

ONCOLOGY CARE MODEL

OCM MEASURE LIST

Version 1.4

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Note: This version of the OCM Measure List is to be used for reporting for the measurement period beginning 01/01/2019 and future measurement periods. If an updated version of this document is released, this version will be used for reporting until the effective date of the new version.

The “OCM Measure List” document provides a quick reference to the quality measures used in the Oncology Care Model (OCM). [Table 1](#) lists the source of data utilized for each measure, the reporting requirements associated with each measure, and whether each measure is patient-based or encounter-based. [Table 2](#) includes each measure description and a summary of each measure population (i.e., denominator, denominator exclusions, numerator and denominator exceptions). Please refer to the individual “OCM Measure Specifications,” which are available on OCM Connect, for additional details.

Table 1: OCM Measure List

Measure Name ^Ω	OCM Measure Number	Measure Source	Reporting Requirement	Patient-Based Or Encounter-Based
Communication and Care Coordination				
Risk-adjusted proportion of patients with all-cause hospital admissions within the 6-month episode This claims-based measure will no longer be calculated or used for OCM beginning with PP5.	OCM-1 RETIRED	Claims	Calculated by CMS using administrative data	N/A
Risk-adjusted proportion of patients with all-cause emergency department visits or observation stays that did not result in a hospital admission within the 6-month episode	OCM-2	Claims	Calculated by CMS using administrative data	N/A
Proportion of patients that died who were admitted to hospice for 3 days or more	OCM-3	Claims	Calculated by CMS using administrative data	N/A

^ΩPlease refer to the PBP Methodology document Section 7, Table 6, to crosswalk measurement periods to OCM performance periods.

Measure Name ^Ω	OCM Measure Number	Measure Source	Reporting Requirement	Patient-Based Or Encounter-Based
Person-and Caregiver-Experience and Outcome				
Oncology: Medical and Radiation – Pain Intensity Quantified (MIPS 143, NQF 0384)	OCM-4a*	Registry (practice-reported)	OCM FFS Beneficiary Aggregate	Encounter-Based
Oncology: Medical and Radiation – Plan of Care for Pain (MIPS 144, NQF 0383)	OCM-4b*	Registry (practice-reported)	OCM FFS Beneficiary Aggregate	Encounter-Based
Preventive Care and Screening: Screening for Depression and Follow-Up Plan (CMS 2v8.1, NQF 0418)	OCM-5*	Registry (practice-reported)	OCM FFS Beneficiary Aggregate	Patient-Based
Patient-Reported Experience of Care	OCM-6	Survey	CMS-Acquired Data	N/A
Patient Safety				
Documentation of Current Medications in the Medical Record (CMS 68v7.1, NQF 0419)				
Practices will no longer be required to report OCM-12 beginning with the 1/1/2019 – 6/30/2019 measurement period (submission deadline of September 30, 2019).	OCM-12 RETIRED	Registry (practice-reported)	OCM FFS Beneficiary Aggregate	Encounter-Based

^Ω Please refer to the PBP Methodology document Section 7, Table 6, to crosswalk measurement periods to OCM performance periods.

* Please note that this measure was adapted from an NQF-endorsed measure; the measure specifications were changed for use in the Oncology Care Model. NQF has not reviewed or approved the revised measure specifications.

OCM Measure List

Measure Name ^Ω	OCM Measure Number	Measure Source	Reporting Requirement	Patient-Based Or Encounter-Based
Communication and Care Coordination				
Care Plan (MIPS 47, NQF 0326) Practices will no longer be required to report OCM-24 beginning with the 1/1/2019 – 6/30/2019 measurement period (submission deadline of September 30, 2019).	OCM-24* RETIRED	Registry (practice-reported)	OCM FFS Beneficiary Aggregate	Patient-Based
Closing the Referral Loop: Receipt of Specialist Report (CMS 50v6.0) Practices will no longer be required to report OCM-30 beginning with the 1/1/2019 – 6/30/2019 measurement period (submission deadline of September 30, 2019).	OCM-30 RETIRED	Registry (practice-reported)	OCM FFS Beneficiary Aggregate	Patient-Based

^Ω Please refer to the PBP Methodology document Section 7, Table 6, to crosswalk measurement periods to OCM performance periods.

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Table 2: OCM Measure Description and Population Summary

Measure Name	Measure Description	Denominator Summary	Denominator Exclusions Summary	Numerator Summary	Denominator Exceptions Summary
OCM-2: Risk-adjusted proportion of patients with all-cause emergency department visits or observation stays that did not result in a hospital admission within the 6-month episode	Risk-adjusted proportion of episodes with emergency department (ED) visits or observation stays that did not result in a hospitalization within the 6-month episode	All patients with an episode ending in the performance period	None	All patients with at least one ED visit or observation stay not resulting in a hospitalization during the 6-month episode	None
OCM-3: Proportion of patients that died who were admitted to hospice for 3 days or more	Proportion of episodes ending in death in which the beneficiary was enrolled in hospice for at least 3 days immediately before death	All patients who had an episode ending in the performance period who died during the episode	None	All patients who were enrolled in hospice for at least 3 days immediately before death, for beneficiaries in the denominator population for this measure	None

OCM Measure List

Measure Name	Measure Description	Denominator Summary	Denominator Exclusions Summary	Numerator Summary	Denominator Exceptions Summary
OCM-4a*: Oncology: Medical and Radiation – Pain Intensity Quantified	Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified	<p>All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy</p> <p>DENOMINATOR NOTE: Provider encounters with telehealth modifiers of GQ, GT, 95 or POS 02 will not be included in this measure.</p>	None	Patient visits in which pain intensity is quantified	None

* Please note that this measure was adapted from an NQF-endorsed measure; the measure specifications were changed for use in the Oncology Care Model. NQF has not reviewed or approved the revised measure specifications.

Measure Name	Measure Description	Denominator Summary	Denominator Exclusions Summary	Numerator Summary	Denominator Exceptions Summary
OCM-4b*: Oncology: Medical and Radiation – Plan of Care for Pain	Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain	<p>All visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain</p> <p>DENOMINATOR NOTE: Provider encounters with telehealth modifiers of GQ, GT, 95 or POS 02 will not be included in this measure.</p>	None	Patient visits that included a documented plan of care to address pain	None

* Please note that this measure was adapted from an NQF-endorsed measure; the measure specifications were changed for use in the Oncology Care Model. NQF has not reviewed or approved the revised measure specifications.

Measure Name	Measure Description	Denominator Summary	Denominator Exclusions Summary	Numerator Summary	Denominator Exceptions Summary
OCM-5*: Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Percentage of patients aged 18 years and older screened during the measurement period for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen	All patients aged 18 years and older on the date of the encounter with at least one eligible encounter during the measurement period	Patients with an active diagnosis for Depression or an active diagnosis of Bipolar Disorder	Patients screened during the measurement period for depression using an age appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen	<ul style="list-style-type: none"> • Patient reason(s) • Medical or other reason not done
OCM-6: Patient-Reported Experience of Care	Please refer to section 7.3.3 of the "OCM PBP Methodology" paper	N/A	N/A	N/A	N/A

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