You Have Reached Your Destination: CY 2020 OPPS/ASC Final Rule

Anita J. Bhatia, PhD, MPH

Program Lead

Centers for Medicare & Medicaid Services (CMS)
Learning Objectives

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

 ✓ Relate the Meaningful Measure Initiative to the changes in the Final Rule.
 ✓ Locate the Calendar Year (CY) 2020 Outpatient Prospective Payment System/Ambulatory Surgical Center (OPPS/ASC) Final Rule in the Federal Register.
 ✓ List the finalized changes to each program in the CY 2020 OPPS/ASC Final Rule.
Details of the Topography: Meaningful Measures Initiative
“At CMS, the overall vision is to reinvent the Agency to put patients first. We want to partner with patients, providers, payers, and others to achieve this goal. We aim to be responsive to the needs of those we serve”

-- Administrator Seema Verma
Centers for Medicare and Medicaid Services
Meaningful Measure Domains

**Promote Effective Communication & Coordination of Care**
Meaningful Measure Areas:
- Medication Management
- Admissions and Readmissions to Hospitals
- Seamless Transfer of Health Information

**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 and Functional Outcomes

**Make Care Safer by Reducing Harm Caused in the Delivery of Care**
Meaningful Measure Areas:
- Healthcare-Associated Infections
- Preventable Healthcare Harm

**Eliminate Disparities**

**Reduce Burden**

**Improve CMS Customer Experience**

**Support Innovative Approaches**

**State Flexibility and Local Leadership**

**Track to Measurable Outcomes and Impact**

**Empower Patients and Doctors**

**Safeguard Public Health**

**Achieve Cost Savings**

**Work with Communities to Promote Best Practices of Healthy Living**
Meaningful Measure Areas:
- Equity of Care
- Community Engagement

**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

**Make Care Affordable**
Meaningful Measure Areas:
- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care
Aligning Programs

Measures Aligned for Hospital OQR and ASCQR

- Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (OP-29, ASC-9)
- Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery (OP-31, ASC-11)
- Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy (OP-32, ASC-12)
- Hospital Visits after Hospital Outpatient Surgery/Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers (OP-36, ASC-19)
Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

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.
Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery

Promote Effective Communication & Coordination of Care
Meaningful Measure Areas:
• Medication Management
• Admissions and Readmissions to Hospitals
• **Seamless Transfer of Health Information**
Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

Promote Effective Communication & Coordination of Care

Meaningful Measure Areas:
- Medication Management
- Admissions and Readmissions to Hospitals
- Seamless Transfer of Health Information
Hospital Visits after Hospital Outpatient Surgery, Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers

Promote Effective Communication & Coordination of Care
Meaningful Measure Areas:
• Medication Management
• Admissions and Readmissions to Hospitals
• Seamless Transfer of Health Information
Following the CMS Map: CY 2020 OPPS Final Rule
To access the Final Rule:

- [www.federalregister.gov](http://www.federalregister.gov)
- **PDF version**
  - The Hospital Outpatient Quality Reporting (OQR) Program
    - Begins in section XIV, page 61410
  - The Ambulatory Surgical Center Quality Reporting Program (ASCQR) Program
    - Begins in section XV, page 61420
One of Many Trails:
The Hospital OQR Program
Finalized Removal

OP-33: External Beam Radiotherapy for Bone Metastases

- Under Factor 8: Costs associated with the measure outweigh the benefit of its continued use
- Collection and reporting is burdensome
- Removal aligns with another CMS program
  - Concerns the measure is not aligned with clinical guidelines and standards
Commenter Feedback: OP-33

• Requested clarification of removal
  ▪ Recommended various alternate removal time frames
• Expressed concern for removal
  ▪ Suggested CMS be measure steward
• Finalized removal beginning with the CY 2022 payment determination year
External Beam Radiotherapy for Bone Metastases

CMS Strategic Goals

- Reduce Burden
Requested Comment: Patient Safety Measures

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

Make Care Safer by Reducing Harm Caused in the Delivery of Care
Meaningful Measure Areas:
• Healthcare-Associated Infections
• Preventable Healthcare Harm
Commenter Feedback:
Patient Safety Measures

• Align between programs and provide meaningful data for patients to compare

• Concern that the measures are not endorsed by the National Quality Forum (NQF) and are not specific to hospitals

• Concern for increased burden and that the events are rare

• Potential data risk of being identified if publicly reported
Requested Comment: Future Outcome Measures

• Future measure topics:
  ▪ Outcome measures that would be useful to the program
  ▪ Process measures that should be eliminated

• Goals:
  ▪ Better healthcare
  ▪ Improved health for beneficiaries
  ▪ Alignment of quality measures across programs
## Claims-Based Measures

### CY 2021 Payment Determination Year *

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

* Payment Determination and Subsequent Years
Measures Submitted via a Web-Based Tool

CY 2021 Payment Determination Year*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>OP-22: Left Without Being Seen</td>
<td>Continues</td>
</tr>
<tr>
<td>OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients</td>
<td>Continues</td>
</tr>
<tr>
<td>OP-31: Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery (Voluntary)</td>
<td>Continues</td>
</tr>
<tr>
<td>OP-33: External Beam Radiotherapy for Bone Metastases</td>
<td>Finalized Removal for CY 2022 Payment Determination Year</td>
</tr>
</tbody>
</table>

* Payment Determination and Subsequent Years
## Chart-Abstracted Measures

### CY 2021 Payment Determination Year*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival</td>
<td>Continues</td>
</tr>
<tr>
<td>OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention</td>
<td>Continues</td>
</tr>
<tr>
<td>OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients</td>
<td>Continues</td>
</tr>
<tr>
<td>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</td>
<td>Continues</td>
</tr>
<tr>
<td>OP-37a-37e: OAS CAHPS</td>
<td>Delayed</td>
</tr>
</tbody>
</table>

* Payment Determination and Subsequent Years
Payment Reduction

• Continue to:
  ▪ Apply the reporting ratio to certain assignments
  ▪ Exclude services paid under New Technology Ambulatory Payment Classifications (APCs)

• Concerning hospitals that do not meet program requirements, CMS will:
  ▪ Apply the reporting ratio to the national unadjusted payment rates and minimum unadjusted and national unadjusted copayment rates for applicable services
  ▪ Apply standard adjustments to the OPPS national unadjusted payment rates
  ▪ Calculate OPPS outlier eligibility based on the reduced payment rates
Another Trail:
ASC Quality Reporting Program
New Measure

ASC-19: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers

• Anticipates quality improvement activities to reduce unplanned hospital visits and track quality over time
Admissions and Readmissions

Promote Effective communication & Coordination of Care
Meaningful Measure Areas:
• Medication Management
• Admissions and Readmissions to Hospitals
• Seamless Transfer of Health Information
Preventable Healthcare Harm

Make Care Safer by Reducing Harm Caused in the Delivery of Care
Meaningful Measure Areas:
• Healthcare-Associated Infections
• Preventable Healthcare Harm
ASC-19: Specifics

• Claims-based using Part A and Part B Medicare claims and enrollment data
  ▪ Data would be collected from the two calendar years ending two years prior to the applicable payment determination year
• Reported as a risk-standardized ratio
• Examines all-cause, unplanned hospital visits* within seven days of any general surgery procedure performed at an ASC

*Hospital visits include emergency department visits, observation stays, and unplanned inpatient admissions
ASC-19: Dry Run

• Data will be the most current two-year set of complete claims

• Data:
  ▪ Are confidential
  ▪ Will not be publicly reported
  ▪ Do not affect payment
Commenter Feedback: ASC-19

• Suggested some procedure codes were outside the scope of general surgery
• Concern for small-volume ASCs
• Recommendation of adopting sooner
• Finalized with the CY 2024 payment determination and subsequent years
Another Alignment

OP-36: Hospital Visits after Hospital Outpatient Surgery

ASC-19: Facility-Level 7-day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers
Patient Safety Measures

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

Make Care Safer by Reducing Harm Caused in the Delivery of Care
Meaningful Measure Areas:
• Healthcare-Associated Infections
• Preventable Healthcare Harm
Alternate Submission

- Update the data submission to a CMS online submission tool
- Provide important data on adverse events
- Minimize burden to providers
### ASCQR Measure Set

#### CY 2021 Payment Determination Year*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC-1: Patient Burn</td>
<td></td>
</tr>
<tr>
<td>ASC-2: Patient Fall</td>
<td></td>
</tr>
<tr>
<td>ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant</td>
<td>Suspended Beginning CY 2021 Payment Determination Year</td>
</tr>
<tr>
<td>ASC-4: All-Cause Hospital Transfer/Admission</td>
<td></td>
</tr>
<tr>
<td>ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients</td>
<td>Continues</td>
</tr>
</tbody>
</table>

* Payment Determination and Subsequent Years
# ASCQR Measure Set (cont.)

## CY 2021 Payment Determination Year*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC-11: Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery (voluntary)</td>
<td>Continues</td>
</tr>
<tr>
<td>ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy</td>
<td>Continues</td>
</tr>
<tr>
<td>ASC-13: Normothermia</td>
<td>Continues</td>
</tr>
<tr>
<td>ASC-14: Unplanned Anterior Vitrectomy</td>
<td>Continues</td>
</tr>
<tr>
<td>ASC-15a-15e: OAS CAHPS</td>
<td>Delayed</td>
</tr>
</tbody>
</table>

* Payment Determination and Subsequent Years
### CY 2022 Payment Determination Year*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC-17: Hospital Visits After Orthopedic Ambulatory Surgery Center Procedures</td>
<td>Begins with CY 2022 Payment Determination</td>
</tr>
<tr>
<td>ASC-18: Hospital Visits After Urology Ambulatory Surgery Center Procedures</td>
<td>Begins with CY 2022 PD</td>
</tr>
</tbody>
</table>

*Payment Determination Year and Subsequent Years*
### CY 2024 Payment Determination Year*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC-19: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers</td>
<td>Finalized beginning CY 2024 Payment Determination Year</td>
</tr>
</tbody>
</table>

*Payment Determination Year and Subsequent Years*
References

• To access the Final Rule:
  ▪ www.federalregister.gov
  ▪ PDF version

• To access today’s presentation:
  ▪ www.qualityreportingcenter.com, under the Archived Events tab
Questions
Thank You!
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

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.
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-db35-408f-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.
CE Credit Process: New User


First Name: 
Last Name: 
Email: 
Phone: 

Register
CE Credit Process: Existing User
References


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.