

# Welcome!

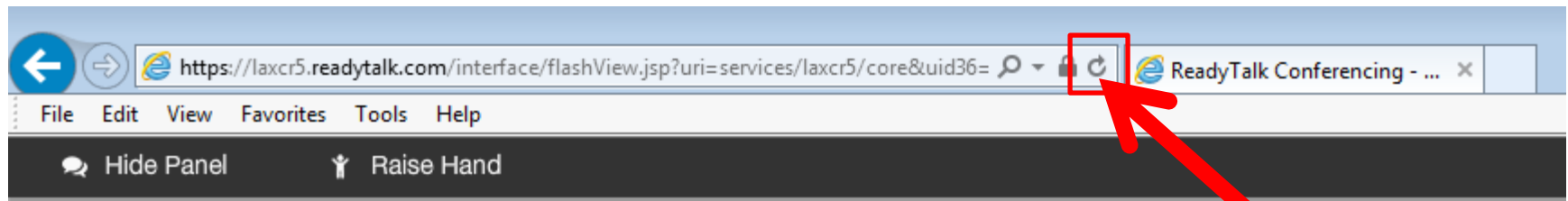
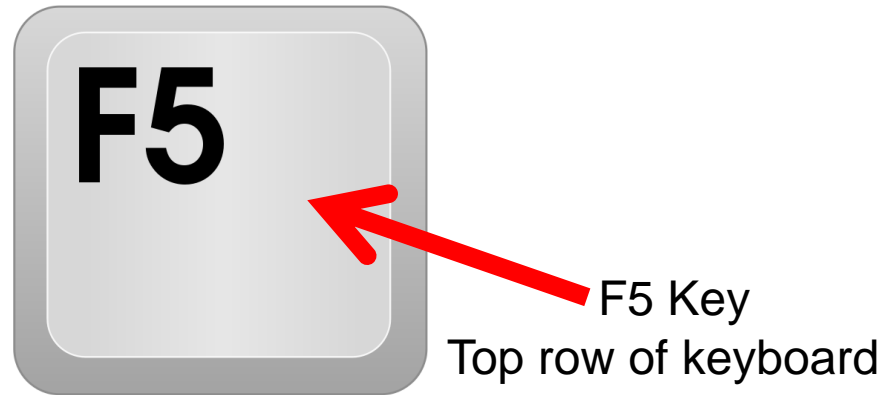
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- Limited dial-in lines are available. Please send a chat message if a dial-in line is needed.
- This event is being recorded.



# Troubleshooting Audio

Audio from computer speakers breaking up?  
Audio suddenly stops?

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

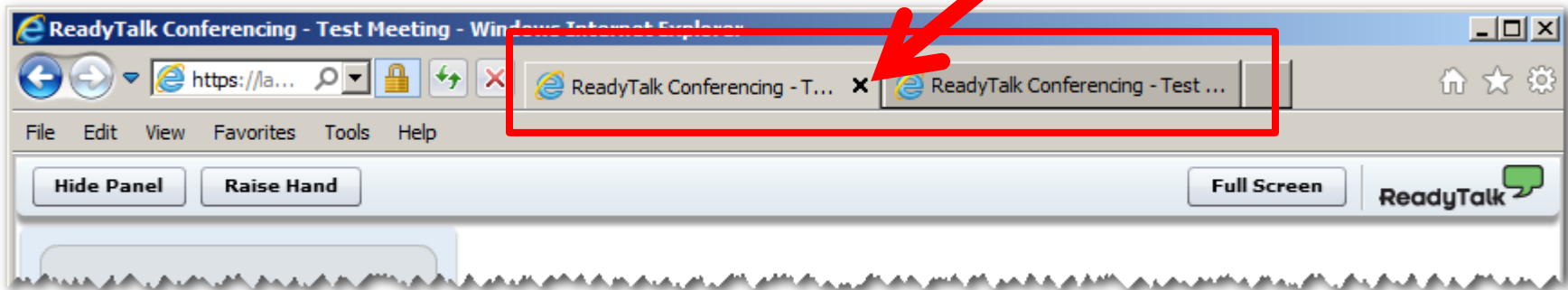


Location of buttons

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 showing a CMS event chat interface. The window title bar includes "Hide Chat", "Return Home", "Full Screen", and "Reopen". The main content area features the CMS logo (CENTERS FOR MEDICARE &amp; MEDICAID SERVICES) and the text "Welcome to Today's Event". 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." On the left side of the window, there is a vertical chat window titled "Chat with Presenter" with a text input field labeled "Type questions here." and a "Send" button. A yellow arrow from the text on the left points to this input field.



**Ready for Release**

**CY 2019 OPPTS/ASC Proposed Rule:  
Hospital Outpatient Quality  
Reporting (OQR) Program**

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

**August 22, 2018**

# Learning Objectives

By the end of this webinar, attendees will be able to:

Locate the Calendar Year (CY) 2019 Outpatient Prospective Payment System (OPPS)/ASC Proposed Rule in the *Federal Register*

Identify the changes to the Hospital OQR Program in the CY 2019 OPPS/Ambulatory Surgical Center (ASC) Proposed Rule

Submit comments to CMS regarding the CY 2019 OPPS/ASC Proposed Rule

# Question and Answer Limitations

- During the course of this webinar, CMS:
  - Can address only procedural questions and comment submissions.
  - Cannot address any rule-related questions.
- Your understanding of these constraints is appreciated.
- CMS looks forward to your formal comments on the Proposed Rule.



Month	Day	Year	AM	Min	Hour
07	31	18	PM	00	12
Destination: The Future of the Hospital OQR Program					

# To the Future and Back: The Present State and Future Directions for Hospital Outpatient Quality Reporting





# Proposed Rule CY 2019

## Locating the Rule

# Federal Register Link

- <https://www.federalregister.gov/documents/2018/07/31/2018-15958/medicare-program-proposed-changes-to-hospital-outpatient-prospective-payment-and-ambulatory-surgical>
- The Hospital OQR Program section begins on p. 37175 of the *Federal Register*

# Accessing the Federal Register

[www.federalregister.gov](http://www.federalregister.gov)

Home Sections Browse Search Reader Aids My FR 83FR37175 Sign in Sign up

**FEDERAL REGISTER**  
The Daily Journal of the United States Government

NATIONAL ARCHIVES

Tuesday, July 31st

**Current Issue** 121 documents from 46 agencies (698 Pages)  
94 Notices 2 Presidential Documents 16 Proposed Rules 9 Rules

**Public Inspection**

Special Filing	Regular Filing
updated on 04:15 PM, on Tuesday, July 31, 2018	updated on 08:45 AM, on Tuesday, July 31, 2018
9 documents from 7 agencies	103 documents from 36 agencies
3 Notices 1 Proposed Rule 5 Rules	87 Notices 4 Proposed Rules 12 Rules

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Find Search term or citation 783,882 documents

(R) (PR) (N) (PD)

# Selecting Your Program

The screenshot shows the Federal Register website interface. At the top, there is a navigation bar with links for Home, Sections, Browse, Search, Reader Aids, and My FR. A search bar on the right contains the text "Search Documents". Below the navigation bar, the National Archives logo is on the left, and the "FEDERAL REGISTER" title is in the center, with the subtitle "The Daily Journal of the United States Government". To the right of the title is the seal of the National Archives and Records Administration. A blue bar below the title contains a "Document Search" button. Below this, there are tabs for "Documents" and "Public Inspection" (with a count of 0). A search input field contains "83FR37175" and a search button. To the right of the search field, it says "0 documents" and there is a "Subscribe" button. Below the search field, there are links for "Show Advanced Search" and "Learn More". A message box below the search results says "It looks like you were searching for the citation 83FR37175." and "We've found the following document on page 37046 of volume 83." The document title is "Medicare Program: Proposed Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Requests for Information on Promoting Interoperability and Electronic Health Care Information, Price Transparency, and Leveraging Authority for the Competitive Acquisition Program for Part B Drugs and Biologicals for a Potential CMS Innovation Center Model". Below the title, there is a summary: "This proposed rule would revise the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for CY 2019 to implement changes..." and the citation: "A Proposed Rule by the Centers for Medicare & Medicaid Services on 07/31/2018 Pages 37046-37240 (195 pages)".

Documents Public Inspection 0

Find 83FR37175 0 documents

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Other Formats: CSV/Excel, JSON

Show Advanced Search Learn More

It looks like you were searching for the citation **83FR37175**.

We've found the following document on page 37046 of volume 83.

**Medicare Program: Proposed Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Requests for Information on Promoting Interoperability and Electronic Health Care Information, Price Transparency, and Leveraging Authority for the Competitive Acquisition Program for Part B Drugs and Biologicals for a Potential CMS Innovation Center Model**


This proposed rule would revise the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for CY 2019 to implement changes...

A Proposed Rule by the Centers for Medicare & Medicaid Services on 07/31/2018  
Pages 37046-37240 (195 pages)

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## FEDERAL REGISTER

The Daily Journal of the United States Government



[Proposed Rule](#)

Medicare Program: Proposed Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Requests for Information on Promoting Interoperability and Electronic Health Care Information, Price Transparency, and Leveraging Authority for the Competitive Acquisition Program for Part B Drugs and Biologicals for a Potential CMS Innovation Center Model

A Proposed Rule by the [Centers for Medicare & Medicaid Services](#) on 07/31/2018

This document has a comment period that ends in 49 days. (09/24/2018) [SUBMIT A FORMAL COMMENT](#)

**PUBLISHED DOCUMENT**

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

**ACTION:**  
Proposed rule.

**SUMMARY:**

**DOCUMENT DETAILS**

**Printed version:**  
[PDF](#)

**Publication Date:**  
07/31/2018

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

**Dates:**  
To be assured consideration, comments on this proposed rule

# Meaningful Measures Initiative: Minimizing Costs

Promote improved health outcomes while minimizing costs such as:

- Collection burden and related costs of quality reporting
- Compliance with requirements of other quality programs
- Tracking similar or duplicative measures
- Program oversight by CMS
- Compliance with federal and/or state regulations

# Meaningful Measures Initiative: Improving Data Usefulness

Improve the usefulness of data publicly reported by improving:

- Usability of CMS quality program data by streamlining how facilities are reporting and accessing data
- Consumer understanding of data reported publicly on a Compare website

# Aligning Programs

## Measures Aligned for Hospital OQR and ASCQR

Influenza Vaccination Coverage among Healthcare Personnel (OP-27, ASC-8)

Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (OP-29, ASC-9)

Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use (OP-30, ASC-10)

Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (OP-31, ASC-11)

Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy (OP-32, ASC-12)



# Social Risk Factors

## CMS review of information:

- National Quality Forum (NQF) trial period final report:
  - <http://www.qualityforum.org/SESTrialPeriod.aspx>
- NQF is now undertaking an extension of the socioeconomic status (SES) trial
- CMS will continue to consider options to address equity and disparities

In this Proposed Rule, we are updating the payment policies and payment rates for services furnished to Medicare beneficiaries in hospital outpatient departments (HOPDs) beginning January 1, 2018. An update to the OQR Program will soon be available. Section 1833 of the Social Security Act requires us to update the payment rates for services payable under the Hospital Outpatient Prospective Payment System (OPPS). Specifically, section 1833 of the Act requires the Secretary to review certain components of the OPPS not less often than annually, and to revise the groups, relative payment weights, and other adjustments that take into account changes in medical practices, changes in technologies and other relevant information and factors.

## Program Update

An update to the OQR Program will soon be available

[Schedule Download](#)

[See Details](#)

# Proposals to Update Measure Removal Factors

# Proposed: Codifying Policies

## Propose to codify:

- Retention of measures adopted in previous payment determinations
- Considerations for immediate removal of measures from the program
- Removal of measures from the program measure set
- Benefits of measure removal are assessed on a case-by-case basis

# Existing Removal Factors

1. High and unvarying performance (“topped out” measures)
2. Performance or improvement does not result in better patient outcomes
3. Measure not aligned with current clinical guidelines or practice
4. Availability of a more broadly applicable measure for the topic

# Existing Removal Factors (cont.)

5. Availability of a measure closer in time to desired patient outcomes for the topic
6. Availability of a measure more strongly associated with desired patient outcomes for the topic
7. Collection or public reporting of a measure leads to negative unintended consequences other than patient harm

# Proposed: Measure Removal Factors

- Update Removal Factor 7 “collection of public reporting of a measure leads to negative unintended consequences other than patient harm”
  - Aligns with the ASCQR Program
- Add Removal Factor 8, “The costs associated with a measure outweighs the benefit of its continued use in the program”

# Proposed:

## Measure Removal Factors (cont.)

- Clarify Factor 1, “topped-out measures”
  - Process for calculating the truncated coefficient of variation (TCOV) for two of the measures
- Propose to codify removal factors
- Beginning with the effective date of the CY 2019 OPPS/ASC Final Rule

# Removal Factors 1–4

If finalized:

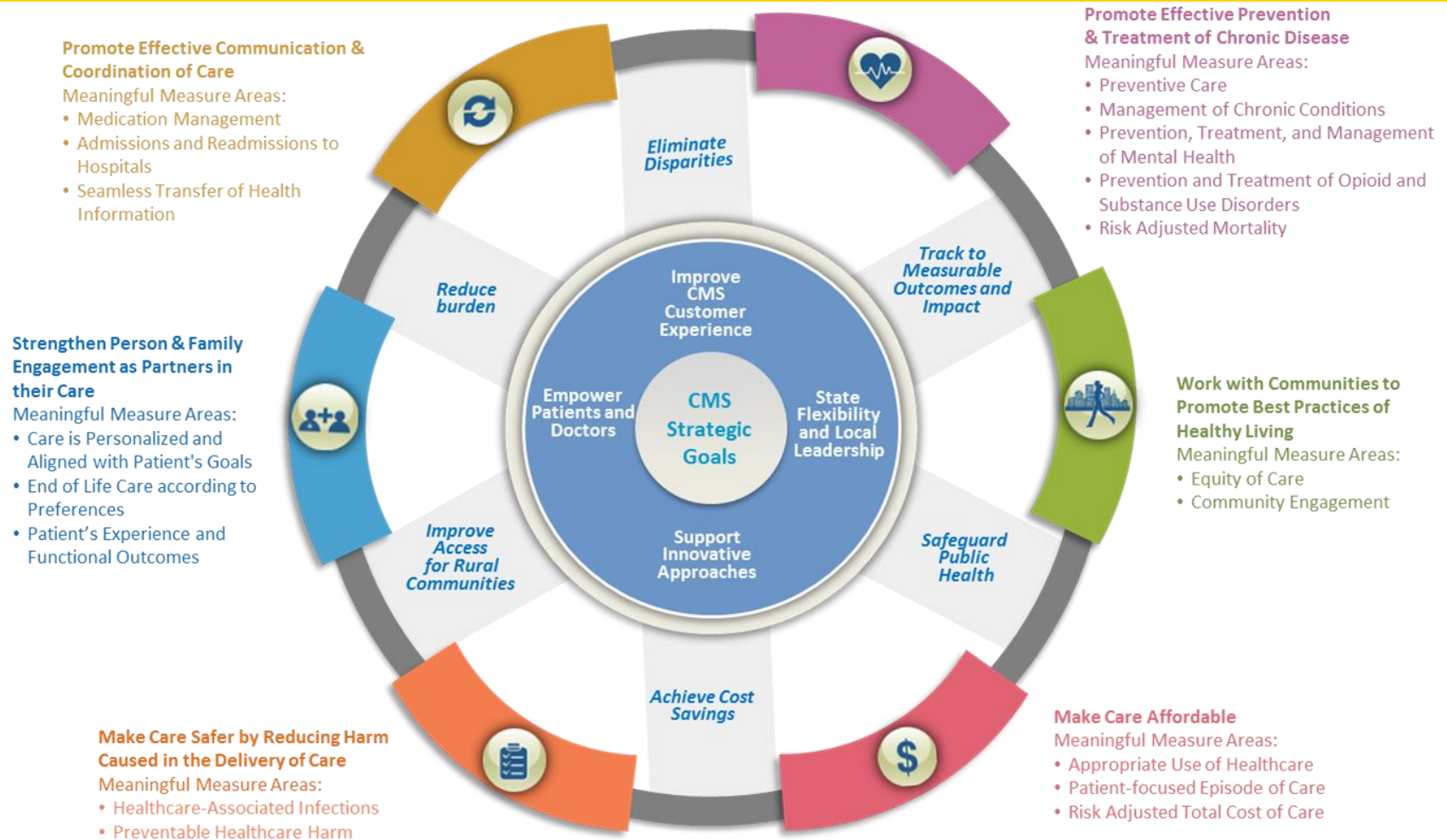
1. High and unvarying performance (“topped-out” measures)
2. Performance or improvement on a measure does not result in better patient outcomes
3. Measure not aligned with current clinical guidelines or practice
4. Availability of a more broadly applicable measure for the topic



# Removal Factors 5–8

5. Availability of a measure closer in time to desired patient outcomes for the topic
6. Availability of a measure more strongly associated with desired patient outcomes for the topic
7. Collection or public reporting of a measure leads to negative unintended consequences other than patient harm
8. Costs associated with a measure outweigh the benefit of its continued use

# Alignment Goals and Meaningful Measure Areas





# Measures Proposed to Be Removed

# Proposed Removal: OP-27

## Influenza Vaccination Coverage among Healthcare Personnel

- Beginning with the **CY 2020 Payment Determination**
- Information collection and cost burden on facilities
- Challenges with administrative requirements

# Proposed Removal: OP-5

## Median Time to ECG

- Beginning with the **CY 2021 Payment Determination**
- Does not support program objective of informing beneficiary choice
- Cost to both facilities and CMS associated with retaining this measure
- Removal will reduce program complexity

# Proposed Removal: OP-29, OP-30

OP-29: Endoscopy/Polyp Surveillance: Follow-up Interval for Normal Colonoscopy in Average Risk Patients

OP-30: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps—Avoidance of Inappropriate Use

- Beginning with the **CY 2021 Payment Determination**
- Cost of data collection and submission is burdensome
  - OP-32 reduces adverse patient outcomes and avoids costs of chart-abstraction
- Availability of this measure in other programs (Merit-based Incentive Payment System, MIPS)
- Alignment with the Patients Over Paperwork and Meaningful Measure Initiative

# Proposed Removal: OP-31

## Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery

- Beginning with the **CY 2021 Payment Determination**
- Operationally difficult for facilities
  - Use of the surveys and tracking across clinicians
- Overly burdensome and costly
- Low reporting of 1.2 percent

# Proposed Removal: OP-9

## Mammography Follow-up Rates

- Beginning with the **CY 2021 Payment Determination**
- Change in clinical guidelines due to advancements in imaging technology and clinical practice for mammography
- CMS will investigate and consider a broader spectrum of mammography service and in future rulemaking



# Proposed Removal: OP-11, OP-14

OP-11: Thorax CT – Use of Contrast Material

OP-14: Simultaneous Use of Brain Computed Tomography (CT) and Sinus CT

- Beginning with the **CY 2021 Payment Determination**
- Measure performance is high and unvarying
- Maintenance costs and administrative burden reduced for providers retaining the measures

# Proposed Removal: OP-12

Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into Their Qualified/Certified EHR System as Discrete Searchable Data

- Beginning with the **CY 2021 Payment Determination**
- Does not result in better patient outcomes
  - Does not assess the quality of care provided

# Proposed Removal: OP-17

## Tracking Clinical Results between Visits

- Beginning with the **CY 2021 Payment Determination**
- Does not improve patient outcomes



# Measures and Topics for Future Consideration

# Future Consideration

- Develop a comprehensive set of quality measures and move:
  - Toward the use of outcome measures
  - Away from the use of clinical process measures
- Request comment on the addition of useful outcome measures and the elimination of current clinical process measures



# Administrative Requirements

# Proposed Removal: Notice of Participation (NOP)

- Remove NOP requirement
  - Beginning with the **CY 2020 Payment Determination**
- Proposed participation requirement
  - Register on the QualityNet website before beginning to report data
  - Identify and register a QualityNet Security Administrator



# Proposed: Change in Frequency of Manual Release

Specifications Manuals to be released every 6 to 12 months

- Beginning with the **CY 2019 Payment Determination**
- Reducing the number of releases to avoid confusion



# Proposed: Reporting Period Extension

- OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- Beginning with the **CY 2020 Payment Determination** and subsequent years

Current	Proposed
Use claims data	Use claims data
January 1—December 31 of the calendar year <b>one</b> year prior to the payment determination year	January 1—December 31 of the calendar year <b>three</b> years prior to the payment determination year

# Claims-Based Measures as Proposed

Measure	CY 2020 and Subsequent Payment Determinations
OP-8: MRI Lumbar Spine for Low Back Pain	Yes
OP-9: Mammography Follow-Up Rates	Proposed Removal CY 2021
OP-10: Abdomen CT – Use of Contrast Material	Yes
OP-11: Thorax CT – Use of Contrast Material	Proposed Removal CY 2021
OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low Risk Surgery	Yes
OP-14: Simultaneous Use of Brain CT and Sinus CT	Proposed Removal CY 2021
OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Yes
OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	Yes
OP-36: Hospital Visits after Hospital Outpatient Surgery	Yes

# Measures Submitted via a Web-Based Tool as Proposed

Measure	CY 2020 and Subsequent Payment Determinations
OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data	Proposed Removal CY 2021
OP-17: Tracking Clinical Results between Visits	Proposed Removal CY 2021
OP-22: Left Without Being Seen	Yes
OP-27: Influenza Vaccination Coverage among Healthcare Personnel	Proposed Removal CY 2020
OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Proposed Removal CY 2021
OP-30: Colonoscopy Interval for Patients with a History of Adenomatous Polyps—Avoidance of Inappropriate Use	Proposed Removal CY 2021
OP-31: Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery	Proposed Removal CY 2021
OP-33: External Beam Radiotherapy for Bone Metastases	Yes

# Chart-Abstracted Measures Requiring Patient-Level Data as Proposed

Measure	CY 2020 and Subsequent Payment Determinations
OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	Yes
OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention	Yes
OP-5: Median Time to ECG	Proposed Removal CY 2021
OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients	Yes
OP-23: Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke Patients who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival	Yes



# Commenting

# Deadline for Comments

- Comments must be received by September 24, 2018. This includes electronic submission, regular mail, express or overnight mail
- CMS encourages submission of electronic comments to:  
<https://www.regulations.gov/comment?D=CMS-2018-0078-0002>
- Responses to comments will be in the Final Rule

# References

- Proposed Rule:  
<https://www.federalregister.gov/documents/2018/07/31/2018-15958/medicare-program-proposed-changes-to-hospital-outpatient-prospective-payment-and-ambulatory-surgical>
- Comment Site:  
<https://www.regulations.gov/comment?D=CMS-2018-0078-0002>

# Questions





# 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](mailto: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>

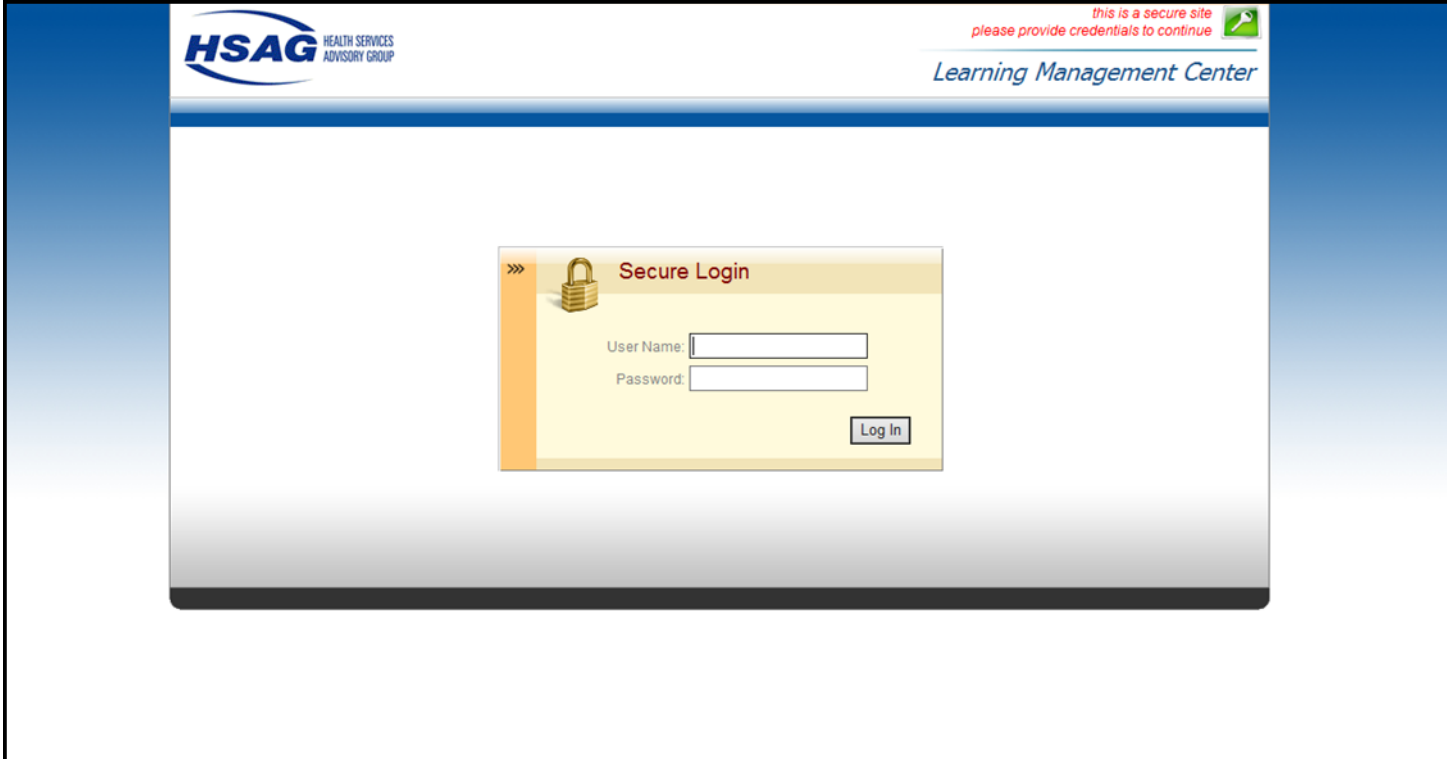
**Note:** If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

# CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a new user. The page header includes the HSAG logo (Health Services Advisory Group) on the left and a security notice on the right: "this is a secure site please provide credentials to continue" with a lock icon. Below the header, the text "Learning Management Center" is displayed. The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration 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. The page is framed by a blue border on the left and right sides.

# CE Credit Process: Existing User



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

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

*Or*

- Call the Support Contractor at 866.800.8756.