



Outpatient Quality Program Systems and Stakeholder Support Contract Team

Quality Reporting for Hospital Outpatient Departments and Ambulatory Surgical Centers: CY 2021 Program Proposals

Questions & Answers

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This document answers provider questions submitted to WebinarQuestions@hsag.com. Subject-matter experts developed the responses.



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Question 1: **Is the Ambulatory Surgical Center Quality Reporting Program (ASCQR) related to hospital-based ASCs?**

It would depend on the way the ASC bills. If the ASC bills independently under a National Provider Identifier (NPI) number, then it would need to report as an ASC. If the ASC bills under the hospital's CMS Certification Number (CCN), then its data should be reported as part of the Hospital OQR Program.

Question 2: **Is the dry run a requirement for all ASCs to submit data, or is it voluntary?**

The dry run is a "practice run" of data collected by CMS for the ASC-19 measure, Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers. This is a required measure in the ASCQR Program beginning with calendar year (CY) 2024 payment determination and subsequent years. This measure is a claims-based measure, so data are collected via paid Medicare claims meeting measure criteria. There is no manual abstraction or reporting on the part of the ASC.

Question 3: **What outpatient measures are required for the Hospital Outpatient Quality Reporting (OQR) Program, and which are voluntary?**

The only voluntary measure for the Hospital OQR Program is OP-31, Cataracts – Improvement in Patient's Visual Function Within 90 Days Following Cataract Surgery, All other measures are required.

Question 4: **Could you please define general surgery procedures, as it is used for the ASC-19 measure?**

You can find information regarding ASC-19 on the *QualityNet* website. Under the Measures tab, select [General Surgery Measure](#). Questions related directly to ASC-19 should go through the Question and Answer (Q&A) tool provided on *QualityNet* at: https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question.



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Question 5: If the patient is admitted to observation status, do they fall out of OP-18, Median Time from ED Arrival to ED Departure for Discharged ED Patients? Is the time the patient was changed from an observation status to an inpatient status, or discharged home from an observation status, used for *ED Departure Time* data element?

In short, if a patient is placed into observation while still physically in the Emergency Department (ED), you would abstract the time the observation order was written and use that for *ED Departure Time*. Otherwise, abstract the time the patient physically left the ED as *ED Departure Time*. You can also send questions regarding abstraction through the [QualityNet Q&A tool](#).

Question 6: Are Critical Access Hospitals (CAHs) going to be included in the 2 percent penalty in the future?

There are currently no proposed changes to require CAH's to participate in the Hospital OQR Program. Participation remains voluntary. You can also send questions to https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question.

Question 7: How long will the dry run reports be available for download?

All information and details regarding the dry run can be found on *QualityNet* at <https://qualitynet.org/asc/measures/surgery>. Any questions regarding the dry run can be sent to ascmeasures@yale.edu.