



# Making the Case: The CY 2024 Hospital OPPS/ASC Proposed Rule

# Speakers

**Kimberly Go, MPA**

*Program Lead*

Hospital Outpatient Quality Reporting (OQR) Program Lead  
Centers for Medicare & Medicaid Services (CMS)

**Anita J. Bhatia, PhD, MPH**

*Program Lead*

Rural Emergency Hospital Quality Reporting (REHQR) Program Lead, CMS

**Karen VanBourgondien, RN, BSN**

Outpatient Quality Program Systems and Stakeholder Support Team



# Objectives

Attendees will be able to:

- Locate the Calendar Year (CY) 2024 Hospital Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Payment System Proposed Rule in the *Federal Register*.
- List the proposals for the Hospital OQR and REHQR Programs included in the CY 2024 OPPS/ASC Proposed Rule.
- State the topics included in the Requests for Comment (RFC).
- Recall the steps to submit comments.

# Guidance

- We will discuss the proposed updates for the Hospital OQR and REHQR Programs in the CY 2024 OPPS Proposed Rule, released on July 31, 2023.
- The information provided is offered as an informal reference and does not constitute official CMS guidance.
- CMS encourages interested parties to refer to the proposed rule, located in the [\*Federal Register\*](#).



A classic, ornate study or office. The room features a large, dark wood desk with a tufted leather chair. On the desk, there is a lamp and a rotary phone. A globe on a stand is positioned in the center of the room. To the left, there is a large wooden bookshelf filled with books. A coat rack with a hat and a coat is also visible. The room is decorated with a chandelier and patterned wallpaper.

**Kimberly Go, MPA**  
*Program Lead*

**Hospital Outpatient Quality  
Reporting (OQR) Proposals**



A detailed view of a wooden bookshelf. The shelves are filled with books of various colors and sizes. On the top shelf, there is a golden clock on the left, followed by several books. The middle shelves contain more books, some stacked. The bottom shelves feature decorative items: a camera, a framed picture of a flower, a globe, a small statue of a woman, a lion figurine, and a small chest. The overall scene is a classic library or study.

# Proposals to Change Existing Measures

# Proposals to Existing Measures

- COVID–19 Vaccination Coverage Among Healthcare Personnel (HCP) measure to align with updated specifications.
- Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients measure to align with updated clinical guidelines.
- Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery measure to further standardize data collection and reduce facility burden.
- Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients.
- Left Without Being Seen (LWBS)



# COVID-19 Vaccination Coverage Among HCP

Propose to modify the definition of “Up to Date”:

- Begin with the CY 2024 reporting period/CY 2026 payment determination.
- Display of the modified version in Fall 2024 refresh or as soon as feasible.
- Update the numerator to specify time frames which HCP are considered up to date.
  - Guidance on up to date can be found on the on the [CDC's National Healthcare Safety Network \(NHSN\) website.](#)



# Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Propose to modify to align with current guidelines:

- Begin with the CY 2024 reporting period/CY 2026 payment determination.
- Amend the measure's denominator language by replacing the phrase "aged 50 years" with the phrase "aged 45 years" to read "all patients aged 45 years to 75 years receiving screening colonoscopy without biopsy or polypectomy."

# Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery

Propose to modify survey instrument usage:

- Begin with the CY 2024 reporting period/CY 2026 payment determination.
- Limit the allowable survey instruments to the:
  - National Eye Institute Visual Function Questionnaire-25 (NEI VFQ-25)
  - Visual Functioning Patient Questionnaire (VF-14)
  - Visual Functioning Index Patient Questionnaire (VF-8R)
- Administration of the questionnaires can be conducted by the patient.

This measure is still voluntary



# Median Time from ED Arrival to ED Departure for Discharged ED Patients

Propose to modify data publicly reported

- Display all measure data on *Care Compare*:
- Begin with the CY 2024 data
- Available in downloadable files for Hospital OQR Program.
  - Median Time for Discharged ED Patients-Transfer Patients
  - Median Time for Discharged ED Patients-Overall Rate

# Left Without Being Seen (LWBS)

Propose to remove LWBS measure:

- Will begin with CY 2024 reporting period/CY 2026 payment determination.
- Under measure removal Factor 2.
  - Does not provide enough evidence to promote quality of care and improved patient outcomes.
- Median Time from ED Arrival to ED Departure for Discharged ED Patients is better for measuring ED performance and care.





# Proposals to Add Measures

# Proposed Measures for Adoption: Summary

- Hospital Outpatient Department Volume Data on Selected Outpatient Surgical Procedures Measure
- Risk-Standardized Patient Reported Outcome-Based Performance Measure (PRO-PM) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) in the Hospital Outpatient Department (HOPD) Setting (THA/TKA PRO-PM)
- Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults electronic clinical quality measure (eCQM)



# Hospital Outpatient Department Volume Data on Selected Outpatient Surgical Procedures

Propose to re-adopt with modification:

- Voluntary reporting begins with the CY 2025 reporting period.
- Mandatory reporting begins with the CY 2026 reporting period/CY 2028 payment determination.

# Data Collection and Submission Modifications

- Data collection with eight categories; the data publicly displayed will be for the top five most frequently performed procedures within each category.
  - CMS will assess and update the top five procedures in each category annually, as needed.
- Data submission via the Hospital Quality Reporting (HQR) system during the submission period from January 1 to May 15.
- Data will be publicly displayed after a preview period, typically 30 days.



# THA/TKA PRO-PM

Propose to adopt:

- Voluntary reporting beginning with CYs 2025 and 2026 reporting periods.
- Mandatory reporting beginning with CY 2027 reporting period/CY 2030 payment determination.

	Reporting Period	Eligible Elective Outpatient Procedures Between Dates
<b>First Voluntary Reporting Period</b>	CY 2025 reporting period	Jan 1, 2025 – Dec 31, 2025
<b>Second Voluntary Reporting Period</b>	CY 2026 reporting period	Jan 1, 2026 – Dec 31, 2026
<b>Mandatory Reporting</b>	CY 2027 reporting period/CY 2030 payment determination	Jan 1, 2027 – Dec 31, 2027

# Measure Overview

- Reports facility-level risk standardized improvement rate in PROs for Medicare Fee-for-Service beneficiaries aged 65 years and older enrolled in Part A and B for 12 months prior to the procedure.
- Includes only elective primary outpatient THA/TKA procedures performed in an HOPD.
- Excludes patients with staged procedures that occur during the measurement period, and discontinued procedures.



# Data Sources

- Data sources for calculation: (1) PRO data, (2) claims data, (3) Medicare enrollment and beneficiary data, and (4) United States (U.S.) Census Bureau survey data.
- Pre-operative mental health scores from 1 of 2 instruments:
  - Patient-Reported Outcomes Measurement Information System (PROMIS)-Global Mental Health subscale
  - Veterans RAND 12-Item Health Survey (VR-12) Mental Health subscale
- Access additional specifications on [CMS.gov](https://www.cms.gov).

# Data Collection

- Clinical improvement is measured by a pre-defined score on one of two validated two joint-specific PRO instruments:
  - HOOS, JR for completion by THA recipients
  - KOOS, JR for TKA recipients
- Clinical improvement is measured assessments preoperatively (90-0 days prior to surgery) to postoperatively (300-425 days after surgery).
  - Hospitals would submit these assessments for at least 50 percent of eligible procedures.

# Pre- and Post-Operative Reporting

Hospitals and their percent of completed assessments will be publicly displayed in the voluntary period. Results will also display during mandatory reporting periods.

Reporting Cycle	Reporting Period	Pre-Procedure Data Collection	Pre-Procedure Data Submission	Post-Procedure Data Collection	Post-Procedure Data Submission	Preview/Public Reporting
<b>Voluntary Reporting</b>						
CY 2025	Jan 1, 2025- Dec 31, 2025	Oct 3, 2024- Dec 31, 2025	May 15, 2026	Oct 28, 2025- Feb 28, 2027	May 15, 2027	CY 2028*
CY 2026	Jan 1, 2026- Dec 31, 2026	Oct 3, 2025- Dec 31, 2026	May 15, 2027	Oct 28, 2026- Feb 28, 2028	May 15, 2028	CY 2029*
<b>Mandatory Reporting</b>						
CY 2027	Jan 1, 2027- Dec 31, 2027	Oct 3, 2026- Dec 31, 2027	May 15, 2028	Oct 28, 2027- Feb 28, 2029	May 15, 2029	CY 2030*

\*Public reporting of information on facility participation in the voluntary reporting periods would occur in CY 2028 for the CYs 2025 and 2026 reporting periods.



# Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults

Propose to adopt:

- Voluntary reporting with the CY 2025 reporting period.
  - Hospitals would submit data for up to four quarters.
- Mandatory reporting with the CY 2026 reporting period/CY 2028 payment determination.
  - Hospitals would begin to submit data for two self-selected calendar quarters for CY 2026 reporting period/CY 2028 payment determination.
  - Hospitals would submit all data for all quarters for CY 2027 reporting period/CY 2029 payment determination.
- This aligns with the STEMI\* schedule to provide a seamless transition.

\*ST elevation myocardial infarction

# Progressive Data Submission

<b>Calendar Year Period</b>	<b>Calendar Quarters of Reporting</b>	<b>Reporting Requirement</b>	<b>Submission Deadline</b>
CY 2025 Reporting Period	Any quarter(s)	Voluntary	May 15, 2026
CY 2026 Reporting Period/CY 2028 Payment Determination	Two self-selected quarters	Mandatory	May 15, 2027
CY 2027 Reporting Period/CY 2029 Payment Determination	All four quarters of the calendar year	Mandatory	May 15, 2028

# Measure Specifications

- Numerator is diagnostic CT scans that have a size-adjusted radiation dose greater than the threshold.
- Denominator is all diagnostic CT scans performed on patients ages 18 and older during the one-year measurement period that have an assigned CT category, a size-adjusted radiation dose value, and a global noise value.
- Exclusions include CT scans that cannot be categorized by body area being imaged or reason for imaging.
- Measure Specifications can be found at:  
<https://ecqi.healthit.gov/ecqm/oqr/pre-rulemaking/2024/cms1206v1>



# Data Sources

- The eCQM uses hospitals' electronic health record (EHR) data and radiology electronic clinical data systems, including the Radiology Information System (RIS) and the Picture Archiving and Communication System (PACS).
- Hospitals may choose to use any available software which performs the necessary functions to comply with measure requirements.
  - Hospitals can use data elements created by this software to calculate the eCQM and to submit results via Quality Reporting Document Architecture (QRDA) Category I files as they do for all other eCQMs.
  - Alara Imaging Software is designed for this measure.

# Administrative Change

Propose to amend regulatory text across the program:

- Replace “QualityNet” with “CMS-designated information system” or “CMS website.”





**Acquiring Information:  
Requests for Comment (RFCs)**



# Topics for Potential Future Consideration

Seeking comment to address:

- Gaps in quality measurement (including ED)
- Changes in outpatient care
- Growth concerns around workforce and patient safety
- Transition to digital quality measurement
- Interest in patient-reported outcomes

Seeking comment on quality measurement topics to include:

- Promoting safety (patient and workforce)
- Behavioral health
- Telehealth

# RFC: Patient and Workplace Safety

- Sepsis measure or alternative measure.
- Outcome priorities specific to:
  - Settings (including ED and observation care)
  - Procedures and services (including medication errors)
  - Transitions and transfers
  - Access to care.
- Individual harms (including system all-cause harm)
  - Methodological approaches to patient identification and data collection
  - Technological-derived harm
  - Electronic resources to mitigate potential for harm.
- Workforce safety.

# RFC: Behavioral Health, Specific Measures

- Suicide Prevention:
  - Screening
    - Adult Major Depressive Disorder (MDD): Suicide Risk Assessment measure
  - Interventions
- Substance Use Disorder
  - Screening
  - Treatment
    - Screening, Brief Intervention, and Referral to Treatment (SBIRT)



# RFC: Behavioral Health, General Topics

- Access
- Coordination of care
- Patient experience
- Patient-centered clinical care
- Prevention and treatment of chronic conditions
- Prevention of harm resulting from care
- Priorities for measuring outcomes of services

# RFC: Telehealth

- Including four domains:
  - Access
  - Effectiveness
  - Experience
  - Equity
- Prioritizing and inclusion
- Addressing quality gaps (including across settings and services)
- Capturing utilization and disparities resulting from use of services
- Understanding patient experience

A detailed photograph of a classic, wood-paneled study or library. The room features a large, dark wood desk with a tufted leather chair. On the desk, there is a lamp and a rotary phone. A large window with brown curtains is on the right. In the center, a globe sits on a stand. To the left, there are bookshelves filled with books and a large wooden chest. A chandelier hangs from the ceiling. The overall atmosphere is warm and scholarly.

**Anita J. Bhatia, PhD, MPH**  
*Program Lead*

**Rural Emergency Hospital Quality  
Reporting (REHQR) Proposals**



# Measure Related Policies

Propose to adopt and codify:

- Quality reporting program requiring REHs to submit data
- Measure Retention Policy
  - Quality measures adopted will be retained until proposed for removal, suspension, or replacement.
- Measure Removal Policy
  - Immediate Removal Policy
    - Adopted measures can be removed outside rulemaking.
    - Confirmation of removal would be addressed in the next appropriate rulemaking cycle.
  - Use of removal factors.

# Removal Factors

Factor	Description
1	Measure performance among REHs is so high and unvarying that meaningful distinctions and improvements in performance can no longer be made (“topped-out” measures).
2	Performance or improvement on a measure does not result in better patient outcomes.
3	A measure does not align with current clinical guidelines or practice.
4	The availability of a more broadly applicable (across settings, populations, or conditions) measure for the topic.
5	The availability of a measure that is more proximal in time to desired patient outcomes for the particular topic.
6	The availability of a measure that is more strongly associated with desired patient outcomes for the particular topic.
7	Collection or public reporting of a measure leads to negative unintended consequences other than patient harm.
8	The costs associated with a measure outweigh the benefit of its continued use in the program.

# Sub-Regulatory Modification Policy

Propose to adopt and codify to use:

- A sub-regulatory process to make non-substantive updates.
- The rulemaking process to make substantive updates.
  - Substantive versus non-substantive determined on a case-by-case basis.



# Develop Program Specifications Manual

Propose and codify to develop a manual:

- Provide technical specifications for quality measures.
- Revise to clearly identify updates.
- Provide sufficient time for REHs to implement the revisions.
- Provide notification of the updates on a designated website.

# Develop Program Technical Specifications

Propose and codify program technical specifications:

- Any modifications to measures and measure sets will be reflected in the Specifications Manual.
- The Specifications Manual will be updated at least every 12 months beginning with CY 2024.





# Proposals to Add Measures



# Measures for Proposed Adoption: Summary

Four measures currently adopted in the OQR Program:

- Abdomen Computed Tomography (CT) - Use of Contrast Material
- Facility 7-Day Risk-Standardized Hospital Visit Rate After Outpatient Colonoscopy
- Risk-Standardized Hospital Visits Within 7 Days After Hospital Outpatient Surgery
- Median Time from ED Arrival to ED Departure for Discharged ED Patients

# Abdomen CT - Use of Contrast Material Measure

Propose to adopt:

- Is a claims-based measure
- Begins with the CY 2024 reporting period.
  - Uses a one-year reporting period
  - Publicly reported and updated annually.
  - Lower scores are better
- Measures the percentage of CT abdomen and abdominopelvic studies performed with and without contrast out of all CT abdomen studies performed.

# Facility 7-Day Risk-Standardized Hospital Visit Rate After Outpatient Colonoscopy Measure

Propose to adopt:

- Is a claims-based measure
- Begins with the CY 2024 reporting period.
  - Uses a three-year reporting period
  - Publicly reported and updated annually.
  - Lower scores are better
- Defines unplanned hospital visits within seven days of an outpatient colonoscopy procedure.



# Risk-Standardized Hospital Visits Within 7 Days After Hospital Outpatient Surgery Measure

Propose to adopt:

- Is a claims-based measure
- Begins with CY 2024 reporting period.
  - Uses a one-year reporting period
  - Publicly reported and updated annually
  - Lower scores are better
- Defines any unplanned hospital visits within seven days of an outpatient surgical procedure.

# Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients Measure

Propose to adopt:

- Is a chart-abstracted measure
- Begins with the CY 2024 reporting period.
  - Uses quarterly reporting periods
  - Public reported and updated quarterly
  - Lower times are better
- Evaluates the time between the arrival to and departure from the ED, also known as ED throughput time.

# Public Display of Data: ED Discharged Patients

Propose public display of all measure strata:

- Displays all data for Discharged ED Patients:
  - Median Time for Discharged ED Patients – Overall Rate
  - Median Time for Discharged ED Patients – Reported Measure
  - Median Time for Discharged ED Patients – Psychiatric/Mental Health Patients
  - Median Time for Discharged ED Patients – Transfer Patients



# Submission Deadlines: Chart-Abstracted

Propose that data submission will be quarterly via the HQR system.

## CY 2024 Reporting Period and Subsequent Years

Patient Encounter Quarter	Clinical Data Submission Deadline
Q1 2024 (January 1 – March 31)	08/01/2024
Q2 2024 (April 1 – June 30)	11/01/2024
Q3 2024 (July 1 – September 30)	02/01/2025
Q4 2024 (October 1 – December 31)	05/01/2025

# Administrative Requirements

Propose to codify:

- Participation requirements:
  - Register on a CMS-designated information system.
  - Identify and register a Security Official (SO).

# Public Display of Data: General Data

Propose and codify:

- Data will be available on Care Compare and in [data.cms.gov](https://data.cms.gov) beginning with data submitted in CY 2024.
- A 30-day preview period will be announced
- Data submitted will be publicly available by a CCN on a CMS website.
- Submission deadlines will be posted on a CMS website.



# Review and Corrections Period Policy

Propose to adopt and codify that hospitals:

- Can review and submit corrections to measure data for a period of four months after the reporting quarter has ended.
  - Early submission is encouraged to identify, address and rectify any data issues before deadlines.
- Will not be able to change data after the submission deadline.
- Will be provided rates for chart-abstracted data submitted within 24-48 hours following submission deadline.

# Extraordinary Circumstances Exception (ECE) Process

Propose to adopt and codify:

- CMS may grant an exception to one or more data submission deadlines and requirements in the event of circumstances beyond the facility's control.
- CMS may grant waivers or extensions:
  - Upon request by the REH according to specific requirements.
  - At its own discretion, without a request from an affected REH when an extraordinary circumstance has occurred.
- Detailed instructions to request consideration for an ECE will be available on a CMS website.





**Inquiring Information:  
Requests for Comment (RFC)**



# RFC: Topics for Future Consideration

- The inclusion of eCQMs for Reporting Quality Data.
  - Excessive Radiation eCQM
- Care Coordination Measures including telehealth.

# RFC: Topics for Future Consideration (cont.)

## Tiered Approach Framework

- This approach could be phased-in.
- Tier 1 would encompass required measures for all REHs
  - Focus on required ED and observation services
- Tier 2 would apply only to REHs that choose to provide additional outpatient services.



# From the Operations Desk: Commenting



# Comment Period

- Comments must be received or postmarked by September 11, 2023.
- CMS encourages electronic submission of comments.
  - Comments may also be submitted by regular mail, express mail, or overnight mail to the designated addresses provided.
- Comment responses will be included in the final rule.

# Accessing the *Federal Register*

The proposed rule can be found:

- In the [\*Federal Register\*](#).
- As a [PDF](#).
- The Hospital OQR Program section is XIV, beginning on page 222.
- The REHQR Program section is XVI, beginning on page 274.

# Accessing the Rule

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

**Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Payment for Intensive Outpatient Services in Rural Health Clinics, Federally Qualified Health Centers, and Opioid Treatment Programs; Hospital Price Transparency; Changes to Community Mental Health Centers Conditions of Participation, Proposed Changes to the Inpatient Prospective Payment System Medicare Code Editor; Rural Emergency Hospital Conditions of Participation Technical Correction**

A Proposed Rule by the Centers for Medicare & Medicaid Services on 07/31/2023

This document has a comment period that ends in 21 days. (09/11/2023)

**SUBMIT A FORMAL COMMENT**

510 comments received. [View posted comments](#)

---

**PUBLISHED DOCUMENT** Start Printed Page 49552

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

**ACTION:**  
Proposed rule.

**SUMMARY:**  
This proposed rule would revise the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for calendar year 2024 based on our continuing experience with these systems. In this proposed rule, we describe the changes to the amounts and factors used to determine the payment rates for Medicare services paid under the

**DOCUMENT DETAILS**

**Printed version:**  
PDF

**Publication Date:**  
07/31/2023

**Agencies:**  
[Centers for Medicare & Medicaid Services](#)  
Office of the Secretary

**Dates:**  
To be assured consideration, comments must be received at one of the addresses provided below, by September 11, 2023.

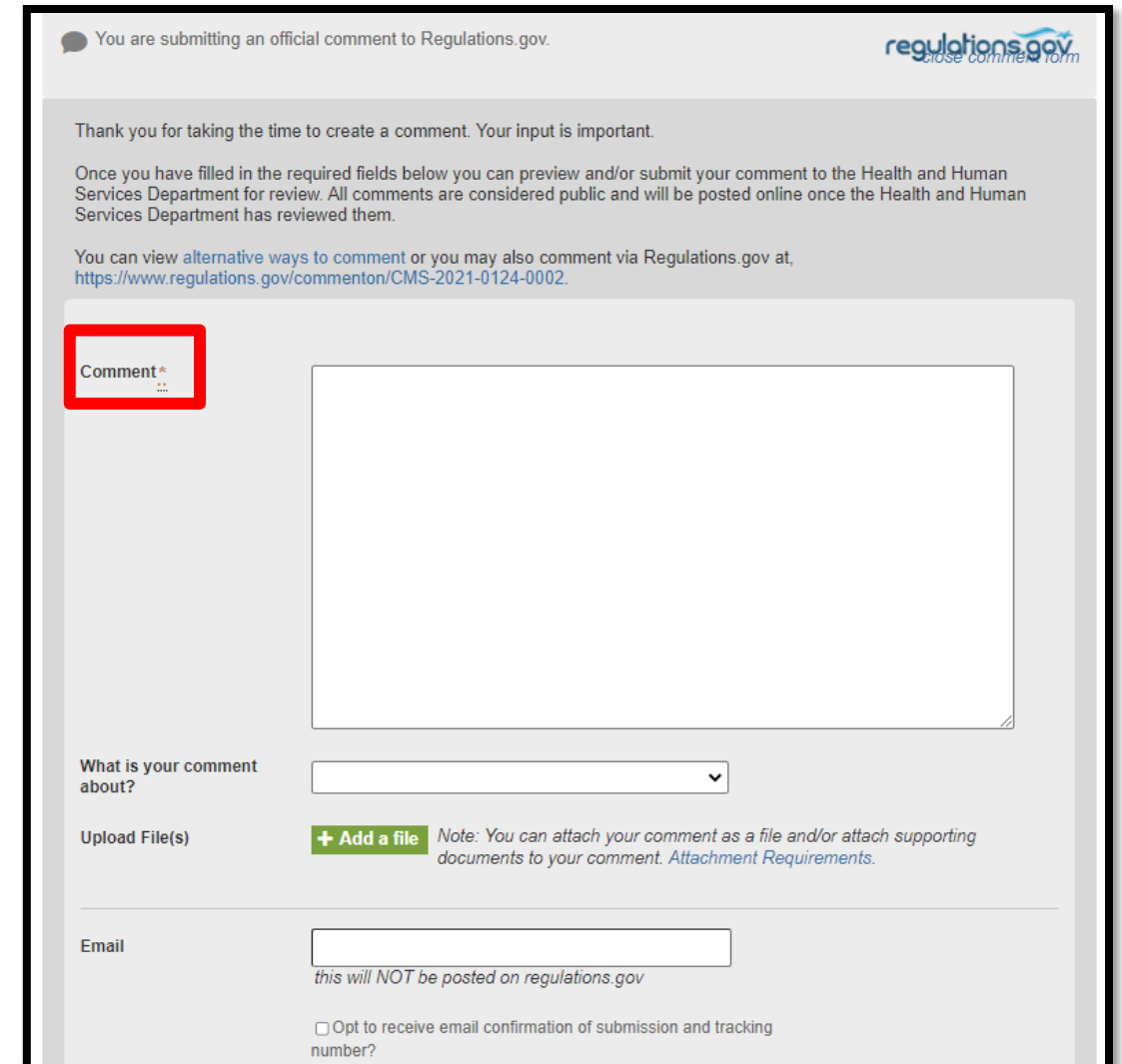
**Comments Close:**  
09/11/2023

**Document Type:**  
Proposed Rule



# Entering Your Comment

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



The screenshot shows the Regulations.gov comment form. At the top, it says "You are submitting an official comment to Regulations.gov." and includes the "regulations.gov" logo. Below this, there is a thank-you message and instructions: "Thank you for taking the time to create a comment. Your input is important. Once you have filled in the required fields below you can preview and/or submit your comment to the Health and Human Services Department for review. All comments are considered public and will be posted online once the Health and Human Services Department has reviewed them. You can view [alternative ways to comment](#) or you may also comment via Regulations.gov at <https://www.regulations.gov/commenton/CMS-2021-0124-0002>." The main form area contains a "Comment" field with a red box around the label and a large text area for input. Below the text area is a dropdown menu labeled "What is your comment about?". There is an "Upload File(s)" section with a green "+ Add a file" button and a note: "Note: You can attach your comment as a file and/or attach supporting documents to your comment. Attachment Requirements." At the bottom, there is an "Email" field with a note: "this will NOT be posted on regulations.gov" and a checkbox labeled "Opt to receive email confirmation of submission and tracking number?".

# Submitting Your Comment

Enter the rest of your information.

Select the box next to “I read and understand the statement above.”

Select the **Submit Comment** box.

What is your comment about?

Upload File(s) [+ Add a file](#) Note: You can attach your comment as a file and/or attach supporting documents to your comment. [Attachment Requirements.](#)

Email   
this will NOT be posted on regulations.gov

Opt to receive email confirmation of submission and tracking number?

Tell us about yourself! I am...\*

An Individual  An Organization  Anonymous

Organization Type\*

Organization Name\*

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

I read and understand the statement above.

[SUBMIT COMMENT](#) [Preview Comment](#)

Please review the [Regulations.gov privacy notice](#) and [user notice](#).

# Resources



## **Hospital OQR Program Support Team**

Phone: 866.800.8756

**QualityNet QA Tool:** [Customer Service Portal - QualityNet \(servicenowservices.com\)](http://servicenowservices.com)

## **Center for Clinical Standards and Quality (CCSQ) Services**

Phone: 866.288.8912

Email: [qnetsupport@cms.gov](mailto:qnetsupport@cms.gov)

## **SAMS Help Desk**

Phone: 877.681.2901

## **National Healthcare Safety Network (NHSN)**

Email: [nhsn@cdc.gov](mailto:nhsn@cdc.gov)



# Acronyms

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

# Continuing Education Approval

This program has been approved for one credit for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

**Note:** To verify approval for any other state, license, or certification, please check with your licensing or certification board.

# Disclaimer

This presentation was current at the time of publication and/or upload to the Quality Reporting Center or QualityNet websites. If Medicare policy, requirements, or guidance changes following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials are provided as summary information. No material contained herein is intended to replace either written laws or regulations. In the event of any discrepancy between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules or regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.