



# Outpatient Quality Reporting Program

---

## Support Contractor

### CY 2018 Hospital Outpatient Quality Reporting (OQR) Program Proposed Rule

#### Questions & Answers

**Moderator:**

Pam Harris, RN, BSN

**Speaker(s):**

Anita Bhatia, PhD, MPH  
Program Lead, Hospital OQR Program  
Centers for Medicare and Medicaid Services (CMS)

**August 2, 2017**

**10:00 a.m. ET**

- Question:** Just to clarify, the removal of OP-21 will occur as of January 2018, correct?
- Answer:** The proposed removal for OP-21 is to begin with calendar year (CY) 2020 payment determination for encounter dates starting in January 2018.
- Question:** Is the collection period for these proposed measure removals two years prior to the CY? For example, would we stop collecting data on the long bone fracture beginning January 2018?
- Answer:** For the CY 2020 payment determination, this would begin with the 2018 patient encounter dates. However, this is a proposed change. The Final Rule will reflect if this change is finalized.
- Question:** What are the admission dates for CY 2020 and CY 2021?
- Answer:** For the CY 2020 payment year determination, the encounter period is January 1-December 31, 2018. For CY 2021 payment determination year, the encounter period is January 1-December 31, 2019.
- Question:** Where can we register for the National Provider Calls listed on slide 3?
- Answer:** The measure contractor will send out registration information at a later date.



## Outpatient Quality Reporting Program

---

### Support Contractor

- Question:** Is this webinar being recorded? I was just able to join.
- Answer:** Yes, all webinars are recorded. A recording of the event as well a transcript of the presentation as well as the Questions and Answers will be posted on our website: [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com), under the Archived Events tab for OQR.
- Question:** Our biggest concern is that by taking away so many measures at once it will greatly change the burden to hospitals. If more measures are added in coming years, the burden will increase yet again. This dramatic change in burden to hospitals is a very real obstacle for hospitals to overcome. Keeping the right amount of staff on board to satisfy program requirements is very difficult when the demand is constantly changing so radically.
- Answer:** Please submit your comments regarding the Proposed Rule to CMS. CMS does read and considers each comment. You can comment until September 11, 2017.
- Question:** Could you please clarify the proposed start dates for data collection for OAS CAHPS?
- Answer:** The proposal is to delay OAS CAHPS implementation; no specific timeframe for implementation is proposed at this time.
- Question:** Does the CY 2020 payment determination year refer to discharges beginning January 1, 2018?
- Answer:** The CY 2020 payment year determination is CY 2018 collection year, or encounter year.
- Question:** In the Proposed Rule, it says that CMS proposes that hospitals must submit the Notice of Participation (NOP) any time prior to registering on the QualityNet website. Currently, NOPs are submitted via the QualityNet website, so how would NOPs be submitted under this new plan?
- Answer:** The NOP would be entered on the QualityNet Secure Portal the same as an NOP is entered now.
- Question:** Where do we find the call in information for the Dry Run National Calls?
- Answer:** Registration information will be sent in the near future. Detailed information about the measures and upcoming dry runs will be available prior to the dry runs on QualityNet at: (<https://www.qualitynet.org>) >



# Outpatient Quality Reporting Program

---

## Support Contractor

Hospitals-Outpatient > Measures > Chemotherapy Measure Dry Run  
OR  
(<https://www.qualitynet.org>) > Hospitals-Outpatient > Measures > Surgery Measure Dry Run

**Question:** When you say "proposed to remove measure beginning CY 2021 payment determination," does that mean starting in the CY 2021 we don't need to abstract/submit data for that measure?

**Answer:** If finalized, you would not collect data for the encounter period of 2019, reported in 2020 for payment in 2021.

**Question:** Is there a timeline regarding when these proposed changes will be finalized and when the finalized information will be available to hospitals? How do we get notified of the final rule? Will there be another webinar on the final OQR rules?

**Answer:** The proposed rule is open for comments until September 11, 2017. After CMS reviews the comments, then the Final Rule is released in November. After the publishing of the Final Rule, CMS will present this information in a webinar. Any information regarding program updates or educational opportunities will be sent via ListServe. If you are not signed up for this automatic email service, you can do so on the QualityNet home page or at the link below:  
<https://www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register>

**Question:** Will CAHs be included in the validation sample?

**Answer:** No, the participation of the CAHs remains voluntary in the OQR program.

**Question:** I didn't get the reminders regarding the webinar like I used to get them. Did you end that or do I need to sign-up for the webinar notifications again?

**Answer:** Notifications are sent via Listserve, and the Listserve containing this webinar information was sent out July 26, 2017. If you are signed-up for this service and are not receiving your notifications, then check the email address that you have on file. It may be blocked due to security setting within your facility.

**Question:** Could OP-1, OP-4, and OP-20 be discontinued earlier in the year? This would drop another full year of data collection and reduce workload.



## Outpatient Quality Reporting Program

---

### Support Contractor

**Answer:** These are proposed changes. CMS welcomes any comments regarding these proposals during the comment period extending through September 11, 2017.

**Question:** Will OP-31, the cataract measure, still be a voluntary measure for CY 2018?

**Answer:** There were no proposals to change OP-31 from voluntary status.

**Question:** Are OP-35 and OP-36 chart abstracted data or are they claims-based?

**Answer:** Measures OP-35 and OP-36 are claims-based measures

**Question:** For the public reporting of OP-18c, does the proposal contain the minimum case threshold for public reporting?

**Answer:** Data required for public reporting are already being collected and submitted by participating outpatient hospital departments.

**Question:** Why was the ED-3 eQCM not considered as a future measure? That was already a proven and stable measure under the meaningful use program and we had success in accurately capturing it.

**Answer:** CMS welcomes any comments regarding these proposals during the comment period extending through September 11, 2017.

**Question:** Isn't the process of education review only available if the score is less than acceptable? I ask because we found discrepancies but had a passing score.

**Answer:** Currently, educational reviews are offered quarterly based on the release of each quarter's validation results. Validation scores will not be changed as a result of the review. The proposed change is that if the results of an educational review indicate that we incorrectly scored a hospital, the corrected score would be used to compute the hospital's final validation score at the end of the calendar year.

**Question:** Are all hospitals required to submit a Notice of Participation (NOP) if they have previously participated?

**Answer:** No, your NOP stays in effect unless you withdraw from the program or your hospital is deemed closed.

**Question:** If the proposal of OP-18c does go into effect, are vendors going to have to send this data to CMS during transmissions? Is this patient level data?



## Outpatient Quality Reporting Program

---

### Support Contractor

Much like we send OP-18b, would the transmission of this measure be the same for OP-18c? If so, is it correct to say that data for Q3 2017 will need to be reported for this measure beginning in Q3 2018?

**Answer:** The data were already collected and submitted. Currently, only 18b is being publicly reported. The public reporting may be as early as July 2018 using patient encounters during the third quarter of 2017.

**Question:** Based upon the proposal, is it correct to say that a hospital that opens in January 2018 would not be able to submit data until Quarter 1 2019?

**Answer:** For hospitals that did not participate in the previous year, it is proposed that hospitals would submit data beginning with encounters occurring during the first calendar quarter of the year prior to the affected Annual Payment Update.

**Question:** For the OP-18c proposal, would this information be taken from existing abstracted records or additional psychiatric cases

**Answer:** The data were already collected and submitted by participating outpatient hospital departments, and the proposal to publicly report. OP-18c does not create additional burden.

**Question:** Will patient satisfaction surveys be required in the emergency department setting prior to 2020?

**Answer:** The proposal is to delay OAS CAHPS implementation; no specific timeframe for implementation is proposed at this time.

**Question:** Is there a reason to delay the removal of the measures? Why not remove them all for CY 2020?

**Answer:** The phased removal is in consideration of the various data collection and reporting systems.

**Question:** Does this mean OP-25 will no longer be on the DACA questionnaire?

**Answer:** OP-25 is an Outpatient Measure. The DACA questionnaire is an Inpatient requirement. We cannot speak to the Inpatient measure requirement, but you can contact the Inpatient Help Desk at 844-472-4477.