ONCOLOGY CARE MODEL

OCM QUALITY MEASURE AGGREGATE REPORTING CRITERIA EFFECTIVE 01.01.2019

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Prepared by:

RTI International
3040 E. Cornwallis Road
Research Triangle Park, NC 27709

Telligen
1776 West Lakes Parkway
West Des Moines, IA 50266

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICARE & MEDICAID INNOVATION

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Introduction

This document provides the OCM measure questions and population criteria that will be displayed in the Data Registry for aggregate reporting of OCM FFS Beneficiary measures (OCM-4a, OCM-4b, and OCM-5,) for the January 2019 – June 2019 measurement period (September 30, 2019, submission deadline). OCM quality measure aggregate totals are calculated using measure hierarchy. Practices may refer to the "**OCM Quality Measure Calculations and Definitions**" document available on [OCM Connect](#) for definitions and sample measure calculations. While not all populations will be used in each measure, the calculation hierarchy to be followed is:

Denominator: All Denominator criteria must be met to include the patient/patient encounter in the Denominator. The Denominator count reported should have Denominator Exclusions and Denominator Exceptions removed after evaluating all population criteria. If the optional "OCMR Quality Measure Abstraction Tool" was used to calculate aggregate measure results, Denominator Exclusions and Denominator Exceptions have already been removed from the calculated Denominator total.

Denominator Exclusions: To be evaluated for the Denominator Exclusions, the patient/patient encounter must first meet the Denominator criteria.

Numerator: To be evaluated for the Numerator, the patient/patient encounter must first meet the Denominator criteria and NOT meet the Denominator Exclusions criteria.

Denominator Exceptions: To be evaluated for the Denominator Exceptions, the patient/patient encounter must first meet the Denominator criteria, NOT meet the Denominator Exclusions criteria and NOT meet the Numerator criteria.

Practices will be required to manually enter the overall denominator, denominator exclusion, numerator and denominator exception totals in the OCM Data Registry for all measures.

January 2019 – June 2019 Measurement Period

OCM FFS Beneficiary Measures (OCM-4a, OCM-4b, and OCM-5)

Please provide the appropriate patient or encounter counts based on the criteria associated with each measure population below.

OCM QUALITY MEASURE AGGREGATE REPORTING CRITERIA EFFECTIVE 01.01.2019 V4

OCM-4a MIPS 143 (NQF 0384) Oncology: Medical and Radiation – Pain Intensity Quantified

Denominator Question:
How many patient encounters for OCM FFS Beneficiaries in your practice met all the criteria in one of the two following options? _____

- Patients with an active diagnosis of cancer during the qualifying radiation treatment management encounter **and**
- Qualifying radiation treatment management encounter for radiation therapy during the measurement period

OR

- Patients with an active diagnosis of cancer during the qualifying provider encounter **and**
- Qualifying provider encounter (without telehealth modifiers GQ, GT, 95 or POS 02) during the measurement period **and**
- Chemotherapy administration within 30 days before the end of the qualifying provider encounter AND within 30 days after the end of the qualifying provider encounter

Numerator Question:
How many patient encounters for OCM FFS Beneficiaries in your practice met the following criteria? _____

- Pain intensity quantified during qualifying encounter

OCM-4b MIPS 144 (NQF 0383) Oncology: Medical and Radiation – Plan of Care for Pain

Denominator Question:
How many patient encounters for OCM FFS Beneficiaries in your practice met the following criteria? _____

- Qualifies for the OCM-4a denominator and numerator **and**
- Pain present during the qualifying encounter

Numerator Question:
How many patient encounters for OCM FFS Beneficiaries in your practice met the following criteria? _____

- Documented plan of care to address pain during the qualifying encounter

OCM QUALITY MEASURE AGGREGATE REPORTING CRITERIA EFFECTIVE 01.01.2019 V4

OCM-5 CMS 2v8.1 (NQF 0418) Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Denominator Question:
How many OCM FFS Beneficiaries in your practice meet all the following criteria, and do not meet any of the Denominator Exclusions or Denominator Exceptions criteria? _____

- Qualifying provider encounter during the measurement period **and**
- Aged 18 years or older on the date of the qualifying provider encounter

Denominator Exclusions Question:
How many OCM FFS Beneficiaries in your practice met at least one of the following criteria? _____

- The patient had an active depression diagnosis during the qualifying provider encounter **or**
- The patient had an active bipolar disorder diagnosis during the qualifying provider encounter

Numerator Question:
How many OCM FFS Beneficiaries in your practice met all the criteria for one of the following options? _____

- Screening for depression during the measurement period **and**
- Most recent screening for depression reviewed and addressed during the qualifying provider encounter AND result was negative

OR

- Screening for depression during the measurement period **and**
- Most recent screening for depression reviewed and addressed during the qualifying provider encounter AND result was positive **and**
- Follow-up plan documented on the same day of the positive depression screening

Denominator Exceptions Question for OCM FFS Beneficiaries who did not meet the Numerator criteria:
How many OCM FFS Beneficiaries in your practice met at least one of the following criteria? _____

- The patient had a patient reason for not performing depression screening during the qualifying provider encounter **or**
- The patient had a medical or other reason for not performing depression screening during the qualifying provider encounter