



CY 2019 OPPS/ASC Final Rule: Hospital Outpatient Quality Reporting (OQR) Program

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CY **2019** OPPS/ASC Final Rule:
Hospital Outpatient Quality
Reporting (OQR) Program

**January 9,
2019**

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Centers for Medicare & Medicaid Services (CMS)*

Save the Date

- Upcoming Hospital OQR Program educational webinar:
 - **January 23, 2019:** Specifications Manual Update
- 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) 2019 Outpatient Prospective Payment System/Ambulatory Surgical Center (OPPS/ASC) Final Rule in the *Federal Register*.
- ✓ List the finalized changes to the Hospital OQR Program in the CY 2019 OPPS/ASC Final Rule.
- ✓ Identify changes that were not finalized for the Hospital OQR Program.



Final Rule CY 2019

Locating the Rule

Federal Register Link

To access the Final Rule:

- www.federalregister.gov
 - The Hospital OQR Program section begins on p. 59080 of the *Federal Register*.
- <https://www.gpo.gov/fdsys/pkg/FR-2018-11-21/pdf/2018-24243.pdf>

Accessing the Federal Register



FEDERAL REGISTER

The Daily Journal of the United States Government



Tuesday, December 4th

Current Issue

127 documents from 50 agencies (240 Pages)
90 Notices 4 Presidential Documents 8 Proposed Rules 25 Rules 1 Significant Document

Public Inspection

Special Filing

updated on 4:15 PM on Tuesday, December 4, 2018

15 documents from 14 agencies
9 Notices 1 Presidential Document
2 Proposed Rules 3 Rules

Regular Filing

updated on 8:45 AM on Tuesday, December 4, 2018

143 documents from 48 agencies
112 Notices 13 Proposed Rules
18 Rules

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83 FR 59080



Navigating the Federal Register

The screenshot shows the Federal Register website interface. At the top, there is a navigation bar with icons for home, sections, browse, search, reader aids, and my FR. A search box labeled 'Search Documents' is on the right. Below the navigation bar, the 'FEDERAL REGISTER' logo is prominently displayed, along with the text 'The Daily Journal of the United States Government'. To the right of the logo is the seal of the National Archives and Records Administration. A blue bar with the text 'Document Search' is visible. Below this, there are tabs for 'Documents' and 'Public Inspection 0'. A search bar contains the text '83 FR 59080' and shows '8 documents' found. There are links for 'Subscribe', 'Other Formats: CSV/Excel, JSON', 'Show Advanced Search', and 'Learn More'. On the left side, there are filters for 'TYPE' and 'AGENCY'. The 'TYPE' filter shows 'Proposed Rule' (3), 'Rule' (3), and 'Notice' (2). The 'AGENCY' filter shows 'Health and Human Services Department' (6). A large red arrow points to a search result snippet that reads: 'It looks like you were searching for the citation 83 FR 59080 . We've found the following document on page 58818 of volume 83. Medicare Program: Changes to 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 2019 to... A Rule by the Centers for Medicare & Medicaid Services on 11/21/2018 Pages 58818-59179 (362 pages)'.

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TYPE

- Proposed Rule 3
- Rule 3
- Notice 2

AGENCY

- Health and Human Services Department 6

It looks like you were searching for the citation **83 FR 59080** .

We've found the following document on page 58818 of volume 83.

Medicare Program: Changes to 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 2019 to...

A Rule by the Centers for Medicare & Medicaid Services on 11/21/2018 Pages 58818-59179 (362 pages)

Finding the Correct Page



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[Rule](#)

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

A Rule by the [Centers for Medicare & Medicaid Services](#) on 11/21/2018

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 2019 to implement changes arising from

DOCUMENT DETAILS

Printed version:
[PDF](#)

Publication Date:
11/21/2018

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

Dates:
Effective date: This final rule with comment period is effective on January 1, 2019.

PDF Version

59080 Federal Register / Vol. 83, No. 225 / Wednesday, November 21, 2018 / Rules and Regulations

discussed above, which results in a CY 2019 ASC conversion factor of \$46.551 for ASCs meeting the quality reporting requirements. For ASCs not meeting the quality reporting requirements, we are adjusting the CY 2018 ASC conversion factor (\$45.575) by the proposed wage index budget neutrality factor of 1.0004 in addition to the quality reporting/MFP-adjusted hospital market basket update factor of 0.1 percent discussed above, which results in a CY 2019 ASC conversion factor of \$45.639.

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 titled “Final CY 2019 Payment Weight”

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

Social Risk Factors

- Risk factors are associated with poor health outcomes.
- The National Quality Forum (NQF) is extending the socioeconomic status trial.
- CMS continues to consider options to address equity and disparities.

Finalized: Codifying Policies

- Retention of measures adopted in previous payment determinations
- Removal of measures from the measure set
- Considerations for immediate removal of measures from the program
- Basis for measure removal assessed case-by-case, not by one factor

<CY Year>

CY 2019 OPPS/ASC
Final Rule

<Topic>

Removal Factors



Uploading...

<Program>

Hospital OQR Program

Finalized: Factors 7 and 8

- Updated Removal Factor 7: “collection or public reporting of a measure leads to negative unintended consequences other than patient harm”
- Added Removal Factor 8: “the costs associated with a measure outweigh the benefit of its continued use in the program”
- Finalized beginning with the effective date of the **CY 2019** OPPS/ASC final rule

Finalized: Factor 1 Clarification

- Clarified Factor 1: “topped-out measures”
 - Process for calculating the truncated coefficient of variation (TCOV) for two of the measures
- Codified Removal Factors
- Finalized beginning with the effective date of the **CY 2019** OPPS/ASC Final Rule

<CY Year>

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Final Rule

Measures Proposed for Removal



Uploading...

<Topic>

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Hospital OQR Program

Proposed for Removal

Measure	Payment Determination Year for Proposed Removal
OP-9: Mammography Follow-up Rates	CY 2021
OP-11: Thorax CT – Use of Contrast Material	CY 2021
OP-14: Simultaneous Use of Brain CT and Sinus CT	CY 2021
OP-5: Median Time to ECG	CY 2021
OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into their ONC-Certified EHR System as Discrete Searchable Data	CY 2021

Proposed for Removal (cont.)

Measure	Payment Determination Year for Proposed Removal
OP-17: Tracking Clinical Results between Visits	CY 2021
OP-27: Influenza Vaccination Coverage among Healthcare Personnel	CY 2020
OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	CY 2021
OP-30: Colonoscopy Interval for Patients with a History of Adenomatous Polyps—Avoidance of Inappropriate Use	CY 2021
OP-31: Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery	CY 2021

<CY Year>

CY 2019 OPPS/ASC
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Measures Being Retained



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<Topic>

<Program>

Hospital OQR Program

OP-29

Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients

- Not overly burdensome or costly
 - Assists in avoiding overuse of colonoscopies
- Promotes adherence to clinical guidelines
- Not topped-out
- **Not finalized** for removal

OP-31

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

- Demonstrates partnership with other clinicians
- Addresses a gap in the clinical area
- Not overly burdensome to those who choose to enter data
 - Remains voluntary
- **Not finalized** for removal

<CY Year>

CY 2019 OPPS/ASC
Final Rule

Measures Being Removed



Uploading...

<Topic>

<Program>

Hospital OQR Program

OP-5

Median Time to ECG

- Costs and burdens to facilities and CMS outweigh the benefits
- Variation in performance is minimal
 - Does not contribute to beneficiary decision-making
- Finalized for removal beginning with the **CY 2021** Payment Determination

OP-9

Mammography Follow-up Rates

- Does not align with current clinical guidelines
 - Advancements in imaging technology
 - Changes in clinical practice
- Finalized for removal beginning with the **CY 2021** Payment Determination

OP-11 and OP-14

OP-11: Thorax CT – Use of Contrast Material

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

- Measure performance is high and unvarying
- Removal will minimize burden
- Finalized for removal beginning with the **CY 2021** Payment Determination

OP-12 and OP-17

OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into Their ONC-Certified EHR System as Discrete Searchable Data

OP-17: Tracking Clinical Results between Visits

- Does not assess the quality of care provided or result in better patient outcomes
- Finalized for removal beginning with the **CY 2021** Payment Determination

OP-27

Influenza Vaccination Coverage among Healthcare Personnel

- Benefits of the measure outweighed by costs and burdens of reporting
- Retained in other CMS programs
- Finalized for removal beginning with the **CY 2020** Payment Determination

OP-30

Colonoscopy Interval for Patients with a History of Adenomatous Polyps–Avoidance of Inappropriate Use

- Cost of data collection and submission is burdensome
- Availability of this measure in other programs
- Adverse patient outcomes tracked by OP-32
- Finalized for removal beginning with the **CY 2021** Payment Determination

Removed Measure Reporting Dates

Measure	Last Time You Report
OP-5: Median Time to ECG	August 1, 2019 for Q1 2019 data
OP-9: Mammography Follow-up Rates	Claims through June 30, 2018
OP-11: Thorax CT – Use of Contrast Material	Claims through June 30, 2018
OP-14: Simultaneous Use of Brain CT and Sinus CT	Claims through June 30, 2018

Removed Measure Reporting Dates

Measure	Last Time You Report
OP-12: The Ability for Providers with HIT to Receive Laboratory Data Electronically Directly into Their ONC-Certified EHR System as Discrete Searchable Data	May 15, 2019
OP-17: Tracking Clinical Results between Visits	May 15, 2019
OP-27: Influenza Vaccination Coverage among Healthcare Personnel	May 15, 2018
OP-30: Colonoscopy Interval for Patients with a History of Adenomatous Polyps—Avoidance of Inappropriate Use	May 15, 2019

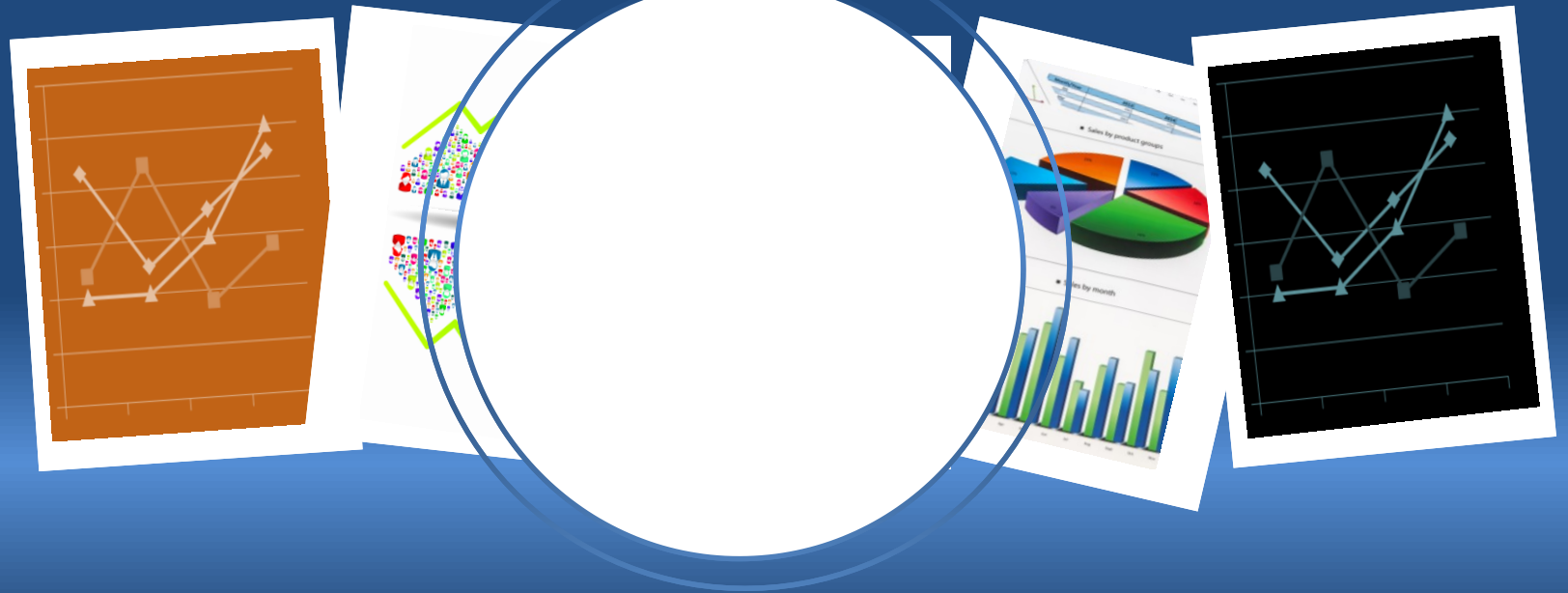
Future Considerations

To develop a comprehensive set of quality measures and move:

- Toward the use of outcome measures
- Away from the use of clinical process measures

Suggested Measure Topics

- Antibiotic use to assess inappropriate prescribing
- Cancer care
- Psychiatric and behavioral health
- Rural health
- Access to care
- Substance abuse
- Surgical Site Infections and medication safety
- Adult immunization



Administrative Requirements

Notice of Participation (NOP)

- Hospitals no longer need to submit an NOP form
 - Submission of any Hospital OQR Program data indicates a hospital's participant status, including submission of one data element
- Finalized removal of the NOP requirement for this program beginning with the **CY 2020** Payment Determination

Manual Release

- Specifications Manual to be released once every 12 months
 - Avoids confusion
- Addenda to be released as necessary
- Finalized beginning with **CY 2019** and for subsequent years

OP-32 Reporting Period

OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

- Reporting period will be three years prior to the payment determination year
- Finalized beginning with the **CY 2020** Payment Determination



Summary

Claims-Based Measures

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

Measures Submitted via a Web-Based Tool

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

Chart-Abstracted Measures Requiring Patient-Level Data

Measure	Payment Determination
OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	Continues
OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention	Continues
OP-5: Median Time to ECG	Removed for CY 2021
OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients	Continues
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	Continues
OP-37a-37e: OAS CAHPS	Delayed

References

- Link to the Final Rule:
<https://www.federalregister.gov/documents/2018/11/21/2018-24243/medicare-program-changes-to-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center>
- PDF link to the Final Rule:
<https://www.gpo.gov/fdsys/pkg/FR-2018-11-21/pdf/2018-24243.pdf>

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.

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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Thank you for completing our survey!

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>

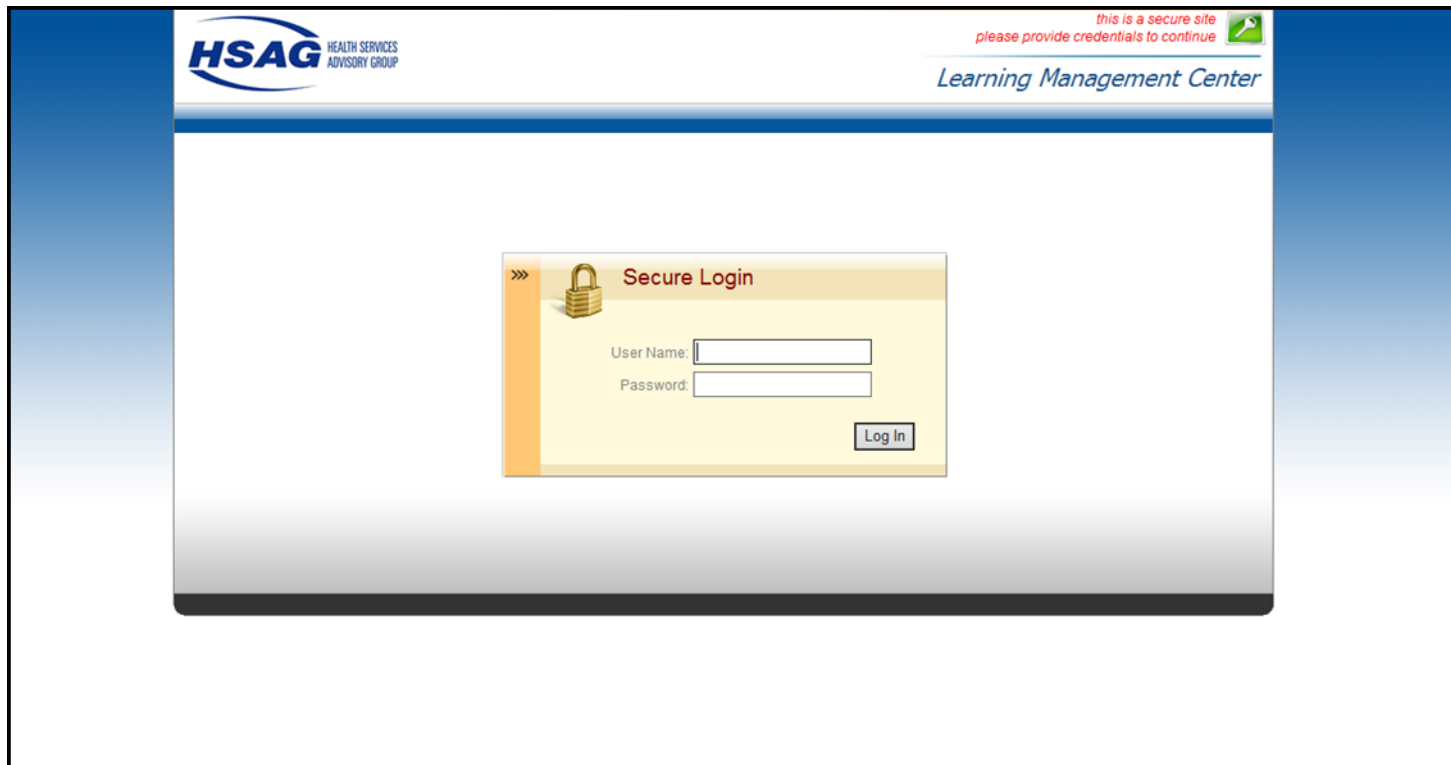
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web page 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, there is a security notice: 'this is a secure site please provide credentials to continue' next to a small green icon. Below this is the text 'Learning Management Center'. The main heading of the page is 'Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015'. Below the heading are 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 entire form is enclosed in a white box with a blue border.

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

Or

- Call the Support Contractor at 866.800.8756.