



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

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Learning Objectives

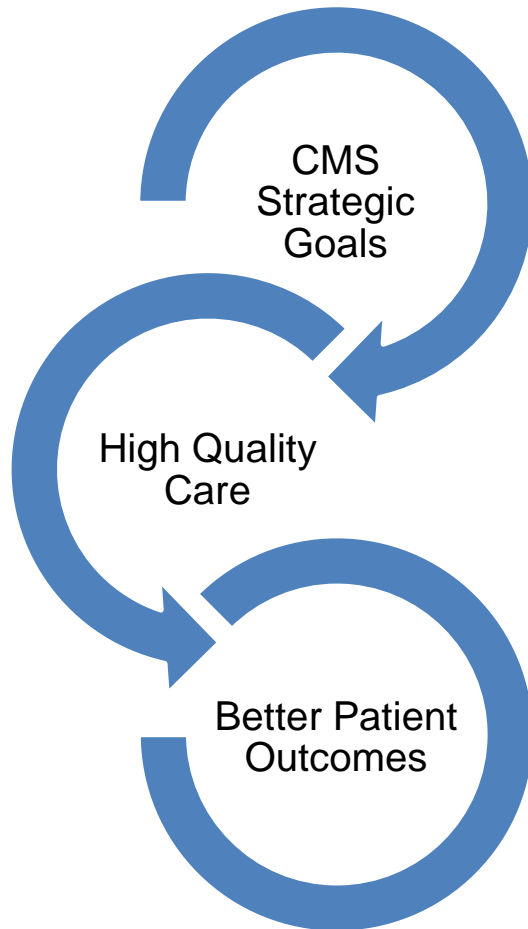
At the conclusion of the program, attendees will be able to:

- ✓ 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

CMS' Vision



“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



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

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)

OP-29/ASC-9

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.



OP-31/ASC-11

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**



OP-32/ASC-12

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



OP-36/ASC-19

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 Hospital
- **Seamless Transfer of Health Information**





Following the CMS Map: CY 2020 OPPS Final Rule

Federal Register Link

To access the Final Rule:

- 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

OP-33

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*

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

* Payment Determination and Subsequent Years

Measures Submitted via a Web-Based Tool

CY 2021 Payment Determination Year*

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	Finalized Removal for CY 2022 Payment Determination Year

* Payment Determination and Subsequent Years

Chart-Abstracted Measures

CY 2021 Payment Determination Year*

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

- **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 on-line submission tool
- Provide important data on adverse events
- Minimize burden to providers

ASCQR Measure Set

CY 2021 Payment Determination Year*

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

* Payment Determination and Subsequent Years

ASCQR Measure Set (cont.)

CY 2021 Payment Determination Year*

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

* Payment Determination and Subsequent Years

ASCQR Measure Set (cont.)

CY 2022 Payment Determination Year*

Measure	Status
ASC-17: Hospital Visits After Orthopedic Ambulatory Surgery Center Procedures	Begins with CY 2022 Payment Determination
ASC-18: Hospital Visits After Urology Ambulatory Surgery Center Procedures	Begins with CY 2022 PD

*Payment Determination Year and Subsequent Years

ASCQR Measure Set (cont.)

CY 2024 Payment Determination Year*

Measure	Status
ASC-19: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers	Finalized beginning CY 2024 Payment Determination Year

*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

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 CE credit course. The page has a blue header with the HSAG logo on the left and a security warning on the right. The main content area is white and contains the course title, registration form fields, and a 'Register' button.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

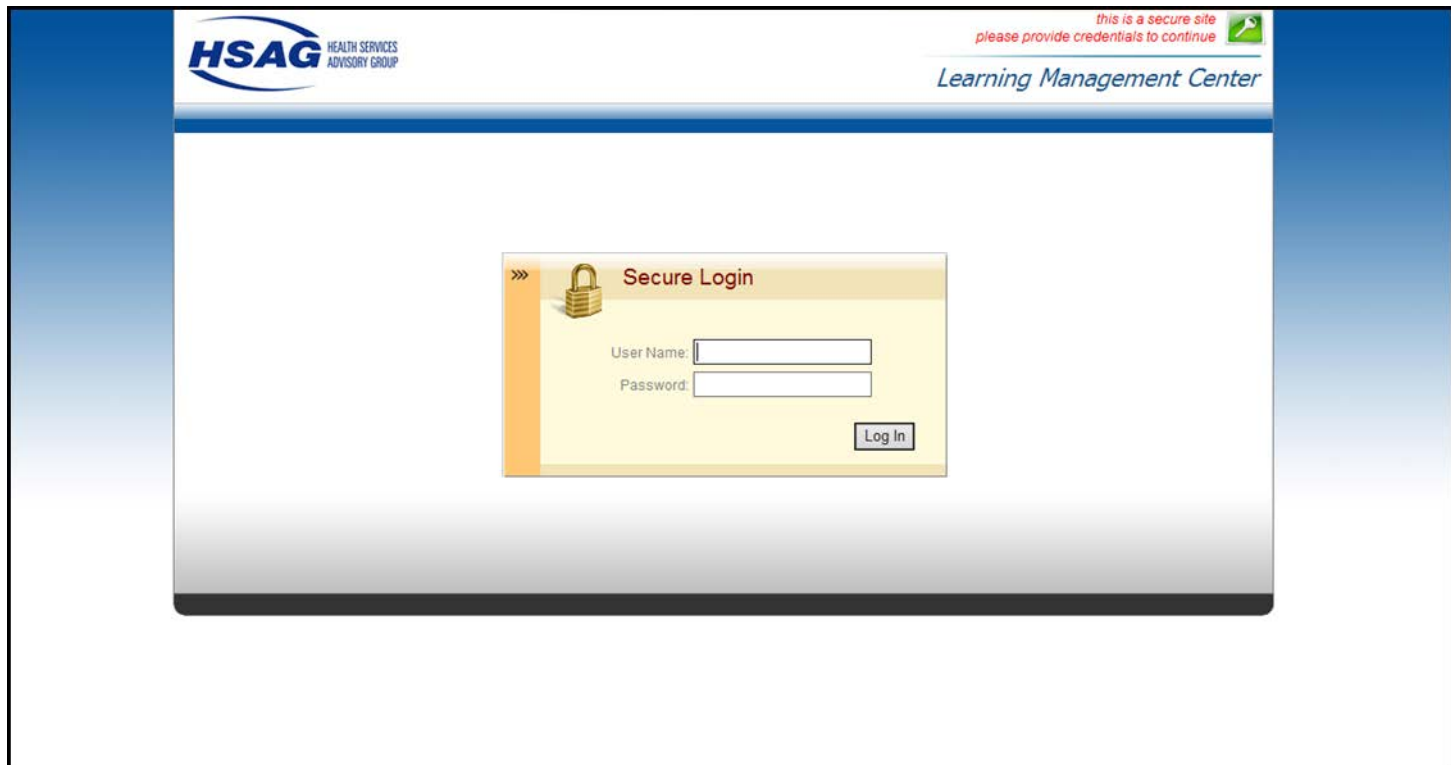
Learning Management Center

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

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



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

References

- Slide 4:
<https://www.cms.gov/newsroom/press-releases/cms-administrator-verma-announces-new-meaningful-measures-initiative-and-addresses-regulatory-reform>.
Accessed on September 16, 2019.
- Slide 5:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/index.html>.
Accessed on September 16, 2019.

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