



Outpatient Quality Program Systems and Stakeholder Support Team

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

Presentation Transcript

Moderator

Karen VanBourgondien, RN, BSN
Outpatient Quality Program Systems and Stakeholder Support Team

Speakers

Shaili Patel, MPH
Program Lead, Hospital Outpatient Quality Reporting (OQR) Program, CMS
Anita J. Bhatia, PhD, MPH
Program Lead, Ambulatory Surgical Centers Quality Reporting (ASCQR) Program, CMS

January 27, 2021

DISCLAIMER: This presentation document was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance change following the date of posting, this document will not necessarily reflect those changes; this information will remain as an archived copy with no updates performed.

This document was prepared as a service to the public and are not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by this document and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

Outpatient Quality Program Systems and Stakeholder Support Team

Karen

VanBourgondien: Hello everyone. Welcome and thank you for joining us. My name is Karen VanBourgondien. Our speaker today is Shaili Patel. Shaili is the CMS Program Lead for the Hospital OQR Program. She has a master's in public health with a focus on informatics. She started her federal career in 2009 with the Social Security Administration and joined CMS in 2012. We are fortunate to have Shaili involved with these programs.

We also have Dr. Anita Bhatia. Anita is the CMS Contracting Officer Representative, or COR, for several CMS reporting programs. She is also the CMS Program Lead for the Ambulatory Surgical Centers Quality Reporting Program. She received her PhD from the University of Massachusetts at Amherst and her master's in public health from the Johns Hopkins School of Public Health. Dr. Bhatia plays a crucial role in development of the OPPS/ASC proposed and final rulings. Her contributions to the rulings are essential to the continuing success of these programs.

During the presentation, we will stop for question-and-answer breaks and we also have a few polling questions. So, we are lucky today to have two CMS representatives to respond to these questions and provide us with insight and relevant information.

In the proposed rule webinar, we sailed on a voyage, and now, we have reached our destination, the final rule, our tropical island getaway. Not a bad place to be this time of year.

Today, Shaili will go over the finalized proposals for both hospitals and Ambulatory Surgical Centers, or ASCs, for short. Before we get started, let me just cover a few housekeeping items.

The learning objectives for this presentation are listed here on the slide. This program is being recorded. A transcript of today's presentation, including the questions and answers received in the chat box, and the audio portion, will all be posted on [QualityReportingCenter.com](https://www.qualityreportingcenter.com), at a later date.

Outpatient Quality Program Systems and Stakeholder Support Team

During the presentation, if you have a question, please put that question in the chat box located on your screen. If for some reason your question does NOT get answered, please know that all questions and answers will be posted on the [QualityReportingCenter.com](https://www.qualityreportingcenter.com).

While we are on our tropical vacation lounging by the pool, there are a few program announcements. There's a lot going on lately. There are numerous system changes, updates, and upgrades occurring. All data will be submitted into the Hospital Quality Reporting platform. CMS has sunset, or retired, Hospital Compare. You will now refer that application as Care Compare on Medicare.gov. We will be presenting a comprehensive webinar for both hospitals and ASCs, in the near future on these subjects and more. So, stay tuned. A Listserve will be sent announcing these webinars and when they will take place. Well, that's going to do it for me. Let me turn things over to Shaili for discussion of the finalized proposals. Shaili?

Shaili Patel:

Hello everyone, thank you for joining us today.

We seek to align the Hospital OQR and ASCQR Programs in policy and procedures to the extent possible. We seek also to codify our policies so that program requirements are easily available in one place.

In the CY 2021 OPSS/ASC Proposed Rule, we solicited public comment on all our proposals and all comments were considered in finalizing our proposals. Lastly, note, all finalized proposals in CY 2021 OPSS/ASC Final Rule are effective beginning January 1, 2021.

Let's begin with finalized proposals that are aligned between the Hospital OQR and the ASCQR Programs.

In the CY 2021 proposed rule, we proposed to use the term "security official" instead of "security administrator". Based on public comments, we have finalized our proposal. The term "security official" refers to individuals who have responsibilities for security and account management requirements for a facility's *QualityNet* account.

Outpatient Quality Program Systems and Stakeholder Support Team

I would like to point out that the update in terminology does not change the individual's responsibilities or add burden.

Next, we proposed that all program deadlines falling on a nonwork day be moved forward consistent with the Social Security Act and codify this policy in section 419.46. After consideration of public comments, we finalized this proposal. All deadlines falling on a non-workday will be moved forward. For example, our web-based measures submission deadline is May 15, 2021. Since May 15 is a Saturday, the deadline has been moved forward to first workday, which is Monday, May 17.

Karen

VanBourgondien: Shaili, can I stop you for a minute and ask you a question, because we get this question a lot? Since I have you here, I am just wondering if you might be able to address it. The question is, "Why does CMS use calendar year for some programs and fiscal year in others for the final rule?" Can you answer that, Shaili?

Shaili Patel:

Sure, thank you, Karen, for the question. Calendar year rules refer to rules with proposals effective January first of the applicable year. Fiscal year refers to proposals becoming effective October first of the applicable year. However, on rare occasion, we do have some policies included in different rules due to timing issues. But, again, that is very rare.

Karen

VanBourgondien: Thank you, Shaili. I will turn it back over to you so that you can continue with the finalized proposals.

Shaili Patel:

Now we are going to split up the discussion with the hospital outpatient department setting and discuss the finalized proposals specific to the Hospital OQR Program only.

For the [Hospital] OQR Program, we proposed to codify previously finalized policy of hospitals sharing the same CCN to combine data collection and submission across their multiple campuses for all clinical measures for public reporting purposes.

Outpatient Quality Program Systems and Stakeholder Support Team

While we previously finalized this policy, it was not codified. After consideration of the public comments, we have finalized to codify this policy in section 419.46 of CFR.

In CY 2019 final rule, we eliminated submission of the Notice of Participation form as part of the program requirement. As a result, in the CY 2021 proposed rule, we proposed to revise and codify our existing policy by removing submission of new participation form to rejoin the program by a previously withdrawn facility. After consideration of public comments, we have finalized our proposal. The newly finalized requirement for a withdrawn facility who wishes to participate in the [Hospital] OQR Program is required to renew participation by submitting required data in any future year. Please refer to section 419.46 of CFR.

Next, we proposed to change regulatory text around submission deadlines with respect to the reconsideration process to ensure language alignment for all deadline requirements consistent with the Social Security Act. We did not receive any public comments on our proposal; therefore, we have finalized our proposal. In this finalized policy, a hospital must submit a reconsideration request to CMS via the *QualityNet* website, no later than March 17, or, if March 17 falls on a nonworking day, on the first day after March 17 which is not a nonwork day of the affected payment year, as determined using the date the request was mailed or submitted to CMS.

In our previous rulemaking, we finalized a 4-month review and corrections period which runs concurrently with the data submission period for chart-abstracted measures in the Hospital OQR Program. In the CY 2021 proposed rule, we proposed to expand our review and corrections policy to web-based measure data submitted via the CMS web-based tool beginning with data submitted for the CY 2023 payment determination and subsequent years. After consideration of public comments, we have finalized our proposal.

Hospitals will have a review and corrections period for web-based measures, which will run concurrently with the data submission period.

Outpatient Quality Program Systems and Stakeholder Support Team

During this review and corrections period, hospitals can enter, review, and correct data submitted directly to CMS. However, after the submission deadline, hospitals will not be able to change these data.

We previously finalized a policy to formalize the educational review process for chart-abstracted measures, including validation score review and correction, but again, we did not codify this policy. In the CY 2021 proposed rule, we proposed to codify those policies at section 419.46 of CFR. We did not receive any public comments; therefore, we have finalized our proposal.

Hospitals that are selected and receive a score for validation of chart-abstracted measures may request an educational review in order to better understand the results within 30 calendar days from the date the validation results are made available. If the results of an educational review indicate that a hospital's medical records selected for validation for chart-abstracted measures were incorrectly scored, the corrected quarterly validation score will be used to compute the hospital's final validation score at the end of the calendar year.

The next proposal was a methodology to calculate the Overall Hospital Quality Star Rating. After consideration of public comments, we have finalized this proposal. Now, the Overall Star Rating will utilize data collected on hospital inpatient and outpatient measures that are publicly reported on a CMS website, including data from the Hospital OQR Program. In the CY 2021 final rule, we did not add or remove measures from the Hospital OQR Program measure set.

Listed here are the current claims-based measures for the OQR program.

On this slide we have the measures where data is submitted to CMS via a web-based tool. Remember, OP-31, the cataract measure, is voluntary. Also, OP-33, which is not listed on this slide, was removed previously in rulemaking beginning with the calendar year 2022 payment determination and for subsequent years. So, reporting is no longer required for the OP-33 measure.

Outpatient Quality Program Systems and Stakeholder Support Team

On this slide, we have the current chart-abstracted clinical measures for the Hospital OQR Program. The implementation of the survey measures OP-37a through 37e were delayed with the CY 2018 OP/ASC Final Rule and these measures continue in that status.

Karen

VanBourgonien: Shaili? Let me stop you here again. As we all know, COVID-19 has been an integral part of our healthcare system over the last year. So, we have been asked quite a bit, so I will defer to you for the answer. The question is, “Will there be any further changes for the programs, Hospital OQR and ASCQR, related to COVID-19?”

Shaili Patel: Thank you again, Karen, for the question. Hospitals may see changes related to COVID-19. Please refer to the upcoming the proposed rule for COVID-19 related changes applicable to the Hospital OQR and ASCQR Programs.

Karen

VanBourgonien: Thank you, Shaili. So, what I think I hear you saying is, if there are any changes, it will go through the rulemaking cycle. We will see that in July when the proposed rule is published. Correct?

Shaili Patel: That is correct.

Karen

VanBourgonien: Perfect. Thank you very much.

Shaili Patel: Now, we are going switch our focus to the ASC setting and discuss the finalized proposals specific to the ASCQR Program only.

In our previous rulemaking, we codified our existing policies regarding data collection and submission. In the CY 2021 proposed rule, we proposed to remove the phrase “data collection time period” in all instances where it appears and replace it with the phrase “data collection period” for language consistency.

Outpatient Quality Program Systems and Stakeholder Support Team

After consideration of the public comment received, we are finalizing this proposal. Use of the phrase “data collection period” will aid streamline, simplify, and avoid potential confusion.

Next, as we talked earlier for the Hospital OQR Program, let’s discuss changes in the review and corrections period as it relates to the ASCQR Program. Currently, under the ASCQR Program, measures submitted via a CMS web-based tool, ASCs can submit measure data to CMS from January 1 through May 15 during the calendar year subsequent to the current data collection period. So, you can begin submitting data as early as January first. ASCs are definitely encouraged, but not required, to submit data early in the submission period, so that they can identify errors and resubmit data before the established submission deadline.

In CY 2021, we proposed to implement and codify a review and corrections period which would run concurrently with the data submission period beginning with the effective date of this rule. After consideration of the comments received, we finalized this proposal. During this review and corrections period, ASCs can enter, review, and correct data submitted directly to CMS. However, after the submission deadline, ASCs will not be able to change these data.

In CY 2021 final rule, we did not add or remove any measures from the ASCQR Program.

The measures here and on the next few slides are in numeric order so that we can easily view and discuss them. The claims-based measures ASC-1 through ASC-4 were suspended, pending further rulemaking. The status of these measures remains unchanged.

You will continue to report for the ASC-9 measure. The next time you will need to submit data for ASC-9 will be beginning in January 2021, but no later than May 17, 2021.

ASC-11 remains voluntary. ASC-12 is claims-based and does not require active abstraction and reporting on the part of you and your ASC.

Outpatient Quality Program Systems and Stakeholder Support Team

For ASC-13 and ASC-14, there were no changes. You will continue to report these measures as you have been. ASC 13 and 14 are web-based measures. The OAS CAHPS measures, 15a through 15e measures, as with these measures in the Hospital OQR [Program] , remain delayed.

ASC-17 and ASC-18 are previously adopted claims-based measures, and their reporting will begin with the calendar year 2022 payment determination. ASC-19, a claims-based measure, will go into effect starting with calendar year 2024 payment determination year.

That concludes our discussion of the finalized proposals.

Karen

VanBourgonien: Thank you again, Shaili. We really appreciate your time. It is always nice to have CMS talk to us about the proposals and the finalized proposals that impact these programs.

So, we have some resources here. The direct link to the final rule in the *Federal Register* is here on the slide. OQR starts on page 314 of the PDF version, and the finalized proposals as they relate to the ASCQR Program start on page 322 of the PDF version.

Also, please remember you can find today's presentation and the slides on QualityReportingCenter.com, and we have the direct links here as well. So, we have some time. Anita, Dr. Bhatia, is here as well. So, Anita and Shaili, since we do have some time, do you mind addressing some questions from the chat box while we have some time?

Anita Bhatia: That would be great, Karen. Shaili and I can do that.

Karen

VanBourgonien: Perfect. Okay, so the first question is, "I am concerned about the proposal to codify the previously finalized policy to combine Hospital OQR Program data for multiple hospitals under the same CCN. I think CMS should publicly report data for individual facilities, not by the CCN." Shaili, would you be able to address that?

Outpatient Quality Program Systems and Stakeholder Support Team

Shaili Patel: Absolutely. CMS believes data should be reported by CCN, because it is difficult to identify cases by facilities since billing is done under CCNs. Under our current policy, we publish quality data by the corresponding hospital CCN and indicate instances where data from two or more hospitals are combined to form the publicly reported measures on the Care Compare website.

Karen

VanBourgondien: Thank you, Shaili. So, the next question is: “No new measures were added to the Hospital OQR or the ASC Quality Reporting Program. What about new quality measures for CMS to consider as well as measures to facilitate the comparison of care provided in ASCs and hospitals.? Why not require measures for surgical procedures that occur in both the ASCs and outpatient hospital settings be reflected in the measure sets of both programs?” So, for example, currently the Hospital OQR Program contains measures of surgical procedures that also occur in ASCs, but there isn’t a comparable measure in the ASCQR Program. So, Anita, can you address that?

Anita Bhatia: Yes, Karen. We agree that measures that facilitate the comparison of care provided in ASCs and hospitals are important and the request for measures of surgical procedures that occur in both settings to be reflected in both programs is warranted. Now, we do understand that such measures be allowed for analysis both settings for common surgical procedures. I do point out that these programs do contain several claims-based measures assessing hospital visits following a specified procedure. However, we agree that there are some surgical procedures that occur in both ASC and outpatient hospital settings that are not yet currently reflected in both programs’ measure sets. We will continue to evaluate these and take them into consideration as we determine future updates to both programs.

Outpatient Quality Program Systems and Stakeholder Support Team

Karen

VanBourgondien: Thank you so much, Anita. Some of these questions are involved. So, here's the question: Is CMS considering adopting measures related to patient and caregiver engagement, experience, and safety?" I say that because these measures would ensure providers deliver equitable, patient-centered care and provide patients and their caregivers a standardized way to compare providers and organizations. So, I don't know, Anita, can you address that as well?

Anita Bhatia: Yes, Karen, I can. I will answer this in relation to the ASC Quality Reporting Program. So, for the ASC Quality Reporting Program, we previously adopted measures ASC-15a-e. These measures assess patients' experience with care following a procedure or surgery in an ASC by rating patient experience as a means for empowering patients and improving the quality of their care. However, In the CY 2018 OPPI final rule with comment period, we finalized a delay in the implementation of these measures which constitutes the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems, referred to as OAS CAHPS, survey-based measures beginning with the CY 2020 payment determination, which corresponded to CY 2018 data collection, until further action in future rulemaking. We continue to investigate the feasibility of some comments we received in this rulemaking regarding the recommendation to focus on workforce safety measures for consideration toward future updates to our measure set.

Karen

VanBourgondien: Thank you so much, Anita. The next question is, "Why can't CMS extend the timeline for the review period by an additional month after the submission deadline? This would give us time to review and correct our data. Recent natural disasters have caused practices to prioritize patient care and facility operations over data submission, such that data may not be submitted until late in the submission period. This extra time would help to mitigate the impact of natural disasters and facilitate the improved integrity of the ASCQR Program data." So, sorry Anita. Can you take that one as well?

Outpatient Quality Program Systems and Stakeholder Support Team

Anita Bhatia: I can, Karen. Again, this question would also apply to the Hospital OQR Program. So, thank you for that suggestion in this question. The next data submission period for measures submitted via a CMS online data submission tool is from January 1 through May 17 of this year, 2021, and this is for the calendar year 2020 data. So, we note that the 17th data is extended because, as we finalized, we go to the first business day after the 15th as the 15th is on a Saturday this year. We believe that four and a half months should provide ample time to review, correct, and submit data. So that four and a half month time period, if a facility submits its data, it has time to review it and correct it if need be. If a facility is not able to submit data because it has experienced an extraordinary circumstance, such as a natural disaster, then the facility may request an exception under our Extraordinary Circumstance Exceptions (ECE) policy. If a facility decides to do that, they must complete and submit the ECE form, which stands for Extraordinary Circumstance Exceptions, along with any required information and supporting documentation, within 90 calendar days of the date of the extraordinary circumstance.

Karen

VanBourgondien: Thank you, Anita. Lots of information there. Thank you. The next question is, “If there is no difference in role function between Security Administrator (SA) and Security Official, or SO, why is this change needed?” Shaili, do you mind answering that question?

Shaili Patel: Sure, Karen. Thank you for the question. This is a change in terminology to align across programs and platforms. This update in terminology would not change the individual’s responsibilities or add burden. The term “Security Official” refers to the individuals who have responsibilities for security and account management requirements for a facility’s *QualityNet* account, as we covered previously. Note that for both the Hospital Outpatient and ASC Quality [Reporting] Programs a SA, or SO now, is an administrative requirement for setting up accounts and roles for data submission and report access.

Outpatient Quality Program Systems and Stakeholder Support Team

Karen

VanBourgondien: Thank you, Shaili. The next question: I have heard the reference CFR several times in the presentation. What is CFR and why is it important? Shaili, would you mind, can you take that?

Shaili Patel: Sure. For us, CFR is the standard acronym for the Code of Federal Regulations. This is the codification of the general and permanent rules published in the *Federal Register* by the executive departments and agencies of the Federal Government. CMS is one of these agencies. The CFR is divided into 50 titles that represent broad areas subject to federal regulation. Title 42 is the Public Health section and all finalized Hospital OQR and ASCQR Program codifications would be under CFR title 42.

Karen

VanBourgondien: Great. Thank you, Shaili. Okay, so the next question is: Why does CMS seek to codify policies? Isn't what is in the *Federal Register* good enough? So, I don't know, Anita, can you respond to that question?

Anita Bhatia: Karen, yes, I can, and you are correct that what is finalized in the *Federal Register* can be, quote unquote, "good enough". *Federal Register* language is called preamble. Preamble provides the agency's official justification for the regulations introduced and offers guidance about the regulation's meaning and application, and this does work for issuing program requirements, and we have done so for many years. However, as programs like ours continue, there can be a lot of preamble out there; the Hospital OQR Program first published requirements in the Calendar Year 2009 proposed rule and the ASCQR Program in the calendar year 2012 rule. So, codification places program requirements in one place for everyone. Further, regulation holds a higher level in terms of having the full force of the law, which provides a level legal field of knowledge with regard to finalized program policy.

Karen

VanBourgondien: Thank you, Anita. I just want to take a few minutes to let everybody know a few things. There are a lot of changes going on with the way you will be entering your data moving forward.

Outpatient Quality Program Systems and Stakeholder Support Team

Everybody is going to be entering their data through the Hospital Quality Reporting, or HQR, platform moving forward. ASCs had a little bit of a taste of this previously with the Next Generation, but there are a lot of system changes going on. So, we will be doing a webinar in the next few weeks, and we will walk you through this, both programs hospitals and ASCs. We will walk you through this and many other updates that are occurring. So, that will happen in the next few weeks. So, please make sure you are signed up for Listserves because that Listserve notification will be sent out letting you know the dates. You don't want to miss that because we are going to walk you through all of that. For the those of you who don't know, you must have a HARP ID in order to access the new HQR platform. So, stay tuned and wait for that Listserve on that educational component coming up. In the meantime, if you need help, don't struggle, don't stress, call us. Our number is 866.800.8756. Reach out, we will be glad to help you with anything you need.

Well, we thank you today everybody for joining us. I think that's all the time we have. Don't forget, we have the slides, and we will have a recording of this event, as well as a presentation transcript, with the questions and answers received in the chat box posted to our website, QualityReportingCenter.com, very soon.

Anita and Shaili, thank you so much for joining us today and discussing the finalized policies. We really appreciate your time.

So, that's all the time we have. Thanks again everyone. Have a great day!