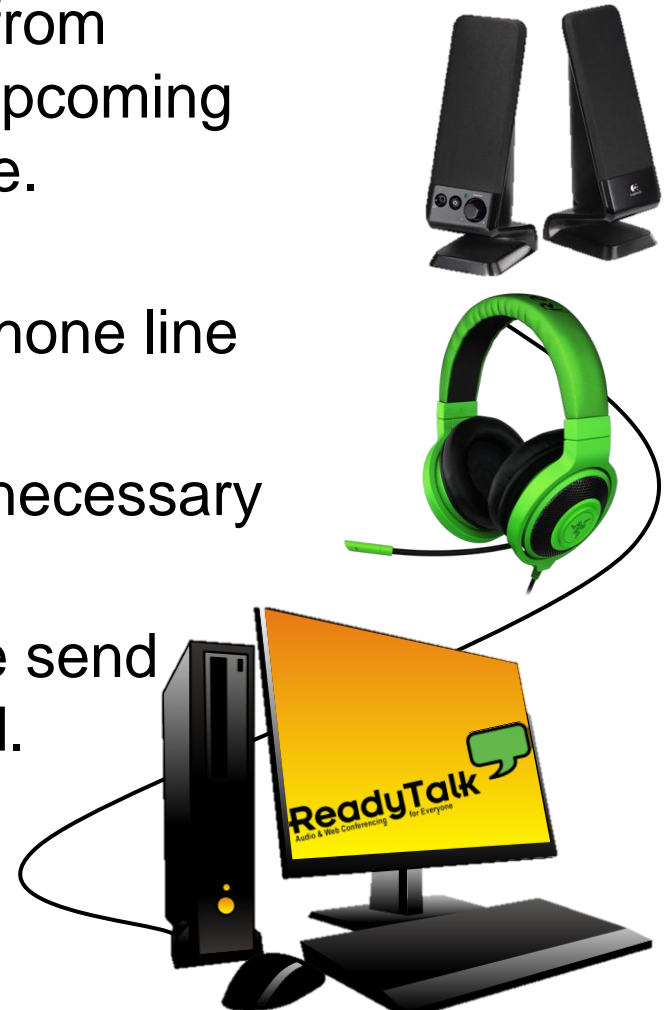


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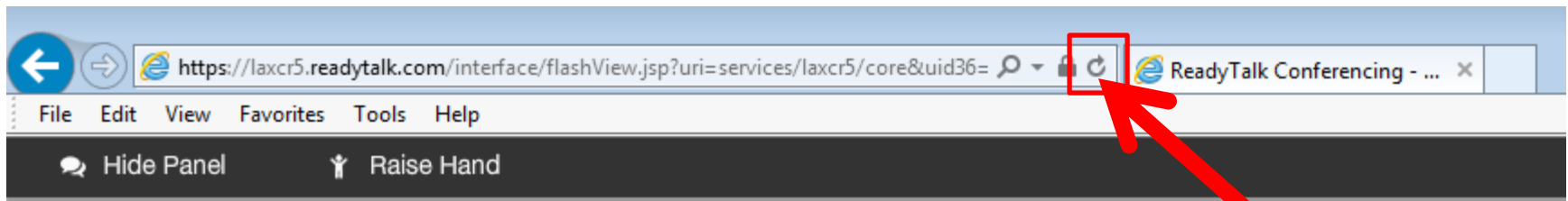
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stops?

- Click **Refresh** icon
or
- Click F5



F5 Key
Top row of keyboard

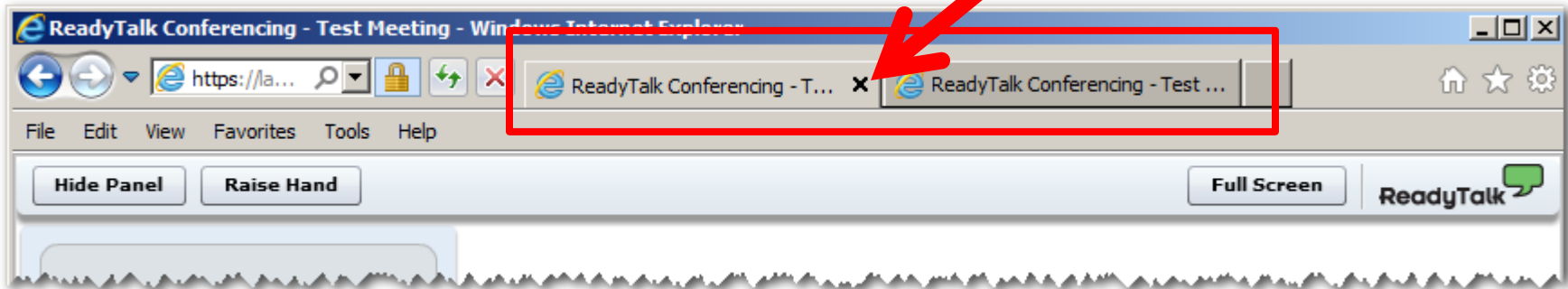


Location of buttons

Refresh

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 on the bottom-left corner of your screen.



A screenshot of a web browser window. The browser's address bar shows "Full Screen" and "Ready to go". The main content area features the CMS logo (Centers for Medicare & Medicaid Services) at the top. Below the logo, the text "Welcome to Today's Event" is displayed in a large, bold, blue font. A horizontal yellow line separates this from the bottom section, which contains the text "Thank you for joining us today! Our event will start shortly." in a smaller, italicized blue font. On the left side of the browser window, there is a vertical chat window titled "Chat with Presenter". At the bottom of this chat window, there is a text input field with the placeholder "Type questions here." and a "Send" button to its right. A yellow arrow from the text on the left points to this input field.



CY 2017 OPPS/ASC Final Rule: Ambulatory Surgical Center Quality Reporting (ASCQR) Program

*Anita Bhatia, PhD, MPH, Program Lead
ASCQR Program, CMS*

*Elizabeth Goldstein, PhD, Director of Consumer
Assessment and Plan Performance, CMS*

November 30, 2016

Announcements

December 2016

Claims Detail Report
for ASC-12 available
on *QualityNet*

December 15, 2016

Next ASC webinar:
*Specifications
Manual Updates*

January 1, 2017

Submission period
for web-based
measures through
QualityNet begins

Learning Objectives

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

- Locate the CY 2017 Final Rule in the *Federal Register*
- Identify the measure and policy changes to the ASCQR Program
- Categorize how the changes will impact their facility

ASCQR Program Rule History

Rule	FR Reference	Program Highlights
CY 2017 OPPS/ASC	81 FR 79562	Seven new measures
CY 2016 OPPS/ASC	80 FR 70526	No additional measures
CY 2015 OPPS/ASC	79 FR 41044	One new claims-based measure
CY 2014 OPPS/ASC	78 FR 75122	Three 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 eight 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


CY 2017 OPPS/ASC Final Rule

Locating the Rule

Locating the Rule

The screenshot shows the top navigation bar of the Federal Register website with tabs for Sections, Browse, Search, Reader Aids, My FR, and a search input field containing '81FR79797'. A red arrow points from the search bar to the '81FR79797' text. 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 are links for 'Sign in' and 'Sign up'. Below the logo is a blue bar with the date 'Monday, November 14th'. The main content area is divided into sections: 'Current Issue' (129 documents from 52 agencies, 609 Pages), 'Public Inspection' (Special Filing and Regular Filing), and a search bar for 'Search All Federal Register Documents Since 1994' with a search input field and a 'Find' button. Below the search bar is a grid of four empty boxes. At the bottom, there is a 'Suggested Searches' section with a list of topics and document counts.

Sections Browse Search Reader Aids My FR 81FR79797 Sign in Sign up

 **FEDERAL REGISTER**
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Monday, November 14th

Current Issue 129 documents from 52 agencies (609 Pages)
112 Notices 3 Presidential Documents 7 Proposed Rules 7 Rules 3 Significant Documents

Public Inspection

Special Filing
updated on 04:15 PM, on Thursday, November 10th, 2016
23 documents from 15 agencies
15 Notices 3 Presidential Documents 5 Rules

Regular Filing
updated on 08:45 AM, on Thursday, November 10th, 2016
116 documents from 45 agencies
103 Notices 7 Proposed Rules 6 Rules

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Medicare Program; Merit-Based Incentive Payment System and Alternative Payment Model Incentive
by the Centers for Medicare & Medicaid Services on 11/04/2016

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1 open for comment
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41 documents in the last year
0 open for comment
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4 documents in the last year
0 open for comment
- Disaster Declarations & Assistance**

Locating the Rule (cont.)

The screenshot shows the Federal Register website interface. At the top, there are navigation tabs for Sections, Browse, Search, Reader Aids, and My FR, along with a Search Documents input field. The Federal Register logo and name are prominently displayed, along with the tagline 'The Daily Journal of the United States Government'. A blue bar with the text 'Document Search' is visible. Below this, there are filters for 'Documents' and 'Public Inspection' (0). A search bar contains the text '81FR79797' and shows '0 documents' found. There are links for 'Show Advanced Search' and 'Learn More'. A 'Subscribe' button with a dropdown arrow is also present, with 'Other Formats: CSV/Excel, JSON' listed below it. The main content area displays the search results for the citation '81FR79797'. It states: 'It looks like you were searching for the citation 81FR79797 . We've found the following document on page 79562 of volume 81.' The document title is highlighted with a red box: 'Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (EHR) Incentive Programs; Payment to Nonexcepted Off-Campus Provider-Based Department of a Hospital; Hospital Value-Based Purchasing (VBP) Program; Establishment of Payment Rates Under the Medicare Physician Fee Schedule for Nonexcepted Items and Services Furnished by an Off-Campus Provider-Based Department of a Hospital'. Below the title, a summary states: '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 2017 to...'. A red arrow points to the final line of the summary: 'A Rule by the Centers for Medicare & Medicaid Services on 11/14/2016 Pages 79562-79892 (331 pages)'.

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Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (EHR) Incentive Programs; Payment to Nonexcepted Off-Campus Provider-Based Department of a Hospital; Hospital Value-Based Purchasing (VBP) Program; Establishment of Payment Rates Under the Medicare Physician Fee Schedule for Nonexcepted Items and Services Furnished by an Off-Campus Provider-Based Department of a Hospital

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A Rule by the Centers for Medicare & Medicaid Services on 11/14/2016 Pages 79562-79892 (331 pages)

Locating the Rule (cont.)

The screenshot displays the Federal Register website interface. At the top, there is a navigation bar with tabs for 'Sections', 'Browse', 'Search', 'Reader Aids', and 'My FR', along with a 'Search Documents' input field. Below the navigation bar is the Federal Register logo and the text 'FEDERAL REGISTER The Daily Journal of the United States Government'. A blue bar highlights the word 'Rule'. The main content area features a title for a Medicare program rule, a date of 11/14/2016, and a green button labeled 'SUBMIT A FORMAL COMMENT'. Below this, a 'PUBLISHED DOCUMENT' section contains details about the agency (Centers for Medicare & Medicaid Services, HHS), the action (final rule with comment period), and a summary. To the right, a 'DOCUMENT DETAILS' sidebar lists the printed version (PDF), publication date (11/14/2016), agencies (Centers for Medicare & Medicaid Services), effective date (01/01/2017), and comments close date (12/31/2016).

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Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (EHR) Incentive Programs; Payment to Nonexcepted Off-Campus Provider-Based Department of a Hospital; Hospital Value-Based Purchasing (VBP) Program; Establishment of Payment Rates Under the Medicare Physician Fee Schedule for Nonexcepted Items and Services Furnished by an Off-Campus Provider-Based Department of a Hospital

A Rule by the [Centers for Medicare & Medicaid Services](#) on 11/14/2016

This document has a comment period that ends in 47 days. (12/31/2016) **SUBMIT A FORMAL COMMENT**

PUBLISHED DOCUMENT

AGENCY:
Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION:
Final rule with comment period and interim final rule with comment period.

SUMMARY:
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 2017 to implement applicable statutory

DOCUMENT DETAILS

Printed version:
[PDF](#)

Publication Date:
11/14/2016

Agencies:
[Centers for Medicare & Medicaid Services](#)

Effective Date:
01/01/2017

Comments Close:
12/31/2016


Locating the Rule (cont.)



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Rule

Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (EHR) Incentive Programs; Payment to Nonexcepted Off-Campus Provider-Based Department of a Hospital; Hospital Value-Based Purchasing (VBP) Program; Establishment of Payment Rates Under the Medicare Physician Fee Schedule for Nonexcepted Items and Services Furnished by an Off-Campus Provider-Based Department of a Hospital

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PUBLISHED DOCUMENT	DOCUMENT DETAILS
AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.	Printed version: PDF
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SUMMARY: This final rule with comment period revises the Medicare hospital outpatient	Agencies: Centers for Medicare & Medicaid Services
	Effective Date: 01/01/2017
	Comments Close:

Locating the Rule (cont.)

We invited public comments on these proposals. We did not receive any public comments on these proposals. In this final rule with comment period, we are clarifying that the reporting ratio does not apply to codes with status indicator "Q4" because services and procedures coded with status indicator "Q4" are either packaged or paid through the Clinical Laboratory Fee Schedule and are never paid through the OPPS. Otherwise, we are finalizing application of the reporting ratio as proposed. For the CY 2017 OPPS, the final reporting ratio is 0.980, calculated by dividing the final reduced conversion factor of \$75.001 by the final full conversion factor of \$73.501.

Start Printed
Page [79797](#)

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 final rule with comment period for a general overview of our quality reporting programs.

2. Statutory History of the 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](#)), section XIV.4. of the CY 2015 OPPS/ASC final rule with comment period ([79 FR 66966](#) through 66987), and section XIV. of the CY 2016 OPPS/ASC final rule with comment period ([80 FR 70526](#) through 70537) for an overview of the regulatory history of the ASCQR Program.

B. ASCQR Program Quality Measures


1. Considerations in the Selection of ASCQR Program Quality Measures

We refer readers to the CY 2013 OPPS/ASC final rule with comment period ([77 FR 68493](#) through 68494) for a detailed discussion of the priorities we consider for ASCQR Program quality measure selection. In the CY 2017 OPPS/ASC proposed rule ([81 FR 45727](#)), we did not propose any changes to this policy.

Locating the Rule (cont.)

Sections Browse Search Reader Aids My FR Search Documents

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 **FEDERAL REGISTER**
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Rule

Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (EHR) Incentive Programs; Payment to Nonexcepted Off-Campus Provider-Based Department of a Hospital; Hospital Value-Based Purchasing (VBP) Program; Establishment of Payment Rates Under the Medicare Physician Fee Schedule for Nonexcepted Items and Services Furnished by an Off-Campus Provider-Based Department of a Hospital

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Effective Date:
01/01/2017

Comments Close:
12/31/2016

Locating the Rule (cont.)



79562 Federal Register / Vol. 81, No. 219 / Monday, November 14, 2016 / Rules and Regulations

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 414, 416, 419, 482, 486, 488, and 495

[CMS–1656–FC and IFC]

RIN 0938–AS82

Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (EHR) Incentive Programs; Payment to Nonexcepted Off-Campus Provider-Based Department of a Hospital; Hospital Value-Based Purchasing (VBP) Program; Establishment of Payment Rates Under the Medicare Physician Fee Schedule for Nonexcepted Items and Services Furnished by an Off-Campus Provider-Based Department of a Hospital

Management dimension from the Hospital Value-Based Purchasing (VBP) Program.

In addition, we are implementing section 603 of the Bipartisan Budget Act of 2015 relating to payment for certain items and services furnished by certain off-campus provider-based departments of a provider. In this document, we also are issuing an interim final rule with comment period to establish the Medicare Physician Fee Schedule payment rates for the nonexcepted items and services billed by a nonexcepted off-campus provider-based department of a hospital in accordance with the provisions of section 603.

DATES: *Effective date:* This final rule with comment period and the interim final rule with comment period are effective on January 1, 2017.

Comment period: To be assured consideration, comments on: (1) The payment classifications assigned to new Level II HCPCS codes and recognition of new and revised Category I and III CPT codes in this final rule with comment period; (2) the 20-hour a week minimum requirement for partial hospitalization services in this final rule with comment period; (3) the potential limitation on

1656–FC or CMS–1656–IFC (as appropriate), P.O. Box 8013, Baltimore, MD 21244–1850.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments via express or overnight mail to the following address ONLY:

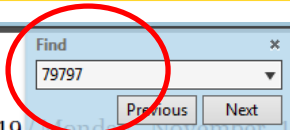
Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS–1656–FC or CMS–1656–IFC (as appropriate), Mail Stop C4–26–05, 7500 Security Boulevard, Baltimore, MD 21244–1850.

4. *By hand or courier.* If you prefer, you may deliver (by hand or courier) your written comments before the close of the comment period to either of the following addresses:

a. For delivery in Washington, DC—Centers for Medicare & Medicaid Services, Department of Health and Human Services, Room 445–G, Hubert H. Humphrey Building, 200 Independence Avenue SW., Washington, DC 20201.

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79562 Federal Register / Vol. 81, No. 219, November 14, 2016 / Rules and Regulations

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 414, 416, 419, 482, 486, 488, and 495

[CMS-1656-FC and IFC]

RIN 0938-AS82

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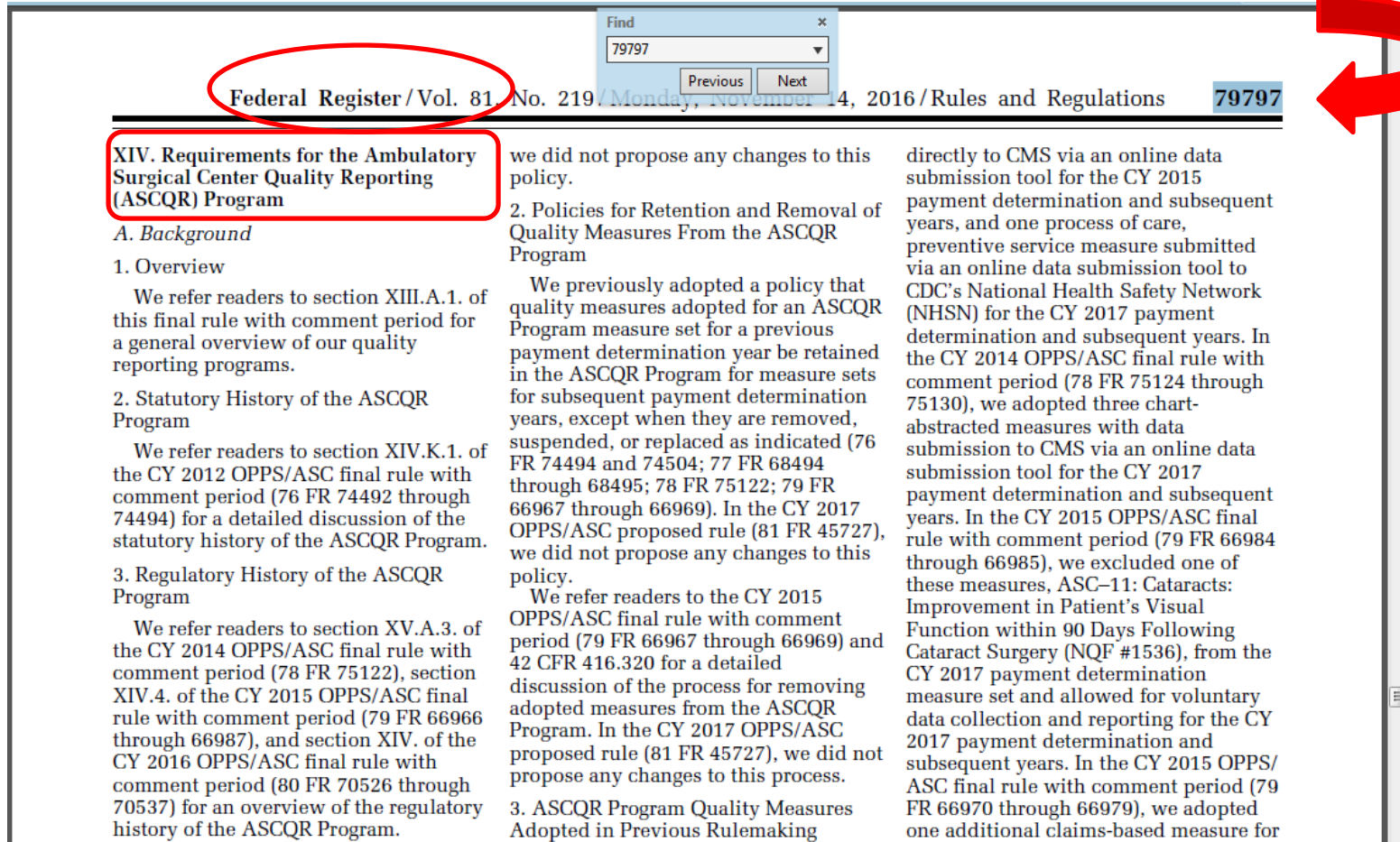
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XIV. Requirements for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program

A. Background

1. Overview

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

2. Statutory History of the 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), section XIV.4. of the CY 2015 OPPS/ASC final rule with comment period (79 FR 66966 through 66987), and section XIV. of the CY 2016 OPPS/ASC final rule with comment period (80 FR 70526 through 70537) for an overview of the regulatory history of the ASCQR Program.

we did not propose any changes to this policy.

2. Policies for Retention and Removal of Quality Measures From the ASCQR Program

We previously adopted a policy that quality measures adopted for an ASCQR Program measure set for a previous payment determination year be retained in the ASCQR Program for measure sets for subsequent payment determination years, except when they are removed, suspended, or replaced as indicated (76 FR 74494 and 74504; 77 FR 68494 through 68495; 78 FR 75122; 79 FR 66967 through 66969). In the CY 2017 OPPS/ASC proposed rule (81 FR 45727), we did not propose any changes to this policy.

We refer readers to the CY 2015 OPPS/ASC final rule with comment period (79 FR 66967 through 66969) and 42 CFR 416.320 for a detailed discussion of the process for removing adopted measures from the ASCQR Program. In the CY 2017 OPPS/ASC proposed rule (81 FR 45727), we did not propose any changes to this process.

3. ASCQR Program Quality Measures Adopted in Previous Rulemaking

directly to CMS via an online data submission tool for the CY 2015 payment determination and subsequent years, and one process of care, preventive service measure submitted via an online data submission tool to CDC's National Health Safety Network (NHSN) for the CY 2017 payment determination and subsequent years. In the CY 2014 OPPS/ASC final rule with comment period (78 FR 75124 through 75130), we adopted three chart-abstracted measures with data submission to CMS via an online data submission tool for the CY 2017 payment determination and subsequent years. In the CY 2015 OPPS/ASC final rule with comment period (79 FR 66984 through 66985), we excluded one of these measures, ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (NQF #1536), from the CY 2017 payment determination measure set and allowed for voluntary data collection and reporting for the CY 2017 payment determination and subsequent years. In the CY 2015 OPPS/ASC final rule with comment period (79 FR 66970 through 66979), we adopted one additional claims-based measure for

CY 2017 OPPS/ASC Final Rule

Measures

Seven New Measures

For the Calendar Year (CY) 2020 Payment Determination and subsequent years:

- Two measures collected via a CMS web-based tool
- Five Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey-based measures

Two New Web-Based Measures

ASC-13: Normothermia Outcome

ASC-14: Unplanned Anterior Vitrectomy



Data submission to CMS will be January 1–May 15 in the year prior to the affected payment determination.

ASC-13: Normothermia Outcome

- Percentage of patients having surgical procedures,
- Under general or neuraxial anesthesia of 60 minutes or more in duration, and
- Normothermic within 15 minutes of arrival in the Post Anesthesia Care Unit (PACU)

ASC-13: Denominator and Numerator

- **Denominator:**

All patients, regardless of age, undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes in duration

- **Numerator:**

Number of surgery patients with a body temperature equal to or greater than 96.8 degrees Fahrenheit/36 degrees Celsius recorded within 15 minutes of arrival in the PACU

ASC-13: Inclusions

All patients, regardless of age, undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes duration

ASC-13: Exclusions

- Patients who did not have general or neuraxial anesthesia
- Length of anesthesia was less than 60 minutes
- Documentation of intentional hypothermia for the procedure performed

ASC-14: Unplanned Anterior Vitrectomy

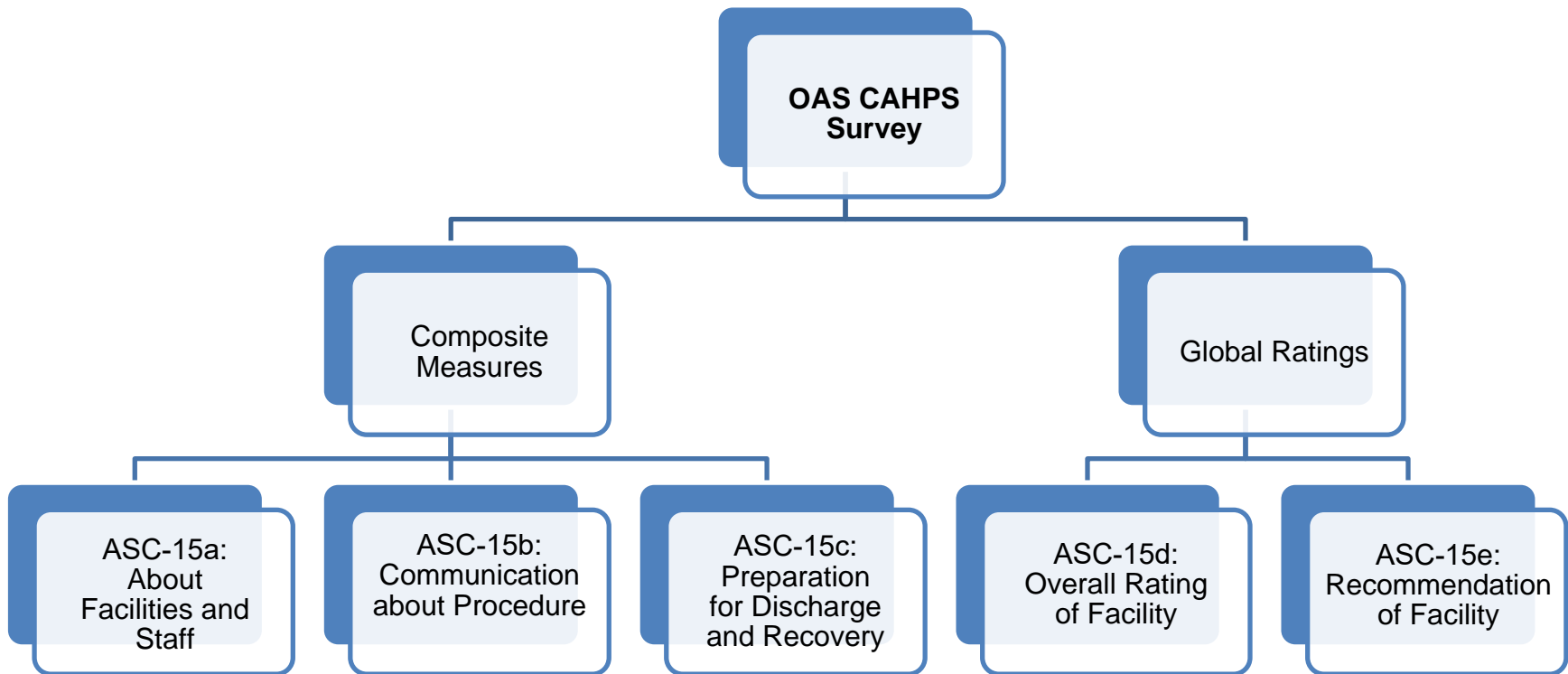
- Percentage of cataract surgery patients who have an unplanned anterior vitrectomy
 - Performed when vitreous inadvertently prolapses into the anterior segment of the eye during cataract surgery

ASC-14:

Denominator and Numerator

- **Denominator:**
All cataract surgery patients
- **Numerator:**
All cataract surgery patients who had an unplanned anterior vitrectomy
- No additional inclusion or exclusion criteria for this measure

Survey-Based Measures



OAS CAHPS Survey: Goals

- Survey results will produce comparable data on the patient's perspective that allow objective and meaningful comparisons between facilities on domains that are important to consumers.
- Public reporting will allow consumers to make more informed choices when choosing a facility.
- Survey results will be used by facilities for quality improvement initiatives.

SURVEY INSTRUCTIONS

Answer all the questions by checking the box to the left of your answer.

You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes
 No → If No, go to #1

This survey asks about your experience at the facility named in the cover letter. For this survey, we use the term "procedure" for diagnostic, surgical or other procedures. We refer to "facility" as the place where you had your procedure.

Please answer these questions only for the procedure(s) you had on the date included in the cover letter. Do not include any other procedures in your answers.

I. BEFORE YOUR PROCEDURE

The first few questions are about getting ready for your procedure. **Include any information you received before and on the day of your procedure.**

1. Before your procedure, did your doctor or anyone from the facility give you all the information you needed about your procedure?
1 Yes, definitely
2 Yes, somewhat
3 No

2. Before your procedure, did your doctor or anyone from the facility give you easy to understand instructions about getting ready for your procedure?
1 Yes, definitely
2 Yes, somewhat
3 No

II. ABOUT THE FACILITY AND STAFF

The next questions ask about the day of your procedure.

3. Did the check-in process run smoothly?
1 Yes, definitely
2 Yes, somewhat
3 No

4. Was the facility clean?
1 Yes, definitely
2 Yes, somewhat
3 No

5. Were the clerks and receptionists at the facility as helpful as you thought they should be?
1 Yes, definitely
2 Yes, somewhat
3 No

6. Did the clerks and receptionists at the facility treat you with courtesy and respect?
1 Yes, definitely
2 Yes, somewhat
3 No

Survey Topics

The OAS CAHPS Survey:

- Contains 37 questions relating to:
 - Preparation for the surgery or procedure
 - Check-in and pre-operative processes
 - Cleanliness of the surgery facility
 - Surgery facility staff
 - Discharge from the facility
 - Preparation for recovering at home
- Developed following the principles and guidelines outlined by the Agency for Healthcare Research and Quality (AHRQ) and its CAHPS Consortium

Survey Administration

The OAS CAHPS Survey is:

- Administered to a random sample of eligible patients who had at least one outpatient surgery/procedure during the sample month
 - Conducted at the CMS Certification Number (CCN) level
 - Reporting for a CCN must include all eligible patients from all eligible facilities covered by the CCN

Survey Administration (cont.)

- Administered by one of three methods:
 - Mail-only
 - Telephone-only
 - Mixed mode (mail with telephone follow-up of non-respondents)
- Facilities will contract with a CMS-approved vendor to collect survey data for eligible patients monthly.
- CMS will propose a format and timing for public reporting of OAS CAHPS Survey data in future rulemaking prior to implementation of the measures.

Survey Data Collection

- Data collection period will be the calendar year two years prior to the payment determination year.
- Required to collect data monthly and submit quarterly.
- Target minimum of 300 completed surveys for each 12-month reporting period.
- Protocols and Guidelines Manual – <https://oascahps.org/Survey-Materials>

Survey Exemption

- Requests for an exemption can be submitted if the facility treats fewer than 60 survey-eligible patients during the eligibility period
 - Eligibility period is the calendar year before the data collection period
- Must be submitted on or before May 15 of the data collection year
 - Form will be available on the OAS CAHPS Survey website: <https://oascahps.org>

CY 2017 OPPS/ASC Final Rule

Policy Changes

Data Submission: Previously Finalized

- The CY 2014 OPPTS/ASC Final Rule with Comment Period finalized that quality measures submitted via a CMS online data submission tool will be submitted from January 1 to August 15 in the year prior to the affected payment determination year (78 FR 75137 through 75139).
- The CY 2015 OPPTS/ASC Final Rule with Comment Period finalized a submission deadline of May 15 of the year when the influenza season ends for ASC-8: Influenza Vaccination Coverage among Healthcare Personnel (79 FR 66985 through 66986).

Data Submission

- Deadline changed from **August 15 to May 15** in the year prior to the affected payment determination
 - For data submitted via the *QualityNet* online submission tool for the CY 2019 payment determination and subsequent years
- The submission deadline for ASC-8 of May 15 will remain unchanged.

Public Display: Previously Finalized

In the CY 2016 OPPS/ASC Final Rule with comment period (80 FR 70531 through 70533), CMS finalized:

- Data will be displayed by National Provider Identifier (NPI) when submitted by NPI
- Data will be displayed by CCN when submitted by CCN
- CCN's value will **not** be assigned to all NPIs associated with that CCN

Public Display

- Data will be available on the *Hospital Compare* website on at least a yearly basis.
- ASCs will have approximately **30** days to preview their data, consistent with current practice.
- The May 15 submission deadline will be implemented to enable public reporting of data by December of the same year.

Extraordinary Circumstances Extension/Exemption (ECE)

- An ECE request must be submitted within **90 days** of the date that the extraordinary circumstance occurred.
- The corresponding change to the regulation text can be found at 42 CFR 416.310(d)(1).

References

- Federal Register:

www.FederalRegister.com

- Direct Link to Final Rule:

<https://www.federalregister.gov/documents/2016/11/14/2016-26515/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment>

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 Deb Price at dprice@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 registration form for the HSAG Learning Management Center. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, there is a security notice: "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The main heading of the form is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The form contains four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

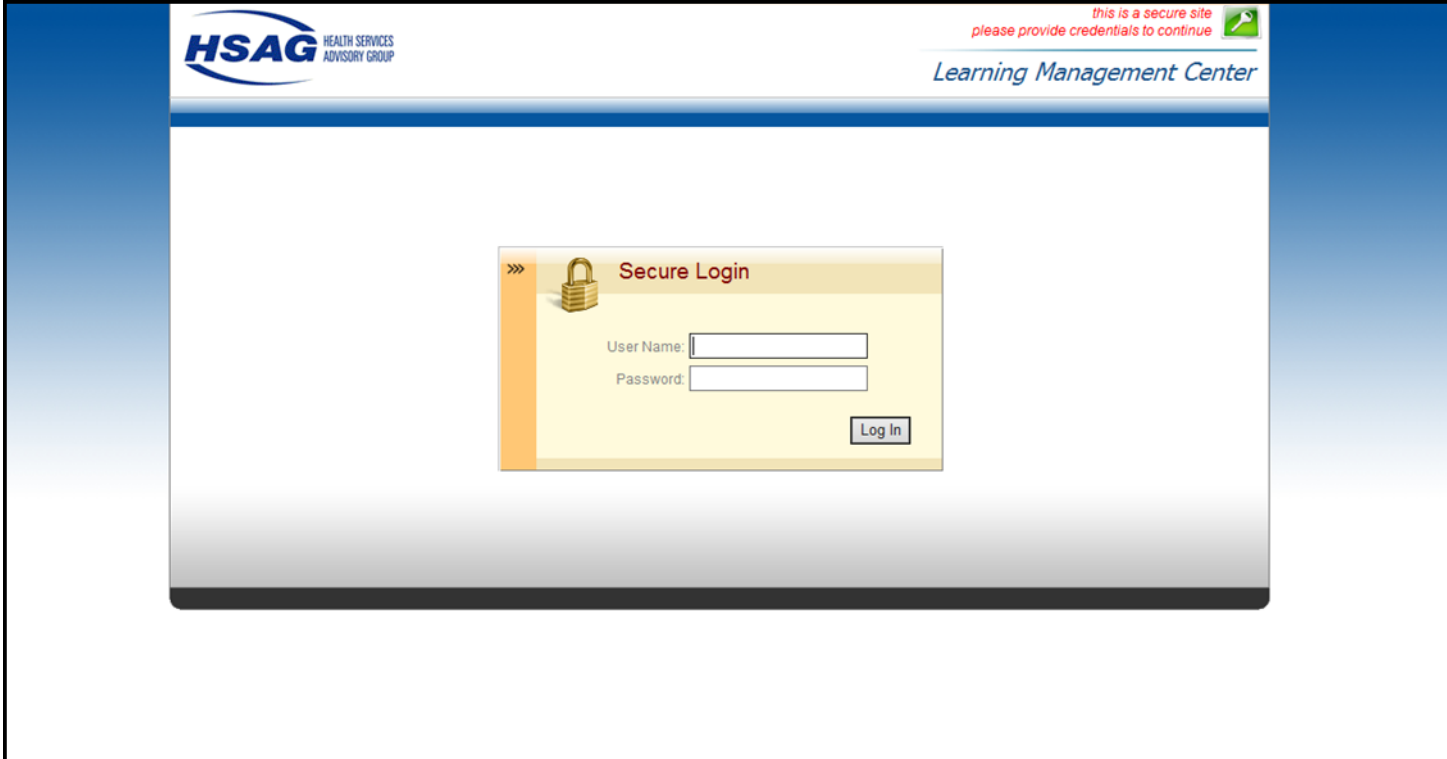
Learning Management Center

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 security notice reads "this is a secure site please provide credentials to continue" next to a lock icon, and the text "Learning Management Center" is displayed below it. 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.

Thank You for Participating!

Please contact the Support Contractor if you have any questions:

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

Or

- Call the Support Contractor at 866.800.8756.