

ONCOLOGY CARE MODEL

OCM RELEASE NOTES

Version 1.22

July 8, 2019

Prepared by:

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

Telligen
1776 West Lakes Parkway
West Des Moines, IA 50266



Quality Measures 2

 OCM Measure List Effective 01.01.2020 v1.6 2

 OCM-5 Measure Specifications Effective 01.01.2020 v1.5 2

 OCM Tech Spec Value Set Effective 01.01.2020 v1.8 3

Any changes listed in these Release Notes that will require an update to the OCM Data Registry will be included in a future release. Practices will be notified of the OCM Data Registry release date through the OCM eNews or other email communication from OCM Support.

Quality Measures

Measure Flows within each Measure Specifications document have been updated to incorporate all changes made to measure logic.

OCM Measure List Effective 01.01.2020 v1.6

Since the release of the “OCM Measure List v1.5” document in April 2019, the following updates have been identified:

1. Table 2: OCM Measure Description and Population Summary
 - a. Updated the OCM-5 Measure Description and Numerator Summary

OCM-5 Measure Specifications Effective 01.01.2020 v1.5

Since the release of the “OCM-5 Measure Specifications v1.4” document in April 2019, the following updates have been identified:

1. Updated eCQM measure number from “CMS 2v8.1” to “CMS 2v9.1”
2. Updated NQF endorsement number from “NQF 0418” to “NQF 0418e”
3. Updated the Description section from “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.” to “Percentage of patients aged 18 years and older screened during the measurement period for depression on the date of the encounter or 14 days prior to 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 eligible encounter.”
4. Updated the Guidance section:
 - a. From “A depression screen is completed on the date of the encounter...” to “A depression screen is completed on the date of the encounter or up to 14 days prior to the date of the encounter...”
 - b. From “...follow-up for the diagnosis or treatment of depression is documented on the date of the positive screen” to “...follow-up for the diagnosis or treatment of depression is documented on the date of the eligible encounter”
 - c. From “The depression screening tool may be administered prior to an encounter, but must be reviewed and addressed in the office of the provider, filing the code, on the date of the encounter.” to “The depression screening must be reviewed and addressed in the office of the provider, filing the code, on the date of the encounter. Positive pre-screening results indicating a patient is at high risk for self-harm should receive more urgent intervention as determined by the provider practice.”

5. Added to the Guidance section “The screening should occur during a qualified encounter or up to 14 days prior to the date of the qualifying encounter”
6. Updated the Numerator description from “Patients screened during the measurement period for depression on the date of the encounter using an appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the positive screen” to “Patients screened during the measurement period for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the eligible encounter”
7. Added to Numerator Step 1, Instructions option 1, “Screening for depression 14 days or less before or on the day of the qualifying provider encounter AND Screening for depression has a result”
8. Added to Numerator Step 1, Instructions option 2, “Screening for depression 14 days or less before or on the day of the qualifying provider encounter AND Screening for depression has a result”
9. Updated Numerator Step 1, Instructions option 2 from “Follow-up plan documented on the same day of the positive depression screening” to “Follow-up plan documented on the same day as the qualifying provider encounter”
10. Updated the Denominator Exceptions description from “Situations where the patient's functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools.” to “Situations where the patient's cognitive capacity, functional capacity or motivation to improve may impact the accuracy of results of standardized depression assessment tools.”
11. Updated the following sections:
 - a. Rationale
 - b. Clinical Recommendation Statements
 - c. References
 - d. Copyright

OCM Tech Spec Value Set Effective 01.01.2020 v1.8

Since the release of the “OCM Tech Spec Value Set v1.7” document in April 2019, the following updates have been identified:

1. **OCM-4a Tab**
 - a. Removed the following codes from the “OCM Encounter” code set:
 - 30346009
 - 37894004
2. **OCM-4b Tab**
 - a. Removed the following codes from the “OCM Encounter” code set:
 - 30346009
 - 37894004
3. **OCM-5 Tab**

- a. Removed the following codes from the “OCM Encounter” value set:
 - 30346009
 - 37894004
- b. Removed the following codes from the “Bipolar Diagnosis” value set:
 - 61771000119106
 - 191632009
- c. Removed the following codes from the “Depression medications – adult” value set:
 - 199820
 - 313497