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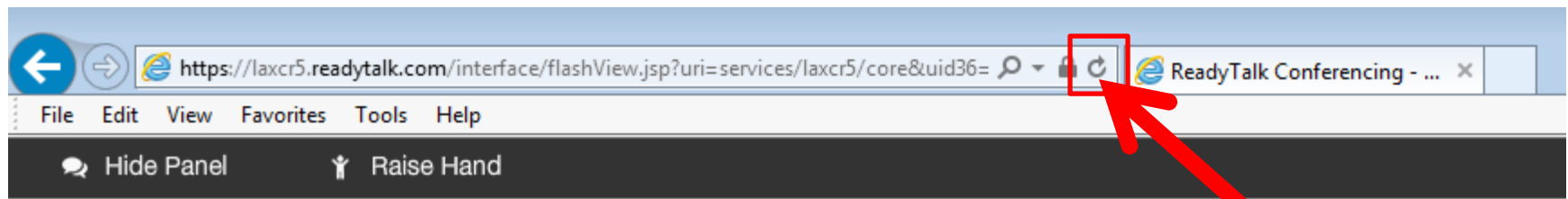
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

- Click Refresh icon
- or
- Click F5



F5 Key
Top row of Keyboard

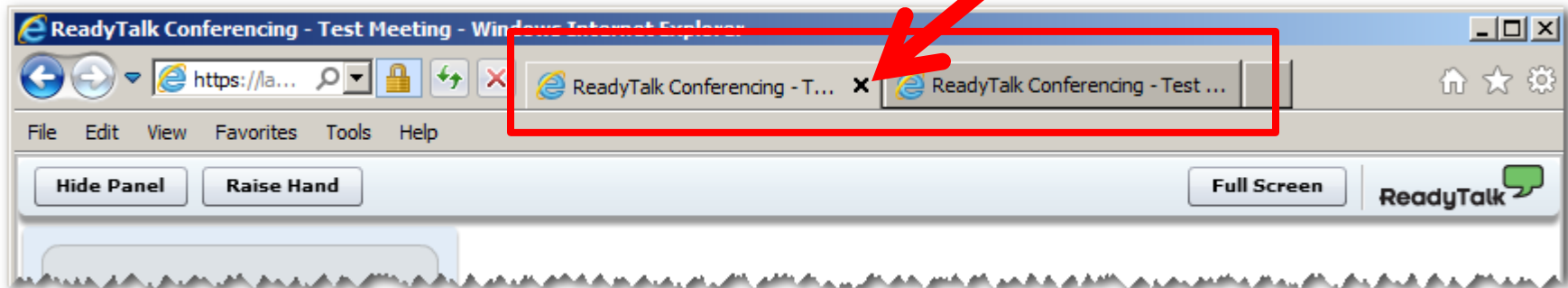


Location of Buttons

Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
- Close all but one browser/tab, and the echo will clear up.



Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



A screenshot of a web interface for a CMS event. The main content area features the CMS logo (Centers for Medicare & Medicaid Services) and the text "Welcome to Today's Event". Below this, it says "Thank you for joining us today! Our event will start shortly." On the left side, there is a vertical chat window titled "Chat with Presenter" with a text input field and a "Send" button. The chat window is highlighted by a yellow arrow from the text on the left. The top of the interface has buttons for "Hide Chat", "Return Home", "Full Screen", and "ReadyToGo".



CY 2017 OPPS/ASC Proposed Rule: Hospital Outpatient Quality Reporting (OQR) Program

Elizabeth Bainger, DNP, RN, CPHQ, Program Lead, Hospital OQR, CMS

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Performance, CMS**

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Vinitha Meyyur, PhD, Measures Lead, Hospital OQR, CMS

Announcements

August 1, 2016: Deadline for Clinical Data and Population and Sampling submissions from Quarter 1 (January 1 – March 31, 2016)

Please be sure to access the National Healthcare Safety Network (NHSN) and QualityNet every 60 days to keep your password active.

September 21, 2016 Webinar: Secrets of the Question and Answer Tool

Learning Objectives

At the conclusion of the program, participants will be able to:

- Find the calendar year (CY) 2017 OPPS/ASC Proposed Rule text
- Identify proposed new measures and changes to the Hospital OQR Program
- Submit comments to CMS regarding the CY 2017 OPPS/ASC Proposed Rule

Question and Answer Limitations

- During the course of this webinar, CMS:
 - Can only address procedural questions and comment submissions
 - Cannot address ANY rule-related questions
- Your understanding of these constraints is appreciated.
- CMS looks forward to your formal comments on the Proposed Rule.

Proposed Rule CY 2017

LOCATING THE RULE

Hospital OQR Program Rule History

Effective January 1	Proposed or Final Rule	Federal Register (FR) Reference www.federalregister.gov
CY 2017	Proposed	81 FR 45709
CY 2016	Final	80 FR 70502
CY 2015	Final	79 FR 66940
CY 2014	Final	78 FR 75090
CY 2013	Final	77 FR 68467
CY 2012	Final	76 FR 74451
CY 2011	Final	75 FR 72099
CY 2010	Final	74 FR 60642
CY 2009	Final	73 FR 68772
CY 2008	Final	72 FR 66860

Navigating the Federal Register (1 of 6)

The screenshot shows the top navigation bar of the Federal Register website. A search bar is highlighted with a red box, containing the text "81 FR 45709". Below the navigation bar is the Federal Register logo and the text "FEDERAL REGISTER The Daily Journal of the United States Government". The date "Thursday, July 14th" is displayed in a blue banner. A green banner below the date shows "Current Issue" with statistics: "107 Notices", "10 Proposed Rules", "20 Rules", "3 Significant Documents", and "576 Pages". A "Browse this & other dates" link is also present. The main content area is divided into two columns. The left column features a vertical menu with categories: MONEY, ENVIRONMENT, WORLD, SCIENCE & TECHNOLOGY, BUSINESS & INDUSTRY, and HEALTH & PUBLIC WELFARE. The "HEALTH & PUBLIC WELFARE" category is highlighted in orange. The main article in this column is titled "Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems" and is a proposed rule by the Centers for Medicare & Medicaid Services, dated 07/14/2016. It includes a small image of money and pills with the caption "Images Money". The article text states: "This proposed rule would revise the Medicare hospital outpatient prospective payment system and the Medicare ambulatory surgical center payment system for CY 2017." Below the article, it says "48 NEW DOCUMENTS IN THIS ISSUE" and "42 COMMENT PERIODS ENDING SOON". The right column is titled "RECENT BLOG POSTS" and contains two entries: "Sixth Volume of the Public Papers of President Barack Obama Available" and "Update on Digitizing the Federal Register".

Sections ▾ Browse ▾ Search ▾ Policy ▾ Learn ▾ Blog ▾ My FR ▾ 81 FR 45709

ARCHIVES AND RECORDS ADMINISTRATION
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FEDERAL REGISTER

The Daily Journal of the United States Government

Thursday, July 14th

Current Issue 107 Notices 10 Proposed Rules 20 Rules 3 Significant Documents 576 Pages Browse this & other dates

MONEY ENVIRONMENT WORLD SCIENCE & TECHNOLOGY BUSINESS & INDUSTRY HEALTH & PUBLIC WELFARE

Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems

A Proposed Rule by Centers for Medicare & Medicaid Services on 07/14/2016

This proposed rule would revise the Medicare hospital outpatient prospective payment system and the Medicare ambulatory surgical center payment system for CY 2017.

48 NEW DOCUMENTS IN THIS ISSUE 42 COMMENT PERIODS ENDING SOON

RECENT BLOG POSTS

Sixth Volume of the Public Papers of President Barack Obama Available
Posted by Amelia Otovo on April 22, 2016

The sixth volume of the Public Papers of President Barack Obama is now available. These volumes are produced right here at the Office of the Federal Register (OFR) by our...
[Continue reading →](#)

Update on Digitizing the Federal Register
Posted by Miriam Vincent on March 24, 2016

Navigating the Federal Register (2 of 6)

The screenshot shows the Federal Register website interface. At the top, there is a navigation bar with links for Sections, Browse, Search, Policy, Learn, Blog, and My FR. A search bar on the right contains the text 'Search Documents'. Below the navigation bar is the Federal Register logo and the text 'FEDERAL REGISTER The Daily Journal of the United States Government'. A blue banner with the text 'Search Documents' is positioned below the logo. The main content area features a search bar with the text '81 FR 45709' and a search icon. To the right of the search bar, it says '1 matching citation, 4 search results' and 'SUBSCRIBE'. Below the search bar, there are filters for 'Documents', 'Public Inspection 0', 'Events 0', and 'Unified Agenda Items 0'. On the left side, there are filters for 'TYPE' (Rule: 2, Notice: 1) and 'AGENCY' (Commerce Department: 1, Comptroller of the Currency: 1, Environmental Protection Agency: 1, Farm Credit Administration: 1, Federal Deposit Insurance Corporation: 1, and a [more] link). On the right side, there is a message box that says 'It looks like you were searching for the citation 81 FR 45709. We've found the following 1 document on page 45709 of volume 81.' Below this message, there is a link to the document: 'Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment...'. Below the link, there is a summary of the document: 'This proposed rule would revise the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for CY 2017 to implement...'. Below the summary, there is a 'Proposed Rule' entry for '07/14/2016 - Centers for Medicare & Medicaid Services' with the text 'Pages 45603 - 45788' and a link 'Jump directly to page 45709' which is highlighted with a red box. To the right of the link is a 'PDF' icon. At the bottom of the page, there is a 'DOCUMENTS FOUND 4' indicator and a filter menu with 'RELEVANT', 'NEWEST', and 'OLDEST' options.

Navigating the Federal Register (3 of 6)

Addendum EE provides the HCPCS codes and short descriptors for surgical procedures that are proposed to be excluded from payment in ASCs for CY 2017. We are inviting public comment on these proposals.

XIII. Requirements
for the Hospital
Outpatient Quality
Reporting (OQR)
Program
[Back to Top](#)

A. Background

1. Overview

CMS seeks to promote higher quality and more efficient healthcare for Medicare beneficiaries. In pursuit of these goals, CMS has implemented quality reporting programs for multiple care settings including the quality reporting program for hospital outpatient care, known as the Hospital Outpatient Quality Reporting (OQR) Program, formerly known as the Hospital Outpatient Quality Data Reporting Program (HOP QDRP). The Hospital OQR Program has generally been modeled after the quality reporting program for hospital inpatient services known as the Hospital Inpatient Quality Reporting (IQR) Program (formerly known as the Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) Program).

In addition to the Hospital IQR and Hospital OQR Programs, CMS has implemented quality reporting programs for other care settings that provide financial incentives for the reporting of

Navigating the Federal Register (4 of 6)

The screenshot shows the Federal Register website interface. At the top, there is a navigation bar with links for Sections, Browse, Search, Policy, Learn, Blog, and My FR. A search bar on the right contains the text 'Search Documents'. Below the navigation bar is the Federal Register logo and the text 'FEDERAL REGISTER The Daily Journal of the United States Government'. A blue banner with the text 'Search Documents' is positioned below the logo. The main content area features a search bar with the text '81 FR 45709' and a search icon. To the right of the search bar, it says '1 matching citation, 4 search results' and 'SUBSCRIBE'. Below the search bar, there are links for 'Show Advanced Search' and 'Learn More'. On the left side, there is a sidebar with filters for 'TYPE' and 'AGENCY'. Under 'TYPE', 'Rule' has a count of 2 and 'Notice' has a count of 1. Under 'AGENCY', several agencies are listed with counts: Commerce Department (1), Comptroller of the Currency (1), Environmental Protection Agency (1), Farm Credit Administration (1), and Federal Deposit Insurance Corporation (1). A '[more]' link is at the bottom of the agency list. The main content area displays a search result for '81 FR 45709'. It includes a document icon, a summary of the search results, and a link to the document: 'Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment...'. Below the link, it says 'Proposed Rule 07/14/2016 Centers for Medicare & Medicaid Services Pages 45603 - 45788 Jump directly to page 45709.' A red box highlights the 'PDF' icon next to the page number. At the bottom of the page, it says 'DOCUMENTS FOUND 4' and 'RELEVANT NEWEST OLDEST'.

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Find 81 FR 45709 1 matching citation, 4 search results SUBSCRIBE

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TYPE

Rule 2

Notice 1

AGENCY

Commerce Department 1

Comptroller of the Currency 1

Environmental Protection Agency 1

Farm Credit Administration 1

Federal Deposit Insurance Corporation 1

[more]

It looks like you were searching for the citation **81 FR 45709**. We've found the following 1 document on page 45709 of volume 81.

[Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment...](#)

This proposed rule would revise the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for CY 2017 to implement...

Proposed Rule 07/14/2016 Centers for Medicare & Medicaid Services
Pages 45603 - 45788 Jump directly to page 45709. PDF

DOCUMENTS FOUND **4** **RELEVANT** NEWEST OLDEST

Navigating the Federal Register (5 of 6)



The screenshot shows a search bar with the text "45709" and a dropdown arrow. Below the search bar are two buttons labeled "Previous" and "Next". The search bar is highlighted with a red border.



NATIONAL ARCHIVES AND RECORDS ADMINISTRATION
1985

FEDERAL REGISTER

Vol. 81 Thursday,
No. 135 July 14, 2016

Part II

Department of Health and Human Services

Centers for Medicare & Medicaid Services
42 CFR Parts 416, 419, 482, *et al.*
Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (EHR) Incentive Programs; Payment to Certain Off-Campus Outpatient Departments of a Provider; Hospital Value-Based Purchasing (VBP) Program; Proposed Rule

Navigating the Federal Register (6 of 6)

Federal Register / Vol. 81, No. 135 / Thursday, July 14, 2016 / Proposed Rules

45709

readers to the CY 2017 MPFS proposed rule.

The proposed payment rates included in these addenda reflect the full ASC payment update and not the reduced payment update used to calculate payment rates for ASCs not meeting the quality reporting requirements under the ASCQR Program. These addenda contain several types of information related to the proposed CY 2017 payment rates. Specifically, in Addendum AA, a “Y” in the column titled “Proposed to be Subject to Multiple Procedure Discounting” indicates that the surgical procedure would be subject to the multiple procedure payment reduction policy. As discussed in the CY 2008 OPPS/ASC final rule with comment period (72 FR 66829 through 66830), most covered surgical procedures are subject to a 50-percent reduction in the ASC payment for the lower-paying procedure when more than one procedure is performed in a single operative session.

Display of the comment indicator “CH” in the column titled “Comment Indicator” indicates a change in payment policy for the item or service, including identifying discontinued HCPCS codes, designating items or services newly payable under the ASC payment system, and identifying items or services with changes in the ASC payment indicator for CY 2017. Display of the comment indicator “NI” in the column titled “Comment Indicator” indicates that the code is new (or substantially revised) and that comments will be accepted on the interim payment indicator for the new code. Display of the comment indicator “NP” in the column titled “Comment Indicator” indicates that the code is new (or substantially revised) and that comments will be accepted on the proposed ASC payment indicator

the OPPS, or services that are contractor-priced or paid at reasonable cost in ASCs.

To derive the proposed CY 2017 payment rate displayed in the “Proposed CY 2017 Payment Rate” column, each ASC payment weight in the “Proposed CY 2017 Payment Weight” column was multiplied by the proposed CY 2017 conversion factor of \$44,684. The proposed conversion factor includes a budget neutrality adjustment for changes in the wage index values and the annual update factor as reduced by the productivity adjustment (as discussed in section XII.G.2.b. of this proposed rule).

In Addendum BB, there are no relative payment weights displayed in the “Proposed CY 2017 Payment Weight” column for items and services with predetermined national payment amounts, such as separately payable drugs and biologicals. The “Proposed CY 2017 Payment” column displays the proposed CY 2017 national unadjusted ASC payment rates for all items and services. The proposed CY 2017 ASC payment rates listed in Addendum BB for separately payable drugs and biologicals are based on ASP data used for payment in physicians’ offices in April 2016.

Addendum EE provides the HCPCS codes and short descriptors for surgical procedures that are proposed to be excluded from payment in ASCs for CY 2017. We are inviting public comment on these proposals.

XIII. Requirements for the Hospital Outpatient Quality Reporting (OQR) Program

A. Background

1. Overview

CMS seeks to promote higher quality and more efficient healthcare for

for other care settings that provide financial incentives for the reporting of quality data to CMS. These additional programs include reporting for care furnished by:

- Physicians and other eligible professionals, under the Physician Quality Reporting System (PQRS, formerly referred to as the Physician Quality Reporting Program Initiative (PQRI));
- Inpatient rehabilitation facilities, under the Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP);
- Long-term care hospitals, under the Long-Term Care Hospital Quality Reporting Program (LTCH QRP);
- PPS-exempt cancer hospitals, under the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program;
- Ambulatory surgical centers, under the Ambulatory Surgical Center Quality Reporting (ASCQR) Program;
- Inpatient psychiatric facilities, under the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program;
- Home health agencies, under the Home Health Quality Reporting Program (HH QRP); and
- Hospices, under the Hospice Quality Reporting Program (HQRP).

In addition, CMS has implemented several value-based purchasing programs, including the Hospital Value-Based Purchasing (VBP) Program and the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP), that link payment to performance.

In implementing the Hospital OQR Program and other quality reporting programs, we have focused on measures that have high impact and support national priorities for improved quality and efficiency of care for Medicare beneficiaries as reflected in the National Quality Strategy (NQS) and the CMS

Proposed Rule CY 2017

PROPOSED NEW MEASURES

Proposed New Measures

CMS proposes to add seven new measures:

- Two claims-based measures
- Five Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey-based measures

Claims-Based Measures

Claims-Based Measures:

- OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy
- OP-36: Hospital Visits after Hospital Outpatient Surgery
- Collection could begin with January 1, 2018, patient encounters (for CY 2020 payment determination and subsequent years)

Survey-Based Measures

OAS CAHPS Survey-Based Measures

- OP-37a: About Facilities and Staff
- OP-37b: Communication About Procedure
- OP-37c: Preparation for Discharge and Recovery
- OP-37d: Overall Rating of Facility
- OP-37e: Recommendation of Facility

Claims-Based Measure OP-35

OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy

- One or more inpatient admissions or one or more ED visits for any of the following diagnoses: anemia, dehydration, diarrhea, emesis, fever, nausea, neutropenia, pain, pneumonia, or sepsis within 30 days of chemotherapy treatment among cancer patients receiving treatment in a hospital outpatient setting

OP-35: Denominator and Numerator

- Two scores/ratios:
 - Inpatient Admission – Risk-Standardized Admission Rate (RSAR)
 - ED Visit – Risk-Standardized ED Visit Rate (RSEDR)
- Denominator for each ratio is the number of patients expected to have the measured adverse outcome based on the average national performance and the hospital's observed case-mix
- Numerator of the ratio is the number of patients predicted to have the measured adverse outcome based on the hospital's performance with its observed case-mix

OP-35: Inclusions and Exclusions

- OP-35 includes:
 - Medicare Fee-for-Service (FFS) patients ages 18 years and older
 - Patients who received at least one hospital outpatient chemotherapy treatment
- OP-35 excludes:
 - Patients not enrolled in Medicare FFS in the year before their first outpatient chemotherapy treatment
 - Patients who do not have at least one outpatient chemotherapy treatment followed by continuous enrollment in Medicare FFS in the 30 days after the procedure
 - Cancer patients with a diagnosis of leukemia at any time during the performance period

OP-35: Support

- Addresses the National Quality Strategy (NQS) priority of “promoting the most effective prevention and treatment practices”
- Conditionally supported by the Measure Applications Partnership (MAP)
- MAP 2016 Final Recommendations available at:
<http://www.qualityforum.org/ProjectMaterials.aspx?projectID=75369>

OP-35: Additional Information

Details on how the measure is calculated, methodology, and the complete list of risk-adjustment variables:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html>

OP-36

OP-36: Hospital Visits after Hospital Outpatient Surgery (National Quality Forum (NQF) #2687)

- The measure outcome is any of the following hospital visits:
 - Inpatient admission directly after the surgery
 - Unplanned hospital visit (ED visit, observation stay, or inpatient admission) occurring after discharge and within 7 days of the surgery

OP-36: Numerator and Denominator

The facility-level measure score is a ratio of the predicted to expected number of post-surgical hospital visits among the hospital's patients.

- Numerator: number of hospital visits predicted for the hospital's patients accounting for its observed rate, the number of surgeries performed at the hospital, the case-mix, and the surgical procedure mix
- Denominator: expected number of hospital visits given the hospital's case-mix and surgical procedure mix

OP-36: Inclusions

- OP-36 Includes:
 - Medicare FFS patients aged 65 years and older undergoing same-day surgery (except eye surgery) in hospitals
 - Same-day surgeries and procedures covered on Medicare's list of covered ambulatory surgical center (ASC) procedures
 - List used for both ASCs and Hospital Outpatient Departments because it includes low to moderate risk procedures not requiring an overnight stay
 - Annually reviewed and updated by Medicare

OP-36: Support

- Meets the National Quality Strategy priority of “promoting effective communication and coordination of care” (NQF #2687)
- Received NQF endorsement on September 3, 2015
- Supported by the MAP

OP-36: Additional Information (1 of 2)

- Additional methodology details are available at:

<http://www.cms.gov/Medicare/QualityInitiatives-Patient-AssessmentInstruments/HospitalQualityInits/Measure-Methodology.html> under “Hospital Outpatient Surgery”

OP-36: Additional Information (2 of 2)

- The list for 2016 Outpatient surgeries is posted at:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1633-FC.html?DLPage=1&DLEntries=10&DLSort=2&DLSortDir=descending> (refer to Addendum AA on the CMS website)

Survey-Based Measures

OP-37a-e: Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey measures

- Three composite survey-based measures:
 - OP-37a: About Facilities and Staff
 - OP-37b: Communication About Procedure
 - OP-37c: Preparation for Discharge and Recovery
- Two global survey-based measures:
 - OP-37d: Overall Rating of Facility
 - OP-37e: Recommendation of Facility

Survey-Based Measures: Topics

- The OAS CAHPS survey contains 37 questions that cover topics such as access to care, communications, experience at the facility, and interactions with facility staff.
- The survey development process followed the principles and guidelines outlined by the Agency for Healthcare Research and Quality (AHRQ) and its CAHPS Consortium.

Survey-Based Measures: Administration

(1 of 2)

- The OAS CAHPS Survey is administered to a random sample of eligible patients who had at least one outpatient surgery/procedure during the sample month.
 - The Survey is conducted at the CMS Certification Number (CCN) level.
 - The reporting for a CCN must include all eligible patients from all eligible hospitals covered by the CCN.

Survey-Based Measures: Administration

(2 of 2)

- The survey has three administration methods: mail-only, telephone-only, and mixed mode (mail with telephone follow-up of non-respondents).
- Hospitals will contract with a CMS-approved vendor to collect survey data for eligible patients at the hospitals on a monthly basis.
- CMS will propose a format and timing for public reporting of OAS CAHPS Survey data in future rulemaking prior to implementation of the measures.

Survey-Based Measures: Data Collection

- CMS is proposing the data collection period for the measures would be the calendar year two years prior to the payment determination year.
- Hospitals, via their CMS-approved survey vendor, would be required to collect data on a monthly basis and submit data quarterly.
- A target minimum of 300 completed surveys for each 12-month reporting period.
- Survey Protocols and Guidelines Manual: <https://oascahps.org/Survey-Materials>

Survey-Based Measures: Exemption

- A request to be exempted from performing the survey-based measures can be submitted if the hospital treats fewer than 60 survey-eligible patients during the “eligibility period.”
 - The “eligibility period” is the calendar year before the data collection period.
- To qualify for exemption, a participation exemption request form must be submitted on or before May 15 of the data collection year.
 - The form will be available on the OAS CAHPS Survey website: <https://oascahps.org>.

Survey-Based Measures: Calculation

- Hospital rates on each composite OAS CAHPS survey-based measure (OP-37a, 37b, and 37c) would be calculated by determining the proportion of “top-box” (“Yes” or “Yes Definitely”) responses for each question within the composite.
- Hospital performance on each of the two global OAS CAHPS survey-based measures would be calculated by the proportion of respondents providing high-value responses (9-10 rating or “Definitely Yes”).

Survey-Based Measures: Inclusions

- For the OAS CAHPS Survey administration, an “eligible patient” is a patient 18 years or older:
 - Who had an outpatient surgery or procedure in a hospital, as defined in the OAS CAHPS Survey Protocols and Guidelines Manual
 - Who does not reside in a nursing home
 - Who was not discharged to hospice care following their surgery
 - Who is not identified as a prisoner
 - Who did not request that hospitals not release their name and contact information to anyone other than hospital personnel

Survey-Based Measures: Exclusions

- Eligible patients who are excluded from the sample are:
 - Patients whose address is not a U.S. domestic address
 - Patients who cannot be surveyed because of state regulations
 - Patient's surgery or procedure does not meet the eligibility CPT® or G-codes
 - Patients who are deceased

Survey-Based Measures: Additional Information

- These measures were included in the Measures under Consideration (MUC) List in December 2014.
- More information about these measures and the list of approved vendors can be found at: <https://oascahps.org>.
- The OAS CAHPS Survey questions and the Protocol & Guidelines Manual can be found at: <https://oascahps.org/Survey-Materials>.

Proposed Rule 2017

TOPIC FOR FUTURE CONSIDERATION

Safe Use of Opioids

To address concerns associated with overlapping or concurrent prescribing of opioids, CMS is developing:

- An eCQM to capture the proportion of patients 18 and older who have an active prescription for an opioid and an additional opioid or benzodiazepine prescribed during the qualifying care encounter
 - This measure is designed to reduce preventable deaths and reduce costs associated with opioid-related treatment.

Proposed Rule CY 2017

PROPOSED POLICY CHANGES

Public Display of Quality Measures

Proposed time frames for preview period:

- Publicly display data on *Hospital Compare* website, or other CMS website, as soon as possible after measure data have been submitted to CMS
- Proposing to announce time frames for preview period starting with the CY 2018 payment determination on a CMS website and/or on CMS' applicable ListServes
- Proposed that hospitals will have approximately 30 days to preview their data

Extraordinary Circumstances Extension/Exemption (ECE)

Proposed Policy Update

- Extend the ECE request deadline for both chart-abstracted and web-based measures from 45 days following an event causing hardship to 90 days
- New date would be effective with ECEs requested on or after January 1, 2017

Reconsideration and Appeals Procedures

Clarification:

- If a hospital fails to submit a timely reconsideration request to CMS via the QualityNet website by the applicable deadline, then the hospital will not subsequently be eligible to file an appeal with the Provider Reimbursement Review Board.

Proposed Rule CY 2017

INPATIENT HOSPITAL VALUE-BASED PURCHASING (VBP) PROGRAM

Pain Management (1 of 2)

- CMS has received feedback that some stakeholders are concerned about the Pain Management dimension questions being used in a program where there is any link between scoring well on the questions and higher hospital payments.
- Some stakeholders believe that the linkage of the Pain Management dimension questions to the Hospital VBP Program payment incentives creates pressure on hospital staff to prescribe more opioids in order to achieve higher scores on this dimension.
- We continue to believe that pain control is an appropriate part of routine patient care that hospitals should manage and is an important concern for patients, their families, and their caregivers.

Pain Management (2 of 2)

- CMS is proposing to **remove the Pain Management dimension** of the HCAHPS Survey in the Patient- and Caregiver-Centered Experience of Care/Care Coordination domain **beginning with the Fiscal Year (FY) 2018 program year.**
- The FY 2018 program year uses HCAHPS performance period data from January 1, 2016 to December 31, 2016, to calculate each hospital's Total Performance Score (TPS).
- CMS intends to propose to adopt modified Pain Management questions for use in the Hospital VBP Program in future rulemaking.

Proposed HCAHPS Survey Dimensions for the FY 2018 Program Year

Communication with Nurses

Communication with Doctors

Responsiveness of Hospital Staff

Communication About Medicines

Hospital Cleanliness & Quietness

Discharge Information

3-Item Care Transition

Overall Rating of Hospital

Proposed Rule CY 2017

COMMENTING

Submitting Comments

- Comments must be received no later than 5 PM EST on September 6, 2016, if delivered by regular mail, express or overnight mail, or by hand or courier.
- Comments submitted electronically will be accepted until 11:59 PM EST.
- CMS encourages submission of electronic comments to www.regulations.gov.
- Responses to comments will be in the Final Rule, to be issued November 2016.

Submitting Comments



The screenshot shows the regulations.gov website interface. At the top, there is a navigation bar with links for Home, Help, Resources, and Contact Us. Below this is a search bar with a magnifying glass icon and the text 'Search'. To the right of the search bar are buttons for 'Browse' and 'Learn'. The main content area features a blue banner with the text 'Make a difference. Submit your comments and let your voice be heard.' Below the banner is a search box with the text 'SEARCH for: Rules, Comments, Adjudications or Supporting Documents:'. The search box contains the text 'CMS' and a blue 'Search' button. The search box is highlighted with a red border. Below the search box are three columns of content: 'What's Trending', 'Comments Due Soon', and 'Newly Posted'. The 'What's Trending' section lists several regulations with their closing dates. The 'Comments Due Soon' section lists regulations with their closing dates and the number of comments. The 'Newly Posted' section lists regulations with their posting dates and the number of comments. The 'FAA Section 333' section provides information about FAA Section 333 petitions for exemption.

1. Enter *CMS* in the [Search for] box.
2. Select the [Search] button.

Submitting Comments

3. Filter: Comment Period = Open; Document Type = Proposed Rule
4. Scroll: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; etc.
5. Select: [Comment Now] button

The screenshot shows the regulations.gov website interface. At the top, there is a navigation bar with links for Home, Help, Resources, and Contact Us. A search bar contains the text 'cms' and an 'Advanced Search' button. Below the search bar, it indicates '11 results for "cms"'. On the left side, there is a 'Filter Results By...' section with two main categories: 'Comment Period' and 'Document Type'. Under 'Comment Period', the 'Open' checkbox is checked, and 'Closed (986)' is unchecked. Under 'Document Type', 'Proposed Rule' is checked, and other options like 'Notice (33)', 'Rule (3)', 'Supporting & Related Material (0)', 'Other (0)', and 'Public Submission (599)' are unchecked. In the center, there are search results. The first result is titled 'Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; etc.'. It includes a 'Proposed Rule by CMS on 07/14/2016' and an 'ID: CMS_FRDOC_0001-1994'. To the right of this result is a 'Comment Now!' button, which is highlighted with a red box. Below this result is another one titled 'CY 2017 Hospital Outpatient PPS Policy Changes and Payment Rate and Ambulatory Surgical Center Payment System Policy Changes and Payment Rates. CMS-1656-P OFR Display', which also has a 'Comment Now!' button highlighted with a red box. The page also shows 'Results per page: 10' and 'Sort By: Posted (Newer-Older)'.

Comment on Proposed Rule: Step 1

The system will guide you through a three-step comment process.

Step 1. Enter your comment and contact information.

- a. Required fields have (Required) next to the field name
- b. Comments can be up to 5,000 characters

1 Your Information

Information entered will be viewable on Regulations.gov

[View Commenter's Checklist \(PDF\)](#)

a. Comment (Required)

b. 5000 characters remaining

Comment on Proposed Rule: Step 1 (cont.)

The screenshot shows a web form for submitting a comment. The form includes the following elements:

- Upload file(s) (Optional)**: A button labeled "Choose file" is highlighted with a red box and labeled "c.".
- Contact Information**: A large red box labeled "d." encompasses the "First Name" and "Last Name" fields (both containing "Anonymous"), the "City" field, the "State or Province (Required)" dropdown menu (showing "Select a State..."), the "ZIP/Postal Code (Required)" field, the "Country (Required)" dropdown menu (showing "United States"), and the "Email Address" field.
- Third Party Submission**: A checkbox labeled "I am submitting on behalf of a third party" is checked. Below it, the "Organization Name (Required)" field contains "NA" and is highlighted with a red box labeled "e.".
- Continue Button**: A blue button labeled "Continue" is highlighted with a red box labeled "f.".

- c. You can upload a file if you wish.
- d. Enter your contact information.
- e. If submitting a comment on behalf of a third party, enter the organization's name.
- f. When finished entering your comment and contact information, select the [Continue] button.

Comment on Proposed Rule: Step 2

Step 2. Your Preview: Shows how your comment* and information** will appear on *Regulations.gov*.

*Your Comment, files you uploaded, Country, and State or Province *will appear* on Regulations.gov.

**Your Name, ZIP/Postal Code, and Organization Name *will not appear* on Regulations.gov.

- a. Select the [Edit] button to edit your comment and contact information.
- b. When finished previewing, check the box to acknowledge that you have read and understand the provisions of commenting.
- c. If all information is correct, select the [Submit Comment] button.

You are filing a document into an official docket. Any personal information included in your comment and/or uploaded attachment (s) may be publicly viewable on the web.

b. I read and understand the statement above.

a.

c.

Comment on Proposed Rule: Step 3

Step 3. Your Receipt:

Your comment is assigned a tracking number. Take a screenshot of this page or save your tracking number. You can use your tracking number to find out the status of your comment.

The screenshot shows a progress bar at the top with three steps: '1 Your Information', '2 Your Preview', and '3 Your Receipt'. The '3 Your Receipt' step is highlighted in blue. Below the progress bar, the text 'Your Comment Tracking Number: 1jz xxX-yyYy-1234' is displayed in a blue font and is enclosed in a red rounded rectangular box. To the right of this box, there is a yellow informational box containing the text: 'Your comment may be viewable on Regulations.gov once the agency has reviewed it. This process is dependent on agency public submission policies/procedures and processing times. Use your tracking number to find out the status of your comment.'

References

- Proposed Rule:
<https://www.gpo.gov/fdsys/pkg/FR-2016-07-14/pdf/2016-16098.pdf>
- Comment Site:
https://www.regulations.gov/comment?D=CMS_FRDOC_0001-1994

Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
 - This is separate from registering for the webinar. If you have not registered at the Learning Management Center, you will **not** receive your certificate.
 - Please use your **personal** email so you can receive your certificate.
 - Healthcare facilities have firewalls that block our certificates.

CE Certificate Problems?

- If you do not immediately receive a response to the email you used to register in the Learning Management Center, a firewall is blocking the survey link.
- Please go back to the New User link and register your personal email account.
- Personal emails are not blocked by firewalls.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:

<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

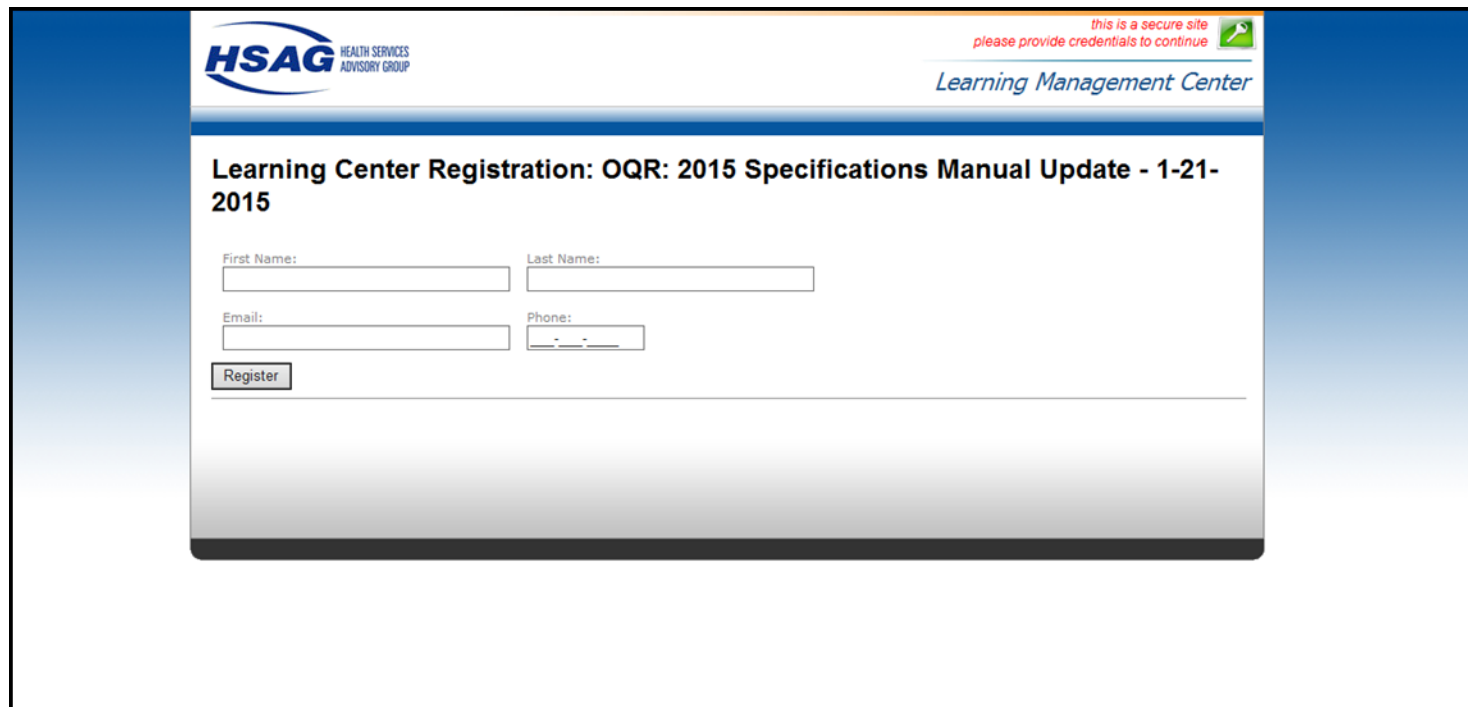
Existing User Link:

<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

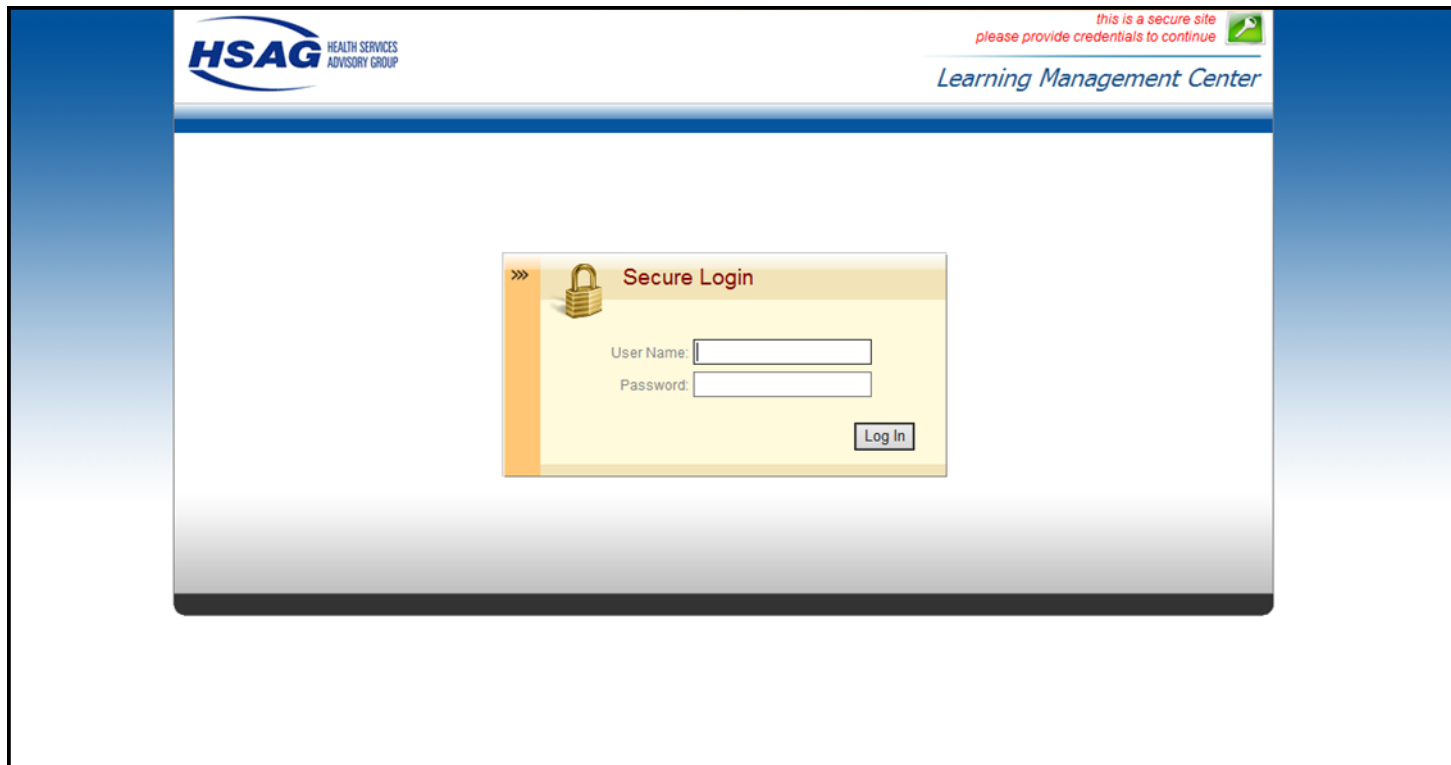
Done

CE Credit Process: New User



The screenshot shows a web page for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, there is a security notice: "this is a secure site please provide credentials to continue" next to a small green icon. Below this is the text "Learning Management Center". The main heading of the page is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". Below the heading are four input fields: "First Name:" and "Last Name:" on the top row, and "Email:" and "Phone:" on the bottom row. The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The entire form is set against a white background with a blue border.

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning reads "this is a secure site please provide credentials to continue" next to a small green icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

Thank You for Participating!

Please contact the Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at www.qualitynet.org

Or

- Call the Support Contractor at 866.800.8756.

Biographies

Elizabeth Bainger: Elizabeth joined CMS in June 2014 to become the Program Lead for the Hospital OQR Program. She has a Doctorate of Nursing Practice from University of Maryland with an administrative focus on quality improvement. She has a broad clinical background including behavioral health, ambulatory surgery, cardiac care, critical care, flight nursing, and nursing education. Elizabeth's quality improvement background includes positions as a performance improvement coordinator and a senior abstraction specialist. She is a Certified Professional in Healthcare Quality and a member of the National Association of Healthcare Quality.

Vinitha Meyyur: Dr. Meyyur is a healthcare researcher specializing in research, program evaluation, quantitative data analysis, survey/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.

Elizabeth Goldstein: Liz is a Director of the Division of Consumer Assessment and Plan Performance. Since 1997, she has been working on the development and implementation of Consumer Assessment of Healthcare Providers and Systems Surveys, or CAHPS, in a variety of settings. She is responsible for a number of the CAHPS surveys administered by CMS, the Part C Star Ratings, the Star Ratings for Medicare Advantage quality bonus payments, Medicare HEDIS data collection, and Part D enrollment analyses.

Grace H. Im: Grace is the Program Lead for the Hospital IQR Program and the Hospital VBP Program, CMS, Center for Clinical Standards and Quality, Quality Measurement & Value-Based Incentives Group. Grace is responsible for all aspects of implementing these programs and works in close collaboration with the Center for Medicare, as well as other hospital quality programs and measure development leads for acute care settings. Grace received her JD from the University of Virginia School of Law and MPH in health policy from the George Washington University Milken Institute School of Public Health.