



Hospital Outpatient Quality Reporting Program

Support Contractor

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

Questions & Answers

Moderator:

Karen VanBourgondien, BSN, RN
Education Coordinator, Outpatient Quality Reporting Support Contractor

Speakers:

Elizabeth Bainger, DNP, RN, CPHQ
Program Lead, Hospital OQR Program, Centers for Medicare & Medicaid Services (CMS)

Liz Goldstein, PhD
Director, Division of Consumer Assessment and Plan Performance, CMS

Grace H. Im, JD, MPH
Program Lead, Hospital Inpatient Quality Reporting (IQR) Program, CMS

Vinitha Meyyur, PhD
Measures Lead, Hospital OQR Program, CMS

**November 29, 2016
10:00 a.m. ET**

Question: Do we abstract each visit of the patient concerning OP-33? The first visit is abstracted; what about all the other visits for this patient? It could be 8-9 visits in a row.

Answer: No, you do not abstract each visit. Please defer to the initial visit or treatment to locate the information you will need to answer this measure.

Question: Will Cardiac Cath Lab patients qualify for OAS CAHPS?

Answer: The Protocols and Guidelines Manual on <https://oascahps.org> details the CPT codes and G codes that determine eligibility for the OAS CAHPS Survey.

Question: Is there a time frame to begin surveying patients?



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- Answer:** CMS implemented voluntary reporting in January 2016. Voluntary reporting will continue throughout 2017. Beginning January 2018, participation will be linked to reimbursement.
- Question:** What is the performance period for OP-35 and OP-36?
- Answer:** For OP-35 and OP-36, the data collection period is CY 2018 for submission in 2019, affecting payment year 2020.
- Question:** What year will OP-36 be evaluated, and which year will payment be affected based upon this measure?
- Answer:** The data collection period for OP-36 begins January 2018 for payment update 2020.
- Question:** When does OP-35 go into effect?
- Answer:** For OP-35, the data collection period is CY 2018 for submission in 2019, affecting payment year 2020.
- Question:** Did you say earlier that the web-based measures are due in January 2017?
- Answer:** The submission period begins in January 2017 for measures entered into the *QualityNet* online submission tool.
- Question:** The mandatory reporting of OAS CAHPS will begin with Jan 1, 2018 encounters?
- Answer:** That is correct.
- Question:** Did you say that for payment year 2020, the survey time frame is 2 years, from 1/1/17–12/31/18?
- Answer:** 2018 data, reported in 2019, for payment in 2020.
- Question:** Will ER patients who have an outpatient procedure and have an overnight outpatient stay be included in the OAS Survey, as these surgical procedures will not be previously scheduled and they may not receive all of the pre-procedure information referenced in the OAS survey questions?
- Answer:** ER patients are not eligible for the OAS CAHPS Survey.
- Question:** When are hospitals required to begin the OAS CAHPS Surveys?



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- Answer:** The OAS CAHPS Survey has been in voluntary national implementation since January of 2016. The first payment determination period will begin in January 2018.
- Question:** Is the 300 number of patients CMS patients only or all patient populations for the facility?
- Answer:** In the Protocols and Guidelines Manual at <https://oascahps.org>, there are details as to which procedures and surgeries are eligible for participation in the survey.
- Question:** What makes a patient survey-eligible?
- Answer:** The Protocols and Guidelines manual on <https://oascahps.org> details eligibility for the survey.
- Question:** Since it is not reportable till 2018, can we use the questions now, real time in person, to gauge how we are currently doing so that changes can be made?
- Answer:** Yes, the OAS CAHPS Survey has been in voluntary national implementation since January 2016.
- Question:** When will OP-36 reporting 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:** Is there a list of procedures that are included in the OAS?
- Answer:** Please see the Protocols and Guidelines Manual at <https://oascahps.org> for details on eligible procedures and surgeries.
- Question:** Is this required for Critical Access Hospitals?
- Answer:** The OAS CAHPS Survey is not required for Critical Access Hospitals, but they may participate if they choose.
- Question:** Follow-up on prior question regarding ER patients having outpatient procedures: please clarify that if an ER patient has a procedure and then is admitted as an outpatient observation admit overnight post procedure - will they be included in the OAS survey sampling?
- Answer:** ER patients are not eligible for the OAS CAHPS Survey. The answer is no.



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- Question:** Just to be certain, we do not need to collect OAS CAHPS until January 1, 2018. Is this correct?
- Answer:** Correct, but there is the opportunity to begin during the voluntary implementation period which began in January 2016.
- Question:** Are OP-35 and OP-36 claims-based measures?
- Answer:** Yes, both OP-35 and OP-36 are claims-based measures.
- Question:** Just to verify, we have a Medical Oncology practice that is independent of the hospital. Any patients given chemotherapy there and utilize the ED Hospital would not be included?
- Answer:** If the medical oncology practice is not an outpatient department of the hospital, then the chemotherapy performed at that practice will not be included in the measure.
- Question:** Who is sending the CAHPS Survey to patients?
- Answer:** Facilities must contract with approved survey vendors to administer the OAS CAHPS Survey. A list of approved vendors is available here: <https://oascahps.org/General-Information/Approved-Survey-Vendors>.
- Question:** Just to be clear... Are you saying that for OP-36, this includes those patients that convert to an OBV overnight stay immediately after surgery (as slide says IP admission, but I think the speaker said OBV admission)?
- Answer:** The measure does not include hospital outpatient department (HOPD) surgeries that appear on the same claim as an ED visit or observation stay, since it is not possible to determine whether the surgery was the cause of, subsequent to, or during the ED visit. The measure does include patients who transition into an inpatient stay billed on an IP claim, whether or not they were in observation first (and this inpatient stay is counted as an outcome).
- Question:** Is the survey to be distributed monthly, quarterly or annually?
- Answer:** The OAS CAHPS Survey is to be administered on a monthly basis.
- Question:** On the OP-35 measure, does this include patients who go to a different hospital ER/IP other than the hospital/facility they received the chemotherapy from?



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Answer: That's correct. The measure includes patients who go to an emergency department or are admitted to a hospital that are different from the hospital in which they received chemotherapy treatments.

Question: When does data collection stop for pain management?

Answer: The Calendar Year (CY) 2017 Outpatient Prospective Payment System (OPPS) Final Rule did not propose to end data collection for the Pain Management dimension, as questions related to pain management are still part of the HCAHPS Survey used in the Hospital Inpatient Quality Reporting Program. Instead, the CY 2017 OPPS Final Rule finalized CMS' proposal to remove the Pain Management dimension from the calculations of the Patient and Caregiver Centered Experience of Care/Care Coordination Domain (FY 2018) and the Person and Community Engagement Domain (FY 2019) in the Hospital Value-Based Purchasing (VBP) Program only.

Question: Will this updated VBP Pain Dimension information and subsequent adjusted calculation for this measure be added to the IPPS Final Rule?

Answer: The calculation for the Patient and Caregiver Centered Experience of Care/Care Coordination Domain (FY 2018) and Person and Community Engagement Domain (FY 2019) with the removal of the Pain Management dimension was finalized in the Calendar Year (CY) 2017 Outpatient Prospective Payment System (OPPS) Final Rule. The finalized proposal displayed in the CY 2017 OPPS Final Rule will not have to be displayed in the IPPS Proposed and Final Rules in order for implementation to occur.

Question: Will pain control measures continue to be used in Hospital Star Ratings as well?

Answer: The Calendar Year (CY) 2017 Outpatient Prospective Payment System (OPPS) Final Rule did not propose any modification to the Hospital Compare Star Ratings methodology. For additional questions on the Hospital Compare Star Ratings Methodology, you may email cmsstarratings@lantanagroup.com.

Question: Are there any new measures for CY 2019 payment?

Answer: The Hospital OQR Program measure set for the 2019 Payment Determination and subsequent years is: OP-1– OP-5, OP-8–OP-14, OP-17– OP-18, OP-20–OP-23, OP-25–OP-27, and OP-29–OP-33. Remember that OP-31 continues to be voluntary.



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- Question:** Is there a list of procedures that are included in the OAS?
- Answer:** Patients who received surgeries or procedures with Current Procedural Codes in the “Codes for Surgery” range (10021 to 69990) or eligible G-codes (G0104, G0105, G0121, and G0260), are eligible for OAS CAHPS.
- Question:** If our chemo is done as part of a physician office system, is our hospital going to be still part of this measure?
- Answer:** Chemotherapy billed on a physician Part B professional claim will not be included in the calculation of this measure. If the chemotherapy services are billed on an HOPD facility claim, they will be included.
- Question:** OP-36 will include 23-hour stays?
- Answer:** The measure does not include hospital outpatient department (HOPD) surgeries that appear on the same claim as an observation stay.
- Question:** OP-36, data for 2017 for baseline, data for 2018 performance measure affecting 2020 payment?
- Answer:** OP-36 does not have a baseline comparison period. The OP-36 performance period is CY 2018 for payment determination in CY 2020.
- Question:** OP-36: If the surgical patient has an unplanned hospital visit at a hospital that is different from the hospital where the original surgery takes place, will that be tabulated/counted?
- Answer:** Yes, the hospital visit to a different hospital will be counted in the measure.
- Question:** Will we receive a baseline report for OP 35 and OP 36? If so, when will this be released?
- 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.
- Question:** How are the ED departments impacted by MIPS?
- Answer:** Questions regarding the Quality Payment Program, including MIPS, can be emailed to QPP@cms.hhs.gov, or you can contact the Quality Payment



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Program Service Center at 1-866-288-8292; TTY at 1-877-715-6222;
available Monday–Friday, 8:00 a.m.–8:00 p.m. Eastern Time.