



Outpatient Quality Program Systems and Stakeholder Support Team

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

Questions & Answers

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

Question 1: Where do you report quality data to CMS now?

Data submission for the Hospital Outpatient Quality Reporting (OQR) and Ambulatory Surgical Centers Quality Reporting (ASCQR) Programs are through the Hospital Quality Reporting (HQR) platform at <https://hqr.cms.gov/hqrng/login> using your HARP credentials.

Question 2: Will voluntarily submitted Q1 and Q2 2020 chart-abstracted measures affect our Annual Percentage Update (APU)

No. Data submitted for the voluntary quarters will not be included in any measure calculations and will not be used for any APU determination.

Question 3: If you are a temporary hospital without walls, are you supposed to submit data like a hospital?

You (or your facility) are (is) not required to meet the reporting requirements for Inpatient Quality Reporting (IQR) or OQR for the time you were utilizing an acute care CMS Certification Number (CCN), or billing as a hospital. CMS would like to extend their appreciation and thank you for stepping up and filling a need in your community during the public health emergency for COVID -19.

Question 4: What is the OP-33 measure again?

OP-33 is External Beam Radiotherapy for Bone Metastases (EBRT). Reporting data for this measure is no longer required for the Hospital OQR Program.

Question 5: When will the Star Rating be updated?

The next Star Rating refresh is expected for April 2021 on Care Compare.



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Question 6: **What is the date that the survey measures will be required for the Hospital OQR program?**

The Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey (OAS CAHPS) measures remain delayed pending further rulemaking.

Question 7: **Under the COVID-19 exception, submission of Q1 and Q2 2020 data are voluntary. Should we only submit Q3 and Q4 data for OP-29 by May 15, 2021?**

For web-based measures, submission of January 1, 2020, through June 30, 2020, encounters can be voluntarily submitted; however, July 1, 2020, through December 31, 2020 data are required. This submission deadline is May 17, 2021.

Question 8: **Since Q1 and Q2 measures are not refreshing on Care Compare, when will a definitive statement come out about how the gap will be managed since it's also impacting other value-based purchasing (VBP) and Patient Safety programs.**

In response to the 2019 Coronavirus (COVID-19) pandemic, the Centers for Medicare & Medicaid Services (CMS) extended many flexibilities for the Hospital Quality Reporting and Value-based Payment Programs. An unprecedented level of flexibilities was given for data collection and reporting for Quarter 4 (Q4) 2019 and the first two quarters (Q1 and Q2) of 2020. These efforts were meant to reduce provider burden and ensure clinicians could focus on caring for their patients in the face of a never-before-seen global pandemic. As a result, some quarterly refreshed measures will not be updated in the upcoming release. CMS will provide more information in the near future regarding program specific impacts.

Question 9: **Our facility doesn't have any measures to report due to our specialty. Do we enter zeros, or can we not report?**

You cannot choose to not report data for required measures. If your facility does not have cases that meet measure criteria, select the checkbox under the measure name that states, "Please enter zeros for



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this measure as I have no data to submit.” The system will automatically populate zeros for that measure.

Question 10: **Can you clarify what ASC-19 covers? Is it claims-based?**

Yes. ASC-19: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers is a claims-based outcome measure for general surgery procedures performed at Ambulatory Surgical Centers (ASCs) and begins with the CY 2024 Payment Determination. A measure information form will be available in the 2022 ASC Specifications Manual that will be available on *QualityNet* July 1, 2021.

Question 11: **When will we start with electronic Clinical Quality Measures (eCQMs) for these programs?**

Any changes to the program, including eCQMs, will be addressed through the rulemaking process.

Question 12: **Since ASC-1 through ASC-4 are suspended, does this mean we no longer put the G8907, G8918 codes on our ASC claims?**

Correct. Data collection for ASC-1 through ASC-4 is currently suspended from the ASCQR Program. Reporting of associated G-codes is not required to be submitted on claims.

Question 13: **Can you send us the deadlines for the submissions?**

Data submission deadlines can be found on [QualityNet.cms.gov](https://qualitynet.cms.gov) under the Participation tab for the respective program. Hospital OQR Program: <https://qualitynet.cms.gov/outpatient/oqr/participation#tab2>
For ASCs: <https://qualitynet.cms.gov/asc/ascqr/participation>

Question 14: **As a new administrator of an ASC, can I find an introductory training course on this reporting?**

Yes, There are multiple resources available under Program Resources at <https://www.qualityreportingcenter.com/en/ascqr-program/ascqr-program-tools-and-resources/>. There are also webinars for new staff at



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<https://www.qualityreportingcenter.com/en/ascqr-program/archived-events/>.

Question 15: Who is responsible for validating the education for reported chart abstractions?

The Centers for Medicare & Medicaid Services (CMS) assesses the accuracy of chart-abstracted data submitted to the Hospital Outpatient Quality Reporting (OQR) Program through the validation process. CMS verifies on a quarterly basis that hospital-abstracted data submitted to CMS' Clinical Warehouse via the Hospital Quality Reporting (HQR) system can be reproduced by a trained abstractor using a standardized process. Critical Access Hospitals (CAHs) and other hospitals not subject to Hospital OQR Program requirements are exempt from the validation process. For more information on validation, visit *QualityNet* at <https://qualitynet.cms.gov/outpatient/data-management/data-validation>.

Question 16: What is the due date for web-based measures reporting?

The submission deadline for web-based measures is May 17, 2021, by 11:59 p.m. Pacific Time (PT).

Question 17: What are the OP-37 measures that were delayed?

OP-37a through OP-37e are the OAS CAHPS measures. People refer to them as the survey measures. Implementation of these measures is currently delayed, meaning data for these measures do not have to be reported, pending further rulemaking.

Question 18: I have seen two deadlines for Q3 data. One says February 1, and one said delayed until March 31. Which is true?

The Q3 data submission deadline has been extended to April 1, 2021.



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Question 19: If data collection for the web-based measures for the calendar year 2020 encounters are submitted within the January through May time period, if any corrections need to be made before the submission deadline, will that information be given to the facility?

No, there is no feedback upon data submission. Facilities are encouraged to check and ensure their data are accurate and complete before the deadline. You can make any edits or changes during this four-and-a-half-month period, up to the deadline. After the deadline submission, the warehouse closes, and no other changes can be made.

Question 20: Do we still have the option to use a vendor to submit our data through HQR?

Yes, you may use a vendor to submit your facility's data. Vendor Management remains available under the new HQR platform.

Question 21: How do I sign up for ListServes?

You may sign up on *QualityNet* at: <https://qualitynet.cms.gov/>. On the left-hand side of the page, select the *Subscribe to Email Updates* box.