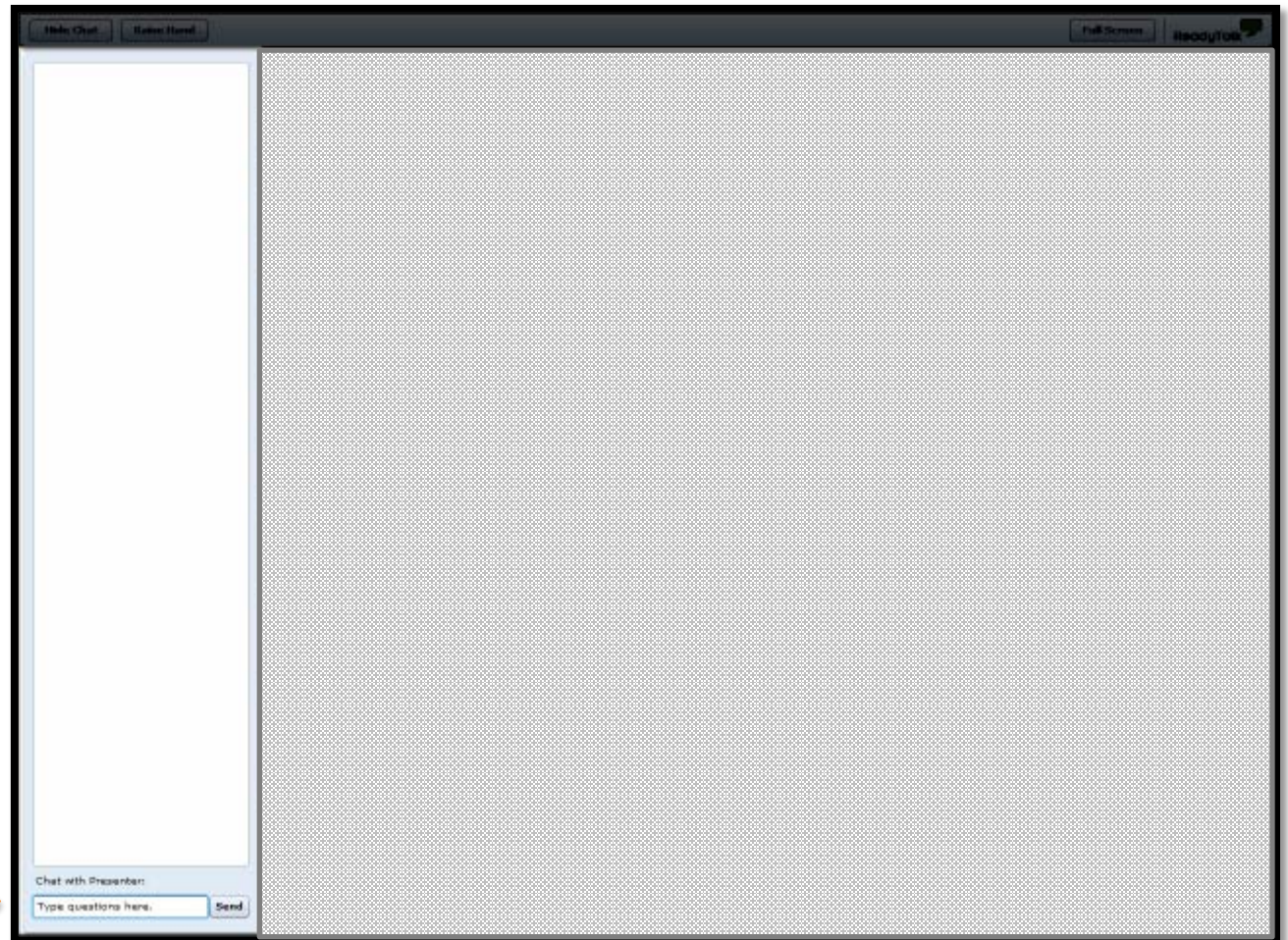


CY 2016 OPPS/ASC Proposed Rule: Ambulatory Surgical Center Quality Reporting Program

- Audio for this event is available via internet streaming.
- No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.

Submitting Questions

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





CY 2016 OPPS/ASC Proposed Rule: Ambulatory Surgical Center Quality Reporting (ASCQR) Program

Anita Bhatia, PhD, MPH
Centers for Medicare & Medicaid Services
July 22, 2015

Learning Objectives

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

- Understand an overview of the ASCQR Program
- Identify where to find the Calendar Year (CY) 2016 OPPS/ASC proposed rule text and how to comment
- Understand proposed changes to the ASCQR Program
- Provide feedback on proposals, have concerns addressed, and ask questions



CY 2016 OPPS/ASC Proposed Rule



Ambulatory Surgical Center Quality Reporting (ASCQR) Program

*Anita Bhatia, PhD, MPH
Program Lead, ASCQR Program
Centers for Medicare & Medicaid
Services (CMS)*

Proposed Rule CY 2016

Locating the Rule

ASCQR Program Rule History

Rule	Federal Register (FR) Reference	Program Highlights
CY 2015 OPPS/ASC	80 FR 39340	2 measures under consideration
CY 2015 OPPS/ASC	79 FR 41044	1 new claims-based measure
CY 2014 OPPS/ASC	78 FR 75122	3 web-based measures
CY 2013 OPPS/ASC	77 FR 68492	No additional measures
FY 2013 IPPS/LTCH PPS	77 FR 53637	Finalized requirements
CY 2012 OPPS/ASC	79 FR 74492	Finalized 8 measures
CY 2011 OPPS/ASC	75 FR 72109	Discussed, not implemented
CY 2010 OPPS/ASC	74 FR 60656	Discussed, not implemented
CY 2009 OPPS/ASC	73 FR 68780	Discussed, not implemented

Navigating the Federal Register (1 of 6)

The screenshot shows the Federal Register website. At the top, there is a navigation bar with links for Sections, Browse, Search, Policy, Learn, Blog, and My FR. A search box on the right contains the text "80 FR 39340" and is highlighted with a red box. Below the navigation bar is the Federal Register logo and the text "FEDERAL REGISTER The Daily Journal of the United States Government". To the right of the logo, there are links for "Sign in" and "Sign up". A blue banner below the logo displays the date "Friday, July 10th". Below the banner is a green bar with a calendar icon and the text "Current Issue" followed by statistics: "98 Notices", "8 Proposed Rules", "13 Rules", "4 Significant Documents", and "271 Pages". To the right of these statistics is a link "Browse this & other dates". The main content area is divided into two columns. The left column features a vertical menu with icons and labels for "MONEY", "ENVIRONMENT", "WORLD", "SCIENCE & TECHNOLOGY", "BUSINESS & INDUSTRY", and "HEALTH & PUBLIC WELFARE". The "MONEY" category is highlighted in orange. Below the menu is a featured article titled "Venezuela Sanctions Regulations" with a sub-headline "A Rule by Foreign Assets Control Office on 07/10/2015". The article includes a small image of the Venezuelan flag and a caption "David~". The text of the article begins with "The Department of the Treasury's Office of Foreign Assets Control (OFAC) is issuing regulations to implement the Venezuela Defense of Human Rights and Civil Society Act of 2014 (Pub. L. 113-278) and Executive Order 13692 of March 8, 2015 ('Blocking Property and Suspending Entry of Certain Persons Contributing to the Situation in Venezuela')." Below the article text are two statistics: "18 NEW DOCUMENTS IN THIS ISSUE" and "38 COMMENT PERIODS ENDING SOON". The right column is titled "RECENT BLOG POSTS" and contains two entries. The first entry is "What is Public Inspection?" posted by Ben Jordi on June 22, 2015, with a "Continue reading" link. The second entry is "2015 Federal Register Liaison Conference" posted by Ben Jordi on June 4, 2015.

Navigating the Federal Register (2 of 6)

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 (1), Events (0), and Unified Agenda Items (0). A search bar contains the text "80 FR 39340" and a magnifying glass icon. To the right of the search bar, it says "1 matching citation, 52 search results". There are also links for "Show Advanced Search", "Learn More", and "SUBSCRIBE". Below the search bar, there are filters for PUBLICATION DATE (Past 30 days: 0, Past 90 days: 0, Past 365 days: 1) and TYPE (Rule: 25, Proposed Rule: 20, Notice: 7). The main content area shows a message: "It looks like you were searching for the citation 80 FR 39340. We've found the following 1 document on page 39340 of volume 80." Below this message, there is a link for "Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment...". Underneath, there is a description of the proposed rule. At the bottom of the search results, there is a link for "Proposed Rule 07/08/2015 Centers for Medicare & Medicaid Services Pages 39199 - 39375" and a link for "Jump directly to page 39340." which is highlighted with a red box. There is also a link for "PDF".

Sections ▾ Browse ▾ Search ▾ Policy ▾ Learn ▾ Blog ▾ My FR ▾ Search Documents

0 Sign in Sign up

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Search Documents

Documents Public Inspection 1 Events 0 Unified Agenda Items 0

Find 80 FR 39340 1 matching citation, 52 search results SUBSCRIBE

Show Advanced Search Learn More Other Formats: CSV/Excel, JSON

PUBLICATION DATE

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

TYPE

- Rule 25
- Proposed Rule 20
- Notice 7

It looks like you were searching for the citation **80 FR 39340**. We've found the following 1 document on page 39340 of volume 80.

[Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment...](#)

This proposed rule would revise the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for CY 2016 to implement...

Proposed Rule 07/08/2015 [Centers for Medicare & Medicaid Services](#)
Pages 39199 - 39375 [Jump directly to page 39340.](#) PDF

Navigating the Federal Register (3 of 6)

We are inviting public comments on these proposals.

XIV. Requirements
for the Ambulatory
Surgical Center
Quality Reporting
(ASCQR) Program

[Back to Top](#)

A. Background

1. Overview

We refer readers to section XIII.A.1. of this proposed rule for a general overview of our quality reporting programs.

2. Statutory History of the Ambulatory Surgical Center Quality Reporting (ASCQR) Program

We refer readers to section XIV.K.1. of the CY 2012 OPPS/ASC final rule with comment period ([76 FR 74492](#) through 74494) for a detailed discussion of the statutory history of the ASCQR Program.

3. Regulatory History of the ASCQR Program

We refer readers to section XV.A.3. of the CY 2014 OPPS/ASC final rule with comment period ([78 FR 75122](#)) for an overview of the regulatory history of the ASCQR Program, and to section

Navigating the Federal Register (4 of 6)

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 (1), Events (0), and Unified Agenda Items (0). A search bar contains the text '80 FR 39340' and shows '1 matching citation, 52 search results'. There are links for 'Show Advanced Search', 'Learn More', and 'SUBSCRIBE'. A sidebar on the left lists filters for PUBLICATION DATE (Past 30 days: 0, Past 90 days: 0, Past 365 days: 1) and TYPE (Rule: 25, Proposed Rule: 20, Notice: 7). The main content area displays a search result for the citation 80 FR 39340, with a 'PDF' link highlighted in a red box.

Sections ▾ Browse ▾ Search ▾ Policy ▾ Learn ▾ Blog ▾ My FR ▾ Search Documents

0 Sign in Sign up

FEDERAL REGISTER
The Daily Journal of the United States Government

Search Documents

Documents Public Inspection 1 Events 0 Unified Agenda Items 0

Find 80 FR 39340 1 matching citation, 52 search results SUBSCRIBE

Show Advanced Search Learn More Other Formats: CSV/Excel, JSON

PUBLICATION DATE

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

TYPE

- Rule 25
- Proposed Rule 20
- Notice 7

It looks like you were searching for the citation **80 FR 39340**. We've found the following 1 document on page 39340 of volume 80.


[Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment...](#)

This proposed rule would revise the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for CY 2016 to implement...

Proposed Rule 07/08/2015 Centers for Medicare & Medicaid Services
Pages 39199 - 39375 Jump directly to page 39340. PDF

Navigating the Federal Register (5 of 6)

Find 39340 Previous Next



FEDERAL REGISTER

Vol. 80 Wednesday,
No. 130 July 8, 2015

Part II

Department of Health and Human Services

Center for Medicare & Medicaid Services

42 CFR Parts 410, 412, 416
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; Proposed Rule

Navigating the Federal Register (6 of 6)

39340

Federal Register / Vol. 80 No. 130 / Wednesday, July 8, 2015 / Proposed Rules

national unadjusted payment rates for hospitals that fail to meet Hospital OQR Program requirements, with the exception of services assigned to New Technology APCs with assigned status indicator "S" or "T." We refer readers to the CY 2009 OPPS/ASC final rule with comment period (73 FR 68770 through 68771) for a discussion of this policy.

The OPD fee schedule increase factor is an input into the OPPS conversion factor, which is used to calculate OPPS payment rates. To reduce the OPD fee schedule increase factor for hospitals that fail to meet reporting requirements, we calculate two conversion factors—a full market basket conversion factor (that is, the full conversion factor), and a reduced market basket conversion factor (that is, the reduced conversion factor). We then calculate a reduction ratio by dividing the reduced conversion factor by the full conversion factor. We refer to this reduction ratio as the "reporting ratio" to indicate that it applies to payment for hospitals that fail to meet their reporting requirements. Applying this reporting ratio to the OPPS payment amounts results in reduced national unadjusted payment rates that are mathematically equivalent to the reduced national unadjusted payment rates that would result if we multiplied the scaled OPPS relative payment weights by the reduced conversion factor. For example, to determine the reduced national unadjusted payment rates that applied to hospitals that failed to meet their quality reporting requirements for the CY 2010 OPPS, we multiplied the final full national unadjusted payment rate found in Addendum B of the CY 2010 OPPS/ASC final rule with comment period by the CY 2010 OPPS final reporting ratio of 0.980 (74 FR 60642).

In the CY 2009 OPPS/ASC final rule with comment period (73 FR 68771 through 68772), we established a policy that the Medicare beneficiary's

copayments is calculated according to § 419.41 of our regulations, prior to any adjustment for a hospital's failure to meet the quality reporting standards according to § 419.43(h). Beneficiaries and secondary payers thereby share in the reduction of payments to these hospitals.

In the CY 2009 OPPS/ASC final rule with comment period (73 FR 68772), we established the policy that all other applicable adjustments to the OPPS national unadjusted payment rates apply when the OPD fee schedule increase factor is reduced for hospitals that fail to meet the requirements of the Hospital OQR Program. For example, the following standard adjustments apply to the reduced national unadjusted payment rates: the wage index adjustment; the multiple procedure adjustment; the interrupted procedure adjustment; the rural sole community hospital adjustment; and the adjustment for devices furnished with full or partial credit or without cost. Similarly, OPPS outlier payments made for high cost and complex procedures will continue to be made when outlier criteria are met. For hospitals that fail to meet the quality data reporting requirements, the hospitals' costs are compared to the reduced payments for purposes of outlier eligibility and payment calculation. We established this policy in the OPPS beginning in the CY 2010 OPPS/ASC final rule with comment period (74 FR 60642). For a complete discussion of the OPPS outlier calculation and eligibility criteria, we refer readers to section II.G. of this proposed rule.

2. Proposed Reporting Ratio Application and Associated Adjustment Policy for CY 2016

We are proposing to continue our established policy of applying the reduction of the OPD fee schedule increase factor through the use of a reporting ratio for those hospitals that

proposed status indicator assignment of "S" and "T". We note that, discussed in sections II.A.2.e. of the CY 2015 OPPS/ASC final rule with comment period (79 FR 66962), we finalized our proposal to develop status indicator "J1" as part of our CY 2015 comprehensive APC policy, and to apply the reporting ratio to the comprehensive APCs. We are proposing to continue to exclude services paid under New Technology APCs. We are proposing to continue to apply the reporting ratio to the national unadjusted payment rates and the minimum unadjusted and national unadjusted copayment rates of all applicable services for those hospitals that fail to meet the Hospital OQR Program reporting requirements. We also are proposing to continue to apply all other applicable standard adjustments to the OPPS national unadjusted payment rates for hospitals that fail to meet the requirements of the Hospital OQR Program. Similarly, we are proposing to continue to calculate OPPS outlier eligibility and outlier payment based on the reduced payment rates for those hospitals that fail to meet the reporting requirements.

We are inviting public comments on these proposals.

XIV. Requirements for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program

A. Background

1. Overview

We refer readers to section XIII.A.1. of this proposed rule for a general overview of our quality reporting programs.

2. Statutory History of the Ambulatory Surgical Center Quality Reporting (ASCQR) Program

We refer readers to section XIV.K.1. of the CY 2012 OPPS/ASC final rule with comment period (76 FR 74492 through

Proposed Rule CY 2016

Measures Under Consideration

Measures Under Consideration

- Normothermia Outcome
- Unplanned Anterior Vitrectomy

Normothermia Outcome

This measure assesses the percentage of patients having surgical procedures under general or neuraxial anesthesia of 60 minutes or more in duration who are normothermic within 15 minutes of arrival in the post-anesthesia care unit.

- Impairment of thermoregulatory control due to anesthesia may result in perioperative hypothermia.
- Perioperative hypothermia is associated with numerous adverse outcomes, including cardiac complications, surgical site infections, impaired coagulation, and colligation of drug effects.

Normothermia Outcome

- When intraoperative normothermia is maintained, patients experience fewer adverse outcomes and their overall costs are lower.
- Addresses a significant area of medical care provided by ASCs and the Measures Application Partnership (MAP)-identified priority measure gap of anesthesia-related complications.
- Specifications for this measure for the ASC setting can be found at http://ascquality.org/documents/ASC_QC_ImplementationGuide_3.0_January_2015.pdf.

Unplanned Anterior Vitrectomy

This measure assesses the percentage of cataract surgery patients who have an unplanned anterior vitrectomy (removal of the vitreous present in the anterior chamber of the eye).

- An unplanned anterior vitrectomy is performed when vitreous inadvertently prolapses into the anterior segment of the eye during cataract surgery.
- Although unplanned anterior rates are relatively low, this procedure complication may result in poor visual outcome, retinal detachment, and other complications.

Unplanned Anterior Vitrectomy

- Addresses a significant area of medical care provided by ASCs (cataract surgery) and the MAP-identified priority measure gap of procedure complications for the ASCQR Program.
- Specifications for this measure for the ASC setting can be found at:
http://ascquality.org/documents/ASC_QC_ImplementationGuide_3.0_January_2015.pdf.

Measures Under Consideration

- Both measures have received conditional support from the MAP, pending the completion of reliability testing and National Quality Forum (NQF) endorsement.
- CMS invites public comment on the possible inclusion of these measures in the ASCQR Program measure set in the future.
- A summary of the MAP recommendations can be found at this website:
http://www.qualityforum.org/setting_priorities/partnership/measure_applications_partnership.aspx.

Proposed Rule CY 2016

Existing Policies and Proposed Changes

Public Reporting of ASCQR Program Data: Previously Finalized

- Previously, CMS finalized a policy to display the data at the CMS Certification Number (CCN) level in the CY 2012 OPPS/ASC final rule with comment period (76 FR 74514 through FR 74515).
- Generally, ASCs report quality measure data to CMS using their National Provider Identifier (NPI), which is their billing identifier on the CMS-1500 form as non-institutional billers. Additionally, payment determinations also are made by NPI.
- Because an ASC CCN can have multiple NPIs, publication of data by CCN can aggregate data for multiple facilities, thereby reducing identification of the individual facility.

Public Reporting of ASCQR Program Data: Update

- CMS proposed display of data according to NPI when data are submitted based on NPI to allow for identification of individual facility information, beginning with public reporting that occurs after January 1, 2016.
- This change will allow the public to distinguish between facilities, and will also help ASCs to better understand their performance on measures collected under the ASCQR Program.
- CMS invites public comment on our proposal to display data by NPI if the data are submitted by NPI and to display data by CCN if the data are submitted by CCN, and to codify this policy and our existing policies.

Administrative Requirements: Previously Finalized

- A Security Administrator is required to submit quality data to the QualityNet website via a web-based tool at www.qualitynet.org.
- For successful reporting, 50 percent of claims meeting measure specifications must contain appropriate Quality Data Codes (QDCs).
- Established a minimum case volume of 240 Medicare claims (primary and secondary) per year.
- Six web-based measures are reported via web-based tools: QualityNet and NHSN.
- No proposed changes to any of these policies.
- CMS proposes to codify these existing requirements.

Administrative Requirements: Previously Finalized

- Once an ASC submits any quality measure data on a Medicare claim, it would be considered as participating.
- An ASC that is participating and wishes to withdraw from the ASCQR Program must fill out an online withdrawal form available at www.qualitynet.org.
- An ASC that withdraws will incur a 2 percent reduction in its annual payment update and any subsequent year the ASC is not participating.
- Any and all quality measure data submitted could be made publicly available for the ASCs participating in the program.

Data Submission: Previously Finalized

- In the CY 2014 OPPTS/ASC final rule with comment period, the data collection period for quality measures for which data are submitted via an online data submission tool as services furnished during the calendar year is two years prior to the finalized payment determination year.
- Previously finalized data would be submitted during the time period of January 1 to August 15 in the year prior to the affected payment determination year (78 FR 75137 through 75139).
- National Health Safety Network (NHSN) Influenza Vaccination Coverage among Healthcare Personnel data collection for CY 2016 payment is October 1, 2014 through March 31, 2015, with a submission deadline of May 15 of the year when the influenza season ends.

Data Submission: Update

- CMS is proposing to implement a May 15 deadline for all data submitted via a web-based tool in the ASCQR Program for the CY 2017 payment determination and subsequent years.
 - This includes the following measures: ASC-6, ASC-7, ASC-8, ASC-9, ASC-10, and ASC-11.
- CMS believes this deadline change will allow for earlier public reporting of measure data. This also will decrease the administrative burden for ASCs with multiple tracking submission deadlines.

Indian Health Services (IHS): Previously Finalized

- IHS facilities have been considered to be ASCs for purposes of the ASCQR Program due to their payment under the ASC payment system.
- IHS hospital outpatient departments are able to bill Medicare for ASC services and be paid based on the ASC Rates for Services under the ASC payment system.

IHS: Update

- CMS is now proposing that these facilities not be considered ASCs for the purposes of the ASCQR Program, beginning with the CY 2017 payment determination.
- To bill for ASC services, these IHS hospital outpatient departments must meet the conditions of participation for hospitals defined in 42 CFR, Part 482, and are not certified as separate ASC entities.
- CMS is proposing that these facilities not be considered ASCs for purposes of the ASCQR Program, beginning with the CY 2017 payment determination. There is also a proposal to codify this at the proposed new 42 CFR 416.305(d).

Extraordinary Circumstances: Previously Finalized

- Extraordinary Circumstances Extension or Exemptions
- No changes are being proposed to these requirements; however, there is a proposal to codify these existing procedures at the proposed new 42 CFR 416.310(e).

Reconsideration Process: Previously Finalized

- Reconsideration process details are available at www.qualitynet.org.
- Under the current reconsideration process, facilities are required to submit reconsideration requests by March 17 of the affected payment determination year (79 FR 53643).
- In some payment years, March 17 may fall outside of the business week.
- There is no appeal of any final ASCQR Program payment determination.

Reconsideration Process: Update

- CMS is proposing that, beginning with the CY 2017 payment determination, ASCs must submit a reconsideration request to CMS no later than the first business day on or after March 17 of the affected payment year. This is determined using the date the request was mailed or submitted to CMS.

Proposed Rule CY 2016

Commenting

Submitting Comments

- Comments must be received no later than 5 p.m. EST on August 31, 2015 if delivered by regular mail, express or overnight mail, or by hand or courier.
- Comments submitted electronically via regulations.gov will be accepted until 11:59 p.m. EST.
- CMS encourages submission of electronic comments to www.regulations.gov.
- Responses to comments will be in the final rule, to be issued in November 2015.

Submitting Comments

1. Enter *CMS* in the [Search for] box.
2. Select the [Search] button.

The screenshot shows the homepage of regulations.gov. At the top, there is a navigation bar with links for Home, Help, Resources, and Feedback and Questions. Below this is a search bar with a magnifying glass icon and the word 'Search'. To the right of the search bar are two buttons: 'Browse' and 'Learn'. The main content area features a 'Participate Today!' section with text about submitting comments. Below this is a search bar with the text 'SEARCH for: Rules, Comments, Adjudications or Supporting Documents:'. The search input field contains the text 'CMS' and is highlighted with a red box labeled '1'. To the right of the input field is a blue 'Search' button, which is highlighted with a red box labeled '2'. Below the 'Search' button is a link for '» Advanced Search'. To the right of the search bar is a sidebar with a section titled 'Are you new to the site?' and a list of links for getting started. Below this is a section titled 'Dream Big Submit by July 13' with an image of a Ferris wheel.

Submitting Comments

3. Filter: Comment Period = *Open*; Document Type = *Proposed Rule*
4. Scroll: *Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; etc.*
5. Select the [Comment Now] button.

The screenshot shows the regulations.gov website interface. At the top, there is a search bar with 'CMS' entered and a search icon. Below the search bar, it says '7 results for "CMS"'. On the left side, there is a 'Filter Results By...' section with two main categories: 'Comment Period' and 'Document Type'. Under 'Comment Period', the 'Open' checkbox is checked, and 'Closed (892)' is also visible. Under 'Document Type', the 'Proposed Rule' checkbox is checked. In the main content area, there are two search results. The first result is titled 'Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; etc.' and is a 'Proposed Rule by CMS on 07/08/2015'. The second result is titled 'Medicare Program: End-Stage Renal Disease Prospective Payment System, and Quality Incentive Program' and is also a 'Proposed Rule by CMS on 07/01/2015'. To the right of each result is a 'Comment Now!' button. The 'Comment Now!' button for the first result is highlighted with a red box and labeled with the number '5'. The 'Document Type' filter section is highlighted with a red box and labeled with the number '3'. The first search result is highlighted with a red box and labeled with the number '4'. The 'Comment Now!' button for the second result is also visible.

Comment on Proposed Rule: Step 1

The system will guide you through a three-step comment process.

Step 1. Enter your comment and contact information.

- a. Required fields have (Required) next to the field name.
- b. Comments can be up to 5,000 characters.

1 Your Information

Information entered will be viewable on Regulations.gov

View Commenter's Checklist (PDF)

Comment (Required)

5000 characters remaining

Comment on Proposed Rule: Step 1 (cont.)

The screenshot shows a web form with the following elements:

- Upload file(s) (Optional)**: A button labeled "Choose file" is highlighted with a red box and labeled **c.**
- First Name**: A text input field containing "Anonymous".
- Last Name**: A text input field containing "Anonymous".
- Contact Information**: A section containing:
 - City**: A text input field.
 - State or Province (Required)**: A dropdown menu with "Select a State..." and a red box labeled **d.** below it. A note below reads "You can't leave this field blank".
 - ZIP/Postal Code (Required)**: A text input field with a red box labeled **d.** above it. A note below reads "You can't leave this field blank".
 - Country (Required)**: A dropdown menu with "United States".
 - Email Address**: A text input field.
- I am submitting on behalf of a third party**: A checked checkbox.
- Organization Name (Required)**: A text input field containing "NA" is highlighted with a red box and labeled **e.**
- Continue**: A blue button with a right-pointing arrow is highlighted with a red box and labeled **f.**

- c. You can upload a file if you wish.
- d. Enter your contact information.
- e. If submitting a comment on behalf of a third party, enter the organization's name.
- f. When finished entering your comment and contact information, select the [Continue] button.

Comment on Proposed Rule: Step 2

Step 2. Your Preview: Shows how your comment* and information** will appear on *regulations.gov*.

*Your Comment, files you uploaded, Country, and State or Province *will appear* on Regulations.gov.

**Your Name, ZIP/Postal Code, and Organization Name *will not appear* on Regulations.gov.

- a. Select the [Edit] button to edit your comment and contact information.
- b. When finished previewing, check the box to acknowledge that you have read and understand the provisions of commenting.
- c. If all information is correct, select the [Submit Comment] button.

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

b. I read and understand the statement above.

a.

c.

Comment on Proposed Rule: Step 3

Step 3. Your Receipt:

Your comment is assigned a tracking number. Take a screenshot of this page or save your tracking number. You can use your tracking number to find out the status of your comment.

The screenshot shows a multi-step process with three steps: '1 Your Information', '2 Your Preview', and '3 Your Receipt'. The '3 Your Receipt' step is highlighted in blue. Below the steps, there is a white box containing the text 'Your Comment Tracking Number: xxX-yyYy-1234', which is enclosed in a red rounded rectangle. To the right of this box is a yellow box containing the text: 'Your comment may be viewable on Regulations.gov once the agency has reviewed it. This process is dependent on agency public submission policies/procedures and processing times. Use your tracking number to find out the status of your comment.'

Questions?

Proposed Rule CY 2016

Continuing Education Credit Process

Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professional organizations:
 - Florida Board of Nursing
 - 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
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing boards.

CE Credit Process

- Complete the ReadyTalk[®] 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 in order 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 CE credit course. The page header includes the HSAG logo (Health Services Advisory Group) and the text "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the course title "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015" is displayed. The registration form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". A "Register" button is located below the form fields. The page is framed by a blue and yellow border.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

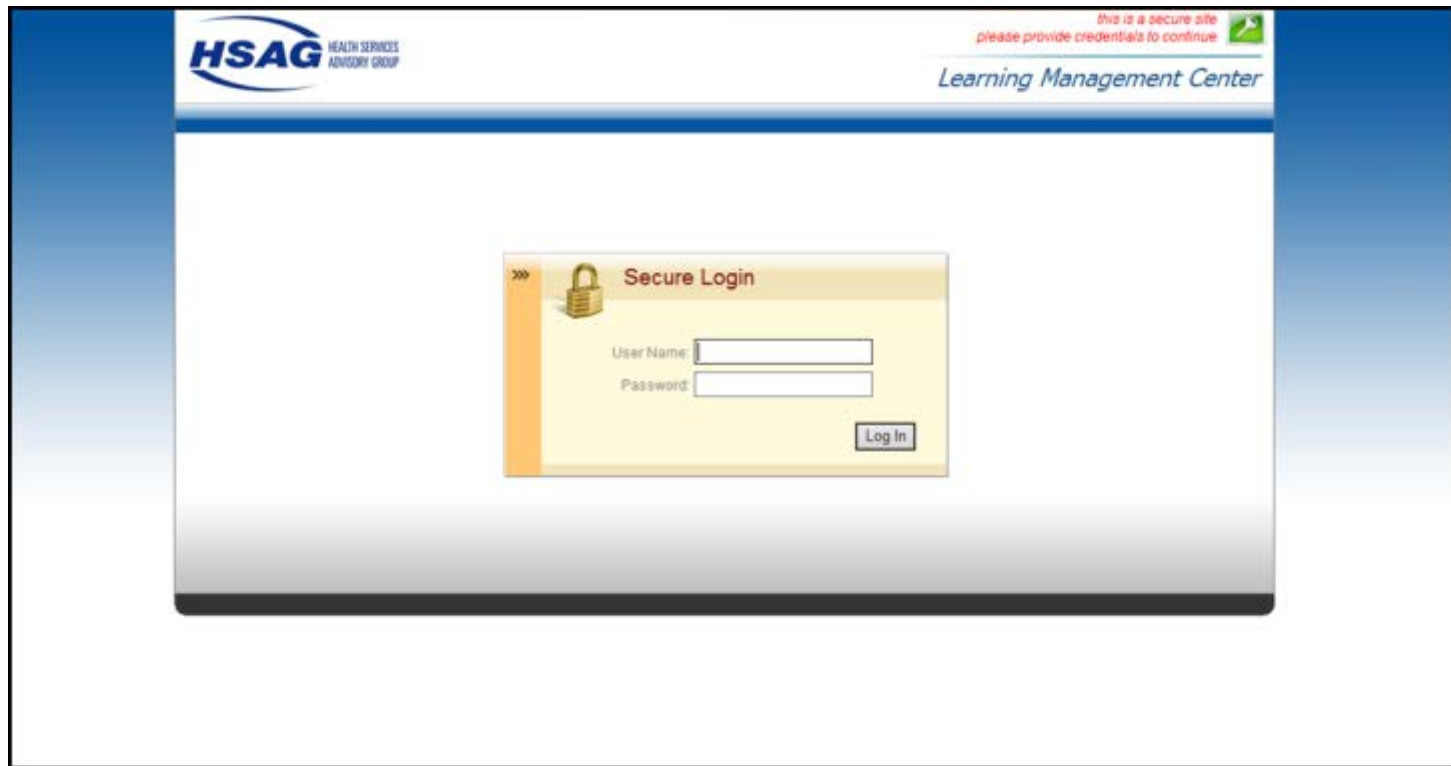
Learning Management Center

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, the HSAG logo is accompanied by the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a security notice reads "this is a secure site please provide credentials to continue" with a small green icon. Below this, the text "Learning Management Center" is displayed. 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", and a "Log In" button.

Thank You for Participating!

Please contact the ASCQR Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at www.qualitynet.org

Or

- Call the ASCQR Support Contractor at 866.800.8756.

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