Outpatient Quality Program Systems and Stakeholder Support

Support Contractor

You have Reached Your Destination: CY 2020 OPPS/ASC Final Rule

Questions & Answers

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Question: For ASC-18, regarding urology procedures, I am assuming this would include pediatric urology procedures?

Answer: No. This measure estimates a facility-level rate of risk-standardized, all-cause, unplanned hospital visits within 7 days of a urology surgery at an ASC among Medicare fee-for-service (FFS) patients aged 65 years and older.

Question: When do we stop abstracting for OP-33?

Answer: The last time you will report data for OP-33 will be this May. The deadline for that submission is May 15, 2020. This will be using the reporting period (patient encounters) of January 1, 2019 through December 31, 2019.

Question: For the ASC-18 measure, does this pertain to all surgeries, or just surgery that is performed under general anesthesia?

Answer: The target population for this measure is Medicare FFS patients aged 65 years and older undergoing outpatient urology surgeries, typically performed by a urologist, at ASCs.

Question: I believe that the last time we provide data for OP-33 will be through Q4 2019. Is that correct?

Answer: OP-33 is a web-based measure and is reported annually. So, the last time you will report data for OP-33 will be this May. The deadline for that submission is May 15, 2020. This will be using the reporting period (patient encounters) of January 1, 2019 through December 31, 2019.

Question: How are data for the ASC-19 measure reported, through the hospital admission?

Answer: The ASC-19 measure is claims-based, for patients aged 65 years of age and older, and uses Part A and Part B Medicare administrative claims and Medicare enrollment data to calculate the measure. The measure data are collected via claims so ASCs will not need to submit any additional data directly to CMS.

Question: Is OP-31 remaining voluntary?

Answer: Yes, OP-31 remains voluntary.

Question: Is ASC-19 a claims-based measure? I didn't see it when I was entering my reporting yesterday.

Answer: Yes, ASC-19 is a claims-based measure. There is no submission requirement on the part of the facility. This measure will begin with calendar year (CY) 2024 payment determination.

Question: How do we find out how we did for the dry run for ASC-19?

Answer: After the dry-run, a confidential report will be provided to the facility with patient-level data for review and feedback. These confidential dry-run results are not publicly reported and do not affect payment.

Question: Measures ASC-1, -2, -3, and -4 were suspended this past year. Are they coming back or are we still waiting to see what needs to be done for the ASC reporting?

Answer: ASC-1 through ASC-4 were suspended and continue in that status. What was asked in the Proposed Rule and published in the Final Rule were comments on the measure and possible submission venue. Any required reporting for this measure will have to go through the rule making process in future years.

Question: For ASC-18, is this a two-year timeframe for claims-based data collection as well? Or just one year.

Answer: Yes, ASC-18 uses a two-year data collection period.

Question: Are transfers from an ASC to the hospital included in the ASC-18. Or are they separate?

Answer: Data for this measure are collected via paid Medicare claims that meet measure criteria. The target population for this measure is Medicare FFS patients aged 65 years and older undergoing outpatient urology surgeries, typically performed by a urologist, at ASCs.

Question: Can you please clarify ASC-1 through ASC-4? Are ASCs no longer required to submit data on their claims for these measures?

Answer: ASC-1 through ASC-4 were suspended beginning in the CY 2021 payment determination year and continue in that status. What was asked in the Proposed Rule and published in the Final Rule were comments on the measure and possible submission venue. Any required reporting for this measure will have to go through the rule making process in future years.

Question: How does OP-36 measure effect payment for CY 2020? Is there a penalty based on the results or is it an adjustment if this is not reported in the Hospital OQR Program?

Answer: The Hospital OQR Program is not a pay-for-performance program. To meet the program requirements, you are required to submit data for the designated measures. There is no penalty or adjustment based on the data submitted. However, if you do not report data for the required measures you will not meet program requirements which would affect your Annual Payment Update.

Question: Why didn't you discuss OP-30?

Answer: OP-30 was removed last year in the CY 2019 Final Rule. You will no longer report data for this measure.

Question: Regarding slide 21, does CY 2021 payment determination cover data collected in 2019?

Answer: Yes, for web-based measures, you will use the reporting period (patient encounters) of January 1, 2019 through December 31, 2019. These data are reported by the submission deadline of May 15, 2020 for the CY 2021 payment determination.

Question: Are ASC-17 and ASC-18 calculated via claims or do we have to report?

Answer: Both measures are claims-based and require no manual abstraction or reporting on the part of the ASC. Data is collected via paid Medicare claims.

Question: Do we have to submit data for ASC-12?

Answer: The ASC-12 measure is a claims-based measure and requires no manual abstraction on the part of the ASC.

Question: If ASC-1 through ASC-4 is adopted for the Hospital OQR Program, will these measures be chart-abstracted measures or claim-based?

Answer: What was asked in the Proposed Rule and published in the Final Rule were comments on the measure and possible submission venue. Any required reporting for this measure will have to go through the rulemaking process.

Question: Why does OP-32 include readmissions/ED Visits for reasons unrelated to the Colonoscopy? For example, five days after a colonoscopy a patient falls and incurs a laceration.

Answer: The outcome for this measure is all-cause, unplanned hospital visits within 7 days of an outpatient colonoscopy. The measure defines a hospital visit as any emergency department (ED) visit, observation stay, or unplanned inpatient admission and is risk-adjusted. There are exclusions. Please review the measure information form for details on how this measure is calculated. This can be found in the Specifications Manual found on QualityNet.