

CY 2023 Hospital OPPS/ASC Proposed Rule



Streaming Through the Rule



Speakers

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Learning Objectives: Network Lineup

Attendees will be able to:

- List the Requests for Information (RFI) and Request for Comment (RFC) topics related to the Hospital Outpatient Quality Reporting (OQR) and Rural Emergency Hospital Quality Reporting (REHQR) Programs included in the Calendar Year (CY) 2023 Hospital Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Payment System (CY2023 OPPS/ASC proposed rule).
- List the Hospital OQR and REHQR Programs related proposals in the CY20223 OPPS/ASC proposed rule.
- Locate the CY 2023 OPPS/ASC Proposed Rule in the *Federal Register*.
- Recall the steps to submit public comments via the Federal Docket Management System (FDMS).

Guidance

- We will discuss the proposed updates for the Hospital OQR Program in the CY 2023 OPPS/ASC proposed rule published in the *Federal Register* on July 26, 2022.
- CMS encourages stakeholders, advocates, and others to refer to the proposed rule, located in the [*Federal Register*](#).
- Comment period closes on September 13, 2022. We encourage you to provide comments by visiting <http://www.regulations.gov> and following the “Submit a comment” instructions.



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FEEDBACK

COMMENTS AND QUESTIONS

OQR

TODAY'S PROGRAMMING LINEUP



Cross-Program RFI & RFC
on Topics for Future
Consideration

Shaili Patel, MPH

Overarching Principles for Measuring Healthcare Quality Disparities Across CMS Quality Programs



Five Areas Addressing Disparities and Advancing Healthcare Equity

Area	Description
Identification of Goals and Approaches for Measuring Healthcare Disparities and Using Measure Stratification Across CMS Programs	Approaches for measuring healthcare disparities through measure stratification
Guiding Principles for Selecting and Prioritizing Measures for Disparity Reporting Across CMS Programs	Considerations that could inform the selection of measures to prioritize for stratification
Principles for Social Risk Factor and Demographic Data Selection and Use	Describes demographic data and types of social risk factor that could be used in stratifying measures for healthcare disparity measurement
Identification of Meaningful Performance Differences	Reviews strategies for identifying meaningful differences in performance when measure results are stratified
Guiding Principles for Reporting Disparity Results	Reviews considerations on how quality programs will report measure results stratified by social risk factors and demographic variables to healthcare providers, and ways reporting strategies could hold providers accountable for disparities



Finding the Cross-Program RFI

- The RFI is in the Fiscal Year (FY) 2023 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule (87 FR 48780).
- See the *Federal Register* for the PDF version:
<https://www.govinfo.gov/content/pkg/FR-2022-08-10/pdf/2022-16472.pdf>

OP-26: Hospital Outpatient Volume on Selected Outpatient Surgical Procedures Measure (RFC)

Request for comment on the reimplementation of OP-26 or adoption of another volume indicator measure. Specifically, seek comment on:

- The usefulness of including a volume indicator in the Hospital OQR Program measure set and publicly reporting volume data.
- Input on the mechanism of volume data collection and submission, including, feasibility, anticipated barriers and solutions to data collection and submission.
- Considerations for designing a volume indicator to reduce collection burden and improve data accuracy.
- Potential reporting of volume by procedure type, instead of total surgical procedure volume data for select categories, and which procedures would benefit from volume reporting.
- The usefulness of Medicare versus non-Medicare reporting versus other or additional categories for reporting.
- An appropriate timeline for implementing and publicly reporting the data

Considerations

- Importance of volume as a component of quality
- Shifts from inpatient to outpatient settings
- Provides information by procedure and category for beneficiaries and interested parties
- Provides the ability to track volume changes
- Provides important quality of care information including procedures related to pain management

CY 2023 OPPS/ASC Proposed Rule



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NEWS

REALITY TV

LOCAL PROGRAMMING

OQR

TODAY'S PROGRAMMING LINEUP



Proposal to Previously
Adopted Measure



Form, Manner, and Timing of
Data Submitted



Proposal to Previously
Adopted Measure

OP-31: Cataracts: Improvement in Patient's Visual Function Within 90 days Following Cataract Surgery



Proposal to change the OP-31 measure from mandatory to voluntary beginning with the CY 2025 reporting period/CY 2027 payment determination.

- CMS will consider mandatory reporting of this important cross-setting patient reported outcome measure of functional status in future rulemaking
- Hospitals would not be subject to a payment reduction for failing to report during the voluntary reporting periods.

Considerations



Concerns of reporting burden due to the COVID-19 pandemic

- Ongoing staffing and medical supply shortages
- Changes in patient case volumes
- Shortages have lasted longer than expected



Form, Manner, and Timing of Data Submitted

Aligning Encounter Quarters



Proposal to align Hospital OQR Program patient encounter quarters for chart-abstracted measures to the calendar year:

- This would begin with the CY 2024 reporting period/CY 2026 payment determination.
- All four quarters of data would be based on the calendar year two years prior to the payment year.
- Transition would use three quarters of data for the CY 2023 reporting period/CY 2025 payment determination.
- Submission deadlines would not change.

Considerations



- Aligns the patient encounter quarters with the Hospital Inpatient Quality Reporting (IQR) Program
- Addresses confusion among hospitals regarding submission deadlines and reporting quarters
- Provides more time for Annual Payment Update (APU) determinations

Current vs. Proposed State



Current State (CY 2024 Payment Determination)

Patient Encounter Quarter	Clinical Submission Deadline*
Q2 2022 (April 1–June 30)	11/1/2023**
Q3 2022 (July 1–September 30)	2/1/2024**
Q4 2022 (October 1–December 31)	5/1/2024**
Q1 2023 (January 1–March 31)	8/1/2024**

Proposed Future State (CY 2025 Payment Determination)

Patient Encounter Quarter	Clinical Submission Deadline*
Q2 2023 (April 1–June 30)	11/1/2023**
Q3 2023 (July 1–September 30)	2/1/2024**
Q4 2023 (October 1–December 31)	5/1/2024**

Only three quarters would be used.

*All deadlines on a Saturday, Sunday, or legal holiday, or on any other day all or part of which is declared to be a nonwork day for federal employees by statute or executive order would be extended to the first day thereafter.

**The August 1, November 1, February 1, and May 1 deadlines are recurring.

Proposed Future State



CY 2026 Payment Determination

Patient Encounter Quarter	Clinical Submission Deadline*
Q1 2024 (January 1–March 31)	8/1/2024**
Q2 2024 (April 1–June 30)	11/1/2024**
Q3 2024 (July 1–September 30)	2/1/2025**
Q4 2024 (October 1–December 31)	5/1/2025**

Additional tables are found in the proposed rule.

*All deadlines on a Saturday, Sunday, or legal holiday, or on any other day all or part of which is declared to be a nonwork day for federal employees by statute or executive order would be extended to the first day thereafter.

**The August 1, November 1, February 1, and May 1 deadlines are recurring.

Validation: Targeting Criteria



Proposal to add a new criterion beginning with validations affecting the CY 2023 reporting period/CY 2025 payment determination:

- Hospitals with less than four quarters of data due an Extraordinary Circumstance Exception (ECE) for one or more quarters and with a two-tailed confidence interval less than 75 percent would be targeted.
- Regulation 42 CFR 419.46(f)(3) would be revised to add: **“Any hospital with a two-tailed confidence interval that is less than 75 percent, and that had less than four quarters of data due to receiving an ECE for one or more quarters”**

Considerations



- This would appropriately address instances when hospitals submit fewer than four quarters of data due to an ECE.
- Validation results could be considered inconclusive for a payment determination.



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RURAL STORIES

INNOVATIONS

OQR

TODAY'S PROGRAMMING LINEUP



Request for Comment on
Potential Measures



Request for Comment on
Additional Topics and Measures



Administrative Requirements

Anita J. Bhatia PhD, MPH

Legislation



Social Security Act, section 1861 (kkk)(7), as added by section 125 Division of CC of the Consolidated Appropriations Act (CAA), requires:

- Establishment of quality measurement reporting requirements, including claims-based measures or patient experience surveys
- Submission of quality measure data to be publicly available

Quality Measures



Seek to adopt relevant measures that will:

- Inform consumers in the decision making
- Further quality improvement efforts
- Provide sufficient volume information to meet case thresholds for public reporting.
- National Quality Forum (NQF) endorsement is preferred but non-endorsed measures useable when no endorsed measure for a specific topic available.

Considerations



- Limiting burden:
 - Using Medicare claims-based measures
 - Using digital quality measures in place of chart-abstraction
 - Aligning payers
- Measures should reflect REH services
 - e.g., Emergency Department, Surgical and Diagnostic Procedures
- Sufficient case/service volume for measure reliability and public reporting thresholds



Request for Comment:
Potential Measures

For Comment: Quality Measures

- OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival
- OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention
 - ST-Segment Elevation Myocardial Infraction (STEMI) eCQM replacing OP-2 and OP-3
- OP-4: Aspirin on Arrival
- OP-18: Median Time from Emergency Department (ED) Arrival to ED departure for Discharged ED Patients

Additional information regarding these measures can be found in the tables in the proposed rule.

For Comment: Quality Measures

- OP-22: Left Without Being Seen
- OP-10: Abdomen Computed Tomography (CT) – Use of Contrast Material
- OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

Emergency Dept Transfer Communications (EDTC) Measure



- Vital in assessing how well key patient information is communicated
- Applicable to patients with a wide range of medical conditions
- Relevant for internal quality improvement and external reporting to beneficiaries
- Important for sharing information with receiving facilities in a timely and adequate manner



Request for Comment:
Additional Topics and Measures

For Comment: Additional Measure Topics

- Telehealth
- Maternal Health
- Mental Health
- ED Services
 - Emergency Department Utilization
 - Unplanned ED returns or “bounce-backs”
- Small case numbers
- Healthcare Equity



Administrative Requirements

Administrative Proposals

- Have an account for data submission purposes
- Have Security Official (SO) to submit data or set up accounts for data submission on Hospital Quality Reporting (HQR) System
 - With a current account, the REH can update the account with the new REH CMS Certification Number (CCN).
 - With no account, a new account will be required.
- Maintaining an SO will not be a requirement

Request SO access for new REH CCNs by following the instructions on QualityNet here:
<https://qualitynet.cms.gov/getting-started>

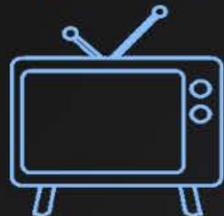
TODAY'S PROGRAMMING LINEUP



The Comment Period



Locating the Rule



Submitting Comments



The Comment Period and Accessing the Rule

Comment Period

- Comments must be received by September 13, 2022
- Electronic submission of comments encouraged
 - Comments may also be submitted by regular mail, express mail, or overnight mail to the designated addresses provided
- Responses to comments will be in the final rule

Accessing the *Federal Register*

- On-line in the [Federal Register](#)
- PDF; Hospital OQR Program begins at section XIV, page 226.
- PDF; REHQR Program begins at section XVI, page 254
- Addenda available at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices>



Commenting
www.regulations.gov

Accessing the Rule

From the *Federal Register*, select the green **Submit A Formal Comment** box.

Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Acquisition; Rural Emergency Hospitals: Payment Policies, Conditions of Participation, Provider Enrollment, Physician Self-Referral; New Service Category for Hospital Outpatient Department Prior Authorization Process; Overall Hospital Quality Star Rating

A Proposed Rule by the [Centers for Medicare & Medicaid Services](#) on 07/26/2022

This document has a comment period that ends in 49 days. (09/13/2022)

SUBMIT A FORMAL COMMENT

PUBLISHED DOCUMENT Start Printed Page 44502

AGENCY:
Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION:
Proposed rule.

SUMMARY:
This proposed rule would revise the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for Calendar Year (CY) 2023 based on our continuing experience with these systems. In this proposed rule, we describe the changes to the amounts and factors used to determine the payment rates for Medicare services paid under the OPPS and those paid under the ASC payment system. Also, this proposed rule would update and refine the requirements for the Hospital Outpatient Quality Reporting (OQR) Program, the ASC Quality Reporting (ASCQR) Program, and the Rural Emergency Hospital Quality

DOCUMENT DETAILS

Printed version:
PDF

Publication Date:
07/26/2022

Agencies:
[Centers for Medicare & Medicaid Services](#)

Dates:
To be assured consideration, comments must be received at one of the addresses provided below, by September 13, 2022.

Comments Close:
09/13/2022

Document Type:
Proposed Rule

Document Citation:
87 FR 44502

Page:
44502-44843 (342 pages)

CFR:
42 CFR 405

Entering Your Comment



Enter your comment in the **Comment** field. You can also attach files.

A screenshot of the Regulations.gov comment submission form. The form is titled "You are submitting an official comment to Regulations.gov." and includes a "close comment form" link. It contains a thank-you message, instructions on how to submit a comment, and a link to alternative ways to comment. The main form area includes a "Comment" field (highlighted with a red box), a "What is your comment about?" dropdown menu, an "Upload File(s)" section with a "+ Add a file" button and a note about attaching files, and an "Email" field with a note that the email will not be posted on Regulations.gov. There is also a checkbox for "Opt to receive email confirmation of submission and tracking number?".

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RERUNS

GREAT MOMENTS

CLASSICS

OQR

TODAY'S PROGRAMMING LINEUP



Hospital Measure Set



Measures Coming Soon



Upcoming Deadlines

Hospital OQR Program Measure Set

CY 2024 Payment Determination



OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival*	OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention*	OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery**
OP-8: Magnetic Resonance Imaging (MRI) Lumbar Spine for Low Back Pain	OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
OP-10: Abdomen CT – Use of Contrast Material	OP-35: Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy
OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low-Risk Surgery	OP-36: Hospital Visits after Hospital Outpatient Surgery
OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients	OP-38: COVID-19 Vaccination Coverage Among Health Care Personnel
OP-22: Left Without Being Seen	OP-39: Breast Cancer Screening Recall Rates
OP-23: Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival	

*Finalized to be removed with CY 2023 reporting period/CY 2025 Payment determination

**Proposed to be voluntarily reported

Hospital OQR Program Measure Set

CY 2025 Payment Determination



OP-8: MRI Lumbar Spine for Low Back Pain	OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
OP-10: Abdomen CT–Use of Contrast Material	OP-35: Admissions and Emergency ED Visits for Patients Receiving Outpatient Chemotherapy
OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low-Risk Surgery	OP-36: Hospital Visits after Hospital Outpatient Surgery
OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients	OP-37a-e: Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery (OAS CAHPS®) Survey
OP-22: Left Without Being Seen	OP-38: COVID-19 Vaccination Coverage Among Health Care Personnel
OP-23: Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival	OP-39: Breast Cancer Screening Recall Rates
OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	OP-40: STEMI eCQM
OP-31: Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery*	

*Proposed voluntary reporting

Measures Coming Soon



Submission of OAS CAHPS: CY 2025 Payment Determination

Measure Name	Reporting Period
OP-37a: About Facilities and Staff	<p>Voluntary reporting begins with CY 2023 reporting period/CY 2025 payment determination.</p> <p>Mandatory reporting begins with CY 2024 reporting period for the 2026 payment year.</p>
OP-37b: Communication About Procedure	
OP-37c: Preparation for Discharge and Recovery	
OP-37d: Overall Rating of Facility	
OP-37e: Recommendation of Facility	

Submission of eCQM: CY 2025 Payment Determination

Measure Name	Reporting Period
OP-40: STEMI eCQM	<p>Voluntary reporting begins with CY 2023 reporting period/2025 payment determination.</p> <p>Mandatory reporting begins with CY 2024 reporting period/2026 payment determination.</p>

Upcoming Deadlines



Measure	Reporting Period	Submission Deadline
Chart-Abstracted Measures		
OP-2*	For Q2 2022 April 1–June 30, 2022	Nov 1, 2022
OP-3*		
OP-18		
OP-23		
Web-Based Measures: National Healthcare Safety Network (NHSN)		
OP-38	April 1–July 31, 2022	Nov 15, 2022

*Report data for OP-2 and OP-3 until August 1, 2023.

Support



- For program-related questions, contact the support team:
 - 866.800.5756
 - Question & Answer tool:
https://cmsqualitysupport.servicenowservices.com/qnet_qa
- For NHSN-related questions, contact the support team:
NHSN@cdc.gov



Thank You



Continuing Education Approval

- This program has been approved for one credit for the following boards:
- **National credit**
 - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
 - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
 - Board of Registered Nursing
 - Board of Nursing Home Administrators
 - Board of Dietetics and Nutrition Practice Council
 - Board of Pharmacy
- **Note:** To verify approval for any other state, license, or certification, please check with your licensing or certification board.

Acronyms

APU	Annual Payment Update	HEDIS	Health Effectiveness Data and Information Set
ASC	ambulatory surgical center	HHS	U.S. Department of Health and Human Services
ASCQR	Ambulatory Surgical Center Quality Reporting	IPPS	inpatient prospective payment system
CAA	Consolidated Appropriations Act	IQR	inpatient quality reporting
CCN	CMS Certification Number	LTCH	Long-Term Care Hospital
CFR	Code of Federal Regulations	MBQIP	Medicare Beneficiary Quality Improvement
CMS	Centers for Medicare & Medicaid Services	MRI	magnetic resonance imaging
CT	Computed Tomography	NHSN	National Healthcare Safety Network
CY	calendar year	NQF	National Quality Forum
dQM	Digital Quality Measure	OAS CAHPS	Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery
ECE	Extraordinary Circumstance Exception	OPPS	outpatient prospective payment system
eCQM	electronic clinical quality measure	OQR	outpatient quality reporting
ED	emergency department	PPS	prospective payment system
EDTC	Emergency Department Transfer Communications	Q	quarter
EDU	Emergency Department Utilization	REH	Rural Emergency Hospital
ESRD	end-stage renal disease	REHQR	Rural Emergency Hospital Quality Reporting
FHIR	Fast Healthcare Interoperability Resources	RFI	Request for Information
FR	<i>Federal Register</i>	SO	Security Official
FY	fiscal year	STEMI	ST-Segment Elevation Myocardial Infraction

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