

# Program Background

## CMS Quality Initiatives

### *Background*

The Medicare Improvements and Extension Act under Division B of Title I of the Tax Relief and Health Care Act (MIEA-TRHCA) of 2006 (Pub. L. 109–432), enacted on December 20, 2006 authorized The Centers for Medicare & Medicaid Services (CMS) to have a program under which hospitals may report data on the quality of outpatient care using standardized measures to receive the full annual payment update (APU) under the Outpatient Prospective Payment System (OPPS). The program established under the Calendar Year (CY) 2009 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center (ASC) Payment Systems Final Rule and supported by this manual is the Hospital Outpatient Quality Reporting (OQR) Program, formerly known as the Hospital Outpatient Quality Data Reporting Program (HOP QDRP).

### *Quality Reporting*

The Hospital OQR Program seeks to collect data and publicly report on quality metrics so that the information is available to support consumer decision-making and provider improvements regarding the quality and efficiency of care in this setting.

## Related Activities

### *Measure Development*

Sections 1833(i)(7)(B) and 1833(t)(17)(C)(i) of the Act requires the Secretary to develop measures appropriate for the measurement of the quality of care furnished by hospitals in outpatient settings, and that measures reflect consensus among affected parties. Measures are not required to be endorsed by any national consensus-based entity. Consensus among affected parties can be achieved in other ways, including input from the consensus-based entity's measure review process, measure development process, through broad acceptance and use of the measure(s), and through public comment.

### *Measures Management System*

The Measures Management System (MMS) is a standardized system for developing and maintaining the quality measures used in various CMS initiatives and programs. MMS also supports quality-related activities across the agency. Quality measures are tools that help improve the quality of healthcare through an approach that is consistent and accountable. The primary goals of the MMS are to:

- Provide support and guidance to measure developers to help them produce high caliber healthcare quality measures, and
- Educate and inform interested parties to promote involvement in and awareness of the Measure Lifecycle.

### *Electronic Clinical Quality Measures (eCQM)*

Beginning with Calendar Year (CY) 2023 reporting period, hospitals were provided the opportunity to voluntarily submit data for OP-40: ST-elevation myocardial infarction (STEMI), an electronic clinical quality measure (eCQM), in the Hospital OQR program. Beginning with CY 2024 reporting period, hospitals will be required to report one self-selected calendar quarter of data. For CY 2025 reporting period the requirement increases to two self-selected calendar quarters of data, followed by three required quarters in CY 2026 and all four quarters beginning with CY 2027 reporting period and subsequent years. For more information on the adoption of OP-40 eCQM, please refer to the CY 2022 OPPS/ASC Final Rule, beginning on page 63837, published in the [Federal Register](#).

Refer to the Technical Specifications and Resources for the CMS Quality Reporting Document Architecture (QRDA) Category I Implementation Guide for the applicable reporting period, measure specification information, and program resources to support successful eCQM reporting on the [eCQI Resource Center](#).

### ***Outpatient and Ambulatory Surgery Consumer Assessment (OAS CAHPS)***

The OAS CAHPS initiative was developed as a patient-experience-of-care survey for patients who had surgery or a procedure at a hospital outpatient department (HOPD) or an ambulatory surgery center (ASC). Prior to OAS CAHPS, there was no standardized survey instrument to assess patient experience with outpatient surgical care received at HOPDs and ASCs. Hospitals contract with a CMS-approved OAS CAHPS Survey vendor to conduct the survey. A list of approved survey vendors is available at the following link: <https://oascahps.org/General-Information/Approved-Survey-Vendors>.

Beginning with CY 2023 reporting period, hospitals were provided the opportunity to voluntarily submit data for the OAS CAHPS survey.

Beginning with CY 2024 reporting period, hospitals will be required to report quarterly data by the submission deadlines provided on the [OAS CAHPS](#) website.

### ***Paperwork Reduction Act (PRA) Disclosure***

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