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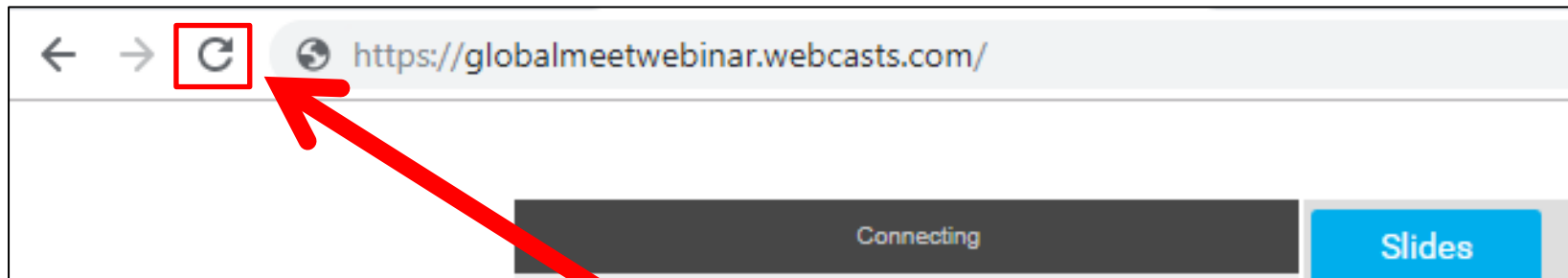**Audio from computer speakers breaking up?**
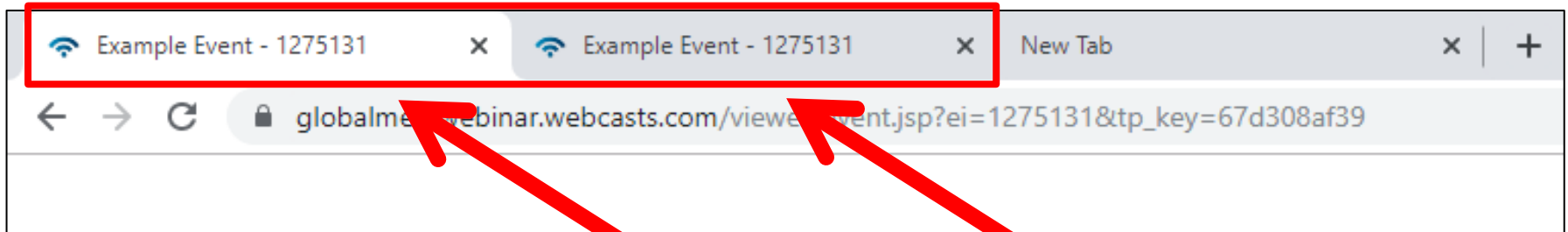
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https://globalmeetwebinar.webcasts.com/

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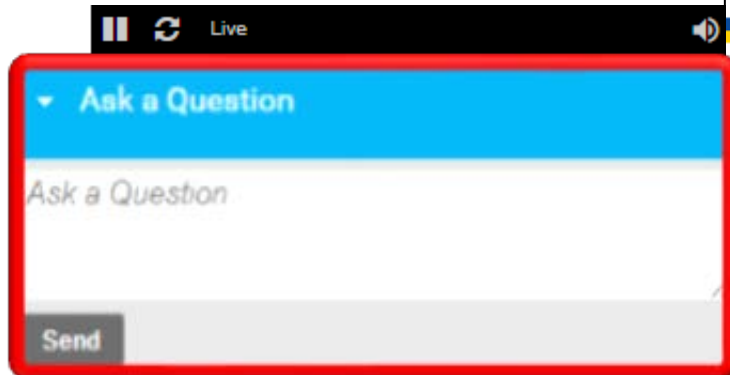
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Example of Two Browsers/Tabs Open in Same Event

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Inpatient Value, Incentives, and Quality Reporting (VIQR) Outreach and Education Support Contractor

Today's Presentation

CY 2022 OPPS Final Rule: How to Succeed in OQR Quality Reporting

Shaili Patel, MPH
Program Lead
Hospital OQR Program
Centers for Medicare & Medicaid Services (CMS)

Learning Objectives

Attendees will be able to:

- Locate the Calendar Year (CY) 2022 Hospital Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Payment System Final Rule in the *Federal Register.*

- List the finalized changes to the Hospital OQR Program in the CY 2022 Hospital OPPS/ASC Payment System Final Rule.

- State the impact the finalized changes will have on each program.

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HARP and HQR Are Not the Same

HCQIS Access Roles and Profile (HARP) is the key that gives you access to Hospital Quality Reporting (HQR).

System Tips

- Log into HQR every 90 days to avoid account activity issues.

   o If you have one hospital, simply log into **My Profile.**

   o If you report for multiple facilities, select the desired hospital from the **My Organizations** tab in **My Profile.**

- Recommended you always have more than one active Security Official (SO).

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Program Tips

- Have the appropriate roles in the HQR System to receive reports and enter data.
  - o Helpful tutorials are available.
- Receive important program information, make sure you are signed up for the *QualityNet* Email Updates.
- Review the Specifications Manual on QualityNet.
- Join us for our webinar on reviewing the program.

Discussing the Final Rule

Letting you know what you need to know when you need to know it.

Finding the Rule

- The rule is located on the *Federal Register*.
  - o PDF version
  - o OQR-specific information, pages 365–418
- Addenda are published on the CMS website: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices

Finalized Proposals: Removing and Adding Measures

Removal of Two Measures

- OP-2: Fibrinolytic Therapy Received Within 30 Minutes of Emergency Department Arrival
- OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention
- Removal begins with CY 2023 reporting period/CY 2025 payment determination

When You Will Stop Reporting

Encounter Quarter	Reporting Period	Submission Deadline
Q2 2022	Apr 1–Jun 30, 2022	November 1, 2022
Q3 2022	Jul 1–Sep 30, 2022	February 1, 2023
Q4 2022	Oct 1–Dec 31, 2022	May 1, 2023
Q1 2023	Jan 1–Mar 31, 2023	August 1, 2023

Your last quarterly submission for OP-2 and OP-3 will be
Q1 2023 data due August 1, 2023,
for the 2023 reporting period/CY 2025 payment determination.

Adoption of Three Measures

- ST-Segment Elevation Myocardial Infarction (STEMI) Electronic Clinical Quality Measure (eCQM)
- COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)
- Breast Cancer Screening Recall Rates

OP-40: ST-Segment Elevation Myocardial Infarction (STEMI) Electronic Clinical Quality Measure (eCQM)

- Measure replaces the OP-2 and OP-3 measures.
- Voluntary reporting begins with CY 2023 reporting period.
- Mandatory reporting begins with CY 2024 reporting period/CY 2026 payment determination

Measure Specifics

- A process measure calculating the percentage of emergency department (ED) patients with a STEMI diagnosis who received appropriate treatment.

- Data are retrieved directly from the Electronic Health Record (EHR) by using patient-level data.

- Find the full specifications for the measure here: https://ecqi.healthit.gov/ecqm/eh/oqr/2023/cms996v2

File Format for EHR Data

Beginning with CY 2023 reporting period, hospitals:

1. Must submit eCQM data via Quality Reporting Document Architecture (QRDA) Category I.

2. May use third parties to submit files.

3. May use either abstraction or data pull from a non-certified source and input into Certified EHR Technology (CEHRT).

Zero Denominator Declarations and Case Threshold Exemptions

Beginning with the CY 2023 reporting period/ CY 2025 payment determination, if a hospital's EHR is certified to report an eCQM, but:

- The hospital does not have patients that meet denominator criteria, the hospital can submit a 0 in the denominator. This counts toward meeting program requirements.

- The hospital does not experience five or fewer outpatient discharges per quarter (or 20 annually) that meet denominator criteria, the hospital could be exempt from reporting. Case threshold exemptions are entered on the Denominator Declaration screen in the HQR System.

Deadlines

Reporting Period	Quarters	Submission Deadline
CY 2023	Any quarter(s)*	May 15, 2024
CY 2024	One self-selected quarter	May 15, 2025
CY 2025	Two self-selected quarters	May 15, 2026
CY 2026	Three self-selected quarters	May 17, 2027
CY 2027	Four quarters (one calendar year)	May 15, 2028

*Reporting for the CY 2023 reporting period is voluntary.

eCQM Review and Corrections Period

- Runs concurrently with the data submission period from the time the submission period opens to the submission deadline
- Submit QRDA Category I test and productions files
  - o Early testing recommended
- Corrections can be made up until the deadline
  - o No corrections after the submission deadline

Resource Center https://ecqi.healthit.gov/

OP-38: COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)

- Report a single HCP count per enrolled facility
- Includes all inpatient and outpatient units that share the same CMS Certification Number (CCN)
- Begins with the CY 2022 reporting period/CY 2024 payment determination

Measure Specifics

- Percentage of a hospital's healthcare workforce that has been fully vaccinated

- Denominator: Number of HCP eligible to work in the hospital for at least one day during the reporting period, excluding persons with any contraindications

- Numerator: Cumulative number of HCP in the denominator who received a complete vaccination course

Reporting Specifics

- Report through the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) web-based surveillance system

- Collect data for at least one, self-selected week during each month of the reporting quarter by the deadline

- Specifications are available here: [National Quality Forum (NQF) | NHSN | CDC](#)

Public Reporting

- A single quarterly rate will be calculated by taking the average from the three submission periods submitted for the quarter. CMS will publicly report the most current data.

- Data will be publicly displayed in the January 2023 Care Compare refresh, or as soon as technically feasible.
  - Data collected are from Q1 2022 (January 1 through March 31, 2022).

Reporting Begins CY 2022

- Use the reporting period of January 1–March 31, 2022.

- Collect data for at least one, self-selected week during each month.

- Submit your data by the quarterly deadline of **no later than** August 15, 2022**.**

August

15
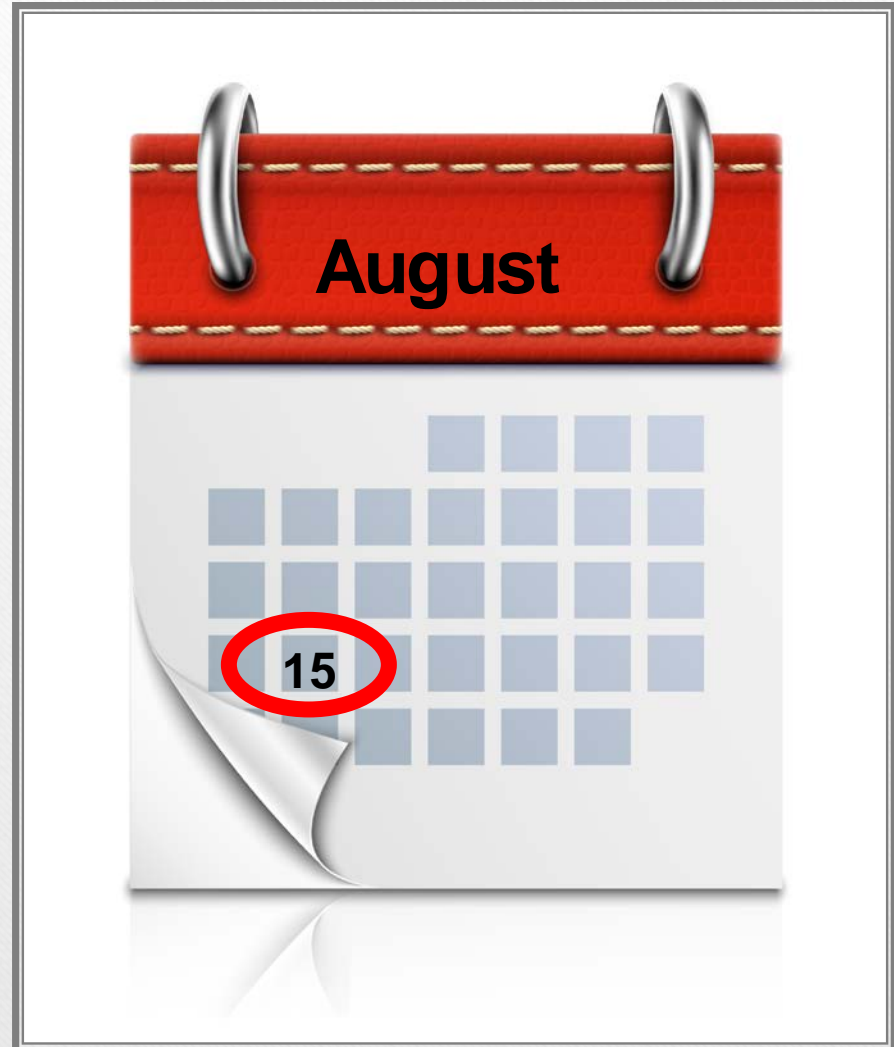
Deadlines

Data Submission for CY 2022 Reporting Period for the CY 2024 Payment Determination

Encounter Quarter	Reporting Period	Submission Deadline
Q1 2022	Jan 1–Mar 31, 2022	August 15, 2022
Q2 2022	Apr 1–Jun 30, 2022	November 16, 2022
Q3 2022	Jul 1–Sep 30, 2022	February 15, 2023
Q4 2022	Oct 1–Dec 31, 2022	May 15, 2023

Inpatient and Outpatient HCP are reported once per CCN

OP-39: Breast Cancer Screening Recall Rates

- Focuses on imaging efficiency
- Uses a 12-month data collection period of July 1 to June 30
- Public display of recall rates will provide the public with valuable information in making healthcare decisions.
- Begins with the CY 2023 payment determination

Measure Specifics

- Claims-based process measure
- To document breast screening recall rates at the facility level
- Measure details on *QualityNet:* https://qualitynet.cms.gov/outpatient/oqr/proposedmeasures

Reporting Specifics

Payment Determination Year	Measurement Period
CY 2023	July 1, 2020–June 30, 2021
CY 2024	July 1, 2021–June 30, 2022
CY 2025	July 1, 2022–June 30, 2023

A claims-based measure that does not require manual abstraction

Changes to Previously Finalized Measures

OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery

- Mandatory reporting begins with CY 2025 reporting period/CY 2027 payment determination and subsequent years.

- Data submission is via HQR.

You may still submit data voluntarily until CY 2025.

Mandatory Reporting Begins CY 2025

- Use the CY 2025 reporting period (patient encounters) from January 1– December 31, 2025.

- Enter data in the HQR System anytime from January 1, 2026–May 16, 2026.

- Submit data voluntarily until mandatory reporting begins.

January to May

1

34
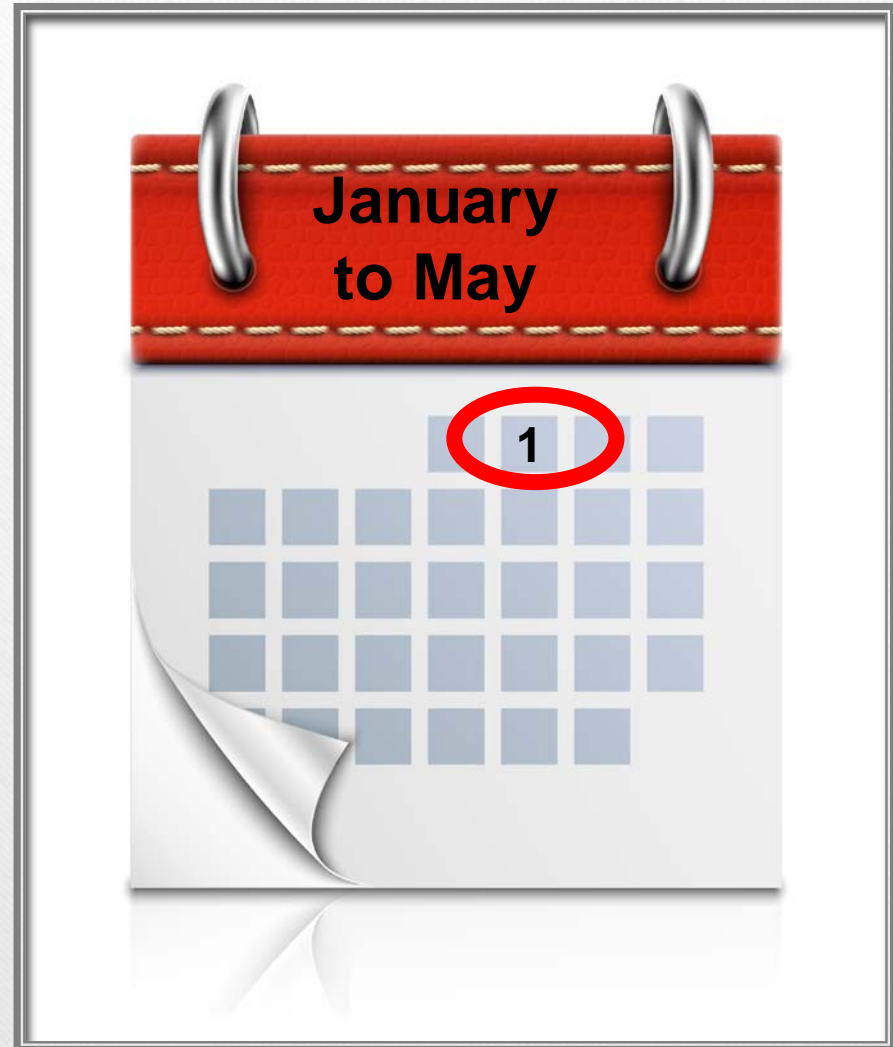
OP-37a-e: OAS CAHPS

Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems

- Voluntary reporting begins with the CY 2023 reporting period.
- Mandatory reporting begins with CY 2024 reporting period/CY 2026 payment determination.

Measure Specifics

- National OAS CAHPS Survey voluntary reporting is independent, and the process remains unchanged.
- Surveys will be administered to all eligible patients who had at least one surgery/procedure during the applicable month.
  - o The Guidelines Manual can be found at [Survey Materials (oascahps.org)](oascahps.org).
- Data will be reported at the CCN level.
- Survey results will be made public on Care Compare.

Survey Administration Modes

Finalized administrative modes:

- Mail-only
- Telephone-only
- Mixed-mode (mail with telephone follow-up)
- Web with mail follow-up
- Web with a telephone follow-up

Visit https://oascahps.org for more information about modes of administration.

Reporting Specifics

- Submit through CMS-approved vendors authorized by the hospital.
  - Vendors list available at https://oascahps.org/
- Submit data for eligible patients by the quarterly deadlines for each data collection period
- Initiate surveys no later than 21 days after the surgery or procedure and completed within 6 weeks (42 days)

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Reporting Specifics (cont.)

- A target number to 300 completed surveys annually are required
  - o With more than 300 surveys, hospitals can randomly sample.
- Facilities with < 60 survey-eligible patients during the "eligibility period" should submit the participation exemption request form on or before May 15 of the data collection calendar year (the calendar year before the data collection period).
- Visit [Survey Materials (oascahps.org)](oascahps.org) for protocols and guidelines.

Mandatory **Reporting Begins CY 2024**

- Use Q1 2024 data per data submission guidelines.
- First submission deadline July 2024.
- Report data quarterly.
- Submit the data by the specified deadlines via vendors.

July

Date to be determined
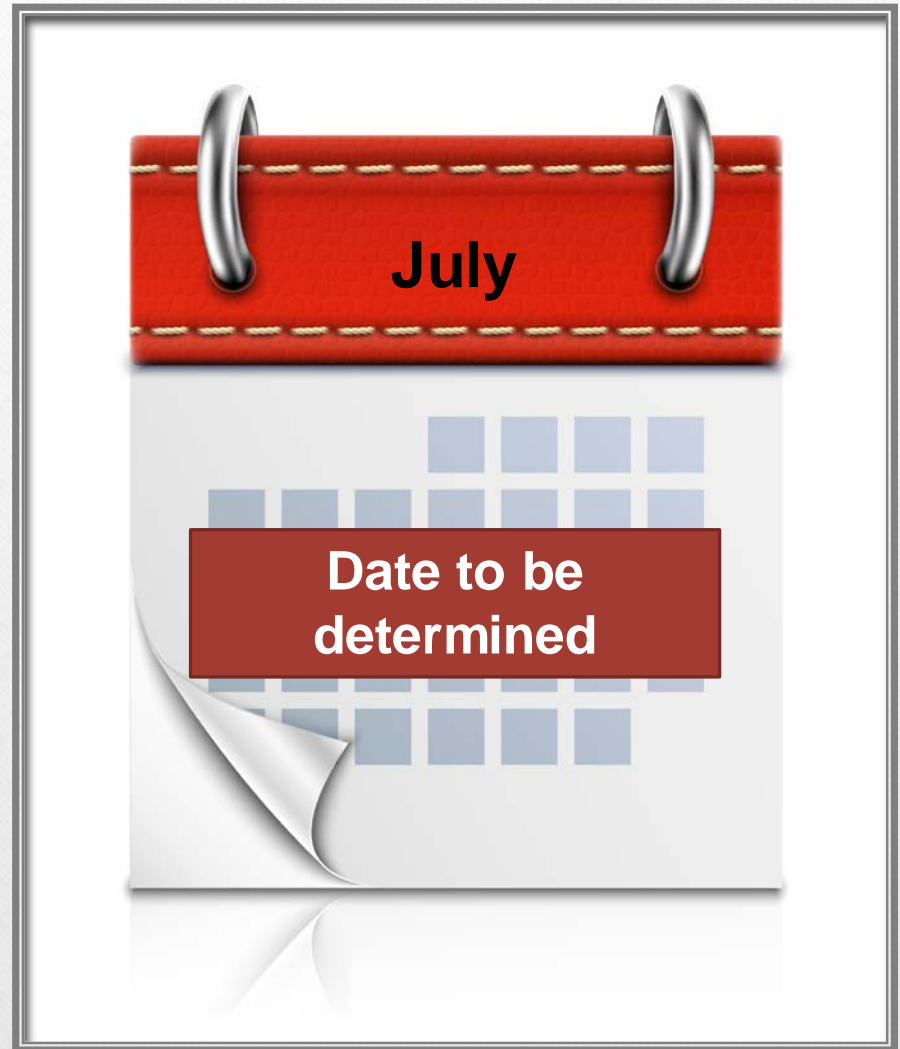
Deadlines

Data Submission for CY 2024 Reporting Period
for the CY 2026 Payment Determination

Encounter Quarter	Reporting Period	Submission Deadline
Q1 2024	Jan 1–Mar 31, 2024	July 2024
Q2 2024	Apr 1–Jun 30, 2024	October 2024
Q3 2024	Jul 1–Sep 30, 2024	January 2025
Q4 2024	Oct 1–Dec 31, 2024	April 2025

Deadlines are published on the OAS CAHPS site at
https://oascahps.org/Data-Submission/Data-Submission-Deadlines

Finalized Administrative Proposals

Validation Policies

- Removed the option to send medical records via paper and removable media
- Reduced the number of days to submit medical records from 45 days to 30 calendar days
- Enhanced targeting criteria by selecting 50 additional hospitals that:
  - Have not been selected in the previous three years
  - Had a lower bound confidence interval score the previous year
- Begins with CY 2022 reporting period/CY 2024 payment determination

Expansion of the Extraordinary Circumstances Exceptions (ECE) Policy

- Includes request for exception from eCQM reporting requirements

- Requests due by April 1 following the end of the reporting calendar year

- Begins with the CY 2024 reporting period/CY 2026 payment determination

Measures and Topics for Future Consideration

Requests for Public Comment

CMS requested feedback on future considerations of:

- Potential future adoption and inclusion of a Hospital-Level, Risk-Standardized Patient Reporting Outcomes Measure Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)
- The potential adoption of future measures that transition procedures from inpatient to outpatient

Requests for Public Comment (cont.)

CMS also requested comment on:

- Rural Emergency Hospitals (new provider type)
- Health equity
- Digital Quality Measurement (dQM)
  - Leveraging Fast Healthcare Interoperability Resources (FHIR®) and Application Programming Interface (APIs) to access and electronically transmit interoperable data for dQMs

THINGS YOU SHOULD KNOW!

Reported via HQR: Clinical Chart-Abstracted Measures

Measure Name	Reporting Period
OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	**Removed** beginning with CY 2023
OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention	**Removed** beginning with CY 2023
OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients	Continues as before
OP-23: Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT or MRI Scan Interpretation Within 45 Minutes of ED Arrival	Continues as before

Reported Via CMS Web-Based Tool

Measure Name	Reporting Period
*OP-22: Left Without Being Seen	Continues as before
OP-29: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	Continues as before
OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	**Mandatory** Reporting begins with CY 2025

*OP-22 is an ED throughput measure.

Reported via NHSN

Measure Name	Reporting Period
OP-38: COVID-19 Vaccination Coverage Among Health Care Personnel	Begins CY 2022

Claims-Based Measures

Measure Name	Reporting Period
OP-8: MRI Lumbar Spine for Low Back Pain	Continues as before
OP-10: Abdomen CT—Use of Contrast Material	Continues as before
OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low-Risk Surgery	Continues as before
OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Continues as before
OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	Continues as before
OP-36: Hospital Visits after Hospital Outpatient Surgery	Continues as before
OP-39: Breast Cancer Screening Recall Rates	**Begins** CY 2023 (July 1, 2020-June 30, 2021)

Submission of OAS CAHPS

Measure Name	Reporting Period
OP-35a: About Facilities and Staff	Mandatory reporting begins with CY 2024
OP-35b: Communication About Procedure	
OP-35c: Preparation for Discharge and Recovery	
OP-35d: Overall Rating of Facility	
OP-35e: Recommendation of Facility	

Submission of eCQM

Measure Name	Reporting Period
OP-40 ST-Segment Elevation Myocardial Infarction (STEMI) eCQM	Mandatory reporting begins with CY 2024

Upcoming Deadlines

Remember:

Report data for OP-2 and OP-3 until August 1, 2023.

Reporting for OP-31 becomes <u>mandatory</u> with the May 16, 2026, data submission deadline.

Reporting for OP-38 begins with January 1 2022 encounters.

Measure	Reporting Period	Submission Deadline
Chart-Abstracted Measures		
OP-2	**For Q3 2021** Jul 1–Sept 30, 2021	February 1, 2022
OP-3		
OP-18		
OP-23		
OP-2	**For Q4 2021** Oct 1–Dec 31, 2021	May 2, 2022
OP-3		
OP-18		
OP-23		
Web-Based Measures		
OP-22	Jan 1–Dec 2021	May 16, 2022
OP-29		
OP-31 (Voluntary)		
NHSN		
OP-38	Jan 1–Mar 31, 2022	August 15, 2022

Reporting for COVID-19

For the COVID-19 measure, you should:

- Register and follow the 5-step enrollment process.
  - Complete the SAMS identification verification process.
  - Begin now as this process can take up to six weeks.
  - Necessary in order to report your data for the COVID-19 vaccination measure.
- Visit the NHSN website for details on registration.
- Email NHSN at NHSN@cdc.gov for assistance.

COVID-19 Webinar

- We will post an on-demand webinar on the new COVID-19 HCP vaccination measure next month.
    - Information will be available soon on QualityReportingCenter.com
- Additional resources for this measure for this measure: https://www.cdc.gov/nhsn/ambulatory-surgery/index.html.

Facility Compare Dashboard

- A new data base has been created for exploring your data
  - https://www.qualityreportingcenter.com/en/facility-compare-dashboard/
- Individual facility, state, and national data are available
- A comprehensive review will be presented in an upcoming webinar

Questions

Need Assistance?

Call our helpdesk at 866.800.8756

Continuing Education Approval

This program has been approved for one credit for the following boards:

- **National credit**

    o Board of Registered Nursing (Provider #16578)

- **Florida-only credit**

    o Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling

    o Board of Registered Nursing

    o Board of Nursing Home Administrators

    o Board of Dietetics and Nutrition Practice Council

    o Board of Pharmacy

Note: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

Acronyms

ASC	ambulatory surgical center	**HCP**	healthcare personnel
CAHPS	Consumer Assessment of Healthcare Providers and Systems	**HCQIS**	Health Care Quality Information Systems
CCN	CMS Certification Number	**HQR**	Hospital Quality Reporting
CDC	Centers for Disease Control and Prevention	**MRI**	Magnetic Resonance Imaging
CEHRT	Certified EHR Technology	**NHSN**	National Healthcare Safety Network
CMS	Centers for Medicare & Medicaid Services	**OAS**	Outpatient and Ambulatory Surgery
CY	calendar year	**OP**	outpatient
DBT	digital breast tomosynthesis	**OPPS**	Outpatient Prospective Payment System
ECE	Extraordinary Circumstances Exceptions	**OQR**	Outpatient Quality Reporting
eCQM	electronic clinical quality measure	**Q**	quarter
ED	emergency department	**QRDA**	Quality Reporting Document Architecture
EHR	electronic health record	**SO**	Security Officials
FFS	Fee for Service	**STEMI**	Segment Elevation Myocardial Infarction
HARP	HCQIS Access Roles and Profile		

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