



CY 2020 OPPTS/ASC Proposed Rule: Hospital Outpatient Quality Reporting (OQR) Program

Anita J. Bhatia, PhD, MPH
Program Lead, Hospital OQR Program
Centers for Medicare & Medicaid
Services (CMS)

GPS Navigation

CMS: Navigating Success





Learning Objectives

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

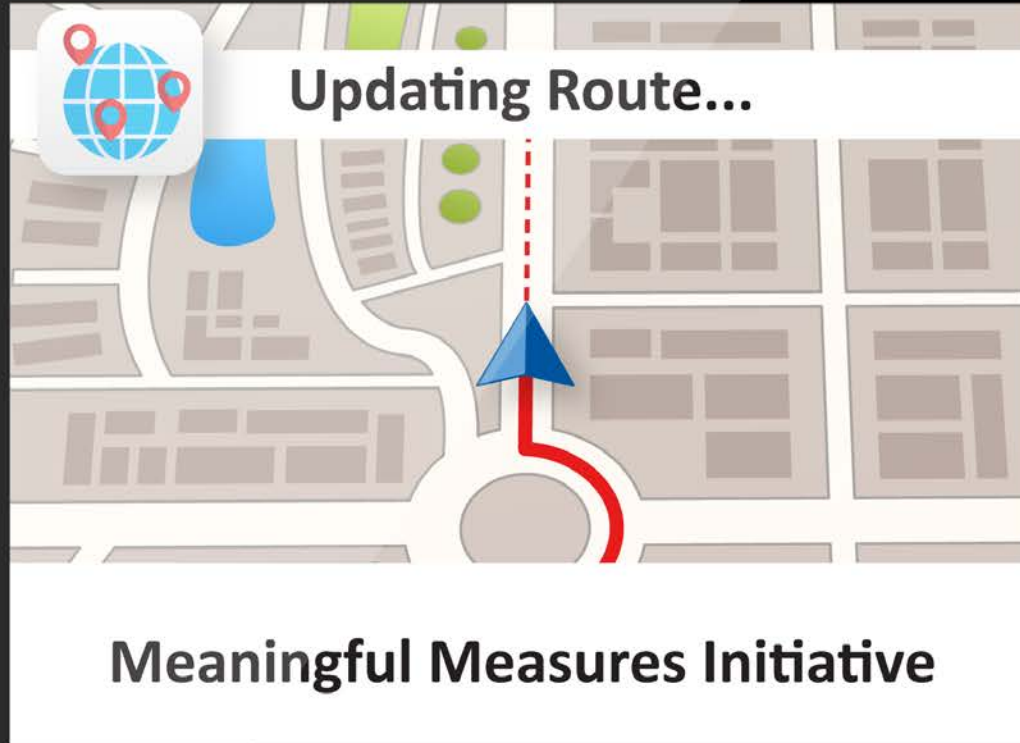
- ✓ Locate the Calendar Year (CY) 2020 Outpatient Prospective Payment System (OPPS)/ASC Proposed Rule in the *Federal Register*.
- ✓ Identify the changes to the Hospital OQR Program in the CY 2020 OPPS/ASC Proposed Rule.
- ✓ Submit comments to CMS regarding the CY 2020 OPPS/ASC Proposed Rule.



Question and Answer Limitations

- During the course of this webinar, CMS:
 - Can address only 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.

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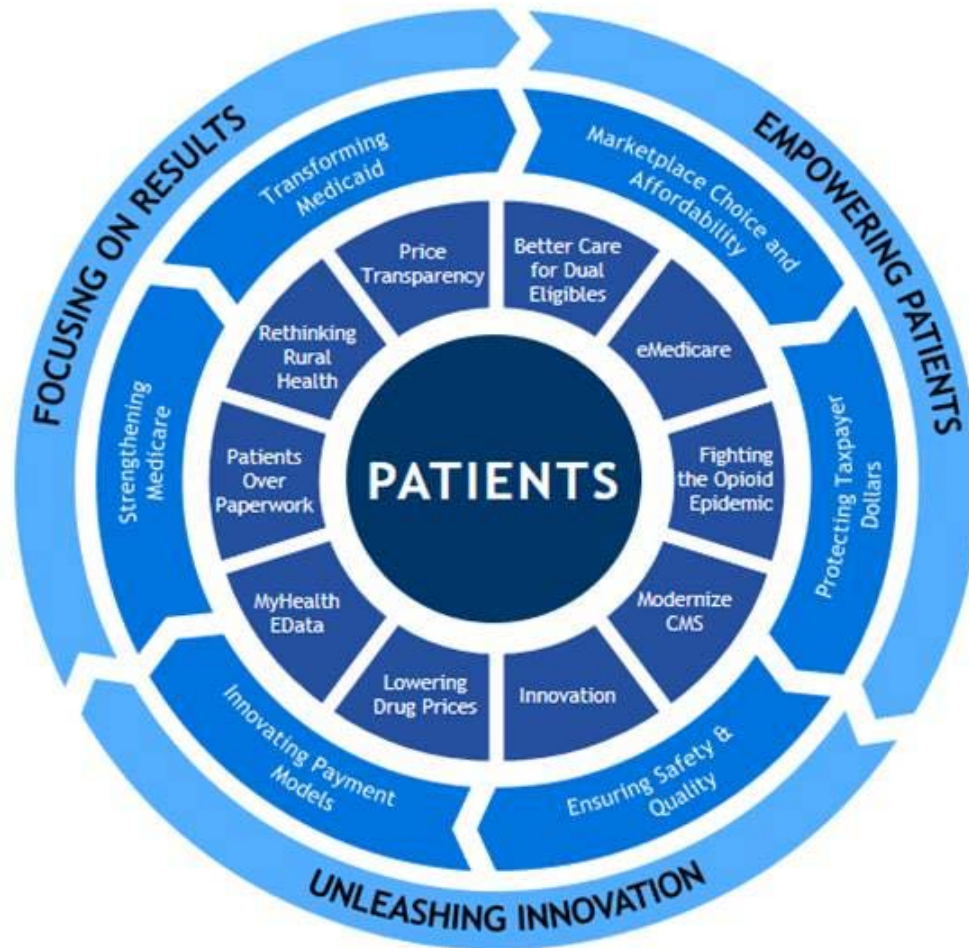
Meaningful Measures Initiative



Purpose and Benefits

- Improve patient outcomes
- Reduce quality data reporting burden and costs to clinicians and other healthcare providers
- Focus CMS quality measurement and improvement on efforts that are meaningful to patients

Goals





Objectives



Address high-impact measure areas that safeguard public health



Are patient-centered and meaningful to patients, clinicians and providers



Are outcome-based where possible



Fulfill requirements in programs' statutes



Minimize level of burden for providers



Identify significant opportunity for improvement



Address measure needs for population based payment through alternative payment models



Align across programs and/or with other payers

Framework



● Promote Effective Communication & Coordination of Care

Meaningful Measure Areas:

- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

● Promote Effective Prevention & Treatment of Chronic Disease

Meaningful Measure Areas:

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

● Work with Communities to Promote Best Practices of Healthy Living

Meaningful Measure Areas:

- Equity of Care
- Community Engagement

● Make Care Affordable

Meaningful Measure Areas:

- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

● Make Care Safer by Reducing Harm Caused in the Delivery of Care

Meaningful Measure Areas:

- Healthcare-associated Infections
- Preventable Healthcare Harm

● Strengthen Person & Family Engagement as Partners in their Care

Meaningful Measure Areas:

- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Functional Outcomes

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Scheduled Construction



Proposed Rule



Proposed Removal

OP-33: External Beam Radiotherapy for Bone Metastases

- Beginning with the CY 2022 Payment Determination
 - Under Factor 8: Costs associated with the measure outweigh the benefit of its continued use
 - Concerns regarding the use of Current Procedural Terminology (CPT)[®] coding in reporting the measure
 - Administrative burden reduced
 - Concern the measure is in line with clinical guidelines and standards

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Updating System



**Measures and Topics for Future
Consideration**



Requesting Public Comment

- Patient safety measures previously adopted for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program
 - ASC-1: Patient Burn
 - ASC-2: Patient Fall
 - ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
 - ASC-4: All-Cause Hospital Transfer/Admission



More Information

- Addresses an important Meaningful Measure Initiative quality priority “Making Care Safer by Reducing Harm Caused in the Delivery of Care.”
 - Considered serious reportable and preventable events
- Would allow alignment of the Hospital OQR and ASCQR Programs



Additional Public Comment

- Outcome measures to add
- Process measures to eliminate
- Goals
 - Better healthcare
 - Improved health for beneficiaries
 - Alignment of quality measures across programs



Claims-Based Measures

CY 2022 and Subsequent Years

Measure	Status
OP-8: MRI Lumbar Spine for Low Back Pain	Continues
OP-10: Abdomen CT – Use of Contrast Material	Continues
OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low Risk Surgery	Continues
OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Continues
OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	Continues
OP-36: Hospital Visits after Hospital Outpatient Surgery	Continues



Measures Submitted via a Web-Based Tool

CY 2022 and Subsequent Years

Measure	Status
OP-22: Left Without Being Seen	Continues
OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Continues
OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Voluntary)	Continues
OP-33: External Beam Radiotherapy for Bone Metastases	Proposed Removal CY 2022



Chart-Abstracted Measures

CY 2022 and Subsequent Years

Measure	Status
OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	Continues
OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention	Continues
OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients	Continues
OP-23: Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival	Continues
OP-37a-37e: OAS CAHPS	Delayed



Payment Reduction

Proposed to continue:

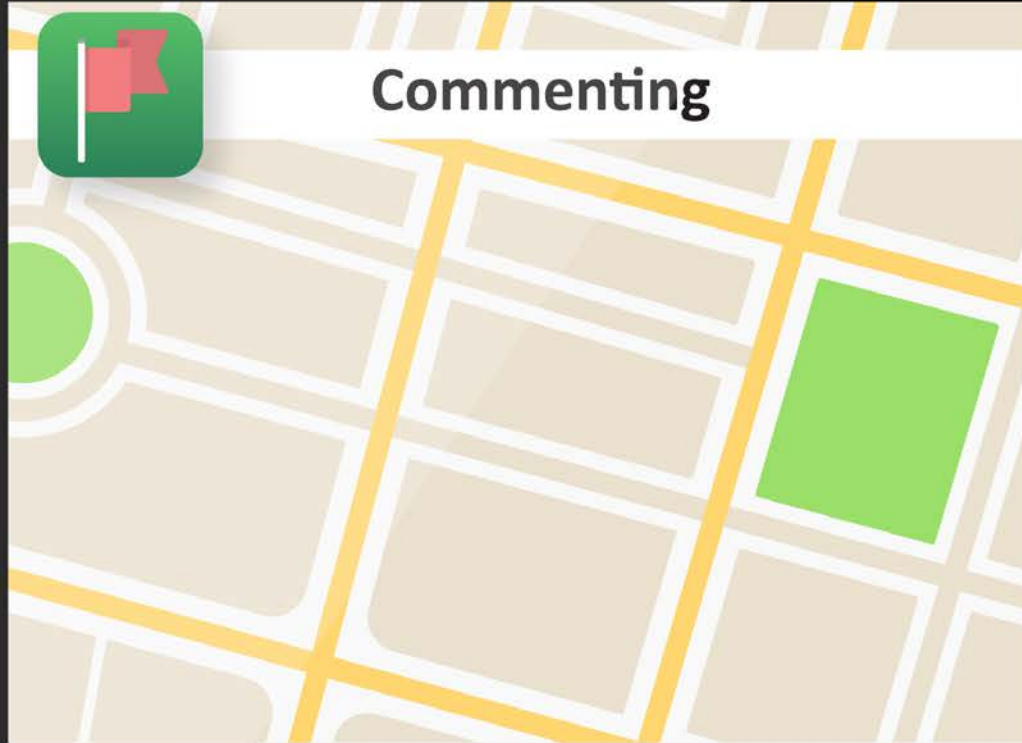
- Applying the reduction for hospitals that do not meet program requirements
- Applying the reporting ratio using the OPPS conversion factor, when applicable
- Excluding services paid under New Technology Ambulatory Payment Classifications (APCs)



Payment Reduction (cont.)

- Applying the reporting ratio to the national unadjusted payment rates
- Using standard adjustments to the OPPS national unadjusted payment rates for hospitals that do not meet program requirements
- Calculating OPPS outlier eligibility and payment based on the reduced payment rates

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Submitting Comments

- Comments must be received by September 27, 2019. This includes electronic submission, regular mail, express or overnight mail.
- CMS encourages submission of electronic comments to <https://www.regulations.gov>.
- Responses to comments will be in the Final Rule.



References

- Proposed Rule
 - PDF version, page 157
<https://www.govinfo.gov/content/pkg/FR-2019-08-09/pdf/2019-16107.pdf>
- To comment
 - Direct link: <https://www.regulations.gov/>



Questions





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.
- If you continue to have problems, please contact Artrina Sturges at asturges@hsag.com.



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.

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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.

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New User Link:

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

Existing User Link:

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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

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Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:



CE Credit Process: Existing User

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Learning Management Center

»» **Secure Login**

User Name:

Password:

Log In



Resources

- Slides 8 and 9: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/Meaningful-Measures-webinar-slides-11-30-17.pdf>. Accessed on July 19, 2019.
- Slide 10: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/CMS-Meaningful-Measures_Overview-Fact-Sheet_508_2018-02-28.pdf. Accessed on August 28, 2019.

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