeved top and a beige skirt, stands on a red carpet. She is pointing her right hand towards a white sign that says "Stroke". The sign is mounted on a blue frame and is illuminated by a large yellow spotlight hanging from the ceiling. To the left of the woman, there is a white signpost with a blue sign that reads "Section 1.4: Measure Information Forms". A red velvet rope with gold stanchions is positioned in front of the woman and the sign.

**Stroke**

Section 1.4:  
Measure  
Information Forms

# Included Measure

- OP-23: Head CT\* or MRI\*\* Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival

\*Computed Tomography

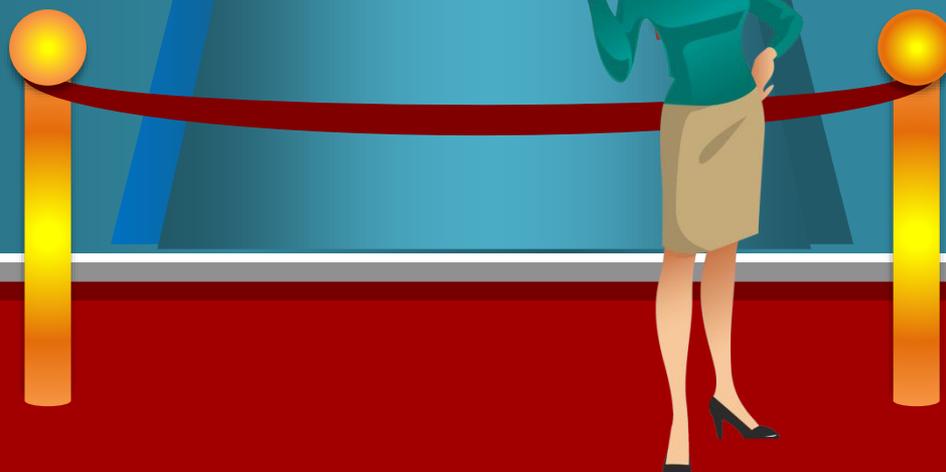
\*\*Magnetic Resonance Imaging

# OP-23

- **Version 12.0**
  - Rationale
    - This change reflects updated evidence to support the measure rationale.
  - Excluded Populations:
    - **From:** Patients who left the emergency department against medical advice or discontinued care
    - **To:** Patients who left the emergency department against medical advice, discontinued care, or for who Discharge Code is not documented or unable to be determined (UTD)
- **Version 12.0a**
  - No changes

Section 1.5:  
Measure Information  
Forms

**Imaging  
Efficiency**



# Included Measures

- OP-8: MRI Lumbar Spine for Low Back Pain
- OP-9: Mammography Follow-up Rates
- OP:10: Abdomen CT–Use of Contrast material
- OP-11: Thorax CT–Use of Contrast Material
- OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low-Risk Surgery
- OP-14: Simultaneous Use of Brain Computed Tomography (CT) and Sinus Computed Tomography (CT)

# OP-9, OP-11, and OP-14

- Version **12.0**
  - No change
- Version **12.0a**
  - **Removed** OP-9, OP-11, and OP-14 from the Specifications Manual

Section 1.6:  
Measure Information  
Forms



**Measures  
Submitted via a  
Web-Based Tool**

# Included Measures

- OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their Office of the National Coordinator for Health Information Technology (ONC) Certified Electronic Health Record (EHR) System as Discrete Searchable Data
- OP-17: Tracking Clinical Results Between Visits
- OP-27: Influenza Vaccination Coverage among Healthcare Personnel

# Included Measures (cont.)

- OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
- OP-30: Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use
- OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
- OP-33: External Beam Radiotherapy for Bone Metastases (EBRT)

# OP-12, OP-17, OP-27, and OP-30

- Version **12.0**
  - No changes
- Version **12.0a**
  - **Removed** OP-12, OP-17, and OP-30
  - **Removed** OP-27
- Version **11.0b**
  - **Added** “Data for this measure is no longer collected after CY 2019 Payment Determination. The last data submission deadline for OP-27 was May 15, 2018.”

# OP-31

- **Version 12.0**
  - Description
    - **Added** “based on completing a pre-operative and post-operative visual function survey”
  - Numerator Statement
    - **Added** 18 years and older
    - **Changed** “instrument” to “survey”
  - Denominator Statement
    - **Changed** “instrument” to “survey”

# OP-31 (cont.)

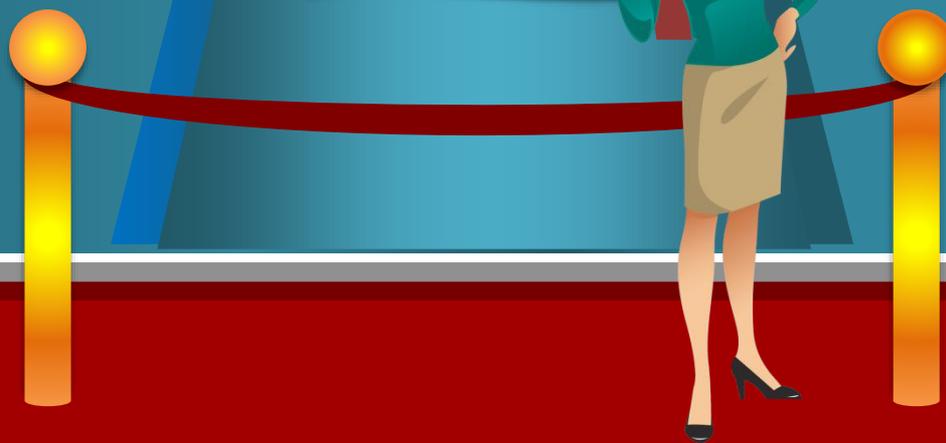
- **Version 12.0**
  - Definitions of Performance Met
    - **Added** Definitions of performance met, not met, and denominator exception by Healthcare Common Procedure Coding System (HCPCS) code
- **Version 12.0a**
  - No changes

# OP-33

- Version **12.0**
  - Denominator Exclusions
    - **Removed** the word “primary” from the first bullet point
  - Additional Instructions
    - **Removed** “If the EBRT treatment course is initiated but not completed, the case should still be included.”
- Version **12.0a**
  - No changes

Sections 1.7  
Measure Information  
Forms

**Outcome  
Measures**



# Included Measures

- OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy
- OP-36: Hospital Visits after Hospital Outpatient Surgery

# OP-32

- Version **12.0**
  - No changes
- Version **12.0a**
  - Cover Page
    - **Changed** to reference CY 2016 through CY 2018 as the performance period for CY 2020 payment determination to reflect that the performance period has been extended from one year to three years and text to reflect the performance period for CY 2021 payment determination
    - **Changed** text to reference the latest measure specifications and direct users to the new Question and Answer (Q&A) tool

# OP-32 (cont.)

- Included Population
  - **Changed** language to include explicit mention of CPT<sup>®</sup>\* codes and link to direct users to the Measure Updates and Specifications Report on QualityNet
- CPT Codes
  - **Removed** CPT<sup>®</sup> codes that define the patient cohort
- Cohort Exclusions
  - **Added** explicit mention of cohort exclusions and diagnosis codes to a link directing users to the Measure Updates and Specifications Report on QualityNet
  - **Removed** bullet points, Table 1 and Table 2
- Selected References
  - **Changed** reference to the 2016 measure specifications with reference to the latest specifications

\*Current Procedural Terminology

# OP-35

- Version **12.0**
  - No changes
- Version **12.0a**
  - Cover Page
    - **Changed** cover page text to reference the latest specifications and direct users to the new Q&A tool
  - Improvement Noted As
    - **Added** “A decrease in the hospital-level risk-adjusted rates of inpatient admissions or ED visits” before “Lower rate indicates better quality”

# OP-35 (cont.)

- Numerator Statement
  - **Changed** codes section of the numerator description to reference the Measure Updates and Specifications Report on QualityNet
- Cohort Exclusions
  - **Changed** language to explicit mention of cohort exclusions and provided a link to the Measure Updates and Specifications Report on QualityNet

# OP-35 (cont.)

- Risk Adjustments
  - **Changed** language to point users to the Measure Updates and Specifications Report on QualityNet
- Measure Calculation
  - **Changed** the link to point users to the Measure Updates and Specifications Report on QualityNet

# OP-36

- Version **12.0**
  - No changes
- Version **12.0a**
  - Cover Page
    - **Changed** cover page text to reference the latest specifications and direct users to the new Q&A tool
  - Improvement Noted As
    - **Changed** the language describing performance improvement

# OP-36 (cont.)

- Included Populations
  - **Added** reference to point to Measure Updates and Specifications Report on QualityNet
- Exclusions
  - **Changed** language to point to Measure Updates and Specifications Report on QualityNet

Section 2

Data  
Dictionary



# Arrival Time

- **Version 12.0**
  - Exclusion Guidelines for Abstraction
    - **Added** a second bullet to include “Pre-printed times on a vital sign graphic record”
- **Version 12.0a**
  - No changes

# ED Departure Time

- **Version 12.0**
  - Inclusion Guidelines for Abstraction
    - **Added** “Release time,” “Out time,” “Gone time,” “Transport documented time,” Transfer time,” and “The event log, registration sheet, transfer record, etc. (if a discharge time is noted and the document is part of the permanent medical record)”

# ED Departure Time (cont.)

- **Version 12.0**
  - Exclusion Guidelines for Abstraction:
    - **Added** “Coding summary,” “physicians discharge summary,” “ED record released from holding time,” “chart closed time,” and “off the tracking board time”
- **Version 12.0a**
  - No changes

# Initial ECG Interpretation

- Version **12.0**
  - Qualifiers
    - **Added** “consider”
- Version **12.0a**
  - No changes

# Probable Cardiac Chest Pain

- Version **12.0**
  - Notes for Abstraction
    - **From:** “If there is documentation of a differential/working diagnosis of AMI\* .....is of AMI **and** an exclusion term, continue to select Yes.”
    - **To:** “If there is documentation of a differential/working diagnosis of acute myocardial infarction (AMI), select Yes. If there is documentation of a differential/working diagnosis of AMI and an exclusion term, continue to select Yes.”
      - “Note that the term ‘rule out’ indicates a differential/working diagnosis.”

\*Acute Myocardial Infarction

# Probable Cardiac Chest Pain (cont.)

- **From:** “If there is nurse or physician documentation of an exclusion term, or a term that aligns with an exclusion term, select No.”
- **To:** “If there is a nurse or physician documentation of an exclusion term, or a term that aligns with an exclusion term, select No. If there is nurse or physician documentation of an exclusion term and an inclusion term, continue to select No.”

# Probable Cardiac Chest Pain (cont.)

- Inclusion Guidelines for Abstraction
  - **From:** “Acute Myocardial Infarction and Chest Pain Inclusions”
  - **To:** “Probable Cardiac Chest Pain Inclusions (note the Probable Cardiac Chest Pain Inclusion List is not all-inclusive, nor is an inclusion term on this list a definitive indication for AMI)”
  - **Removed** “Acute myocardial infarction (AMI),” “Heart attack,” and Myocardial infarction”
  - **Added** “The list of terms that definitively indicate AMI: Acute myocardial infarction, AMI; Myocardial infarction..... Nonstrasmural myocardial infarction”

# Probable Cardiac Chest Pain (cont.)

- Exclusion guidelines for Abstraction
  - **Added** “In addition to the conditions listed below, conditions that cause chest pain but are not cardiac in origin will also be considered exclusions. This includes, but is not limited to, chest pain in response to respiratory, gastrointestinal, and neurological complications.”
  - **Removed** “atypical chest pain” and “non-specific chest pain”
- **Version 12.0a**
  - No changes

# Transfer for Acute Coronary Intervention

- **Version 12.0**
  - Notes for Abstraction
    - **Added** “The reason for transfer must be a defined ACI. As such, if implicit reasons for transfer, such as ‘Patient has STEMI\*’ or ‘Transferred for cardiology consult to discuss possible cath lab’ are listed, then select value 3.”
- **Version 12.0a**
  - No changes

\* Segment Elevation Myocardial Infarction

Section 4

Population  
And  
Sampling



# OP-30

- Version **12.0**
  - No changes
- Version **12.0a**
  - **Removed** all references to OP-30

Section 5

Hospital  
Outpatient  
Department  
Quality Measure  
Data  
Transmission



# Data File Layout

- **Version 12.0**
  - Hospital Outpatient Clinical Data XML\* File Layout
    - **Removed** all reference fields to data related specifically to removed measures OP-1, OP-4, OP-20, and OP-21
  - Hospital Outpatient Population Data XML File Layout
    - **Removed** all reference fields for measure set Pain Management
- **Version 12.0a**
  - **Added** Submission Instructions for Measures Submitted via a Web-Based Tool

\*Extensible Markup Language

Section 6

Tools  
And  
Resources



# Section 6: Tools and Resources

## ▼ Section 6 – Tools and Resources

### [Tools and Resources](#)

Tools and Resources Table of Contents

Arrival Time Guidelines

Departure Time Guidelines

Reason for Delay in Fibrinolytic Therapy Guidelines

OP-29 Tool

OP-29 Algorithm

OP-29 Denominator Codes

OP-29 Fact Sheet

OP-31 Cataracts Improvement Following Surgery

OP-33 Algorithm

OP-33 Fact Sheet

# OP-30

- Version **12.0**
  - No changes
- Version **12.0a**
  - Removed Algorithm, Denominator Codes, and Fact Sheet

A cartoon illustration of a woman with short black hair and glasses, wearing a teal long-sleeved top and a tan skirt, standing on a red carpet. She is pointing towards a sign that says "Appendices". The sign is framed in blue and is illuminated by a large yellow spotlight hanging from the ceiling. The background is a solid yellow wall, and the floor is red. A red stanchion with a gold top is visible on the right side of the carpet.

**Appendices**

# Tables 9.0, 1.1, and 9.1

- **Version 12.0**
  - Appendix A: ICD-10-CM Diagnosis and CPT® Code Tables
    - **Removed** OP Table 9.0: Long Bone Fracture and from Table of Contents
  - Appendix C: Medication Tables
    - **Removed** Table 1.1 and Table 9.1

# Tables 7.01 and 8.0

- Version **12.0a**
  - Appendix A: ICD-10-CM Diagnosis and CPT® Code Tables
    - Table 7.01
      - **Added** F1223, F1293, F530, F68A, Z62813, Z9142
      - **Changed** code number F53 to F531
      - **Updated** code descriptions to F6810, F6811, F6812, and F6813
    - Table 8.0
      - **Added** I6381 and I6389
      - **Removed** I638
      - **Updated** code descriptions to I63219, I63239, I6333, and I63343

# Resources

- To locate the Specifications Manual:
  - [www.qualitynet.org](http://www.qualitynet.org)
- Have a question? Use the Questions & Answers tool in QualityNet:
  - <https://cms-ocsq.custhelp.com/>
- Contact the support contractor helpdesk:
  - 866.800.8756

# Questions



# Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
  - It is your responsibility to submit this form to your accrediting body for credit.

# CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
  - This is separate from registering for the webinar. If you have not registered at the Learning Management Center, you will **not** receive your certificate.
  - Please use your **personal** email so you can receive your certificate.
  - Healthcare facilities have firewalls that block our certificates.

# CE Certificate Problems?

- If you do not immediately receive a response to the email you used to register in the Learning Management Center, a firewall is blocking the survey link.
- Please go back to the New User link and register your personal email account.
- If you continue to have problems, please contact Deb Price at [dprice@hsag.com](mailto:dprice@hsag.com).

# CE Credit Process: Survey

No

Please provide any additional comments

**10. What is your overall level of satisfaction with this presentation?**

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

**11. What topics would be of interest to you for future presentations?**

**12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.**

Done

Powered by [SurveyMonkey](#)  
Check out our [sample surveys](#) and create your own now!

# CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

**New User Link:**

<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

**Existing User Link:**

<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

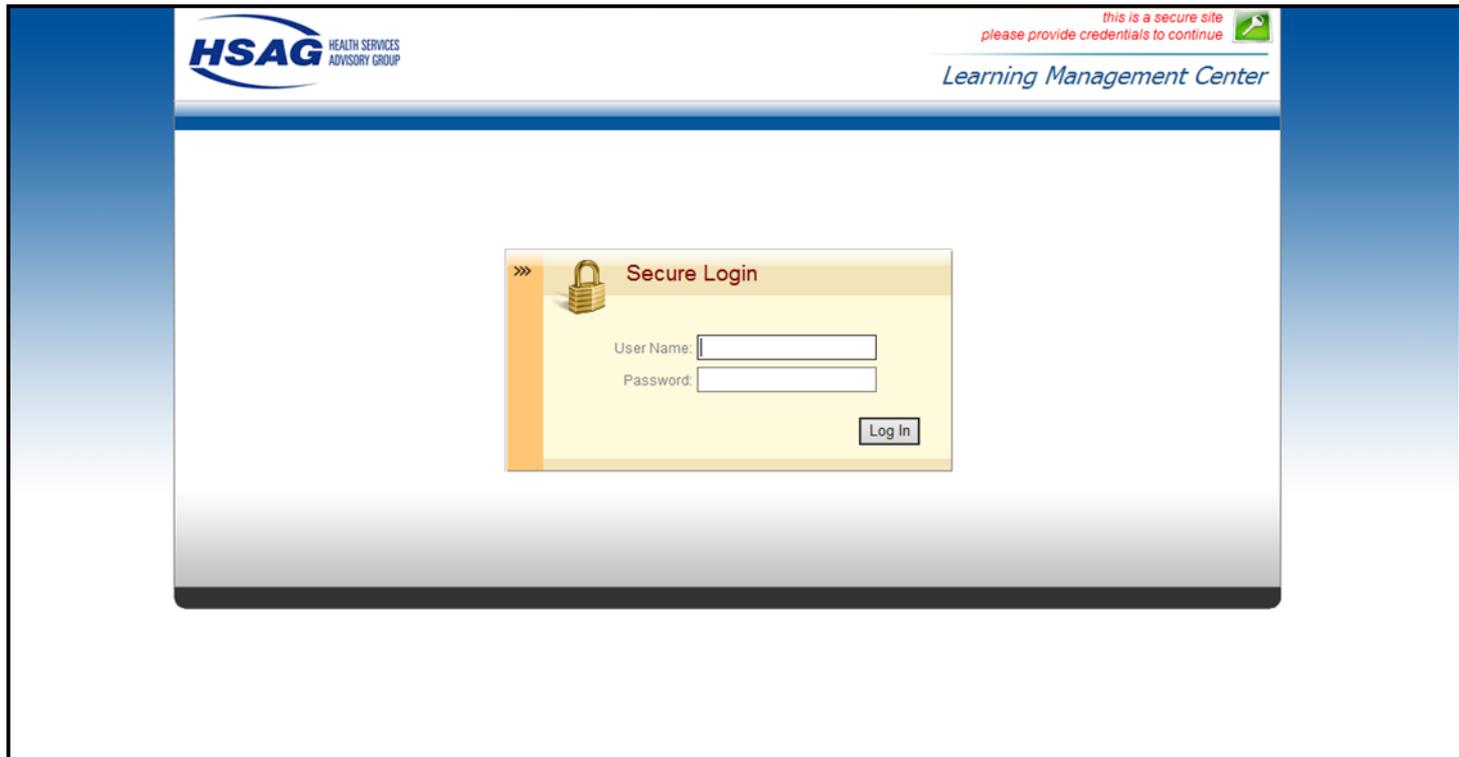
**Note:** If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

# CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a new user. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the text "Learning Management Center" is displayed. The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The page is framed by a blue border on the left and right sides.

# CE Credit Process: Existing User



The screenshot shows the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, there is a security warning: "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The main content area features a "Secure Login" box with a padlock icon, a "User Name:" field, a "Password:" field, and a "Log In" button.

# Thank You for Participating!

Please contact the Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at [www.qualitynet.org](http://www.qualitynet.org)

*Or*

- Call the Support Contractor at 866.800.8756.