



Outpatient Quality Program Systems and Stakeholder Support Team

Making the Case: The CY 2024 Hospital OP/ASC Proposed Rule Question and Answer Summary Document

Speakers

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Subject-matter experts researched and answered the following questions during the live webinar. The questions and responses may have been edited for clarification and grammar.



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Question 1: Is the Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults electronic clinical quality measure (eCQM) going to be voluntary?

CMS has proposed that this new measure voluntarily begins with the calendar year (CY) 2025 reporting period. Mandatory reporting is proposed to begin with the CY 2026 reporting period for the CY 2028 payment determination and subsequent years.

Question 2: What studies show that volume is an indicator of quality?

There are multiple resources noted in the footnotes section of the published version of the proposed rule in the [Federal Register \(88 FR 49781\)](#).

Question 3: This program had a volume measure previously, and it was removed due to provider burden and lack of evidence to show volume was an indicator of quality. Why is CMS proposing to add a volume measure again?

CMS recognizes that healthcare is an evolving industry and that the role of quality reporting programs must reflect that. Since the removal of the volume measures previously, new research has indicated that the volume of services performed in Hospital Outpatient Departments (HOPDs) will continue to grow and that volume is an indicator of quality, as detailed in the proposed rule on the Federal Register.

Question 4: Regarding the cataract survey, are any of these questionnaires currently used in ophthalmology offices?

As noted in the proposed rule, the three proposed survey instruments have been accepted for use to voluntarily report this measure since the CY 2015 reporting period, however we do not distinguish which survey is used by which facility; we only require that reporting facilities use one of those allowable per measure specification.

Question 5: Is the Risk-Standardized Patient Reported Outcome-Based Performance Measure Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA/TKA PRO-PM) in HOPDs the same measure as the measure in the Hospital Inpatient Quality Reporting (IQR) Program?



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Yes, the measure specifications as proposed would be the same for both Hospital OQR and Hospital IQR Programs. However, the proposed performance periods and submission deadlines would be different.

Question 6: The Hospital IQR Program THA/TKA PRO-PM measure allows the Veterans RAND and the Patient Reported Outcomes Measurement Information System (PROMIS) instrument. Why isn't PROMIS in the Hospital OQR Program version of the measure?

The PROMIS instrument is included. For the THA/TKA PRO-PM measure, hospitals would submit one of two PRO instruments, the PROMIS-Global Mental Health subscale or the Veterans RAND 12-Item Health Survey (VR-12) Mental Health subscale.

Question 7: Why isn't CMS holding surgeons accountable for reporting of THA/TKA outcomes in the Merit-Based Incentive Payment System (MIPS)?

The THA/TKA PRO-PM covered in this presentation is designed as a facility-level measure. There is a 2023 MIPS measure, [#480](#) – Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA); additional information on the MIPS in the Quality Payment Program can be found on the [CMS.gov](https://www.cms.gov) website.

Question 8: Is the REHQR Program for hospitals with 50 beds or less, across all areas?

The REHQR Program is a Medicare quality reporting program for hospitals that are designated as Rural Emergency Hospitals (REHs). Hospitals eligible for conversion to this status are critical access hospitals (CAHs) or subsection (d) hospitals with not more than 50 beds located in a county (or equivalent unit of local government) recognized as “rural” as of December 27, 2020. Additional information is summarized in the proposed rule (88 FR 49825).

Question 9: Are these new measurements required for CAHs?

No; CAHs are not required to participate in the Hospital OQR or REHQR Programs. CAHs can voluntarily submit measure data under the Hospital OQR Program.