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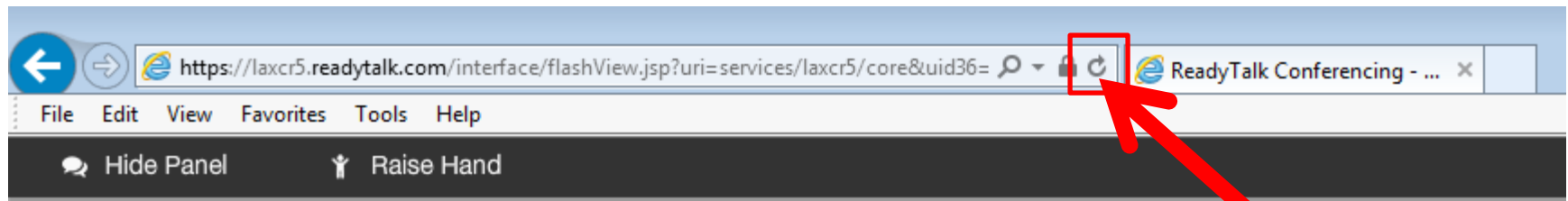
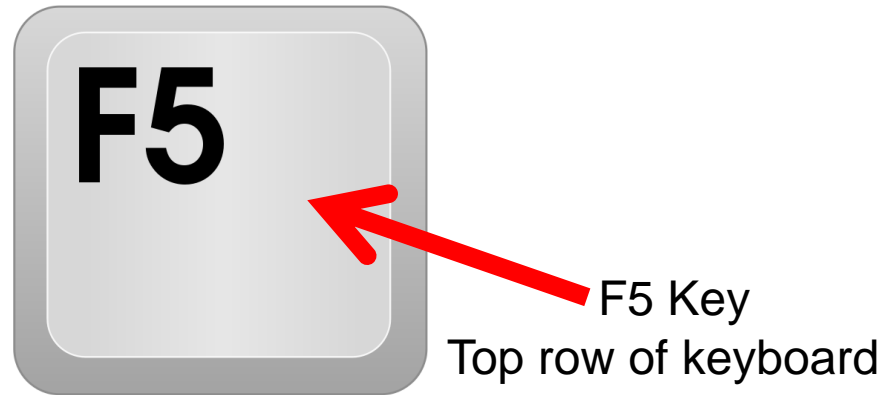
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or
- Click F5

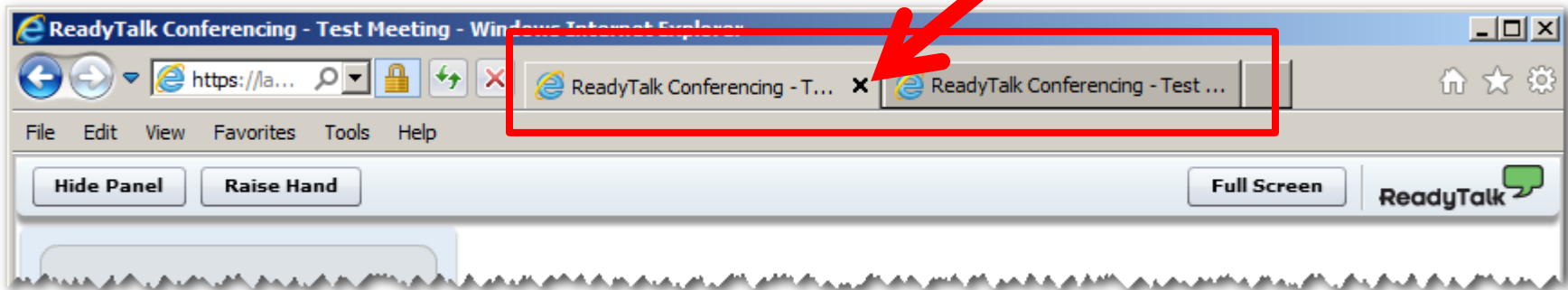


Location of buttons

Refresh

Troubleshooting Echo

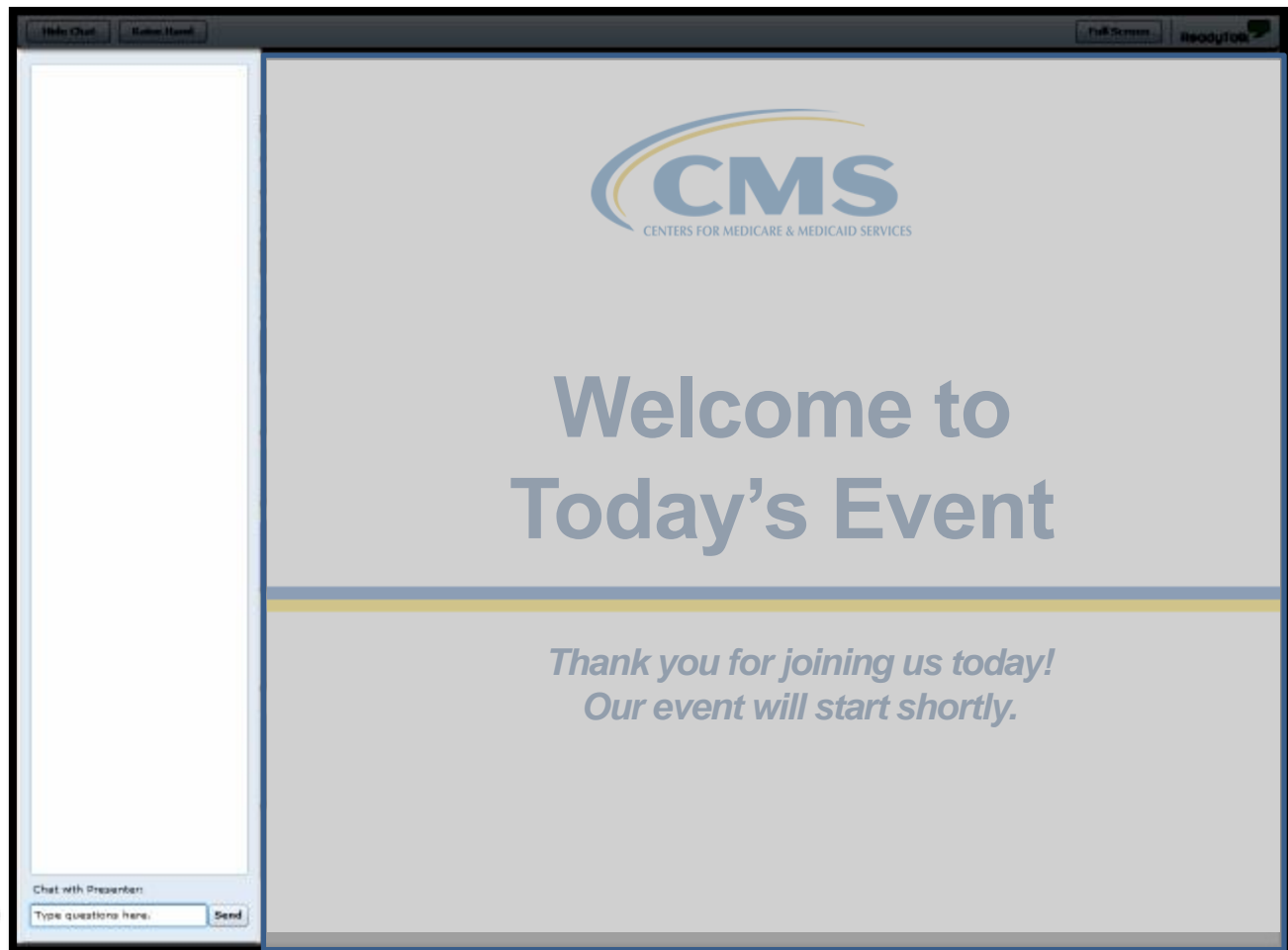
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Type questions in the “Chat with Presenter” section located on the bottom-left corner of your screen.





CY 2018 OPPS/ASC Final Rule: Hospital Outpatient Quality Reporting (OQR) Program

Anita Bhatia, PhD, MPH

Program Lead, Hospital OQR Program

Centers for Medicare & Medicaid Services (CMS)

December 4, 2017

Announcements

- **February 1, 2018:** Clinical Data and Population and Sampling deadline for Quarter 3 (July 1–September 30) 2017.
- Please be sure to access the **National Healthcare Safety Network (NHSN)** and the QualityNet Secure Portal **every 60 days** to keep your password active.
- Make sure you are signed up for the **ListServe** through QualityNet.

Save the Date

- Upcoming Hospital OQR Program educational webinars:
 - **January 17, 2018:** Specifications Manual Update
 - **February 21, 2018:** Hospital OQR Data: A Year in Review
- Notifications of additional educational webinars will be sent via ListServe

Learning Objectives

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

- ✓ Locate the Calendar Year (CY) 2018 OPPS/ASC Final Rule in the *Federal Register*.
- ✓ List the finalized changes to the Hospital OQR Program in the CY 2018 OPPS/ASC Final Rule.
- ✓ Identify changes that were not finalized for the Hospital OQR Program.





Locating the Rule: Using the Catalog

Federal Register Link

- To access the Final Rule:
 - www.federalregister.gov or
 - <https://www.gpo.gov/fdsys/pkg/FR-2017-11-13/pdf/2017-23932.pdf>
- The Hospital OQR Program section begins on p. 52564 of the *Federal Register*.

Accessing the Federal Register

www.federalregister.gov

The screenshot shows the top navigation bar with links for Sections, Browse, Search, Reader Aids, and My FR. A search box on the right contains the text "82 FR 52564" 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". A blue banner displays the date "Tuesday, November 14th".

Current Issue
90 documents from 43 agencies (180 Pages)
68 Notices 1 Presidential Document 7 Proposed Rules 14 Rules 1 Significant Document

Public Inspection

Special Filing	Regular Filing
updated on 04:15 PM, on Monday, November 13, 2017	updated on 08:45 AM, on Tuesday, November 14, 2017
7 documents from 5 agencies	99 documents from 47 agencies
3 Notices 1 Proposed Rule 3 Rules	79 Notices 5 Proposed Rules 15 Rules

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It looks like you were searching for the citation **82 FR 52564**.

We've found the following document on page 52356 of volume 82.

[Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs](#)

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 2018 to...

[A Rule by the Centers for Medicare & Medicaid Services on 11/13/2017 Pages 52356-52637 \(282 pages\)](#)

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Rule

Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs

A Rule by the Centers for Medicare & Medicaid Services on 11/13/2017

Comments on this document are being accepted at Regulations.gov. [SUBMIT A FORMAL COMMENT](#)

PUBLISHED DOCUMENT

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

ACTION:
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 2018 to implement changes arising from our continuing experience with these systems. In this final rule with comment period, we describe the changes to the amounts and factors used to determine the payment rates for Medicare services paid under the OPPS and those paid under the ASC payment system. In addition, this final rule with comment period

DOCUMENT DETAILS

Printed version: PDF

Publication Date: 11/13/2017

Agencies: Centers for Medicare & Medicaid Services

Dates: Effective date: This final rule with comment period is effective on January 1, 2018, unless otherwise noted.

Document Type: Rule

PDF Version

52564 Federal Register / Vol. 82, No. 217 / Monday, November 13, 2017 / Rules and Regulations

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52564
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collect cost data for items such as drugs, medical supplies (including costly implantable devices), medical equipment, employee compensation, building expenses (such as rent), and other professional services (such as legal, accounting, and billing services).

- **Billing:** One commenter noted that the major issues affecting the payment differential between the ASC and OPSS would not be fixed by billing on an institutional claim form.

A few ASC facilities expressed support for requiring ASCs to bill on a UB-04 (institutional claim). These commenters stated they currently bill on a UB-04 for commercial payers and would benefit from a consistent claim form across all payers, especially for Medicare crossover claims. One commenter noted that billing on a UB-04 "is not a foreign concept" and that it warranted further exploration by CMS. A few commenters acknowledged that because not all ASCs currently bill on an UB-04, a transition period would be necessary to allow for successful implementation, though a suggested timeframe was not provided.

MedPAC also recommended that CMS transition ASCs to billing on an UB-04. MedPAC stated that because the ASC payment system is closely linked to the OPSS, to fully align OPSS payment policies with the ASC payment system, ASCs and hospitals should use the same claim form. However, MedPAC suggested that implementation of a requirement to bill on an UB-04 and to submit cost data should be staggered.

- **Payment relativity:** Several commenters recommended that CMS discontinue applying the "secondary scaling adjustment" and instead to apply the OPSS relative weights to ASC services. In addition, commenters also recommended that CMS restore the historical relativity between the OPSS and ASC setting. Some commenters suggested a conservative relativity adjustment of 55 percent while others suggested 65 percent (CY 2008 ratio).

Response: We will take the feedback on all of these potential ASC payment reform issues under advisement and

standard ratesetting methodology and the MPPS final rates, the final payment indicators and rates set forth in this final rule with comment period are based on a comparison using the final MPPS rates that will be effective January 1, 2018. For a discussion of the MPPS rates, we refer readers to the CY 2018 MPPS final rule with comment period.

The final payment rates included in these addenda reflect the full ASC payment update and not the reduced payment update used to calculate payment rates for ASCs not meeting the quality reporting requirements under the ASCQR Program. These addenda contain several types of information related to the final CY 2018 payment rates. Specifically, in Addendum AA, a "Y" in the column titled "To be Subject to Multiple Procedure Discounting" indicates that the surgical procedure will be subject to the multiple procedure payment reduction policy. As discussed in the CY 2008 OPSS/ASC final rule with comment period (72 FR 66829 through 66830), most covered surgical procedures are subject to a 50-percent reduction in the ASC payment for the lower-paying procedure when more than one procedure is performed in a single operative session.

Display of the comment indicator "CH" in the column titled "Comment Indicator" indicates a change in payment policy for the item or service, including identifying discontinued HCPCS codes, designating items or services newly payable under the ASC payment system, and identifying items or services with changes in the ASC payment indicator for CY 2018. Display of the comment indicator "NI" in the column titled "Comment Indicator" indicates that the code is new (or substantially revised) and that comments will be accepted on the interim payment indicator for the new code. Display of the comment indicator "NP" in the column titled "Comment Indicator" indicates that the code is new (or substantially revised) and that comments will be accepted on the ASC payment indicator for the new code.

The values displayed in the column

covered ancillary services, predetermined national amount, such as drugs

and brachytherapy sources that are separately paid under the OPSS, or services that are contractor-priced or paid at reasonable cost in ASCs.

To derive the final CY 2018 payment rate displayed in the "Final CY 2018 Payment Rate" column, each ASC payment weight in the "Final CY 2018 Payment Weight" column was multiplied by the final CY 2018 conversion factor of \$45.575. The final conversion factor includes a budget neutrality adjustment for changes in the wage index values and the annual update factor as reduced by the productivity adjustment (as discussed in section XII.G.2.b. of this final rule with comment period).

In Addendum BB, there are no relative payment weights displayed in the "Final CY 2018 Payment Weight" column for items and services with predetermined national payment amounts, such as separately payable drugs and biologicals. The "Final CY 2018 Payment" column displays the final CY 2018 national unadjusted ASC payment rates for all items and services. The final CY 2018 ASC payment rates listed in Addendum BB for separately payable drugs and biologicals are based on ASP data used for payment in physicians' offices in October 2017.

Addendum EE provides the HCPCS codes and short descriptors for surgical procedures that are to be excluded from payment in ASCs for CY 2018.

XIII. Requirements for the Hospital Outpatient Quality Reporting (OQR) Program

A. Background

1. Overview

CMS seeks to promote higher quality and more efficient healthcare for Medicare beneficiaries. Consistent with these goals, CMS has implemented quality reporting programs for multiple care settings including the quality reporting program for hospital outpatient care, known as the Hospital





Measures Slated for Removal: Refining the Collection

OP-21

Median Time to Pain Management for Long Bone Fracture

- Misinterpretation of the intent of the measure
- Avoiding any potential ambiguity and misinterpretation of the measure
- Finalized removal beginning with the **CY 2020** Payment Determination

OP-26

Hospital Outpatient Volume on Selected Outpatient Surgical Procedures

- Lack of evidence to demonstrate a link to improved clinical quality
- Not demonstrating insight into facilities' overall performance or quality improvement
- Burden of reporting outweighs the value
- Finalized removal beginning with the **CY 2020** Payment Determination

OP-1

Median Time to Fibrinolysis

- Availability of another measure more strongly associated with desired patient outcomes
- Continuing to collect these data would be redundant
- Finalized removal beginning with the **CY 2020** Payment Determination

OP-4

Aspirin at Arrival

- Performance is high and unvarying
- Burden of reporting outweighs the value
- Finalized removal beginning with the **CY 2020** Payment Determination

OP-20

Door to Diagnostic Evaluation by a Qualified Medical Professional

- Performance or improvement does not result in better patient outcomes
- Concerns related to wait times
- Potential for skewed performance due to disease severity and institution-specific confounders
- Finalized removal beginning with the **CY 2020** Payment Determination

OP-25

Safe Surgery Checklist Use

- Performance is so high and unvarying that meaningful improvements cannot be made
- Burden of reporting outweighs the value
- Finalized removal beginning with the **CY 2020** Payment Determination

Finalized Measures for Removal

Beginning with the **CY 2020** payment determination:

- OP-21: Median Time to Pain Management for Long Bone Fracture
- OP-26: Hospital Outpatient Volume on Selected Outpatient Surgical Procedures
- OP-1: Median Time to Fibrinolysis
- OP-4: Aspirin at Arrival
- OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional
- OP-25: Safe Surgery Checklist Use

I see they have
changed the books...



Changes to Existing Measures

Survey Measures

Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey-based measures

- Implementation date will be determined in future rulemaking
- Finalized to delay OAS CAHPS measures beginning with the **CY 2020** determination and subsequent years



Measures and Topics for Future Consideration: Developing the Collection

Future Measure Topics

- New measures to achieve better healthcare and improved health
- Moving towards the use of outcome measures across programs
 - Electronic extraction and reporting of data will reduce administrative burdens

Possible eCQM

OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival

- Future adoption of electronic version
- Would significantly reduce administrative burden
- Electronic Clinical Quality Measure (eCQM) has not yet been developed

Social Risk Factors

- CMS' review of information:
 - Considerations for strategies to account for social risk factors
 - National Quality Forum to undertake a two-year trial period to assess whether risk adjustment for social factors is appropriate
- CMS sought feedback through public comment regarding the most appropriate risk factors and strategies



Public Display of OP-18c

Public Reporting of 18c

Median Time from ED Arrival to ED Departure for Discharged ED Patients – Psychiatric/Mental Health Patients

- Publicly report 18c as early as July 2019 using patient encounters during the third quarter of 2018
- Make corresponding updates to the Measure Information Form (MIF)
- Rename measure and modify MIF to reflect public reporting

Commenter Concerns

- Timeline for publicly reporting OP-18c would cause delay in attempts to address behavioral healthcare gap
- Discharge delays are related to various factors, not quality of care
 - Substance abuse patients may spend more time in the ED
- High occurrence of illicit drug use among adults with mental illnesses
- Finalized with modification

Finalized Changes

- OP-18c will not be publicly reported on *Hospital Compare*
 - Data will instead be published on data.medicare.gov
- No changes to the measure name or MIF



QUIZ



Administrative Requirements: Reference Section

Participation Status

- Proposed changes to the Notice of Participation (NOP) submission deadline
 - Revise NOP submission deadlines so hospitals are required to submit an NOP any time prior to registering on *QualityNet*
 - Make conforming revisions
- Not finalized due to operational constraints

Annual Payment Determinations

Revise the data submission requirements for hospitals that did not participate the previous year

- Align the timeline specifying the initial quarter hospitals would submit data rather than specifying the different timelines
- Finalized for **CY 2020** payment determination and subsequent years

Validation

- Validation requirements for chart-abstracted measure data submitted directly to CMS
 - Clarifying the hospital selection process
 - Codifying the procedure for target hospitals
 - Formalizing and updating the educational review process

Clarifying and Codifying

- Clarifying hospital selection
 - Hospitals with outlier values indicating poor scores will be targeted for validation
- Codifying the previously finalized procedures
- Finalized for the **CY 2020** Payment Determination

Educational Review

- Educational Review Process for chart-abstracted measures validation
 - Formalize the process
 - Specify that if the results of an educational review were incorrectly scored, the corrected quarterly validation score would be used
- Finalized for the **CY 2020** Payment Determination

Extraordinary Circumstances Extensions or Exemptions (ECE)

ECE Process revisions:

- Change the name from Extraordinary Circumstances Extensions or Exemptions to Extraordinary Circumstances Exceptions
- CMS will strive to complete the review of each ECE request within 90 days of receipt
- Make conforming changes
- Finalized beginning January 1, 2018.



Measures Moving Forward: Opening the Stacks

Claims-Based Measures as Finalized

Measure	CY 2020 and Subsequent Payment Determinations
OP-8: MRI Lumbar Spine for Low Back Pain	Yes
OP-9: Mammography Follow-Up Rates	Yes
OP-10: Abdomen CT – Use of Contrast Material	Yes
OP-11: Thorax CT – Use of Contrast Material	Yes
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	Yes
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 Finalized

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	Yes
OP-17: Tracking Clinical Results between Visits	Yes
OP-22: Left Without Being Seen	Yes
OP-25: Safe Surgery Checklist Use	Finalized Removal CY 2020
OP-26: Hospital Outpatient Volume on Selected Outpatient Surgical Procedures	Finalized Removal CY 2020
OP-27: Influenza Vaccination Coverage among Healthcare Personnel	Yes
OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Yes
OP-30: Colonoscopy Interval for Patients with a History of Adenomatous Polyps—Avoidance of Inappropriate Use	Yes
OP-31: Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery	Yes
OP-33: External Beam Radiotherapy for Bone Metastases	Yes

Chart-Abstracted Measures Requiring Patient-Level Data as Finalized

Measure	CY 2020 and Subsequent Payment Determinations
OP-1: Median Time to Fibrinolysis	Finalized Removal CY 2020
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-4: Aspirin at Arrival	Finalized Removal CY 2020
OP-5: Median Time to ECG	Yes
OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients	Yes
OP-20: Door to Diagnostic Evaluation by a Qualified Medical Professional	Finalized Removal CY 2020
OP-21: Median Time to Pain Management for Long Bone Fracture	Finalized Removal CY 2020
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

References

- PDF link to the Final Rule:
<https://www.gpo.gov/fdsys/pkg/FR-2017-11-13/pdf/2017-23932.pdf>
- Link to the Final Rule:
<https://www.federalregister.gov/documents/2017/11/13/2017-23932/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment>

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?

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- 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

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Please click on one of the links below to obtain your certificate for your state licensure.

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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 page title is "Learning Management Center". 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.

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 shows the HSAG Learning Management Center login interface. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, there is a security warning: "this is a secure site please provide credentials to continue" with a small icon. Below this is the text "Learning Management Center". The main content area features a "Secure Login" box with a padlock icon, a "User Name:" label and input field, a "Password:" label and input field, and a "Log In" button.

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.