



Hospital Quality Reporting Program

Support Contractor

CY 2017 OPPS/ASC Final Rule: Hospital Outpatient Quality Reporting (OQR) Program

Questions & Answers

Moderator:

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**November 29, 2016
2:00 p.m. ET**

- Question:** Can the presenter confirm that CY 2017 (beginning January 1, 2017) is the performance period for the new OP patient satisfaction measures with impact to 2019 payment?
- Answer:** For the OAS CAHPS survey, the payment determination period begins in January 2018 for the CY 2020 payment determination. Currently, the survey is in national voluntary implementation mode since Jan 2016.
- Question:** Is the web-based measures submission period still January–May?
- Answer:** Yes, the web-based measure submission period runs from January 1 through May 15, 2017.
- Question:** What time period are the claims-based measures OP-35 and -36 based on?
- Answer:** The first reporting period for OP-35 and -36 is January 1 through December 31, 2018, for the CY 2020 payment determination.



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Question: Could you repeat the explanation of OP-36 again, including the Outcome descriptions? I thought I heard her say it included Observation stay immediately after the OR.

Answer: OP-36: The measure outcome is any of the following hospital visits: (1) An inpatient admission directly after the surgery; or (2) an unplanned hospital visit (ED visits, observation stays, or unplanned inpatient admissions) occurring after discharge and within 7 days of the surgery.

Question: Can the presenter, Dr. Goldstein, discuss how CMS plans to use the surgical categories (1- Gastrointestinal (CPT codes 40490-49999 or G-code(s) G0105, G0121, or G0104) 2- Orthopedic (CPT 20000-29999 or G-code is G0260) 3- Ophthalmologic (CPT 65091- 68899) 4- Other (10021-19999, 30000-39999, 50000-64999, and 68900-69990)?

Answer: These surgical categories, as defined by CPT codes and G-codes, are a means to determine whether a patient is eligible to participate in the OAS CAHPS Survey.

Question: For OP-36, would the unplanned visit only be considered if the patient returns to the same facility as the operation, or would it apply to admissions to other hospitals as well?

Answer: OP-36: Unplanned visit applies to admissions to other hospitals as well.

Question: So is the OAS CAHPS Survey only conducted on Medicare patients and not all payers?

Answer: No, the OAS CAHPS Survey will include patients with all payer types.

Question: What does CCN stand for?

Answer: CMS Certification Number.

Question: Where on Hospital Compare will the OAS CAHPS be reported? Will it be on the hospital in combination with HCAHPS, or will it be in a separate ASC location?

Answer: We will propose a format and timing for public reporting of OAS CAHPS Survey data in future rule-making prior to implementation of the measure.

Question: Is OAS-CAHPS applicable to Critical Access Hospitals also?



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- Answer:** Yes. The survey is applicable to outpatient services provided in Critical Access Hospitals (CAHs). However, CAHs are not required to participate but are welcome to do so if they choose.
- Question:** Is this survey-based measure only applicable to ASCs?
- Answer:** OAS-CAHPS is an Outpatient Quality Reporting Program measure. The OAS CHAPS survey questions are included in both the Hospital OQR Program and in the ASCQR Program
- Question:** Where can we find the list of surgeries/procedures that determine the patient population?
- Answer:** You can find the list of surgeries/procedures that determine patient eligibility in the Protocols and Guidelines Manual - Chapter 4 at: <https://oascahps.org>.
- Question:** Please clarify the OAS CAHPS submission time frame. For data collected in CY 2018, when will the data be due for submission?
- Answer:** The Protocols and Guidelines manual located at <https://oascahps.org> lists the data submission dates.
- Question:** OAS CAHPS Surveys begin in CY 2018 or CY 2017?
- Answer:** The OAS CAHPS began national voluntary implementation in January 2016. The first payment determination period begins in January 2018.
- Question:** For OP-35 and -36, are the readmissions for chemo and surgical patients only those patients who had received chemo or surgery at the same facility to which the patient is readmitted? For example, a patient had surgery at hospital A and is admitted to hospital B 5 days later – would hospital B be responsible for reporting for that readmission?
- Answer:** The measure assigns the hospital visit outcome to the facility providing the same-day surgery outpatient surgery, not the facility (if different) where the hospital visit took place. This measure is calculated by claims.
- Question:** Will OP-35 include patients that have received chemotherapy in a doctor's office/clinic?
- Answer:** This measure is not applicable to the clinician setting; it only applies to Hospital OPDs.



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- Question:** For hospitals with greater than 60 but less than 300 eligible surgeries per year, is the OAS CAHPS mandatory? Are there a minimum number of completed surveys required?
- Answer:** For facilities which estimate that they can collect 300 or more completed surveys a year, they may engage in survey sampling. For smaller facilities which estimate having more than 60 eligible patients in a year, they may engage in a census sample.
- Question:** What web-based measures are required to be submitted starting January 1, 2017?
- Answer:** The submission period beginning January 1, 2017 is for measures entered using the online submission tool through *QualityNet*.
- Question:** What measures are included in the "February 1, 2017: Clinical Data and Population and Sampling deadline for Q3 2016"?
- Answer:** AMI, Chest Pain, ED-Throughput, Pain Management, and Stroke.
- Question:** When you get to the EHR portion of the rule, please verify whether reporting of eCQMs is impacted by the changes in the rule. For example, will the reporting time frame be for a full year, while other MU objectives for 2017 are now 90-days? Will the MU eCQM stay aligned with the IQR program requirements so 8 measures are required for 2017?
- Answer:** For questions regarding the EHR Incentive Program, please contact the Electronic Health Record (EHR) Information Center at 1-888-734-6433 (primary number) * (press option 1) or 1-888-734-6563.
- Question:** Will data be sent to hospitals on OP-35 and OP-36 so we can see where we stand prior to the measures taking effect?
- Answer:** Data will be sent during the preview period, and hospitals will have the opportunity to review. If the measure is publicly reported in December 2019, this period would be in the fall of 2019.
- Question:** What does OAS stand for?
- Answer:** OAS is the acronym for the "Outpatient and Ambulatory Surgery" CAHPS Survey.
- Question:** When will this CAHPS survey be required?



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- Answer:** Beginning January 2018, participation will be linked to reimbursement.
- Question:** When does OP 36, hospital visit after hospital outpatient surgery, begin?
- Answer:** The data for OP-36 will be for the year 2018 entered into the submission tool in 2019 for payment in 2020.
- Question:** Will CMS be adjusting for type of surgical procedure before publicly reporting OAS CAHPS?
- Answer:** The type of surgical procedure has been identified as one of the patient-mix adjustors based on the data from the Mode Experiment and also from preliminary voluntary data from 2016. CMS continues to analyze the quarterly data to confirm that appropriate adjustments are made to publicly reported data.
- Question:** Our outpatient surgery program is billed with the hospital CCN number. Does this fall under the OAS CAHPS requirements or the other new claims0based measures 35 and 36?
- Answer:** OAS CAHPS falls under OP-37a-e: Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey measures.
- Question:** Can the presenter discuss where we can find results of testing of new HCAHPS Pain Management composite measures?
- Answer:** A summary of the testing will be available on [hcahpsonline.org](http://www.hcahpsonline.org) at <http://www.hcahpsonline.org/home.aspx>.
- Question:** Please clarify. Is Pain Management being removed from Outpatient but still being included in Inpatient?
- Answer:** CMS finalized the proposal to remove the Pain Management dimension from the Hospital Value-Based Purchasing (VBP) Program in FY 2018 and FY 2019. The Hospital Value-Based Purchasing (VBP) Program is an inpatient short-term acute care hospital program. CMS did not make any proposals related to removal of pain management questions for the outpatient hospital setting.
- Question:** For OP-36, will planned observation stays count against a facility? Also, is OP-36 concerned only with Medicare patients?



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Answer: Yes, the measure only applies to Medicare FFS patients. Observation stays are never considered planned by the measure. As a result, all observation stays will be counted in the OP-36 outcome.

Question: OP-35 and OP-36 baseline CY 2016 and performance period CY 2018 for OQR FY 20?

Answer: OP-35 and OP-36 do not have a baseline comparison period. The OP-35 and OP-36 performance period is CY 2018 for payment determination in CY 2020. Also, there will be dry run of the measures in 2017 including confidential reporting of results and data to hospitals.