

# Welcome!

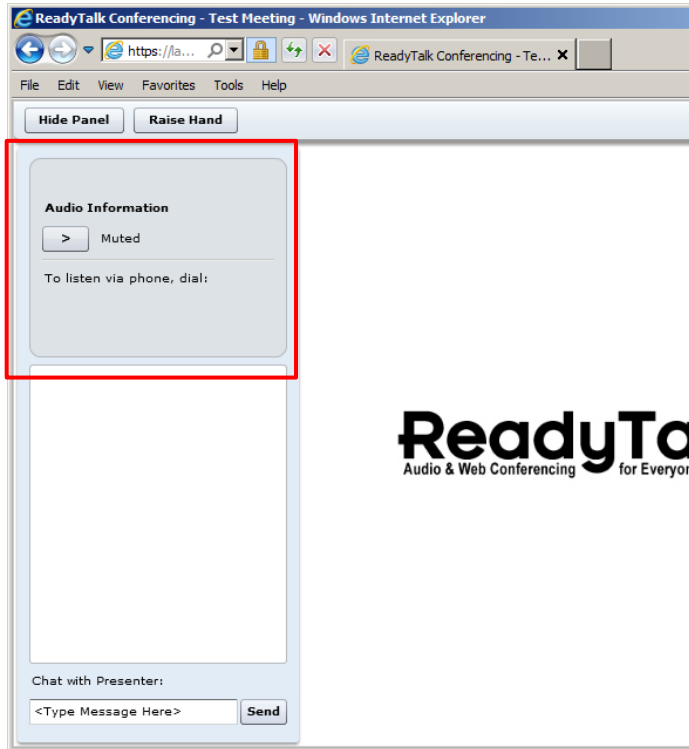
- Audio for this event is available via ReadyTalk® Internet Streaming.
- No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.
- Limited dial-in lines are available. Please send a chat message if needed.
- This event is being recorded.



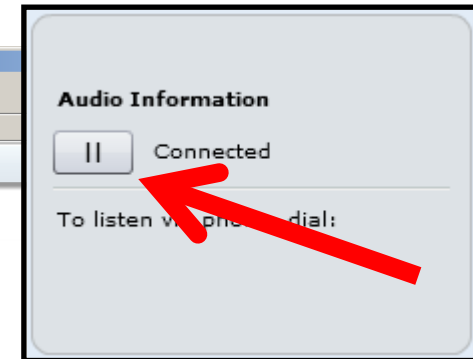
# Troubleshooting Audio

Audio from computer speakers breaking up?  
Audio suddenly stop?

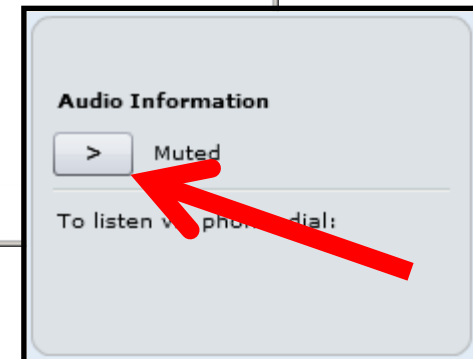
- Click Pause button
- Wait 5 seconds
- Click Play button



Location of audio controls



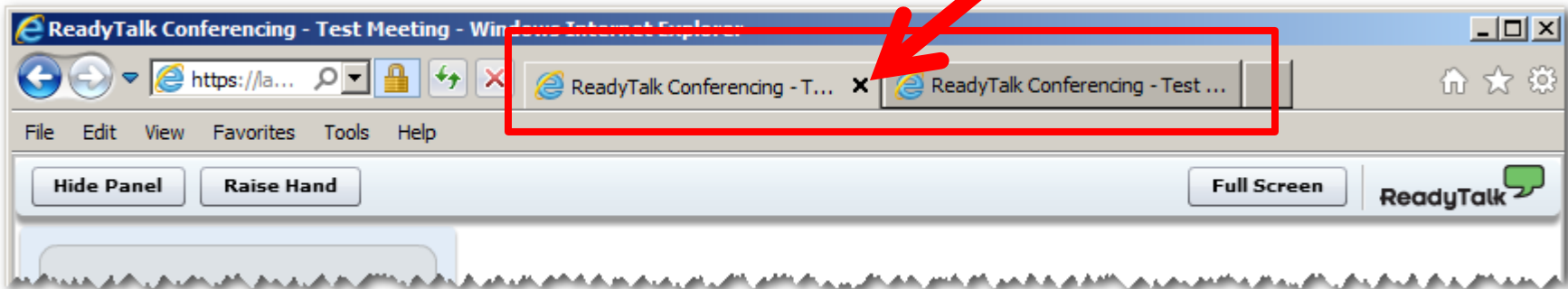
Step 1



Step 2

# Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
- Close all but one browser/tab and the echo will clear up.



*Example of two browsers/tabs open in same event*

# Submitting Questions

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



The screenshot shows a web application window with a dark title bar containing 'Hide Chat', 'Leave Hand', 'Full Screen', and 'ReadyToGo' buttons. The main content area features the CMS logo (Centers for Medicare & Medicaid Services) and the text 'Welcome to Today's Event' in a large, bold, blue font. Below this, a yellow horizontal line separates the header from the footer, which contains the text 'Thank you for joining us today! Our event will start shortly.' in a smaller, italicized font. In the bottom-left corner, there is a white chat window titled 'Chat with Presenter' with a text input field labeled 'Type questions here.' and a 'Send' button. A yellow arrow points to this chat input field from the left.



# **CY 2016 OPPS/ASC Final Rule: Hospital Outpatient Quality Reporting (OQR) Program**

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

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

November 18, 2015

# Announcements

- December 16, 2015: CMS measure development and the importance of public involvement, presented by CMS' Elizabeth Bainger
- January 20, 2016: OQR Specifications Manual update
- February 1, 2016: Deadline for Clinical Data and Population and Sampling submissions from Q3 2015 (July 1 – September 30, 2015, encounters)
- 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 Final Rule text.
- Identify the final measure changes to the Hospital OQR Program.
- List final policy changes to the Hospital OQR Program.



# CY 2016 OPPS/ASC Final Rule



## Hospital OQR Program

***Elizabeth Bainger, MS, RN, CPHQ***  
*Program Lead, Hospital Outpatient Quality Reporting*  
**CMS**

***Vinitha Meyyur, PhD***  
*Measures Lead, Hospital Outpatient Quality Reporting*  
**CMS**



Final Rule CY 2016

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# **LOCATING THE RULE**

# Navigating the Federal Register



Friday, November 13th

**Current Issue** 85 Notices 6 Proposed Rules 9 Rules 2 Presidential Documents 1 Significant Document 519 Pages [Browse this & other dates](#)

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

## Mitigation of Beyond-Design-Basis Events

A Proposed Rule by Nuclear Regulatory Commission on 11/13/2015



T-Town Photo Booth

The U.S. Nuclear Regulatory Commission is proposing to amend its regulations that establish regulatory requirements for nuclear power reactor applicants and licensees to mitigate beyond-design-basis events.

## RECENT BLOG POSTS

### Digitizing the Federal Register

Posted by Ben Jordi on October 2, 2015

If you have ever tried to search our site for Federal Register documents published prior to 1994, you've realized that there is nothing online from 1936 to 1994. Then you may...

[Continue reading](#) →

### Updates to PKCS7Sign tool

Posted by Ben Jordi on September 15, 2015

### 2nd Annual PKI Conference

# Navigating the Federal Register

The screenshot shows the Federal Register website interface. At the top, there is a navigation bar with links for Sections, Browse, Search, Policy, Learn, Blog, and My FR. A search bar on the right 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 (2), and Unified Agenda Items (0). A search bar contains the text "80 FR 70502" and shows "1 matching citation, 10 search results". There are also links for "Show Advanced Search", "Learn More", and "Other Formats: CSV/Excel, JSON". On the left side, there are filters for PUBLICATION DATE (Past 30 days: 0, Past 90 days: 1, Past 365 days: 1) and TYPE (Notice: 6, Proposed Rule: 3, Rule: 1). On the right side, there is a message box that says "It looks like you were searching for the citation 80 FR 70502. We've found the following 1 document on page 70502 of volume 80." Below this message, there is a link for "Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment..." and a "Rule" entry for "11/13/2015 Centers for Medicare & Medicaid Services Pages 70297 - 70607". A red box highlights the text "Jump directly to page 70502." with a PDF icon next to it.

# Navigating the Federal Register

## 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 reporting for care furnished by:

# Navigating the Federal Register



## FEDERAL REGISTER

The Daily Journal of the United States Government

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1 matching citation, 10 search results



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### PUBLICATION DATE

- Past 30 days 0
- Past 90 days 1
- Past 365 days 1

### TYPE

- Notice 6
- Proposed Rule 3
- Rule 1



It looks like you were searching for the citation **80 FR 70502**. We've found the following 1 document on page 70502 of volume 80.

### Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment...

This final rule with comment period revises the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for CY 2016 to...


**Rule** 11/13/2015 Centers for Medicare & Medicaid Services Pages 70297 - 70607

Jump directly to page 70502.



# Navigating the Federal Register

Find ×  
70502  
Previous Next

The seal of the National Archives and Records Administration, featuring an eagle with wings spread, holding a shield on its chest. Above the eagle is a banner with the Latin motto "LITTERA SCRIPTA MANET". The seal is circular with the text "NATIONAL ARCHIVES AND RECORDS ADMINISTRATION" around the top and "1985" at the bottom.

## FEDERAL REGISTER

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Vol. 80      Friday,  
No. 219      November 13, 2015

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Part II

Department of Health and Human Services

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Centers for Medicare & Medicaid Services  
42 CFR Parts 405, 410, 412, et al.  
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; Provider Administrative Appeals and Judicial Review;  
Final Rule

# Navigating the Federal Register

70502

Federal Register / Vol. 80, No. 219 / Friday, November 13, 2015 / Rules and Regulations

update used to calculate payment rates for ASCs not meeting the quality reporting requirements under the ASCQR Program. These addenda contain several types of information related to the CY 2016 payment rates. Specifically, in Addendum AA, a “Y” in the column titled “Subject to Multiple Procedure Discounting” indicates that the surgical procedure would be subject to the multiple procedure payment reduction policy. As discussed in the CY 2008 OPSS/ASC final rule with comment period (72 FR 66829 through 66830), most covered surgical procedures are subject to a 50-percent reduction in the ASC payment for the lower-paying procedure when more than one procedure is performed in a single operative session.

Display of the comment indicator “CH” in the column titled “Comment Indicator” indicates a change in payment policy for the item or service, including identifying discontinued HCPCS codes, designating items or services newly payable under the ASC payment system, and identifying items or services with changes in the ASC payment indicator for CY 2016. Display of the comment indicator “NI” in the column titled “Comment Indicator” indicates that the code is new (or substantially revised) and that 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 payment indicator assignments for the new code.

The values displayed in the column titled “CY 2016 Payment Weight” are the relative payment weights for each of the listed services for CY 2016. The

Weight” column was multiplied by the CY 2016 conversion factor of \$44,177. The 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 final rule with comment period).

In Addendum BB, there are no relative payment weights displayed in the “CY 2016 Payment Weight” column for items and services with predetermined national payment amounts, such as separately payable drugs and biologicals. The “CY 2016 Payment” column displays the CY 2016 national unadjusted ASC payment rates for all items and services. The CY 2016 ASC payment rates listed in Addendum BB for separately payable drugs and biologicals are based on ASP data used for payment in physicians’ offices in October 2015.

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

### 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

• 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 Quality Reporting Program.

In addition, CMS has implemented several value-based purchasing programs, including the Hospital Value-Based Purchasing (VBP) Program and the End-Stage Renal Disease (ESRD) Quality Incentive Program (QIP), that link payment to performance.

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

Final Rule CY 2016

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# MEASURES



# OP-33: External Beam Radiotherapy for Bone Metastases (EBRT)

- Percentage of patients (all-payer) with painful bone metastases and no history of previous radiation who receive EBRT with an acceptable dosing schedule
- Data will be submitted via the CMS web-based tool (QualityNet website)
- CY 2018 payment determination and subsequent years (beginning with January 1, 2016, patient encounters)

# OP-33: External Beam Radiotherapy for Bone Metastases (EBRT)

- Previously adopted by PPS-Exempt Cancer Hospital Quality Reporting Program (PCHQR) Program
- Rigorously tested, endorsed by the National Quality Forum (NQF), and supported by the Measures Application Partnership (MAP) in the hospital outpatient setting
- Will address EBRT overuse and improve patient safety

# OP-33: External Beam Radiotherapy for Bone Metastases (EBRT)

Measure specifications may be found at:

- <https://www.qualityforum.org/QPS/1822>
- <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPpage%2FQnetTier2&cid=1228774479863>

# OP-33: External Beam Radiotherapy for Bone Metastases (EBRT)

## BONE METASTASES DATA COLLECTION INSTRUMENT

### Confirm Bone Metastases Diagnosis

Determine if the patient had a documented diagnosis of painful bone metastases and no previous radiation to that anatomic site and was prescribed external beam radiation therapy (EBRT).

Yes

No/not documented

### Bone Metastases

Determine if patient, with painful bone metastases, was prescribed EBRT with any of the following fractionation schemes: 30 Gy/10 fxns, 24 Gy/6 fxns, 20 Gy/5 fxns or 8 Gy/1 fxn.

Yes

No/not documented

No/medical reason(s)

record medical reason(s)

\_\_\_\_\_ (verbatim text)

No/patient reason(s)

record patient

reason(s) \_\_\_\_\_ (verbatim

text)

<http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=70374>

# NOT FINALIZED: Proposed OP-34

## Emergency Department Transfer Communication (EDTC)

- 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
- Not finalized due to the combination of three concerns:
  - (1) Overlap with Meaningful Use (ME) requirements,
  - (2) Burden of abstracting 27 data elements, and
  - (3) Complexity of the scoring methodology.

# Removed: OP-15

## Use of Brain Computed Tomography (CT) in the Emergency Department for Atraumatic Headache

- Does not align with the most updated clinical guidelines or practices
- Removed starting with CY 2017 payment determination and subsequent years
- No data for this measure will be used for any payment determination

# Correction

- In the proposed rule, OP-4: Aspirin at Arrival was inadvertently excluded from the tables on p. 39329 and p. 39334
- OP-4 is included in the measure sets for CY 2018 and CY 2019 payment determination and subsequent years
- Corrected in the Final Rule

# Future Rulemaking Considerations

- In future rulemaking, CMS is considering a proposal for hospitals to have the option to voluntarily submit OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients as an eCQM



Final Rule CY 2016

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# **POLICIES**

# Finalized Policy Changes

- “Extension or Exception” process for the CY 2018 Payment Determination and Subsequent Years name changed to “Extraordinary Circumstances Extensions or Exemptions”
- Editorial correction to Code of Federal Regulations to replacing the term “fiscal year” with the term “calendar year”

# Finalized: APU Determination Transition

- CY 2017 payment determination will utilize a three-quarter validation cycle, including patient encounters from July 1 through March 31
- CY 2018 and subsequent years payment determinations will again be based on four quarters of data
- Data submission deadlines will remain unchanged

# Finalized: 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

## Final 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

## Final 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

# Other Finalized Policy Changes

## Deadline for Submitting a Reconsideration Request

### Current

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

### Final

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

## Deadline for Withdrawing from the Hospital OQR Program

### Current

November 1

### Final

August 31

## Time Frame for Measures Submitted via the CMS Web-Based Tool (QualityNet Website)

### Current

July 1 through November 1

### Final

January 1 through May 15

# Questions?

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Final Rule CY 2016

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# **CONTINUING EDUCATION CREDIT PROCESS**

# CE Approval

- This program has been approved for 1.0 continuing education 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.
  - Nationally accepted by all state Boards of Nursing



# CE Certificate Problems?

- If you do not immediately receive a response to the email that you used to register in the Learning Management Center, a firewall is blocking the link that is sent in response.
- Please go back to the **New User** link and register your personal email account.
  - Personal emails do not have firewalls.

# CE Credit Process

- Complete the ReadyTalk<sup>®</sup> 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 and security notice, 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 page has a blue header and a white background with a blue gradient on the sides.

**HSAG** HEALTH SERVICES ADVISORY GROUP

this is a secure site  
please provide credentials to continue

Learning Management Center

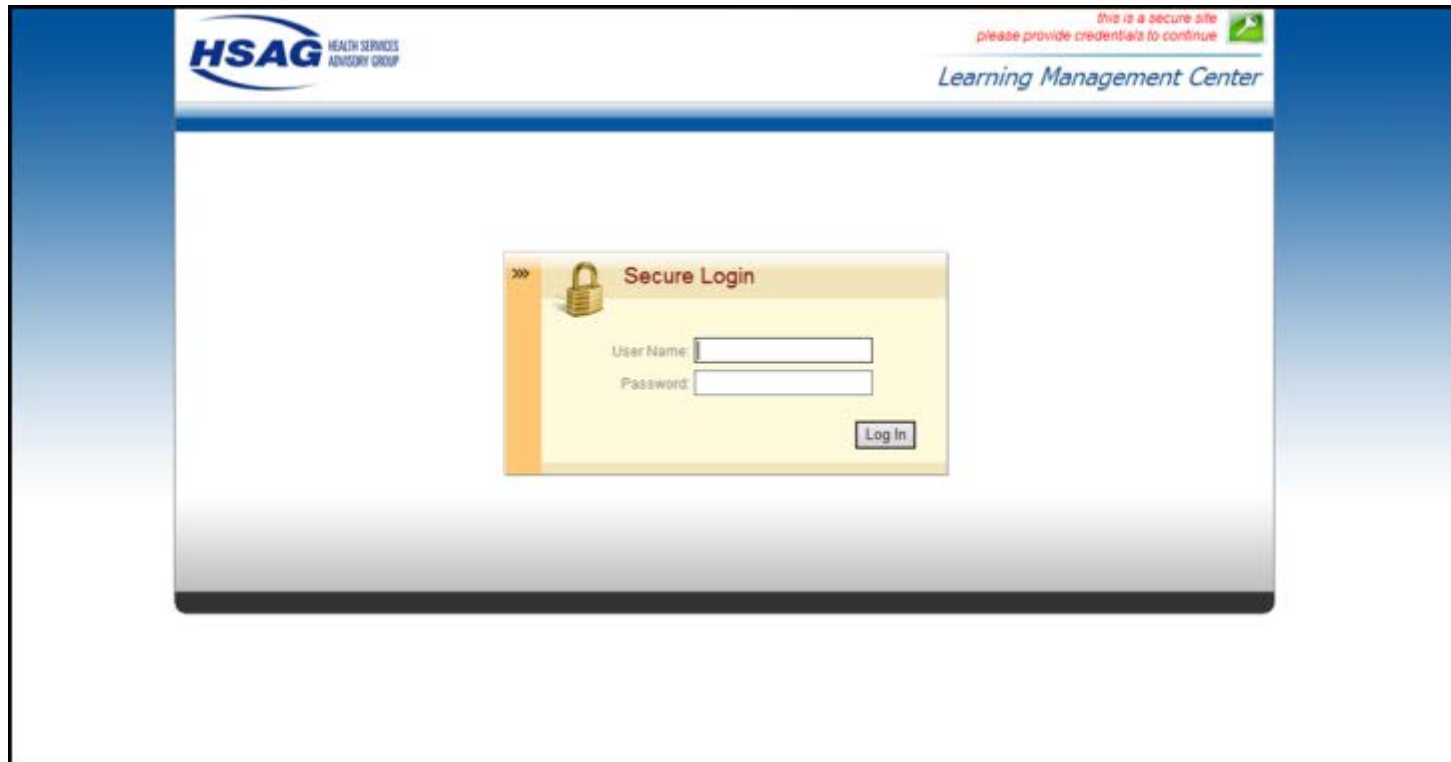
**Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015**

First Name:  Last Name:

Email:  Phone:

Register

# 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 padlock icon. Below this, the text "Learning Management Center" is displayed. The central focus is a yellow "Secure Login" box containing a padlock icon, the title "Secure Login", and two input fields labeled "User Name" and "Password". A "Log In" button is positioned at the bottom right of the login box.

# 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](http://www.qualitynet.org)

*Or*

- Call the Hospital OQR Support Contractor at 866.800.8756.