



# Outpatient Quality Reporting Program

## Support Contractor

### CY 2017 OPPTS/ASC Proposed Rule: Hospital Outpatient Quality Reporting (OQR) Program

#### Questions & Answers

##### Moderator:

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##### Speakers:

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**July 25, 2016**  
**10:00 a.m. ET**

**Question:** Would Press Ganey Surveys suffice for the OP-37 measure for the OQR program?

**Answer:** The questions that will be addressed for OP-37 are specific to the OAS CAHPS Survey. The survey must be issued by a CMS-approved vendor. I am not familiar with the Press Ganey Survey, but the CAHPS Survey is specific. You can view the survey at <https://oascahps.org/Survey-Materials> under “Questionnaire.”

**Question:** For the OAS CAHPS Survey-based measures, which outpatient departments would be required to administer these surveys to patients if the rule is finalized?

**Answer:** The proposed rule proposes that the survey will apply to Medicare-certified hospital outpatient departments (HOPDs), but not the Emergency Department.

**Question:** On slide 21, she said anxiety and depression is also one of the included diagnoses, but I don't see that listed on the slide. Is this true?

**Answer:** She spoke to the most commonly cited symptoms cancer patients have and reasons for hospital visits identified in the literature, which include pain, anemia, fatigue, nausea and/or vomiting, fever and/or febrile neutropenia, shortness of breath, dehydration, diarrhea, anxiety, and depression.



## Outpatient Quality Reporting Program

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### Support Contractor

However, not all of the reasons cited in the literature are included in the measure specifications for OP-35. For the proposed measure, we include ED visits and admissions that are among the most common and that are reliably recorded and captured using claims data—anemia, dehydration, diarrhea, emesis, fever, nausea, neutropenia, pain, pneumonia, and sepsis. Depression and anxiety are not included in the measure as qualifying diagnoses.

**Question:** Will Critical Assess Hospitals (CAHs) be required to report OP-35 & OP-36?

**Answer:** As with all measures in the OQR Program, CAHs may voluntarily submit their data but are not required to report.

**Question:** So that would also mean the new OAS Survey-based measures also wouldn't be required for CAHs?

**Answer:** That's correct. All reporting done by CAHs is voluntary.

**Question:** Who will be penalized if the patient has to be hospitalized—the cancer center treating the patient or the hospital who admits the patient?

**Answer:** If the measure is finalized, this measure will be reported for the hospitals that provide chemotherapy, not for the hospitals where the patients are admitted or seen in the ED. To be clear, there is no penalty. This risk-standardized quality measure will promote quality improvement by providing feedback to hospitals and physicians as well as transparency for patients on the rates and variations across hospitals in potentially preventable admissions and ED visits.

**Question:** I'm having problems with the link on slide 30.

**Answer:** The link on slide 30 is <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html>.

**Question:** For OP-35, does the treatment have to be given in the hospital, ED, or anywhere?

**Answer:** The chemotherapy treatment must be provided in the hospital outpatient department (OPD) for the patient to be included as part of the measure. Patients who solely receive chemotherapy treatment in the hospital ED or inpatient wards are not included.



## Outpatient Quality Reporting Program

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### Support Contractor

- Question:** Where can we find a list of the CMS-approved vendors?
- Answer:** <https://oascahps.org/General-Information/Approved-Survey-Vendors>
- Question:** For the OAS CAHPS Survey, when will the administration period begin if proposed rule is passed? January 2018?
- Answer:** With regard to the OAS CAHPS, for the CY 2020 payment determination, facilities would be required to collect data on a monthly basis and submit this collected data on a quarterly basis for January 1, 2018 - December 31, 2018 (CY 2018) encounters.
- Question:** Will the new OAS CAHPS have "star ratings" like IP? Thanks!
- Answer:** Great question; unfortunately, it is not addressed in the proposed rule, so I recommend you submit a comment via regulations.gov (this will be discussed at the end of the presentation).
- Question:** Will OP-37 start with January 2018 events?
- Answer:** With regard to the OAS CAHPS, for the CY 2020 payment determination, facilities would be required to collect data on a monthly basis and submit this collected data on a quarterly basis for January 1, 2018 - December 31, 2018 (CY 2018) encounters.
- Question:** Has Medicare made the OAS CAHPS Surveys mandatory, and if so, when do they start?
- Answer:** With regard to the OAS CAHPS, for the CY 2020 payment determination, facilities would be required to collect data on a monthly basis and submit this collected data on a quarterly basis for January 1, 2018 - December 31, 2018 (CY 2018) encounters.
- Question:** In reference to the "safe use of opioids" measure, will this be for ASCs and OP Surgery?
- Answer:** Right now, this is a measure concept that is under development. We appreciate comments via regulations.gov. We are unable to comment regarding future rulemaking. Thank you.
- Question:** When will these proposed rules be finalized, if they do accept them?



## Outpatient Quality Reporting Program

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### Support Contractor

**Answer:** We will review comments that come in over the summer and resume rulewriting in September. The final rule should be published around early November 2016.

**Question:** Is this outpatient chemotherapy anywhere, not just at our hospital?

**Answer:** All data collection and submission for the chemotherapy measures are done at the CCN level, and all eligible hospitals in a CCN would be required to participate in the measure. Therefore, the data used for a CCN includes all eligible patients from all eligible hospitals covered by the CCN. So any facility that bills under the hospital's CCN and performs chemotherapy as an outpatient, the hospital would be responsible for these measures. But remember, this measure would be claims-based, which means that the information would be pulled from the claims sent to Medicare for payment.

**Question:** If we do not provide outpatient chemotherapy, will OP-35 relate to us?

**Answer:** The proposed measure OP-35 is a claims-based measure, which means the data will be pulled from the bill submitted to Medicare. If OP-35 is approved for the final rule, you will not be actively reporting/submitted data for this measure. If a hospital does not provide any eligible outpatient chemotherapy services, the measure will not be calculated for that CCN. Similarly to other measures in the program, if a hospital has fewer than the required minimum number of eligible patients, the hospital will not have their results shown in Hospital Compare.

**Question:** For OP-35, how are observation stays addressed? Are they excluded?

**Answer:** Observation stays are not included as an outcome for this measure, only ED visits and hospitalizations.

**Question:** Is this (OP-35) specific to patients receiving chemotherapy only in a hospital setting?

**Answer:** Correct for Hospital Outpatient. If this proposed measure becomes final, then OP-35 would include patients who received at least one hospital outpatient chemotherapy treatment and do not meet other exclusions.

**Question:** Did she just say any cancer except leukemia for OP-35?

**Answer:** Yes, if OP-35 is approved for the final rule, then OP-35 would include any Medicare Fee-for-Service (FFS) patients ages 18 years and older who received at least one hospital outpatient chemotherapy with a diagnosis of



## Outpatient Quality Reporting Program

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### Support Contractor

cancer, except leukemia, and do not meet the exclusions. This is due to leukemia's high toxicity of treatment and recurrence of the disease, which may mean that admissions for leukemia patients may not reflect poorly managed outpatient care, but rather disease progression and relapse.

**Question:** OP-36 excludes outpatient eye surgeries in hospitals. Does OP-37 also exclude eye surgeries for the CAHPS survey?

**Answer:** No, the OAS CAHPS includes eye surgery done on an outpatient basis that does not require an overnight stay.

**Question:** Where can you find the list for both ASCs and Hospital Outpatient Departments for Medicare covered ambulatory surgical procedures?

**Answer:** For a listing of the 2016 Outpatient Surgical Procedures, visit: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1633-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending>.

**Question:** For the OAS CAHPS measures, are they only for facilities with free standing ambulatory surgery centers?

**Answer:** The OAS CAHPS Survey-based measures were developed to address the hospital outpatient setting as well as the ambulatory surgery center setting.

**Question:** Can you please go over the period for which the survey measure is voluntary?

**Answer:** The voluntary national implementation of the OAS CAHPS Survey began in January 2016. However, for the CY 2020 payment determination, facilities would be required to collect data on a monthly basis and submit this collected data on a quarterly basis for January 1, 2018 - December 31, 2018 (CY 2018) encounters.

**Question:** For the OP-37 measures, it looks like the data collection period would be from 2 years prior. We will be changing vendors this fall; how does that affect this measure?

**Answer:** This measure will not affect 2016 data. For the CY 2020 payment determination, facilities would be required to collect data on a monthly basis and submit this collected data on a quarterly basis for January 1, 2018 - December 31, 2018 encounters.



## Outpatient Quality Reporting Program

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### Support Contractor

**Question:** With the proposed removal of the pain dimension of the HCAHPS Survey, it is noted that CMS intends to propose to adopt modified pain management questions in future rulemaking. Can you share information on who is working on these questions or where additional information can be obtained/website to watch for this information?

**Answer:** For more information about the pain management questions captured in the HCAHPS Survey and their use in the Hospital VBP Program, we refer readers to section XIX.B.3. of this proposed rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-07-14/pdf/2016-16098.pdf> page 45717. We encourage providers to submit comments via the regulations.gov website.