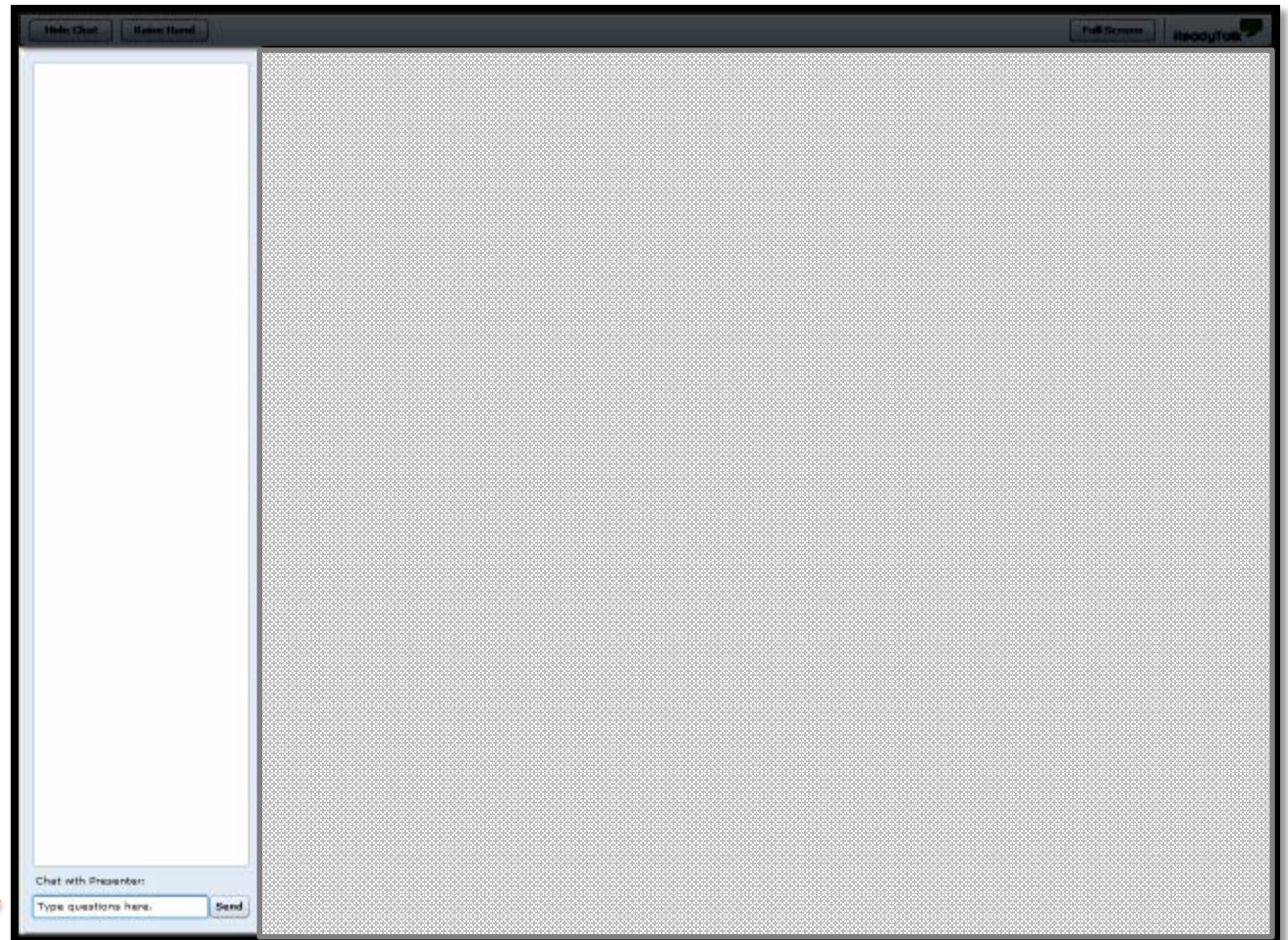


CY 2016 OPPS/ASC Proposed Rule: Hospital Outpatient Quality Reporting (OQR) Program

- Audio for this event is available via internet streaming.
- No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.
- Please use streaming audio if possible. However, if you have trouble hearing the webinar, a call-in number is available. Type your request into chat box.

Submitting Questions

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





CY 2016 OPPS/ASC Proposed Rule: Hospital Outpatient Quality Reporting (OQR) Program

Elizabeth Bainger, MS, RN, CPHQ
Program Lead, Hospital Outpatient Quality Reporting
Centers for Medicare & Medicaid Services

Vinitha Meyyur, PhD
Measures Lead, Hospital Outpatient Quality Reporting
Centers for Medicare & Medicaid Services

July 15, 2015

Announcements

- July 1–November 1: data submission period for the web-based measures
- July 22: webinar for the Ambulatory Surgical Center (ASC) portion of the proposed rule
- August 1: deadline for Clinical Data and Population and Sampling submissions from Q1 2015 (January 1–March 31, 2015)
- Notification of additional educational webinars will be sent via ListServe

Learning Objectives

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

- Find the CY 2016 OPPS/ASC Proposed Rule text
- Identify proposed changes to the Hospital OQR program
- Submit comments to CMS regarding the CY 2016 OPPS/ASC Proposed Rule

Please Note: The Centers for Medicare & Medicaid Services (CMS) cannot respond to comments or answer questions related to the Proposed Rule during this webcast.



CY 2016 OPPS/ASC Proposed Rule



Hospital Outpatient Quality Reporting (OQR) Program

Elizabeth Bainger, MS, RN, CPHQ
*Program Lead, Hospital Outpatient Quality Reporting
Centers for Medicare & Medicaid Services*

Vinitha Meyyur, PhD
*Measures Lead, Hospital Outpatient Quality Reporting
Centers for Medicare & Medicaid Services*

Proposed Rule CY 2016

LOCATING THE RULE

Hospital OQR Program Rule History

Effective January 1	Proposed or Final Rule	Federal Register (FR) Reference www.federalregister.gov
CY 2016	Proposed	80 FR 39325
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

The screenshot shows the top navigation bar of the Federal Register website. A search bar is highlighted with a red box, containing the text "80 FR 39325". 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 indicates the date "Thursday, July 9th". Below this is a green bar for the "Current Issue" with statistics: 68 Notices, 12 Proposed Rules, 9 Rules, 3 Significant Documents, and 291 Pages. The main content area is divided into two columns. The left column features a vertical menu with categories: MONEY, ENVIRONMENT, WORLD, SCIENCE & TECHNOLOGY (highlighted), BUSINESS & INDUSTRY, and HEALTH & PUBLIC WELFARE. The right column features a "RECENT BLOG POSTS" section. The main article is titled "National Institute on Alcohol Abuse and Alcoholism; Notice of Presentation" and includes a photo of a bottle and a person, with the author "John Ott". At the bottom of the main content area, there are two statistics: "25 NEW DOCUMENTS IN THIS ISSUE" and "69 COMMENT PERIODS ENDING SOON".

Sections ▾ Browse ▾ Search ▾ Policy ▾ Learn ▾ Blog ▾ My FR 80 FR 39325

FEDERAL REGISTER
The Daily Journal of the United States Government

Thursday, July 9th

Current Issue 68 Notices 12 Proposed Rules 9 Rules 3 Significant Documents 291 Pages [Browse this & other dates](#)

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

National Institute on Alcohol Abuse and Alcoholism; Notice of Presentation
A Notice by National Institutes of Health on 07/08/2015

John Ott

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) will host an online presentation to enable public discussion of the Institute's proposal to create a new division; Division of Medications Development.

25 NEW DOCUMENTS IN THIS ISSUE **69** COMMENT PERIODS ENDING SOON

RECENT BLOG POSTS

What is Public Inspection?
Posted by Ben Jordi on June 22, 2015

[This post was written by OFR intern Lissa N. Snyders] Although agency regulations are not official until they are published in the Federal Register, the public has the opportunity to...
[Continue reading →](#)

2015 Federal Register Liaison Conference
Posted by Ben Jordi on June 4, 2015

New Image Collection: U.S. Government Manual
Posted by Ben Jordi on June 1, 2015

Navigating the Federal Register

The screenshot shows the Federal Register website interface. At the top, there is a navigation bar with links for Home, Sections, Browse, Search, Policy, Learn, Blog, and My FR. A search box 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 visible. Below the banner, there are tabs for "Documents", "Public Inspection 0", "Events 0", and "Unified Agenda Items 0". A search bar contains the text "80 FR 39325" and a magnifying glass icon. To the right of the search bar, it says "1 matching citation, 5 search results" and "SUBSCRIBE". Below the search bar, there are links for "Show Advanced Search" and "Learn More". On the right side, there are links for "Other Formats: CSV/Excel, JSON". On the left side, there is a table with "TYPE" and "AGENCY" categories. The "TYPE" table has three rows: "Notice" with a count of 2, "Rule" with a count of 2, and "Proposed Rule" with a count of 1. The "AGENCY" table has four rows: "Agriculture Department" with a count of 1, "Centers for Medicare & Medicaid Services" with a count of 1, "Defense Department" with a count of 1, and "Health and Human" with a count of 1. On the right side, there is a text box with a document icon and the text "It looks like you were searching for the citation 80 FR 39325. We've found the following 1 document on page 39325 of volume 80." Below this text, there is a link for "Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment...". Below the link, there is a paragraph of text: "This proposed rule would revise the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for CY 2016 to implement...". Below the paragraph, there is a line of text: "Proposed Rule 07/08/2015 Centers for Medicare & Medicaid Services". Below this line, there is a link for "Pages 39199 - 39375" and a link for "Jump directly to page 39325." which is highlighted with a red box. To the right of the "Jump directly to page 39325." link, there is a PDF icon.

Home Sections Browse Search Policy Learn Blog My FR Search Documents

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Find 80 FR 39325 1 matching citation, 5 search results SUBSCRIBE

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TYPE

Notice	2
Rule	2
Proposed Rule	1

AGENCY

Agriculture Department	1
Centers for Medicare & Medicaid Services	1
Defense Department	1
Health and Human	1

It looks like you were searching for the citation **80 FR 39325**. We've found the following 1 document on page 39325 of volume 80.

[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 2016 to implement...

Proposed Rule 07/08/2015 [Centers for Medicare & Medicaid Services](#)

Pages 39199 - 39375 [Jump directly to page 39325.](#) PDF

Navigating the Federal Register

Addendum EE provides the HCPCS codes and short descriptors for surgical procedures that are proposed to be excluded from payment in ASCs for CY 2016.

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 quality data to CMS. These additional programs include

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TYPE	
Notice	2
Rule	2
Proposed Rule	1

AGENCY	
Agriculture Department	1
Centers for Medicare & Medicaid Services	1
Defense Department	1
Health and Human Services Department	1
Interior Department	1
[more]	

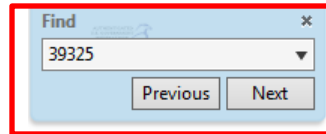
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This proposed rule would revise the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for CY 2016 to implement...

Proposed Rule 07/08/2015 [Centers for Medicare & Medicaid Services](#)
 Pages 39199 - 39375 [Jump directly to page 39325](#) [PDF](#)

Navigating the Federal Register



A screenshot of a search interface. It features a text input field containing the number '39325'. To the right of the input field is a small 'x' icon for clearing the search. Below the input field are two buttons labeled 'Previous' and 'Next'.



FEDERAL REGISTER

Vol. 80 Wednesday,
No. 130 July 8, 2015

Part II

Department of Health and Human Services

Center for Medicare & Medicaid Services

42 CFR Parts 410, 412, 416

Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Short Inpatient Hospital Stays; Transition for Certain Medicare-Dependent, Small Rural Hospitals Under the Hospital Inpatient Prospective Payment System; Proposed Rule

Navigating the Federal Register

comments will be accepted on the interim APC assignment 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 assignments for the new code.

The values displayed in the column titled “Proposed CY 2016 Payment Weight” are the proposed relative payment weights for each of the listed services for CY 2016. The proposed relative payment weights for all covered surgical procedures and covered ancillary services where the ASC payment rates are based on OPSS relative payment weights were scaled for budget neutrality. Therefore, scaling was not applied to the device portion of the device-intensive procedures, services that are paid at the MPPS nonfacility PE RVU-based amount, separately payable covered ancillary services that have a predetermined national payment amount, such as drugs and biologicals and brachytherapy sources that are separately paid under the OPSS, or services that are contractor-priced or paid at reasonable cost in ASCs.

To derive the proposed CY 2016 payment rate displayed in the “Proposed CY 2016 Payment Rate” column, each ASC payment weight in the “Proposed CY 2016 Payment Weight” column was multiplied by the proposed CY 2016 conversion factor of \$44,605. 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 2016 Payment Weight” column for items and services with predetermined national payment amounts, such as separately payable drugs and biologicals. The “Proposed CY 2016 Payment” column displays the proposed CY 2016 national unadjusted ASC payment rates for all items and services. The proposed CY 2016 ASC payment rates listed in Addendum BB for separately payable drugs and biologicals are based on ASP data used

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 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 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 (LTCH QRP) Program;
- 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

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 Quality Strategy, as well as conditions for which wide cost and treatment variations have been reported, despite established clinical guidelines. To the extent possible under various authorizing statutes, our ultimate goal is to align the clinical quality measure requirements of the various quality reporting programs. As appropriate, we will consider the adoption of measures with electronic specifications to enable the collection of this information as part of care delivery.

We refer readers to the CY 2013 OPSS/ASC final rule with comment period (77 FR 68467 through 68469) for a discussion on the principles underlying consideration for future measures that we intend to use in implementing this and other quality reporting programs.

2. Statutory History of the Hospital OQR Program

We refer readers to the CY 2011 OPSS/ASC final rule with comment period (75 FR 72064 through 72065) for a detailed discussion of the statutory history of the Hospital OQR Program.

B. Hospital OQR Program Quality Measures

1. Considerations in the Selection of Hospital OQR Program Quality Measures

We refer readers to the CY 2012 OPSS/ASC final rule with comment period (76 FR 74458 through 74460) for a detailed discussion of the priorities we consider for the Hospital OQR Program quality measure selection. We are not proposing any changes to our measure selection policy.

2. Retention of Hospital OQR Program Measures Adopted in Previous Payment Determinations

We previously adopted a policy to retain measures from the previous year’s Hospital OQR Program measure set for subsequent years’ measure sets in the

Proposed Rule CY 2016

PROPOSED MEASURE CHANGES

Summary: Proposed Measures Changes

CMS proposes to add two new measures:

- OP-33: External Beam Radiotherapy for Bone Metastases (EBRT) and,
- OP-34: Emergency Department Transfer Communication (EDTC).

CMS proposes to remove OP-15: Use of Brain Computed Tomography (CT) in the Emergency Department for Atraumatic Headache.

CMS is exploring whether, in future rulemaking, we would propose that hospitals have the option to voluntarily submit OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients as an eCQM.

Proposed OP-33: EBRT (NQF #1822)

- Percentage of patients (all-payer) with painful bone metastases and no history of previous radiation who receive EBRT with an acceptable dosing schedule.
- Detailed specifications may be found at: <https://www.qualityforum.org/QPS/1822>
- Supported by the Measure Applications Partnership (MAP)
- Addresses the National Quality Strategy (NQS) priority of Making Care Safer.

Proposed OP-33: EBRT (NQF #1822)

- CY 2018 payment determination and subsequent years (beginning with January 1, 2016, patient encounters)
- Submission methods: (1) via the CMS Web-based tool (QualityNet Website); or (2) submit an aggregate data file for this measure through a vendor (via QualityNet infrastructure).
- The data submission deadline for either method would be May 15.

Proposed OP-34: EDTC (NQF #0291)

- Percentage of patients transferred to another healthcare facility whose medical record documentation indicated that administrative and healthcare information was communicated to the receiving facility in a timely manner.
- Seven subcomponents: (a) administrative data; (b) patient information; (c) vital signs; (d) medication; (e) physician information; (f) nursing information; and (g) procedure and test results.
- Detailed specifications may be found at:
<http://rhrc.umn.edu/2012/02/ed-transfer-submission-manual>

Proposed OP-34: EDTC (NQF #0291)

- Peer reviewed and extensively tested.
- Supported by the Measure Applications Partnership (MAP)
- Addresses the National Quality Strategy (NQS) priority of Communication and Care Coordination.

Proposed OP-34: EDTC (NQF #0291) Score Calculation Example

Administrative communication (EDTC-Subsection 1)	
Y	Nurse to nurse communication
Y	Physician to physician communication
Sub-1 Score = 1	
Patient information (EDTC-Subsection 2)	
Y	Name
Y	Address
Y	Age
Y	Gender
Y	Significant others contact information
Y	Insurance
Sub-2 Score = 1	
Vital signs (EDTC-Subsection 3)	
Y	Pulse
Y	Respiratory rate
Y	Blood pressure
Y	Oxygen saturation
Y	Temperature
N	Glasgow score or other neuro assessment for trauma, cognitively altered or neuro patients only
Sub-3 Score = 0	
Medication information (EDTC-Subsection 4)	
Y	Medications administered in ED
Y	Allergies
N	Home medications
Sub-4 Score = 0	

Provider generated information (EDTC-Subsection 5)	
Y	History and physical
Y	Reason for transfer and/or plan of care
Sub-5 Score = 1	
Nurse generated information (EDTC-Subsection 6)	
Y	Assessments/interventions/response
Y	Sensory Status (formerly Impairments)
Y	Catheters
Y	Immobilizations
Y	Respiratory support
Y	Oral limitations
Sub-6 Score = 1	
Procedures and tests (EDTC-Subsection 7)	
Y	Tests and procedures done
Y	Tests and procedure results sent
Sub-7 Score = 1	

Sub-1 (1) + Sub-2 (1) + Sub-3 (0) + Sub-4 (0) + Sub-5 (1) + Sub-6 (1) + Sub-7 (1) = 5
“5” does not equal a perfect score of “7”;
therefore, TOTAL SCORE FOR THIS CASE = 0

Proposed OP-34: EDTC (NQF #0291)

- CY 2019 payment determination and subsequent years (beginning with January 1, 2017, patient encounters)
- Submission methods: (1) via the CMS Web-based tool (QualityNet Website); or (2) submit an aggregate data file for this measure through a vendor (via QualityNet infrastructure).
- The data submission deadline for either method would be May 15.

Proposed Measures Changes

- CMS proposes to remove OP-15: Use of Brain Computed Tomography (CT) in the Emergency Department for Atraumatic Headache.
- CMS is exploring whether, in future rulemaking, we would propose that hospitals have the option to voluntarily submit OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients as an eCQM.

Correction

- OP-4: Aspirin at Arrival was inadvertently excluded from the tables on p. 39329 and p. 39334.
- OP-4 should be included in the measure sets for the CY 2018 and CY 2019 payment determination and subsequent years.
- CMS will clarify in the final rule.

Proposed Rule CY 2016

PROPOSED POLICY CHANGES

Summary: Proposed Policy Changes

- Shift the quarters on which the Hospital OQR Program bases payment determinations and make conforming changes to our validation scoring process.
- Change the deadline for submitting a reconsideration request.
- Change the deadline for withdrawing from the program.
- Change the data submission timeframe for measures submitted via the CMS Web-based tool.

Summary: Proposed Policy Changes

- Correct a typographical error in our extensions and exceptions policy.
- Change paragraphs 42 CFR 419.46(f)(1) and 42 CFR 419.46(e)(2).

Proposed APU Determination Transition

CY 2016 Payment Determination (Current State)	
Patient Encounter Quarter	Clinical Data Submission Deadline
Q3 2014 (Jul 1–Sep 30)	2/1/2015
Q4 2014 (Oct 1– Dec 31)	5/1/2015
Q1 2015 (Jan 1–Mar 31)	8/1/2015
Q2 2015 (Apr 1–Jun 30)	11/1/2015

Proposed CY 2017 Payment Determination (Future State – Transition Period)	
Patient Encounter Quarter	Clinical Data Submission Deadline
Q3 2015 (Jul 1–Sep 30)	2/1/2016
Q4 2015 (Oct 1–Dec 31)	5/1/2016
Q1 2016 (Jan 1–Mar 31)	8/1/2016

Proposed CY 2018 Payment Determination and Subsequent Years (Future State)	
Patient Encounter Quarter	Clinical Data Submission Deadline
Q2 2016 (Apr 1–Jun 30)	11/1/2016
Q3 2016 (Jul 1–Sep 30)	2/1/2017
Q4 2016 (Oct 1–Dec 31)	5/1/2017
Q1 2017 (Jan 1–Mar 31)	8/1/2017

Proposed Policy Changes

Deadline for Submitting a Reconsideration Request

Current

First business day of the month of February of the affected payment year

Proposed

First business day on or after March 17 of the affected payment year

Deadline for Withdrawing from the Hospital OQR Program

Current

November 1

Proposed

August 1

Timeframe for Measures Submitted via the CMS Web-Based Tool (QualityNet Website)

Current

July 1 through November 1

Proposed

January 1 through May 15

Proposed Policy Changes

- Correct a typographical error: from extension and “exception” to extension and “exemption.”
- Editorial correction to paragraphs 42 CFR 419.46(f)(1) and 42 CFR 419.46(e)(2) to replace the term “fiscal year” with the term “calendar year.”

Proposed Rule CY 2016

COMMENTING

Submitting Comments

- 80 FR 39200 or p. 2 of the downloadable pdf
- Comments must be received no later than 5 PM EST on August 31, 2015 if delivered by regular mail, express or overnight mail, or by hand or courier.
- Comments submitted electronically via regulations.gov will be accepted until 11:59 PM EST.
- CMS encourages submission of electronic comments to www.regulations.gov.
- Comments may also be submitted by regular mail, express or overnight mail, and by hand or courier.
- Responses to comments will be in the Final Rule, to be issued November 2015.

Submitting Comments

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

The screenshot shows the regulations.gov website interface. At the top, there is a navigation bar with the logo "regulations.gov" and the tagline "Your Voice in Federal Decision-Making". To the right of the logo are links for "Home", "Help", "Resources", and "Feedback and Questions". Below the navigation bar is a search bar with a magnifying glass icon and the text "Search". To the right of the search bar are two buttons: "Browse" and "Learn".

The main content area features a section titled "Participate Today!" in red text. Below this title is a paragraph: "Submit your comments on proposed regulations and related documents published by the U.S. Federal government. You can also use this site to search and review original regulatory documents as well as comments submitted by others." This is followed by another paragraph: "Help improve Federal regulations by **submitting your comments**." A red box labeled "1" highlights the search input field, which contains the text "CMS". A red box labeled "2" highlights the "Search" button. Below the search bar is a link for "Advanced Search".

On the right side of the page, there is a sidebar with a section titled "Are you new to the site?". Below this title is a paragraph: "Click the links below to get started." This is followed by a list of links: "What can I find on this site?", "How do I find a rule?", "How do I submit a comment?", "How do I find my comment?", and "Do my comments make a difference?". Below this sidebar is a section titled "Dream Big Submit by July 13" with an image of a Ferris wheel.

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, the logo "regulations.gov" is displayed with the tagline "Your Voice in Federal Decision-Making". Navigation links for Home, Help, Resources, and Feedback and Questions are visible. A search bar contains the text "CMS" and an "Advanced Search" link. Below the search bar, it indicates "7 results for 'CMS'".

Annotation 3 points to the "Filter Results By..." section on the left. This section includes two filter categories: "Comment Period" and "Document Type". Under "Comment Period", the "Open" checkbox is checked, and "Closed (892)" is listed. Under "Document Type", the "Proposed Rule" checkbox is checked, and other options like "Notice (15)", "Rule (0)", "Supporting & Related Material (0)", "Other (0)", and "Public Submission (49)" are listed.

Annotation 4 points to the first search result. The title is "Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; etc.". Below the title, the docket title is: "- Docket Title : CY 2016 Hospital Outpatient PPS Policy Changes and Payment Rates and Ambulatory Surgical Center Payment System Policy Changes and Payment Rates [CMS-1633-P]". It is identified as a "Proposed Rule by CMS on 07/08/2015" with ID "CMS-2015-0075-0002".

Annotation 5 points to the "Comment Now!" button located to the right of the first search result. Below the button, it shows the due date "Due Aug 31, 2015 11:59 PM ET" and an "Open Docket Folder" link with RIN "0938-AS42".

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. At the top left, there is an 'Upload file(s) (Optional)' section with a 'Choose file' button, highlighted by a red box labeled 'c.'. To its right, a red box labeled 'd.' points to the 'First Name' and 'Last Name' input fields. Below these are the 'Contact Information' fields: 'City', 'State or Province (Required)' (a dropdown menu with 'Select a State...' and a warning 'You can't leave this field blank'), 'ZIP/Postal Code (Required)' (with a warning 'You can't leave this field blank'), 'Country (Required)' (a dropdown menu with 'United States'), and 'Email Address'. A large red box labeled 'd.' encompasses the 'First Name', 'Last Name', and 'Contact Information' sections. Below the contact information, there is a checkbox labeled 'I am submitting on behalf of a third party' which is checked. A red box labeled 'e.' points to the 'Organization Name (Required)' input field, which contains the text 'NA'. At the bottom right, a blue 'Continue' button is highlighted by 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 done 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 done 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. Edit

c. Submit Comment

Comment on Proposed Rule: Step 3

Step 3. Your Receipt:

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

3 Your Receipt

1 Your Information 2 Your Preview 3 Your Receipt

Your Comment Tracking Number: **xxX-yyYy-1234**

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.

Questions?

Proposed Rule CY 2016

CONTINUING EDUCATION CREDIT PROCESS

Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professional boards:
 - Florida Board of Nursing
 - 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
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing boards.

CE Credit Process

- Complete the ReadyTalk[®] survey you will receive by email within the next 48 hours or the one that will pop up after the webinar.
- The survey will ask you to log in or register to access your personal account in the Learning Management Center.
 - A one-time registration process is required.

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>

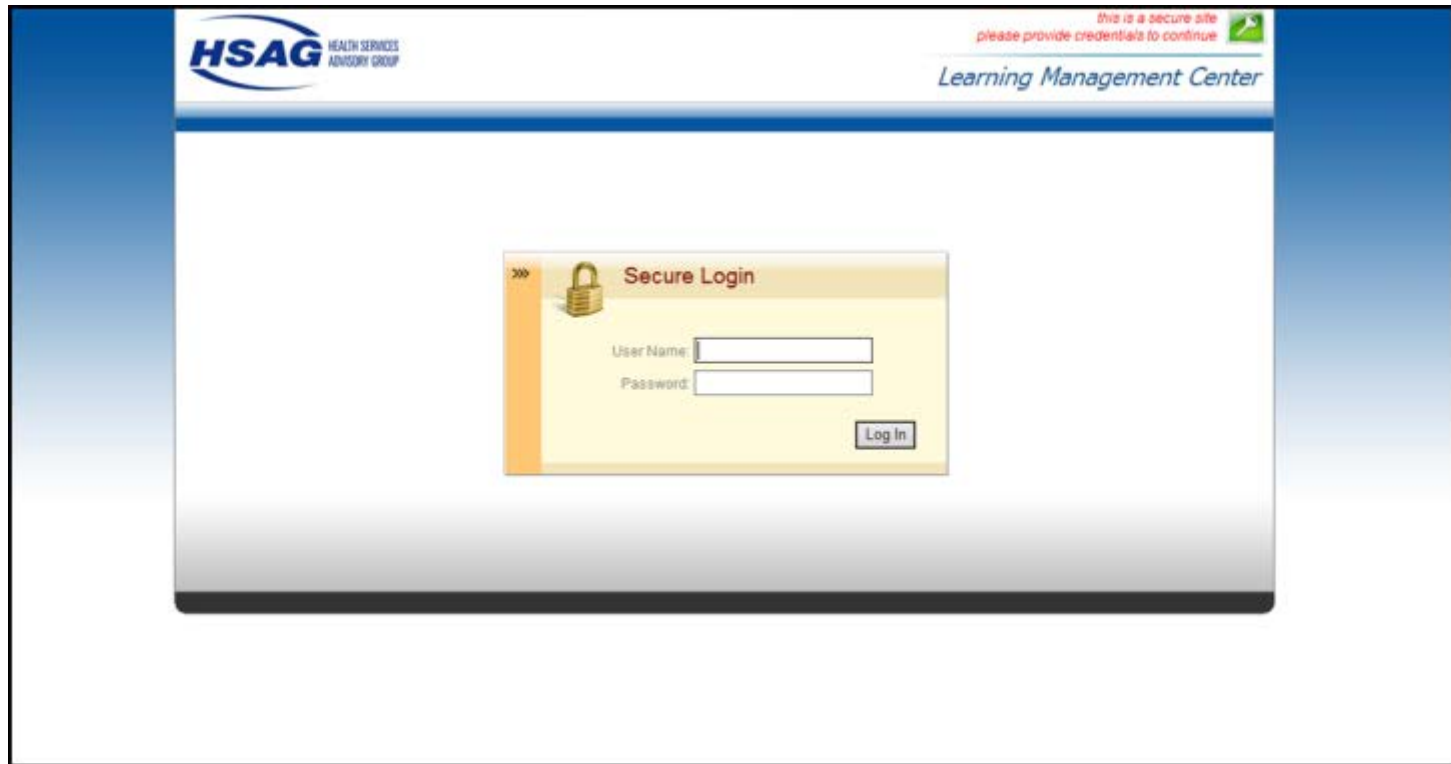
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a new user. The page features the HSAG logo (Health Services Advisory Group) in the top left corner. In the top right corner, there is a security notice: "this is a secure site please provide credentials to continue" with a small green padlock icon. Below the logo, the text "Learning Management Center" is displayed. The main heading of the page is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form includes four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small dropdown menu for country codes. A "Register" button is located below the input fields. The entire form is set against a light blue background with a white border.

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left, the HSAG logo is accompanied by 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, the text "Learning Management Center" is displayed. 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", followed by a "Log In" button.

Thank You for Participating!

Please contact the Hospital OQR Support Contractor if you have any questions:

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

Or

- Call the Hospital OQR Support Contractor at 866.800.8756.

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