CY 2016 OPPS/ASC Final Rule: OQR Program

Presentation

Moderator:
Marty Ball, RN
Program Manager, HSAG

Speaker(s):
Elizabeth Bainger, MS, RN, CPHQ
Vinitha Meyyer, PhD

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Marty Ball:	Thank you, Matt. Hello, and welcome to the Hospital Outpatient Quality Reporting Program webinar. Thank you for joining us today. My name is Marty Ball, and I am the Project Manager for the Hospital OQR Program.

If you've not yet downloaded today's slides and handouts, you can get them from our website at qualityreportingcenter.com. Go to the **Events** banner on the right side of the page. Click on **Today's Events**, and this will direct you to the link that will allow you to access and print the handouts for today's webinar.

As you can see, we are live streaming. However, the phone lines are available should you need them.

Before we begin today, I would like to highlight some important dates and announcements. On December 16th, CMS will be presenting a webinar on the measure development process and how public involvement is essential in these measures with development and implementation.

On January 20, 2016, we will be presenting the Hospital OQR Specifications Manual update webinar.

February 1, 2016, is the deadline for clinical data and population and sampling submission from Quarter 3 2015 encounters. This is for the patient encounters from July 1st to September 30, 2015.

We cannot stress enough how important it is to not wait until the last minute for your data submission because the QualityNet website gets very busy and slows down considerably during submission times. We do not want to see anyone have an untimely submission due to technical difficulties. So again, please do not wait until the last minute. CMS provides a lengthy submission period. Please take advantage of that. Additional information and webinars for this program will be issued through the ListServe by the Support Contractor.

The learning objectives for this program are listed here on this 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 of today's program will be posted at www.qualityreportingcenter.com at a later date.

During the presentation, as stated earlier, if you have a question, please put that question in the chat box located on the left side of the screen. One of our subject matter experts will respond. Again, by having live chat, we hope to accommodate your questions timely and have real-time feedback. Some of the questions will be shared at the end of the presentation.

Today, I'm pleased to announce our speakers for this presentation. Elizabeth Bainger joined CMS in June 2014 to become the Program Lead for the Hospital Outpatient Quality Reporting Program. She is currently pursuing her doctorate in nursing practice at the University of Maryland with an administrative focus on quality improvement. She has a broad clinical background including behavioral health, ambulatory surgical, cardiac care, critical care, and nursing education. Elizabeth also served as

a flight nurse instructor in the Air Force for 10 years. Elizabeth's quality improvement background includes a position as a performance improvement coordinator and senior abstraction specialist. She is a certified professional in health quality and a member of the National Association of Healthcare Quality.

Also speaking today is Vinitha Meyyur. She is a healthcare researcher specializing in research, program evaluation, quantitative data analysis, survey and measure development, contract management, and outcomes research with more than 14 years of experience working on U.S. Department of Health and Human Services projects. She joined CMS in 2013 and is the measures lead for the Hospital OQR Program. Dr. Meyyur received her PhD in health services research from Old Dominion University.

Without further ado, I will turn the floor over to our first speaker, Elizabeth Bainger.

Elizabeth Bainger: Hi, everyone. This is Elizabeth Bainger. Thank you for joining us today, and I want to extend a warm welcome to Dr. Meyyur for joining us, too. During this presentation, the team at HSAG will look at questions that are trending, and we will answer those questions at the end of the presentation via the phone line.

Please keep in mind, and this seems to have become my standard disclaimer, that this slide deck and the transcript that will be provided are not stand-alone resources. If you have any questions, please refer to the Final Rule. That should be your primary resource, so let's get right to our first objective which is locating the Final Rule.

This slide shows the home page for the *Federal Register*. To reference the *Federal Register*, you cite the volume number, then "FR," and then the page number. So in this screenshot in the red block up at the top right

corner, you can see that we're going to search for volume 80 of the *Federal Register*, page 70502. Next, you would click the magnifying glass to start your search.

And this is what you'll see. It takes you directly to the Final Rule. I've highlighted a box that starts with the words "Jump directly to." But before we discuss this feature, I'd like you to look at the line just above that box.

Do you see the page numbers there? That's telling you that the Final Rule begins on page 70297 and ends on page 70607. It's a really long document and includes a lot of information about billing and payment practices, including the two-midnight rule. But those topics are beyond the scope of this presentation.

I just want you to be aware that the Hospital OQR portion is really just a small part of this Final Rule. Let's look again at the highlighted box that reads "Jump directly to" page 70502. When you click on the page number, it will take you directly to that page.

Scroll down a bit and you will see the start of the Hospital OQR portion. It starts with Roman numeral XIII. Now this part of the Final Rule is one long column of text. Some people like to view the rule this way. But then other people prefer to view the rule as a PDF. So let's go back to the previous slide.

This time, I've highlighted the PDF link. And when you click it, it takes you to the PDF version of volume 80 of the *Federal Register*. I think somebody asked me what the "80" stands for. The "80" is standing for the volume.

So we're in the PDF version of volume 80 of the *Federal Register*. And you can use the "Find" feature to look for page 70502 which is the first page of the Hospital OQR portion of the Final Rule. And there you go.

You can see that we're in volume 80 of the *Federal Register*, page 70502, and the Hospital OQR portion of the rule starts with Roman numeral XIII.

I didn't include it in this screenshot. Before we move on, I want you to note that if you download the PDF document itself, you'll find it contains 311 pages. The Hospital OQR portion begins on page 206 of the PDF.

Now, let's look at some of the measure changes associated with the OPPS/ASCQR Final Rule.

OP-33 is the External Beam Radiotherapy, or EBRT, measure for Bone Metastases. It looks at the percentage of patients with painful bone metastases and no history of previous radiation who received EBRT with an acceptable dosing schedule. Data for this measure will be submitted only through the CMS web-based tool. OP-33 is finalized for the 2018 payment determination and subsequent years. Submission begins with January 1, 2016, patient encounters.

I want to make a note before we move on to the next slide. I have a couple of policy points regarding this measure. First, I'd like to mention that when we proposed this measure, we had indicated two options for data submission. The first was that facilities could submit data via the CMS web-based tool, and the second was that vendors would have the option of submitting an aggregate data file via the QualityNet infrastructure.

However, we recently identified that at this time our IT infrastructure cannot accommodate the proposed second option. Therefore, we are only allowing data to be submitted via the CMS web-based tool.

Another point I'd like -- and I'll mention this again later -- is that the deadline for data submitted via the CMS web-based tool has been changed to May 15th. So, for the calendar year 2018 payment determination, the

data submission window would be January 1, 2017 through May 15, 2017 for the January 1, 2016 to December 31, 2016 encounter period.

Now, I'm going to pass the conversation over to our measures lead, Vinitha Meyyur, so that she can discuss this measure in more detail. Dr. Meyyur…

Vinitha Meyyur: Thank you, Elizabeth. This is Vinitha Meyyur. To address concerns associated with unnecessary exposure to radiation and a desire for shorter and less painful treatment options, we finalized OP-33, the EBRT measure. I'd like to give you a little background about this measure.

In 2009, the American Society for Radiation Oncology organized a task force to perform an assessment of the then current practices in order to address the lack of palliative radiotherapy guidelines. An international survey of radiation oncologists found more than 100 different dose schedules in use. Many studies support the conclusion that shorter EBRT schedules produce similar pain relief outcomes when compared to longer EBRT. Furthermore, patients prefer shorter EBRT schedules because of their convenience, increased tolerability, and reduced side effects.

The PCHQR Program adopted the EBRT measure for the fiscal year 2017 program and subsequent years. This measure has been and continues to be specified for and tested in both the Hospital Outpatient setting and the Cancer Hospital setting. It has been rigorously tested, is NQF-endorsed, and is supported by the Measures Application Partnership for implementation in the Hospital Outpatient department setting.

We feel that implementing this measure will address radiation overuse and promote patient safety. CMS feels that the specifications are sufficiently detailed and ready for immediate implementation in the Hospital Outpatient setting. The measures steward has maintained this measure to address best clinical practices.

Detailed specifications can be found at the NQF website using the first link provided on this slide. This is where you will find information about determining the numerator and denominator, exclusion criteria, and much more. I would also like to refer you to the measure specifications that the PCHQR Program has adopted which can be located using the second link provided on this slide.

I want to encourage you to explore the links found in the Final Rule regarding this measure. As Elizabeth mentioned at the start, the rule represents your go- to resource. For instance, one of the links that you'll find in the rule leads you to a measure submission and evaluation worksheet which includes a data collection tool. You may find that helpful. Please take the time to study the resources that have been linked to the Final Rule.

Now I'd like to briefly mention a measure that we had proposed to begin with the calendar year 2019 payment determination but then did not finalize. The EDTC measure looks at the percentage of patients transferred to another healthcare facility whose medical record documentation indicated that administrative and clinical information was communicated to the receiving facility in an appropriate time frame. CMS strongly believes that the EDTC measure is a valuable measure and that it would increase the quality of care provided to patients, reduce avoidable readmissions, and increase patient safety.

Please do not interpret our decision not to finalize this measure as lack of support regarding the importance of care transitions. After considering the comments received, we are not finalizing a proposal to adopt OP-34 for the calendar year 2019 payment determination and subsequent years as proposed, due to a combination of three concerns.

The first one is the overlap with the Meaningful Use requirements, the second reason being the burden of abstracting 27 data elements, and the third is the complexity of the scoring methodology. However, because we believe care coordination in the emergency department setting is an important aspect for quality measurement, if the measure is electronically specified in the future, we may consider proposing it or a similar measure addressing this topic in future rulemaking.

Elizabeth Bainger: Vinitha, do you mind if I jump in here? I'd like to take this opportunity to shamelessly plug the webinar that we're presenting in December. Last year was my first experience with rulemaking, and I saw then how public comments shape the Final Rule.

You might remember that last year the program had proposed to remove the Aspirin on Arrival measure. But after receiving public comment, we took a deeper dive into the data, and we decided to retain it. That got me to thinking of the many opportunities people -- like everyone listening right now -- the many opportunities that they have to impact measure development and implementation.

I will be discussing this in December, and I will inform pparticipants of other opportunities besides commenting on rule proposals -- other opportunities to impact the development, implementation and continued use of measures here at CMS. The proposed EDTC measure is a perfect example of this.

When we proposed the measure, we had recognized the burden involved in abstracting and scoring it. We believe that delaying this measure until the calendar year 2019 payment determination would have allowed facilities the additional time they needed to implement it. However, in light of public comment, we came to acknowledge that delayed implementation may not sufficiently address these concerns.

In addition, other commenters asserted that the EDTC measure overlaps significantly with the EHR incentive program Meaningful Use stage II core objectives. As you stated, it was that combination of concerns that led us to not finalize this measure.

Anyway, thanks for letting me jump in.

Vinitha Meyyur: Sure, Elizabeth. Those are good points. And I'll be looking forward to your presentation in December.

Going back to the Final Rule. We finalized the removal of OP-15 because it does not align with the most updated clinical guidelines of practice. Public reporting has been deferred since its adoption in 2012. No data for this measure will be used for any payment determination.

Elizabeth had just mentioned OP-4 (Aspirin at Arrival). This measure was inadvertently excluded from tables in the Proposed Rule which listed measure sets for both the calendar year 2018 and calendar year 2019 payment determinations and subsequent years. This error has been corrected in the Final Rule. Please continue to submit OP-4 as previously finalized.

Looking ahead, we are considering electronic clinical quality measures for future rulemaking. We signaled in this rulemaking cycle that we are considering OP-18 which has already been electronically specified as ED3. We anticipate that, as EHR technology evolves and more health IT infrastructure is operational, we will begin to accept electronic reporting of many measures. We are not able to comment further regarding future rulemaking.

And now, I'd like to turn the discussion back over to Elizabeth for discussion of policy updates.

Elizabeth Bainger: Thanks, Vinitha. Let me start with some light housekeeping policies. We corrected a typographical error in our ECE policy by replacing "exceptions," which was a mistake, with "exemptions." We also corrected an editing error in the *Code of Federal Regulations* where we noticed that the Hospital OQR Program was referred to in terms of "fiscal year" instead of "calendar year." These corrections have been finalized.

With respect to the Annual Payment Update Determination, as you may know, the current APU time frame creates processing issues for CMS and has a very compressed time frame for hospitals to review their APU determination decision. To ease this burden, we are moving the Hospital OQR timeline up by one quarter. This policy requires a one-time change in the APU determination time frame to cover three quarters instead of four quarters. This proposed transition has been finalized, and the three-quarter validation cycle for calendar year 2017 payment determinations will include patient encounters from July 1st through March 31st.

I want to point out a couple of things. First, I want to let you know that the data submission deadlines are unchanged. Second, this transition allows us to align the Hospital OQR Program with the ASCQR Program. And finally, as I mentioned before, this affords both CMS and hospitals additional time to review the APU determinations before they are implemented in January. So now, let's take a closer look.

Let's look at the validation transition. As you can see in the top table, currently the last validation data submission deadline is November 1st. As I've mentioned, this creates a very compressed time frame. It makes it difficult for both the facilities and for CMS to review these decisions.

Now, I want you to skip down to the bottom table; that's looking at the calendar year 2018 payment determination. This table shows where we're

going, and it aligns with the Ambulatory Surgical Center Quality
Reporting Program.

When we complete our transition, we will return to a four quarter data
validation cycle, but the last validation submission deadline will be in
August. So to recap, we're moving from a four-quarter cycle with its final
validation data submission deadline in November to a four-quarter cycle
ending in August. This change will occur at the calendar year 2017
payment determination. You can see it in the middle table. For the
calendar 2017 payment determination, we will use only three quarters of
data. This will be a one-time event. For the calendar year 2017 payment
determination, we will be using patient encounters from July 1, 2015
through March 31, 2016.

Let me emphasize again that you won't need to do anything different on
your end regarding the submission of clinical data. The deadlines during
the three-quarter transition cycle will be February 1st, May 1st, and
August 1st, same as always. But for that transition cycle covering the
calendar year 2017 payment determination, we will only use three quarters
of data for validation.

Let's move on to some other policy changes. To align with the ASCQR
Program, we proposed to change the deadline for submitting a
reconsideration request from the first business day of the month of
February of the affected payment year to the first business day on or after
March 17th of the affected payment year. This change has been finalized.
Starting in calendar year 2016, reconsideration requests will be due on or
after March 17th of the affected payment year.

Also to align with the ASCQR Program, we have changed the deadline for
withdrawing from the program from November 1st to August 31st. This
will begin with the calendar year 2016. If your facility chooses to

withdraw from the OQR Program, then this should be done no later than August 31st of the affected payment year.

Finally, in order to align with CDC's National Healthcare Safety Network measure, we have changed the data submission time frame for Hospital OQR measures submitted via the CMS web-based tool to January 1st through May 15th. The NHSN measure, OP-27, looks at influenza vaccination coverage among healthcare personnel. That measure is submitted using CDC's web-based tool, and CDC determined that it would have a May 15th deadline.

In order to streamline processes, we are aligning to that date. It has been finalized and will begin with calendar year 2017. So for the 2017 payment determination, the data submission window will be January 1, 2016 through May 15, 2016 for the January 1, 2015 to December 31, 2015 patient encounter period. All measures for the Hospital OQR Program that are submitted via a web-based tool will be due at the same time whether they are being submitted through the CDC's web-based tool or through CMS's web-based tool.

And so I saw a question coming up as I'm looking at the chat. People were asking about our new EBRT measure. That's a web-based measure. That will be submitted in that same time frame.

And that wraps up the information that Vinitha and I wanted to share with you today. We thank you for your time, and I believe now we're going to move on to some questions that have been trending during this presentation. Marty, what do you have for us?

Marty Ball: Well, thank you both so much for the information that you gave us today. I think it would be beneficial for the audience to take some of these questions that have been coming in and during the presentation. And give

you both an opportunity to respond and perhaps provide some clarity and provide answers.

So let me start with the question here. Elizabeth, I think you can answer it. They've asked, "When will the new May 15th deadline be implemented?"

Elizabeth Bainger: Okay. The new deadlines will begin in January 2016. For the calendar year 2017 payment determination, the data submission window would be January 1, 2016 through May 15, 2016. And again, that covers January 1, 2015 to December 31, 2015 patient encounters.

Marty Ball: Great, thank you. Vinitha, this looks like a one that would be of interest to you. The question is, "I know this is part of the cancer program. Why is this being instituted as part of the OQR program?" So obviously, asking about OP-33.

Vinitha Meyyur: Okay. We believe that OP-33 is broad in scope and merits inclusion in the OQR Program. The measure has been rigorously tested in outpatient settings and is not limited to only cancer hospitals. We also believe it's a priority area to reduce the rate of EBRT service overuse.

Marty Ball: Great. Thank you very much. Elizabeth, this looks like a question that you might be able to answer. "When would the submission of OP-33 begin?"

Elizabeth Bainger: Okay. That's – again, we talked about it being a web-based – a measure being entered via the web-based tool. Submission begins January 2017. It's finalized for the 2018 payment determination and subsequent years. And it will be submitted using the CMS web-based tool located on the QualityNet website.

Marty Ball: Thank you very much. And Vinitha, we have a question here for you. "Can you explain further why OP-15 is being removed from the OQR program?"

Vinitha Meyyur: OP-15 has consistently generated concerns since its adoption. CMS postponed public reporting for this measure. Before deferring the measure, a dry run of the measure was conducted, and we received many suggestions for refinement. Our technical expert panel examined the suggestions. Nevertheless, given the continued inconsistency of the current clinical practice guidelines on which the measure is based, we finalized its removal. This decision for removal was based on the criteria of the measure that does not align with current clinical guidelines or practice.

Marty Ball: Great. Thank you very much. And here's a program question that I'll go ahead and take. "Are CEUs available for archived training?" And we had quite a bit of interest in our CEUs, and we make sure that we post all of our events. But unfortunately, the CEUs, they take place right after attending a webinar and then taking the survey.

All the surveys have deadlines which are approximately only one week from the event. So for archived training, CEUs are not available once that deadline has occurred.

Here's another question, let me direct that to Vinitha. "Will OP-18 be an eCQM for the next rulemaking?"

Vinitha Meyyur: We cannot discuss further rulemaking beyond what we have already said. We anticipate that as EHR technology evolves, we will begin to accept electronic reporting of many measures from EHRs.

Marty Ball: All right. Thank you. And here's a question I'll go ahead and take. "Can you please explain what CART stands for and what it is for?" Well,

CART stands for the CMS Abstraction and Reporting Tool. This is an application for the collection and analysis of quality data. Facilities that do not use a vendor for their data submission will use CART. Or if a facility needs to enter data after the vendor has closed their submission timeline, the facility may use CART for that data entry. The current version for abstraction from January 1st through September 30, 2015 is version 1.12. Now due to the ICD-10 changes, the new CART update is being delayed. The CART update for Quarter 4 2015 abstractions is planned to be released in February 11, 2016. This will allow about a 3-month abstraction period prior to the May 1, 2016 data submission deadline. The CART tool for Quarter 1 2016 and Quarter 2 2016 will be available in June of 2016. This will provide for about a two-month and five-month submission window, respectively. The CART paper tools, of course, will be updated and will be available for facilities that want to do concurrent abstractions, and they can use and then come back when the CART tool opens and submit their data online.

Here's another question; let me direct this to Vinitha. "Why use uniform fractionation schemes for all patients with bone metastases when physicians can individualize treatment for the patient?"

Vinitha Meyyur: We do agree that all treatment plans should be decided with the provider and patient relationship and tailored to each patient. But studies found that even after the American Society for Radiation Oncology published the EBRT standards in 2009, there were still wide variations in treatment, most at a much higher dose than the standard recommended dose.

Marty Ball: All right. Thank you. Here's a question, let me put this to Elizabeth. "If you are selected for validation, how will the three-quarter APU Determination time frame affect the validation?"

Elizabeth Bainger: The validation scoring process will be based on three quarters. It will be – validation Quarter 2, validation Quarter 3 and validation Quarter 4 of 2015. That means that your Quarter 4 charts will be due approximately in August, and that will allow you know many more months before APU determinations are required. So that should help us with the deadline quite a bit.

Marty Ball: Yes. That will be great. And here's another question, let me direct this to you, Elizabeth. "So for the reporting we do in 2016 for the transition period you discussed, we will only have three submission quarters for that year?"

Elizabeth Bainger: Yes, that is correct. Yes. For the reporting in 2016 which is for the 2017 payment determination, you'll report Quarter 3 by February 1st, Quarter 4 by May 1st and Quarter 1 by the deadline August 1st. And just as another aside, our statisticians have worked on this, and we've got it worked out that it's not going to hurt your validation. We have taken this into account.

Marty Ball: Great. Vinitha, here's a question. "Why would CMS not delay OP-33 measure implementation until additional data becomes available from further testing for the outpatient setting?"

Vinitha Meyyur: Because radiation exposure is such an important topic. We do not believe that we should delay adopting this measure. This measure has been rigorously tested, is NQF-endorsed, and is supported by the MAP for implementation in the outpatient department setting. So, we do not believe this measure requires further testing.

Marty Ball: Okay. Great. And here somebody's asked to how sign-up for the ListServe notifications. And we certainly encourage everyone to sign up for the ListServes; that is how the Hospital Outpatient Quality Reporting Program notifies all the facilities of all the updates that we constantly have with the program. So let me explain. Signing up for the ListServe can be

done on the home page of the QualityNet website. If you go down to the third light blue box on the left side of the home page, you will see a link to the sign-up page. You will just sign up for the email you want for these notifications directed to you. It's very simple and will take you less than five minutes. It's a simple and important way to stay informed of the updates and communications with regards to the program.

Vinitha, someone's asked here for OP-33. "If the patient had previous radiation, but not to the same site, would this be counted for this measure?"

Vinitha Meyyur: If the patient has received previous radiation but at a different site, then they would be included in the denominator.

Marty Ball: Okay. Great. And here's another question regarding OP-33. "What would be the exclusions for OP-33? Can you please go over that?"

Vinitha Meyyur: Sure. The following patients would be excluded from the denominator. Those would be patients who have had previous radiation to the same site. Patients with femoral axis cortical involvement greater than three centimeters in length, patients who have undergone a surgical stabilization procedure, and patients with spinal cord compression, cauda equina compression, or radicular pain.

Marty Ball: All right. Great. And here's another one: "For OP-32: Facility 7-day Standardized Hospital Visit Rate after Outpatient Colonoscopy, was this updated or removed from the 2016 Final Rule?"

Vinitha Meyyur: Now, OP-32 was finalized in the calendar year 2015 Final Rule. This measure is scheduled to begin in the calendar year 2018 payment year. This measure is a claims-based measure and requires no abstraction on the part of the hospital. There were no changes to this measure in the calendar year 2016 Final Rule.

Marty Ball: Okay. Great. And here's another question about OP-33. "How can the OP-33 measure drive meaningful quality improvement for outpatient cancer care?"

Vinitha Meyyur: We believe that adoption of the national quality measure will encourage hospitals and physicians to be more cognizant of and to re-evaluate their current EBRT dosing schedules. For these reasons, we believe the measure would be sufficient to drive meaningful quality improvement for cancer care in the outpatient settings.

Marty Ball: Thank you. And Elizabeth, here's a question. "Is OP-31, the cataract measure, still a voluntary measure?"

Elizabeth Bainger: Yes. I (can see) this question goes by a lot in the chat. OP-31 continues to be a voluntary measure. Please be aware that if you do report on this measure, it will be publicly displayed. The measure is reported using the CMS web-based tool on the QualityNet website, and the next reporting period will open January 1st 2016.

Marty Ball: Great.

Elizabeth Bainger: You know I've seen a couple of other things about the EBRT measure going by. A lot of people were asking when we'll have the specifications out. And they are due to be in the January 1st manual, so we are working on them. I know; I've seen a lot of questions go by. This is a very new measure, and we are working on it and should have out to you by January 1st.

Marty Ball: Great. And here's another question about OP-33, Elizabeth. "What sources are facilities required to use for OP-33? And is it acceptable to use our data from our cancer registry?"

Elizabeth Bainger: I used to actually abstract for both the data and the registries. We tell you; we're looking for data from the chart, not from the registry. Now that should be the same data, but you need to check it. You can't just copy the data over and assume that it was correctly put into the cancer registry, so be very careful about validating your data with the chart.

Marty Ball: Great. And someone asked, "Is OP-33 based on claims-based data?"

Elizabeth Bainger: No. Do you want to take that up, Vinitha?

Vinitha Meyyur: Yes. It's not claims-based data. This will be chart-abstracted data.

Marty Ball: Right, and it will be entered via the web-based tool on QualityNet.

Elizabeth Bainger: And you know I see a lot of people – I just want to jump in. I see a lot of people who get confused and say, "Well, is it web-based, or is it chart-abstracted?" And I – we've been trying really, really hard to clarify that web-based is just referring to a method of data submission. So, a lot of the measures that are put in via the web-based tool, they are chart-abstracted. So we may have to chart abstract first, then aggregate it and then put it into the web-based tool. I don't want you to get confused and think that they're two different things. Web-based just refers to a method of data submission.

Marty Ball: Great. Someone's asked, "Our facility does not perform EBRT. Will we be required to enter zeros for this measure?" And let me go ahead and answer that. I think that from the way that the program is set up for the measures on the web-based tool that you will be required to enter zeros to get a completion on your data when it's done. To say that when you answer your web-based tools, we always encourage everyone to make a screenshot. And as you go across looking at OP-12, 17, 22, and all of the web-based measures, that you show a completion on each of those prior to your screenshot. Now, if you haven't entered zeros in that, same as with

this last time, if you entered 29 or 30 on your web-based tool and didn't enter zeros and click submit, then you would not get the completion at the top of the screen which would show that that measure had been done. So you'll probably need to enter zeros for that to get that completion.

And someone's asked, "Are the web-based measures subject to validation for OQR?" Elizabeth, would you like to take that?

Elizabeth Bainger: They are not at this time, which is a good point – something that we may look into. But no, measures entered via the web-based tool – and I'm trying really hard not to say web-based measures – measures entered into the other web-based tool, are not validated in the OQR Program at this time.

Marty Ball: And we have a question here, "Will the OP-26 procedure codes be converted to ICD-10?" Well, these are surgical procedure codes, so there's not an ICD- 10 conversion for that. They'll remain surgical procedure codes.

And, "What if a cancer facility is owned by the hospital? It is in a separate building but provides radiation therapy." Vinitha, would you like to answer that one?

Vinitha Meyyur: Can you repeat the question?

Marty Ball: Sure. It's, "What if a cancer facility is owned by the hospital? It is in a separate building but provides radiation therapy." So I'm assuming by the question then, it's going to be operating under the same CCN as the hospital.

Vinitha Meyyur: So they would have to submit the data. Is that the question?

Marty Ball: Yes, I think – I think that's the answer.

Vinitha Meyyur: Yes.

Marty Ball: And someone – we have another question here. And that is, "Is there going to be an educational webinar for the new measure OP-33?" We try to know what our facilities like us to speak to, so we will certainly be working towards a webinar for OP-33. And then keep in mind that in January we'll be having the Specifications Manual webinar on the 20th, which will cover a lot of the new measures from the measure writers.

Elizabeth Bainger: Marty, we're kind of having a side discussion all of a sudden. Marty, why don't we reach out with the PCHQR Program and see if we can get a webinar together about that from maybe after February or so?

Marty Ball: That would be great. All right. Well, let me go ahead and conclude our question-and-answer session. And I'll go into the information here about our Continuing Education Credit Process. We hope that you found all the information useful today.

And let me go into the CEUs here. And today's webinar has been approved for one continuing education credit by the boards listed on this slide. We would like to remind you that today's webinar has been approved for that, and that you'll notice that it's from the California Board. But that's just where the -- our facility gets our certification, but it's a nationwide CEU process.

And also let me say that we've seen a lot of questions today. In fact, we had about 81 and 82 answered. If you didn't get a chance to ask you questions, certainly you can call us, the Support Contractor, or you can go on to the QualityNet question-and-answer tool and ask your question there. And one of the subject matter experts will get back to you and give you an answer for that question, hopefully in a timely process.

We are now a nationally accredited nursing provider. As such, all nurses report their own credit hours to their boards of nursing using our national provider number which is 16578. And that's on the slide, and that will also be on your CEU certificate, I believe.

And then again, as I stated earlier, please be aware that CEUs are only available for one week after the presentation. So please promptly get your CEU certificate and print it out. And if you're – if you do not receive a response to the email you signed up with, it may be a case where your facility has a firewall that's blocking this link where it will be sent to. Please go back to the new user link and register with the email using either, like, a Yahoo or Gmail type account. These do not have the firewalls attached.

So now that we have the CE process -- certificate process, you can receive your CEs in two ways. One is if you registered for this webinar through ReadyTalk, a survey will automatically pop up when the webinar closes. This survey will then take you to the certificate.

A second way is we will also be sending out the survey link in an email to all participants within the next 48 hours. If there are others listening to this event that are not registered in the ReadyTalk and these individuals were in the room and participating in this -- participation, please pass the survey to them. They will then be able to follow the same procedure to receive their certificate. If you complete the survey today, you can disregard the second email survey.

This next slide displays what the survey will look like. It will pop up again at the end of the event and will be sent to all attendees within 48 hours once the survey is complete. Click **Done** at the bottom of the page.

After you hit the **Done** button, as we just said, this is what will display. If you have already attended our webinars and received CEs, click the

Existing User link. If this is your first webinar for credit, then click the **New User** link.

And this next screen is what the **New User** link looks like. Please register with a personal email, as I said, like Yahoo or Gmail, since those accounts are typically not blocked by hospital firewalls. And remember your password since you will use it for all of our events and when you access our educational area.

If you've accessed our surveys in the past or are an existing user, this is what the **Existing User** screen will look like. Use your complete email address as your user ID and the password you registered. You will then be directed to a link that allow you to print your CE certificate.

If you experience any difficulties in this process, please refer to our website at qualityreportingcenter.com under the **Continuing Education** link. There are also links for first time and existing users. And there's also a link for further instructions for this process should you need them.

So this concludes our program for today. We hope that you've heard some useful information. And I want to very much thank our CMS hosts today, Elizabeth Bainger and Dr. Vinitha Meyyur. Enjoy the rest of your day.

Elizabeth Bainger: Thanks, everyone.