

Laying the Foundation to Transform Quality Reporting

Discussing the CY 2023 Hospital OPPS/ASC Payment System Final Rule



Speakers

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Program Lead

Hospital Outpatient Quality Reporting (OQR) Program
Centers for Medicare & Medicaid Services (CMS)

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Program Lead

Rural Emergency Hospital Quality Reporting (REHQR) Program, CMS

Karen VanBourgondien, RN, BSN

Outpatient Quality Program Systems and Stakeholder Support Team

Building Plan for Today

Topic	Speaker
Welcome	Karen VanBourgondien, RN, BSN
<ul style="list-style-type: none">• Hospital OQR Program Finalized Proposals and RFIs in the CY 2023 Hospital OPPI/ASC Payment System Final Rule• Hospital OQR Program Questions and Answers	Shaili Patel, MPH
<ul style="list-style-type: none">• REHQR Program Finalized Proposals and RFIs in the CY 2023 Hospital OPPI/ASC Payment System Final Rule• REHQR Program Questions and Answers	Anita J. Bhatia, PhD, MPH
<ul style="list-style-type: none">• Public Reporting• Hospital OQR Program Compare Tools• Measure and Deadline Review	Karen VanBourgondien, RN, BSN

Learning Objectives

At the conclusion of this event, attendees will be able to:

- List the Hospital Outpatient Quality Reporting (OQR) and Rural Emergency Hospital Quality Reporting (REHQR) Programs related finalized proposals in the Calendar Year (CY) 2023 Hospital Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Payment System final rule.
- Recall the Requests for Information (RFI) and Request for Comment (RFC) topics related to the OQR and REHQR Programs included in the CY 2023 OPPS/ASC final rule.
- Summarize the January public reporting refresh and be able to locate your facility's data.
- State the program deadlines, current and in the future.

Locating the Rule

- Publication in the *Federal Register*
 - <https://www.federalregister.gov/documents/2022/11/23/2022-23918/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment>
- PDF version
 - <https://www.govinfo.gov/content/pkg/FR-2022-11-23/pdf/2022-23918.pdf>
 - Hospital OQR Program begins at Section XIV, page 349.
 - REHQR Program begins at Section XVI, page 390.



Finalized Proposals for the Hospital OQR Program

Shaili Patel, MPH

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

Proposed:

Change the OP-31 measure from mandatory to voluntary reporting beginning with the Calendar Year (CY) 2025 reporting period/CY 2027 payment determination.

- Hospitals would not be subject to a payment reduction for failing to report during the voluntary reporting periods.
- CMS will consider mandatory reporting of this important cross-setting patient reported outcome measure of functional status in future rulemaking

Considerations

- Concerns of reporting burden due to the COVID-19 pandemic
 - Ongoing staffing and medical supply shortages
 - Changes in patient case volumes
- The previously finalized 2-year delay for mandatory reporting is no longer sufficient.

Decision

Finalized:

- The OP-31 measure will change from mandatory to voluntary reporting beginning with the CY 2025 reporting period/CY 2027 payment determination.
- Voluntary reporting of the OP-31 measure will remain for the CY 2023 and CY 2024 reporting periods.

Aligning Encounter Quarters

Proposed:

Align Hospital OQR Program patient encounter quarters for chart-abstracted measures to the calendar year (CY):

- This would begin with the CY 2024 reporting period/CY 2026 payment determination.
- Transition would use three quarters of data for the CY 2023 reporting period/CY 2025 payment determination.

Considerations and Decision

- Aligns the patient encounter quarters with the Hospital Inpatient Quality Reporting (IQR) Program
- Addresses confusion among hospitals regarding submission deadlines and reporting quarters
- Provides more time for Annual Payment Update (APU) determinations

Finalized:

- Align patient encounter quarts for chart-abstract measures with the calendar year.
- Begin with CY 2024 reporting period/CY 2026 payment determination.
- The transition year will begin with CY 2023 reporting/CY 2025 payment determination

Transition Year

Transition Year for CY 2023 Reporting Period/CY 2025 Payment Determination

Patient Encounter Quarter	Clinical Submission Deadline*
Q2 2023 (April 1–June 30)	11/1/2023**
Q3 2023 (July 1–September 30)	2/1/2024**
Q4 2023 (October 1–December 31)	5/1/2024**

Only three quarters
will be used.

*All deadlines on a Saturday, Sunday, or legal holiday, or on any other day all or part of which is declared to be a nonwork day for federal employees by statute or executive order would be extended to the first day thereafter.

**The August 1, November 1, February 1, and May 1 deadlines are recurring.

Finalized Alignment

From CY 2024 Reporting Period/CY 2026 Payment Determination

Patient Encounter Quarter	Clinical Submission Deadline*
Q1 2024 (January 1–March 31)	8/1/2024**
Q2 2024 (April 1–June 30)	11/1/2024**
Q3 2024 (July 1–September 30)	2/1/2025**
Q4 2024 (October 1–December 31)	5/1/2025**

*All deadlines on a Saturday, Sunday, or legal holiday, or on any other day all or part of which is declared to be a nonwork day for federal employees by statute or executive order would be extended to the first day thereafter.

**The August 1, November 1, February 1, and May 1 deadlines are recurring.

Validation: Targeting Criteria

Proposed:

Add a new criterion beginning with validations affecting the CY 2023 reporting period/CY 2025 payment determination:

- Hospitals with less than four quarters of data due to receiving an Extraordinary Circumstance Exception (ECE) for one or more quarters and with a 2-tailed confidence interval less than 75 percent would be targeted.
- Regulation 42 CFR 419.46(f)(3) will be revised to add: **“Any hospital with a 2-tailed confidence interval that is less than 75 percent, and that had less than four quarters of data due to receiving an ECE for one or more quarters.”**

Considerations and Decision

- This would appropriately address instances when hospitals submit fewer than four quarters of data due to receiving an ECE.
- Validation results could be considered inconclusive for a payment determination.

Finalized:

- Add the fifth criterion to the established targeting criteria as proposed.

RFC: Volume Measure

Request for Comment (RFC) on OP-26: Hospital Outpatient Volume on Selected Outpatient Surgical Procedures Measure, or other volume measure

- A facility-level volume measure to support future quality measures
- Any volume data currently collected by hospitals and feasibility to submit this data to CMS
- An appropriate timeline for implementing and publicly reporting the data

Cross-Program RFIs

CMS Overarching Principles for Measuring Healthcare Quality Disparities Across CMS Quality Programs

- Requests for Information (RFI) are on five areas addressing disparities and advancing healthcare equity.
- The RFIs are in the Fiscal Year (FY) 2023 Inpatient Prospective Payment System (IPPS)/Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule (87 FR 48780).
- For a summary of comments and CMS response, access the final rule in the *Federal Register* for the PDF version: <https://www.govinfo.gov/content/pkg/FR-2022-08-10/pdf/2022-16472.pdf>



Questions & Answers

Hospital OQR Program





REHQR Program

Anita J. Bhatia PhD, MPH

Legislation

Section 1861 (kkk)(7) of the Social Security Act, as added by section 125 of Division CC of the Consolidated Appropriations Act (CAA), defines an REH as a facility that, as of December 27, 2020:

1. Was a critical access hospital (CAH) or a subsection (d) hospital with not more than 50 beds located in a rural area (as defined in 87 FR 40350, July 6, 2022).
2. Was a subsection (d) hospital with not more than 50 beds that was treated as being in a rural area.

The REH must apply for enrollment in the Medicare program and provide emergency department services and observation care not exceeding 24 hours, but not inpatient care other than a skilled nursing facility (SNF).

Relevant Quality Measures

CMS seeks to adopt relevant measures that will:

- Inform consumers in the decision making, furthering quality improvement efforts.
- Provide sufficient volume information to meet case thresholds for public reporting.

CMS seeks to limit burden by:

- Using Medicare claims-based measures and digital quality measures.
- Aligning payers.
- Proposing measures that reflect REH services such as emergency department, surgical and diagnostic procedures.

RFC: Addition of Quality Measures

CMS requested comment on the addition of quality measures and the public display of the measures.

- OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival
- OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention
 - ST-Segment Elevation Myocardial Infraction (STEMI) eCQM replacing OP-2 and OP-3
- OP-4: Aspirin on Arrival
- OP-18: Median Time from Emergency Department (ED) Arrival to ED departure for Discharged ED Patients

RFC: Addition of Quality Measures (continued)

- OP-22: Left Without Being Seen
- OP-10 Abdomen Computed Tomography (CT) – Use of Contrast Material
- OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- Emergency Department Transfer Communications (EDTC) Measure

Additional information regarding these measures is in tables in the final rule.

RFC: Additional Measure Topics

- Telehealth
- Maternal Health
- Mental Health
- ED Services
 - Emergency Department Utilization
 - Unplanned ED returns or “bounce-backs”
- Small case numbers
- Healthcare Equity

Additional information regarding these topics is in the final rule.

Administrative Proposal

Proposed:

- Have a Hospital Quality Reporting (HQR) system account for data submission.
- Have Security Official (SO) to submit data or set up accounts for data submission.
 - With a current account, the REH can update the account with the new REH CMS Certification Number (CCN).
 - With no account, a new account will be required.
- Maintaining an SO will not be a requirement.

Finalized: As proposed

Measures Under Consideration (MUC)

- Annually, no later than December 1, CMS makes publicly available a list of quality measures that CMS is considering adopting, through the federal rulemaking process, for use in Medicare program(s)
 - <https://mmshub.cms.gov/measure-lifecycle/measure-implementation/pre-rulemaking/lists-and-reports>
- Measures selected will follow the rulemaking process.



Questions & Answers

REHQR Program





Using the Tools on Hand

Public Reporting

January Refresh: Web-Based Measures

The refresh will be for the CY 2021 reporting period of January 1 through December 31, 2021. The measures are the following:

- OP-22: Percentage of patients who left the emergency department before being seen
- OP-29: Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy
- OP-31: Percentage of patients who had cataract surgery and had improvement in visual function within 90 days following the surgery

Web-Based Measures (continued)

The data will reflect a single quarter of data in each quarterly release. The January 2023 release displays Quarter (Q)1 2022 data.

- OP-38: The percent of healthcare personnel who completed COVID-19 primary vaccination series

January Refresh: Chart-Abstracted Measures

The refresh is for the reporting period of Q2 2021 through Q1 2022

Acute Myocardial Infarction (AMI)

- OP-2: Percentage of outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival
- OP-3b: Average (median) number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital

Chart-Abstracted Measures (continued)

ED Throughput

- OP-18b: Average (median) time patients spent in the emergency department before leaving from the visit
- OP-18c: Average (median) time psychiatric or other mental health patients spent in the emergency department before leaving from the visit
 - OP-18c is displayed in the Provider Data Catalog, not Care Compare.
- OP-23: Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival

January Refresh: Claims-Based Measures

- OP-32: Rate of unplanned hospital visits after an outpatient colonoscopy (with respect to January 1, 2019, through December 31, 2021)
- OP-35 ADM: Rate of unplanned hospital visits for patients receiving outpatient chemotherapy (with respect to January 1, 2021, through December 31, 2021)
- OP-35 ED: Rate of emergency department visits for patients receiving outpatient chemotherapy (with respect to January 1, 2021, through December 31, 2021)
- OP-36: Ratio of unplanned hospital visits after hospital outpatient surgery (with respect to January 1, 2021, through December 31, 2021)

The measures above are all calculated from paid Medicare Fee for Service claims and do not require manual submission.

Not In January Refresh

Outpatient Imaging Efficiency (OIE) Claims-based measures

- OP-8: Percentage of outpatients with low-back pain who had an MRI without trying recommended treatments (like physical therapy) first
- OP-10: Percentage of outpatient CT scans of the abdomen that were “combination” (double) scans
- OP-13: Percentage of outpatients who got cardiac imaging stress tests before low-risk outpatient surgery
- OP-39: Percentage of patients who had an advanced breast screening on the same day or within 45 days of their initial mammogram or digital breast tomosynthesis (DBT) study

These measures are refreshed annually in July.

Finding Your Data

- Publicly displayed information for the Hospital OQR Program is on the Care Compare website: <https://www.medicare.gov/care-compare/>
- Data can be explored and downloaded from the Provider Data Catalog site: <https://data.cms.gov/provider-data/search?theme=Hospitals>

The Home Page

www.qualityreportingcenter.com

QUALITY REPORTING CENTER

Events Calendar Inpatient **Outpatient** ASC SNF VBP Events on Demand

Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting.

Inpatient

- > [Inpatient Overview](#)
- > [Tools and Resources](#)
- > [Hospital Contact Change Form](#)

Outpatient

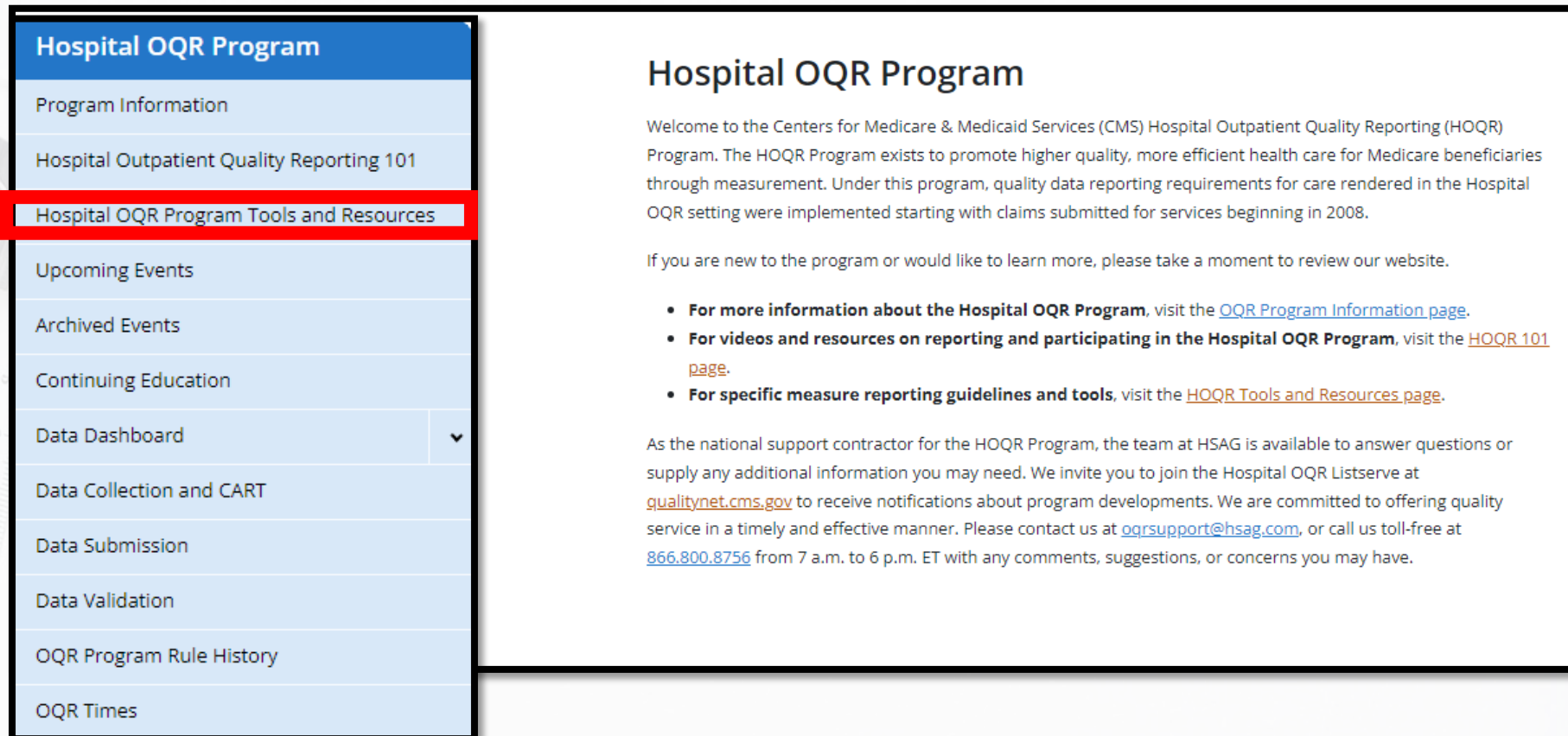
- > [Outpatient Overview](#)
- > [Tools and Resources](#)
- > [CCN Look-up Tools](#)

ASC

- > [ASC Overview](#)
- > [Tools and Resources](#)
- > [CCN/NPI Look-up Tools](#)

Quality Reporting Center Resources

The navigation bar displays numerous resources.
Select Hospital OQR Program Tools and Resources for program tools.



The screenshot shows a navigation menu on the left and the main content area on the right. The navigation menu is a vertical list of links, with 'Hospital OQR Program Tools and Resources' highlighted in red. The main content area has a heading 'Hospital OQR Program' and a welcome message. It includes a paragraph of text, a link to the website, and a list of three bullet points with links. At the bottom, there is a paragraph of text with contact information.

Hospital OQR Program

- Program Information
- Hospital Outpatient Quality Reporting 101
- Hospital OQR Program Tools and Resources**
- Upcoming Events
- Archived Events
- Continuing Education
- Data Dashboard
- Data Collection and CART
- Data Submission
- Data Validation
- OQR Program Rule History
- OQR Times

Hospital OQR Program

Welcome to the Centers for Medicare & Medicaid Services (CMS) Hospital Outpatient Quality Reporting (HOQR) Program. The HOQR Program exists to promote higher quality, more efficient health care for Medicare beneficiaries through measurement. Under this program, quality data reporting requirements for care rendered in the Hospital OQR setting were implemented starting with claims submitted for services beginning in 2008.

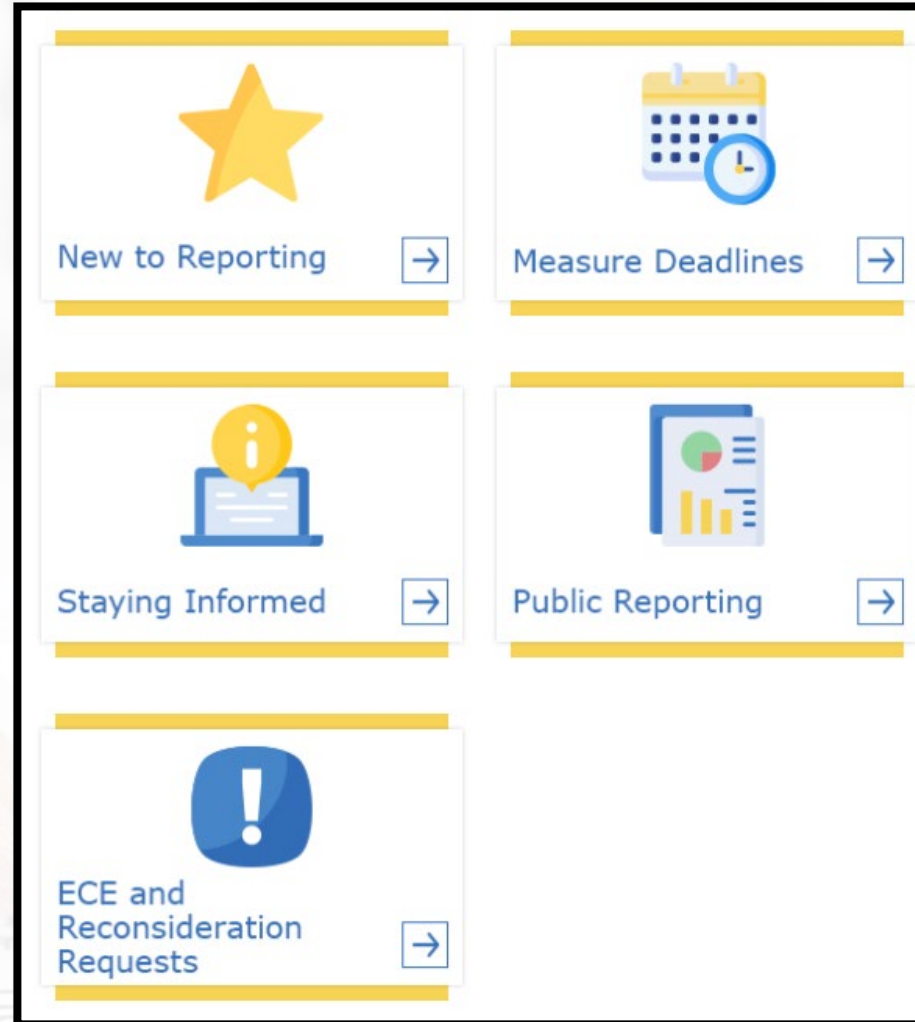
If you are new to the program or would like to learn more, please take a moment to review our website.

- **For more information about the Hospital OQR Program**, visit the [OQR Program Information page](#).
- **For videos and resources on reporting and participating in the Hospital OQR Program**, visit the [HOQR 101 page](#).
- **For specific measure reporting guidelines and tools**, visit the [HOQR Tools and Resources page](#).

As the national support contractor for the HOQR Program, the team at HSAG is available to answer questions or supply any additional information you may need. We invite you to join the Hospital OQR Listserve at qualitynet.cms.gov to receive notifications about program developments. We are committed to offering quality service in a timely and effective manner. Please contact us at oqrsupport@hsag.com, or call us toll-free at [866.800.8756](tel:866.800.8756) from 7 a.m. to 6 p.m. ET with any comments, suggestions, or concerns you may have.

Resource Options

Select any of the five options for more detailed information.



Facility Compare Dashboard

Select Facility Compare Dashboard from the drop-down menu.

The screenshot shows the 'Hospital OQR Program' website. On the left is a vertical navigation menu with the following items: Program Information, Hospital Outpatient Quality Reporting 101, Hospital OQR Program Tools and Resources, Upcoming Events, Archived Events, Continuing Education, Data Dashboard (highlighted with a red box and a downward arrow), Data Collection and CART, Data Submission, Data Validation, OQR Program Rule History, and OQR Times. A red arrow points from the 'Data Dashboard' menu item to a drop-down menu that is open, showing the following options: Data Dashboard (with an upward arrow), Facility Compare Dashboard (highlighted with a red arrow), Lookup Tools, and Lookup Tool Archives (with a downward arrow). The main content area of the page is titled 'Hospital OQR Program' and contains a welcome message, a paragraph about the program, and a list of links for more information, videos, and reporting guidelines.

Hospital OQR Program

Program Information

Hospital Outpatient Quality Reporting 101

Hospital OQR Program Tools and Resources

Upcoming Events

Archived Events

Continuing Education

Data Dashboard

Data Collection and CART

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Hospital OQR Program

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the HOQR Program, the team at HSAG is available to answer questions or may need. We invite you to join the Hospital OQR Listserve at [listserv@hsag.com](#). We are committed to offering quality information about program developments. We are committed to offering quality information about program developments. We are committed to offering quality information about program developments. Please contact us at qgrsupport@hsag.com, or call us toll-free at 1-800-455-4773 with any comments, suggestions, or concerns you may have.

User Guide

For instructions, select Facility Compare Tool User Guide.

Facility Compare Dashboard

The Facility Compare Dashboard displays facility and state specific data published as part of the Hospital Outpatient and Ambulatory Surgical Center Quality Reporting Programs. The charts and graphs utilize data from the Centers for Medicare and Medicaid Services (CMS) Provider Data Catalog (PDC). The latest publicly reported data displayed can be found on PDC using links in the program-specific sections below.

You can find helpful explanations of each component of the dashboard in the [Facility Compare Tool User Guide](#) .

Ambulatory Surgical Centers



Hospital Outpatient Departments










Scorecard

From the Scorecard options, select: Explore all measures reported by a single facility.

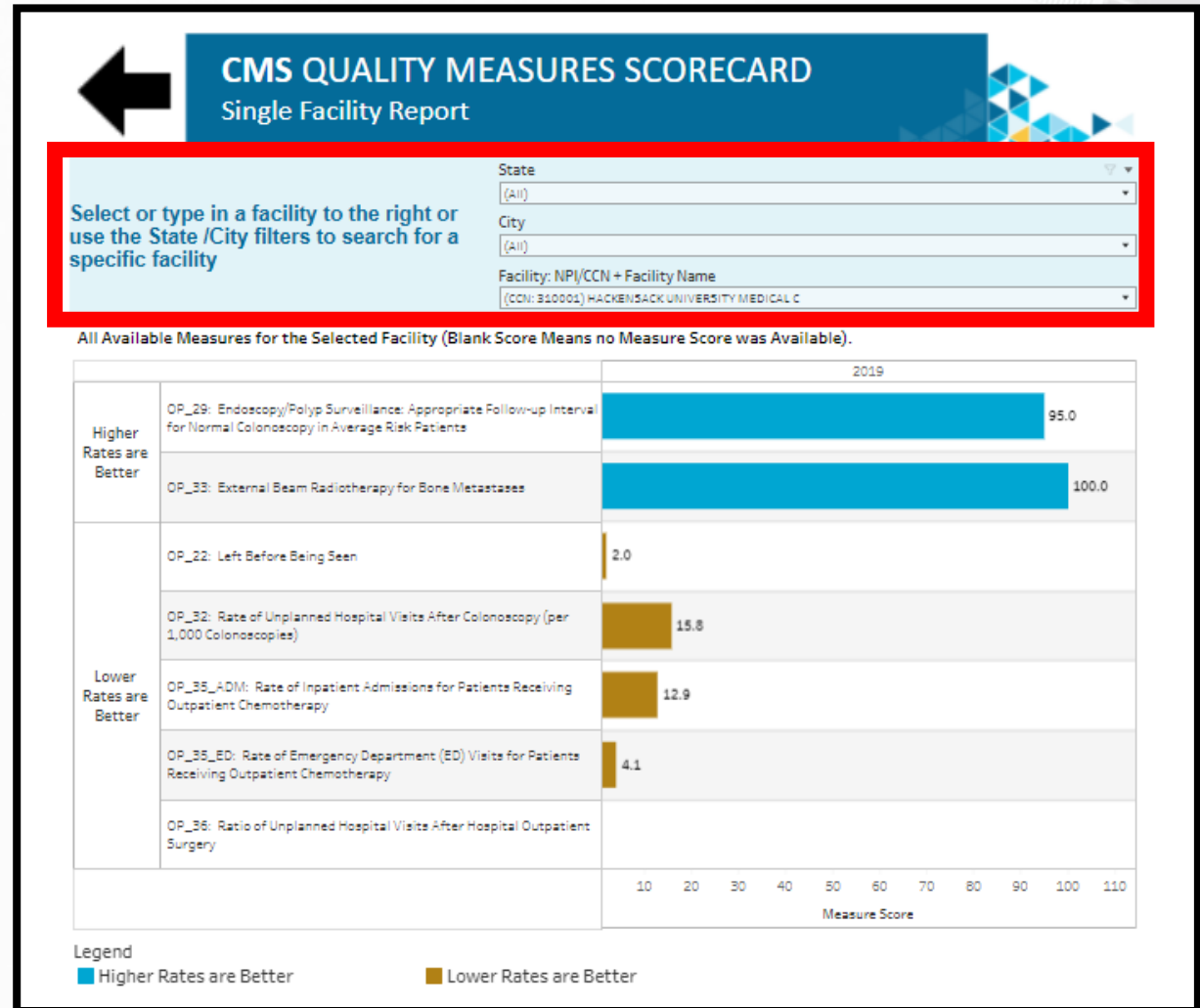
CMS QUALITY MEASURES SCORECARD
Overview

What do you want to do? Click a button below to select a desired report to view.

-  Explore all measures reported by a single facility.
-  Compare facility performance by measure.
-  Compare state and city performance by measure.
-  Explore overall national scores by state and measure.
-  Explore state comparison for all ASC measures.
-  Explore state comparisons for related measures across programs.
-  Explore state comparison for all OQR measures.

Single Facility Report View

Make your selections in the light blue area to filter your search options.



Filter Options

←

CMS QUALITY MEASURES SCORECARD

Single Facility Report

Select or type in a facility to the right or use the State /City filters to search for a specific facility

State: (All)

City: (All)

Facility: NPI/CCN + Facility Name
(CCN: 310001) HACKENSACK UNIVERSITY MEDICAL C

All Available Measures for the Selected Facility (Blank Score Means no Measure Score was Available).

		2019
Higher Rates are Better	OP_29: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	95.0
	OP_33: External Beam Radiotherapy for Bone Metastases	100.0
Lower Rates are Better	OP_22: Left Before Being Seen	2.0
	OP_32: Rate of Unplanned Hospital Visits After Colonoscopy (per 1,000 Colonoscopies)	15.8
	OP_35_ADM: Rate of Inpatient Admissions for Patients Receiving Outpatient Chemotherapy	12.9
	OP_35_ED: Rate of Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	4.1
	OP_36: Ratio of Unplanned Hospital Visits After Hospital Outpatient Surgery	

Legend

Higher Rates are Better

Lower Rates are Better

State: (All)

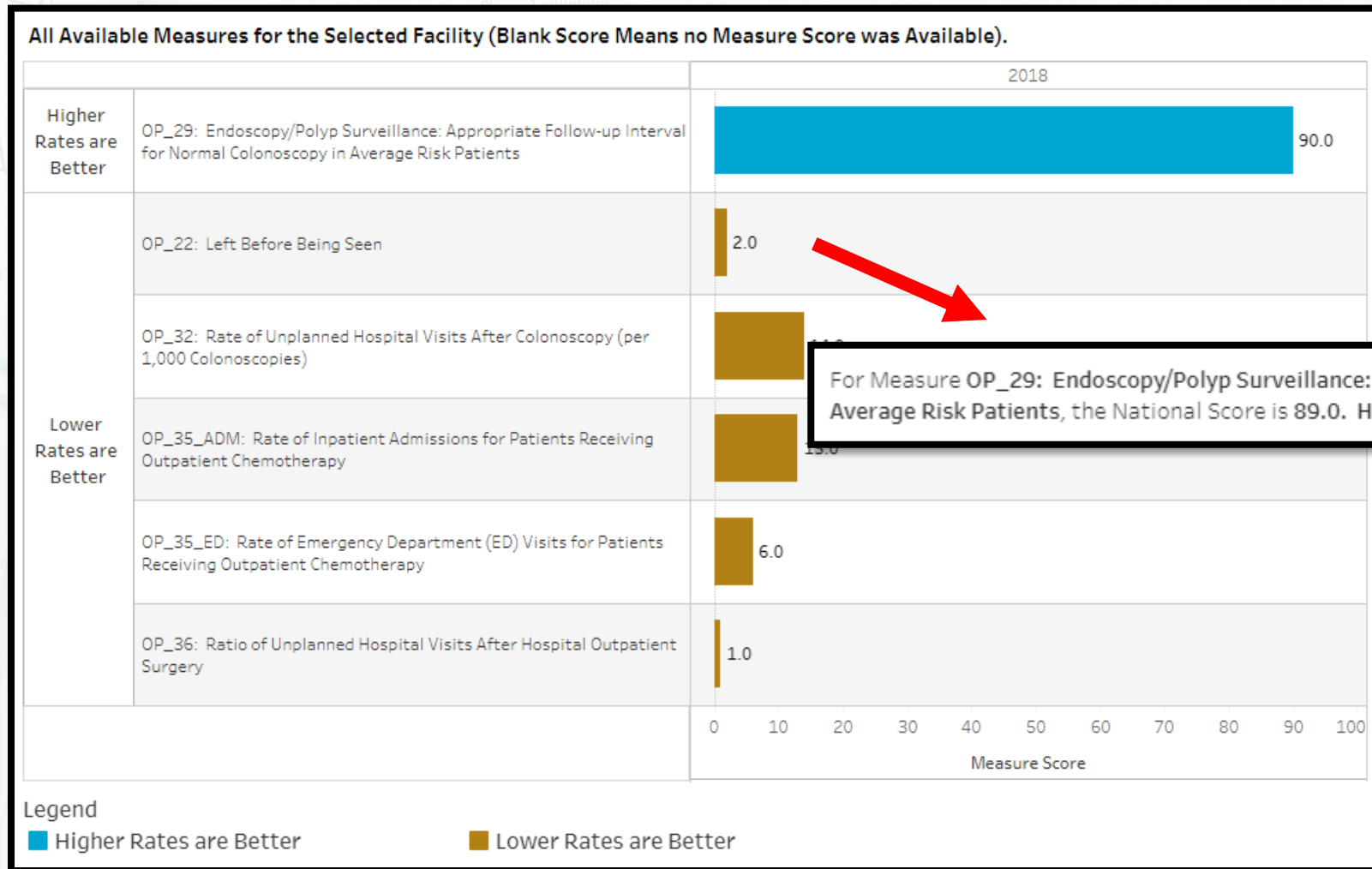
City: (All)

Facility: NPI/CCN + Facility Name

(CCN: 310001) HACKENSACK UNIVERSITY MEDICAL C

- (CCN: 10001) SOUTHEAST ALABAMA MEDICAL CENTER
- (CCN: 10005) MARSHALL MEDICAL CENTERS
- (CCN: 10006) NORTH ALABAMA MEDICAL CENTER
- (CCN: 10007) MIZELL MEMORIAL HOSPITAL
- (CCN: 10008) CRENSHAW COMMUNITY HOSPITAL
- (CCN: 10011) ST. VINCENT'S EAST
- (CCN: 10012) DEKALB REGIONAL MEDICAL CENTER
- (CCN: 10016) SHELBY BAPTIST MEDICAL CENTER
- (CCN: 10018) CALLAHAN EYE HOSPITAL
- (CCN: 10019) HELEN KELLER HOSPITAL
- (CCN: 10021) DALE MEDICAL CENTER
- (CCN: 10022) CHEROKEE MEDICAL CENTER

Single Facility Report View



For Measure OP_29: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients, the National Score is 89.0. Higher Rates are Better for this measure.

State Comparisons: Across Programs

CMS QUALITY MEASURES SCORECARD

Overview

What do you want to do? Click a button below to select a desired report to view.



Explore all measures reported by a single facility.



Compare facility performance by measure.



Compare state and city performance by measure.



Explore overall national scores by state and measure.



Explore state comparison for all ASC measures.



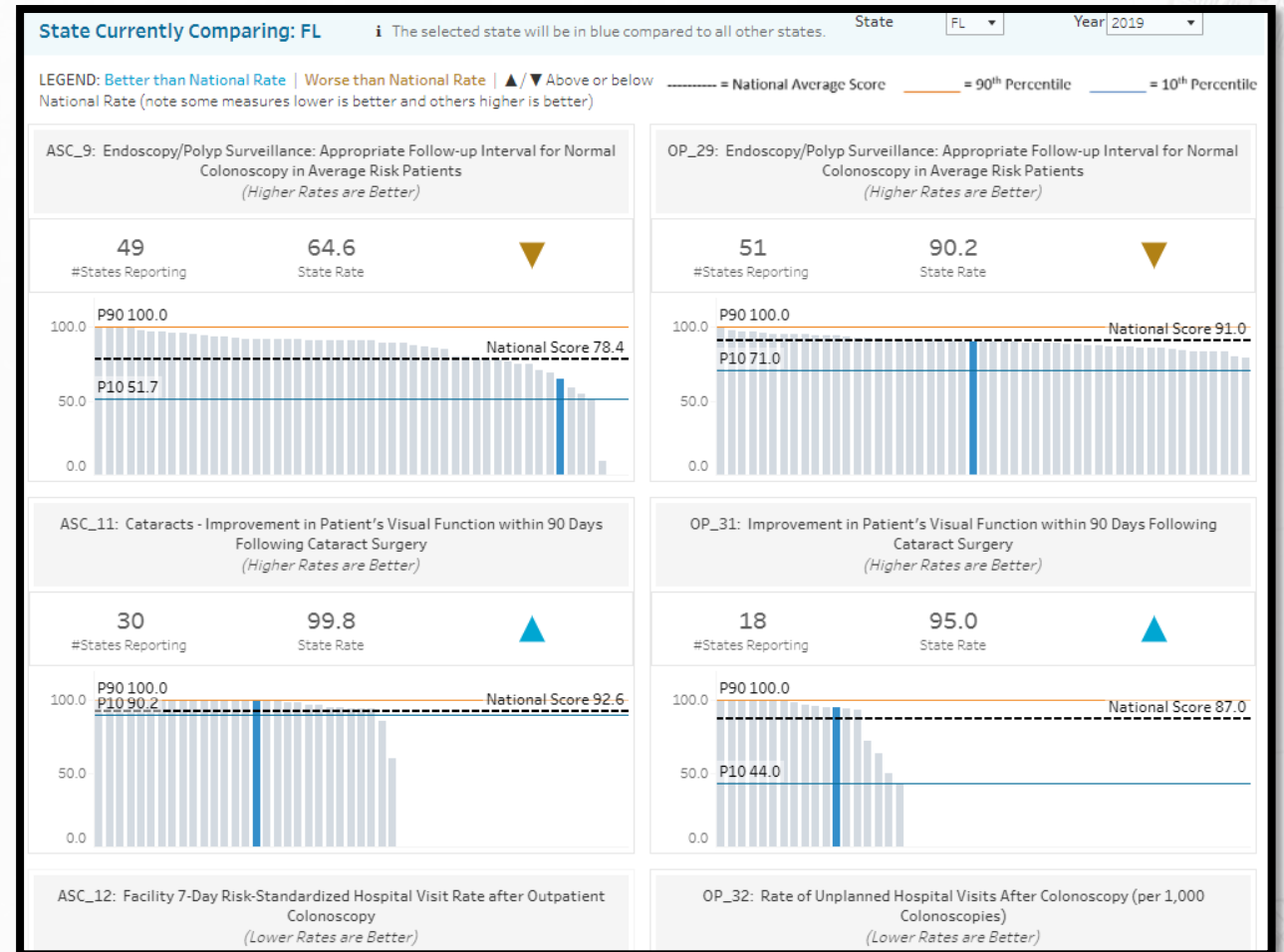
Explore state comparisons for related measures across programs.



Explore state comparison for all OQR measures.

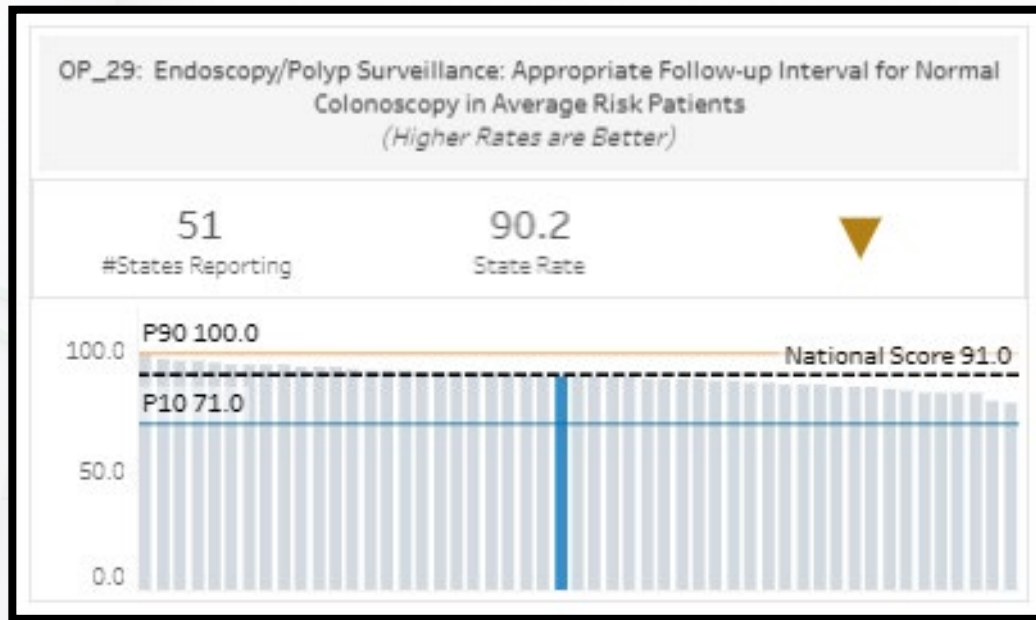
Report Results

- All states are shown in gray.
- The selected state is shown in blue.
- National and state scores are display with a dotted line.
- The gold and blue arrows provide more information about the selected state data you are comparing.



A Closer Look

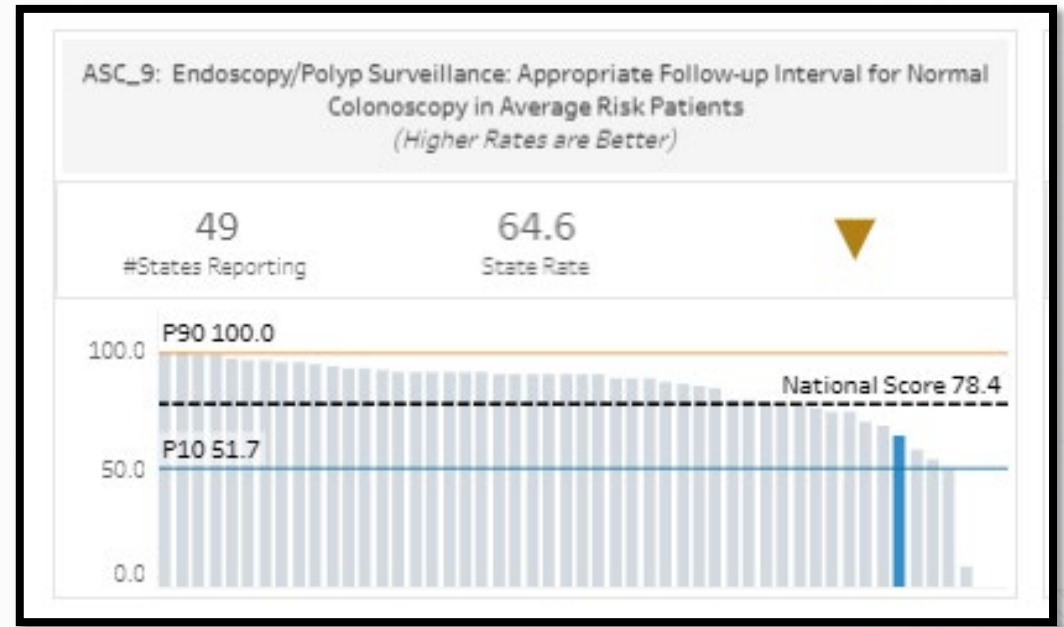
This report allows you to compare the same measure from the Hospital OQR Program and the Ambulatory Surgical Center Quality Reporting (ASCQR) Program.



Hospital OQR Program

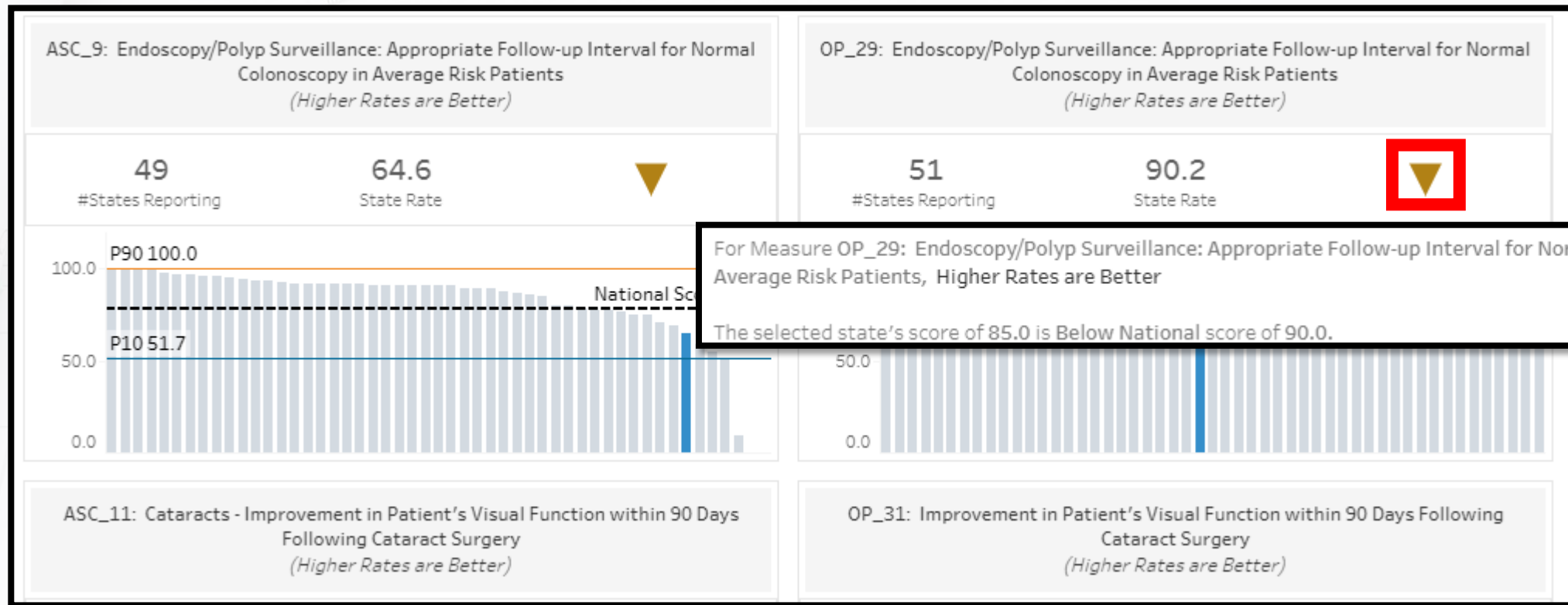


ASCQR Program



Additional Information

Select the gold arrow for a pop-up with additional information.



State Comparison: All Hospital OQR Program Measures

CMS QUALITY MEASURES SCORECARD Overview

What do you want to do? Click a button below to select a desired report to view.



Explore all measures reported by a single facility.



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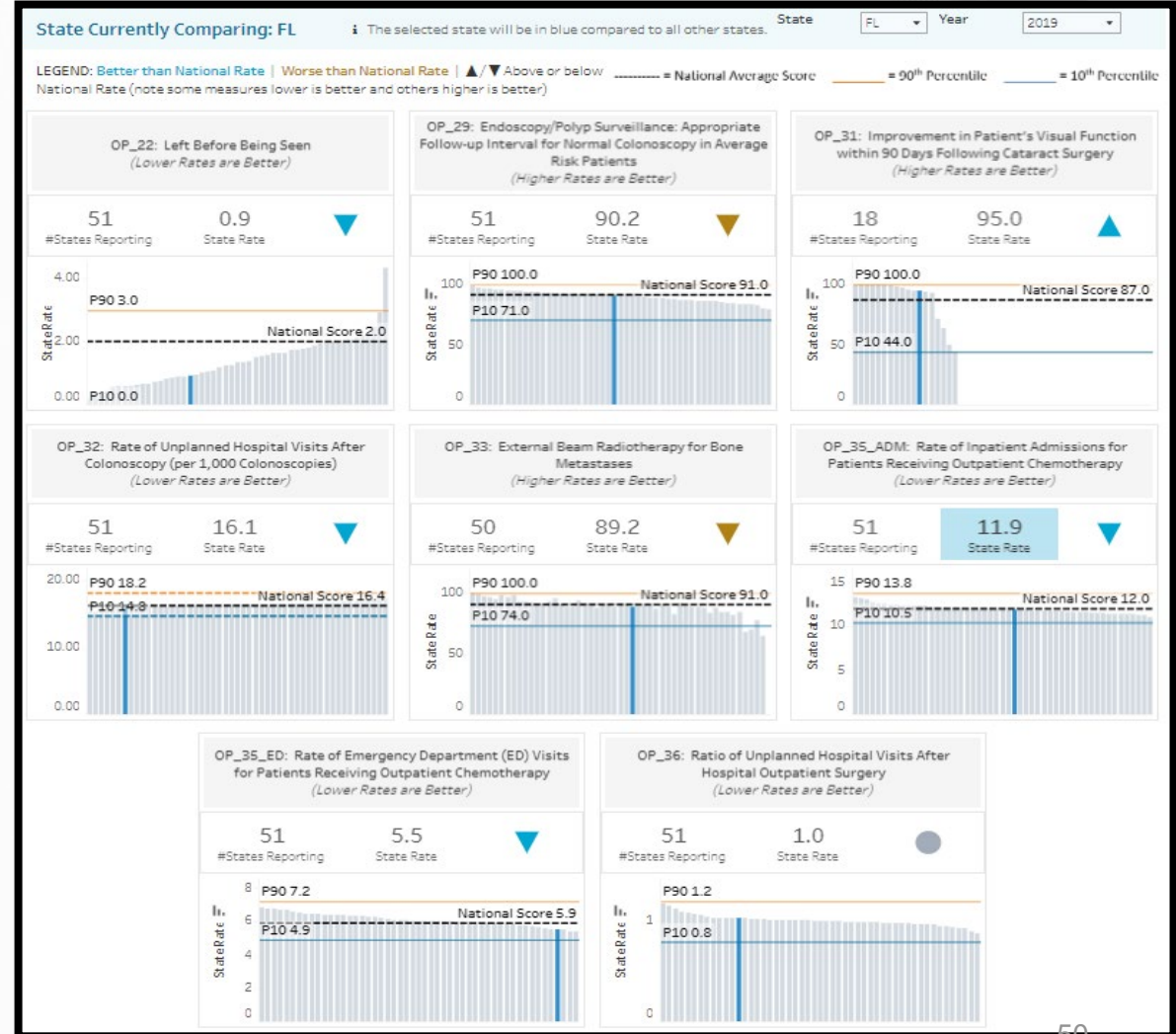
Explore state comparisons for related measures across programs.



Explore state comparison for all OQR measures.

Report Results

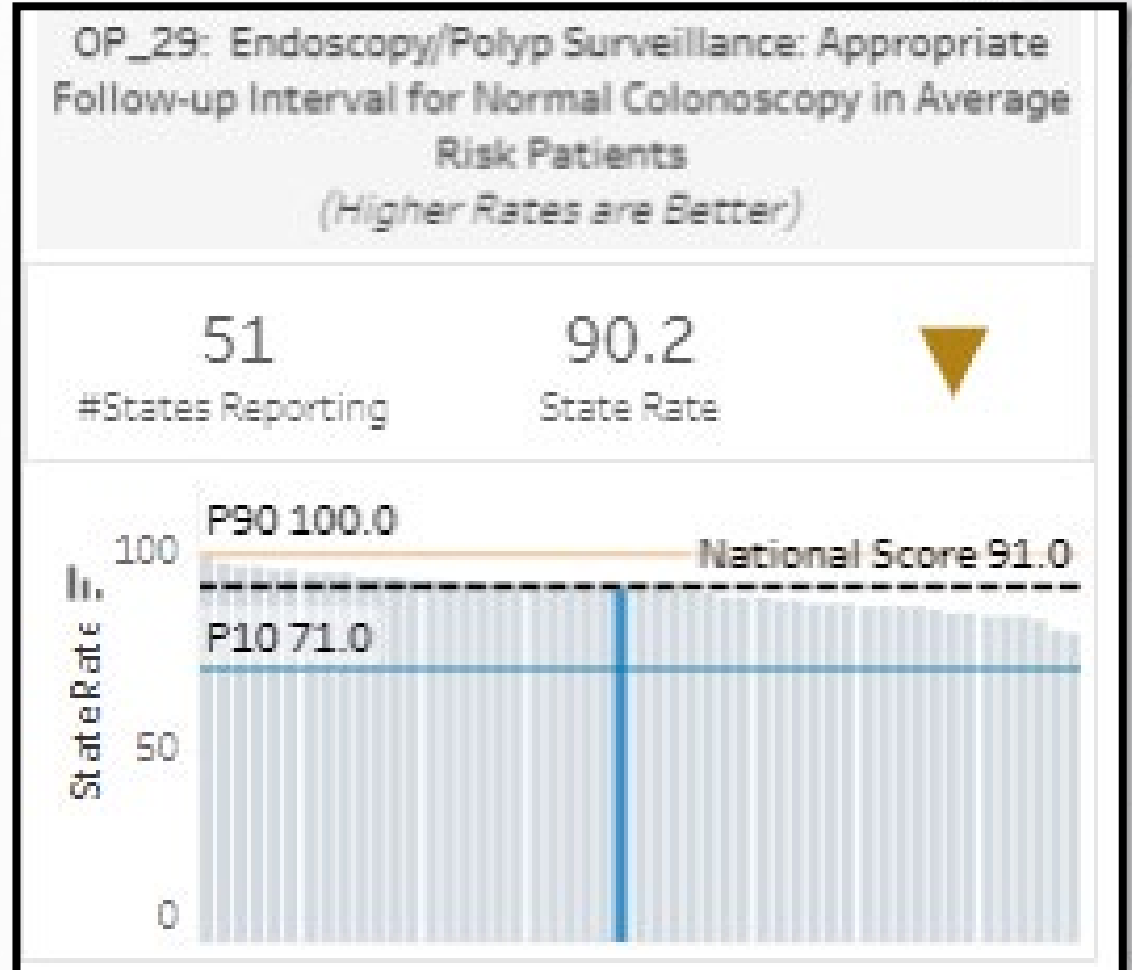
- Individual boxes represent each measure.
- Each state will be colored gray.
- Your selected state will be in blue.
- You may hover your cursor for a pop-up window for additional information.



A Closer Look

The data will show for your selected state.

- State rate: 90.2
- National Score: 91.0.
- 90th percentile: 100%
- 10th percentile: 71.0%
- Additional information is provided by clicking on blue arrow.



Support

- For program-related questions, contact the support team at 866.800.5756
- Question & Answer Tool:
https://cmsqualitysupport.servicenowservices.com/qnet_qa
- For questions related to the National Healthcare Safety Network (NHSN), contact the support team at NHSN@cdc.gov.
- Center for Clinical Standards and Quality (CCSQ) Service Center:
(866) 288-8912

Thank You



Continuing Education Approval

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

- **National credit**

- Board of Registered Nursing (Provider #16578)

- **Florida-only credit**

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Registered Nursing
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

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

Acronyms

ADM	admission	HQR	Hospital Quality Reporting
AMI	Acute Myocardial Infarction	IPPS	inpatient prospective payment system
APU	Annual Payment Update	IQR	inpatient quality reporting
ASC	ambulatory surgical center	LTCH	Long-Term Care Hospital
ASCQR	Ambulatory Surgical Center Quality Reporting	MRI	magnetic resonance imaging
CAA	Consolidated Appropriations Act	NHSN	National Healthcare Safety Network
CAH	critical access hospital	OIE	Outpatient Imaging Efficiency
CCN	CMS Certification Number	OP	outpatient
CCSQ	Center for Clinical Standards and Quality	OPPS	outpatient prospective payment system
CFR	Code of Federal Regulations	OQR	outpatient quality reporting
CMS	Centers for Medicare & Medicaid Services	PPS	prospective payment system
CT	Computed Tomography	Q	quarter
CY	calendar year	REH	Rural Emergency Hospital
DBT	digital breast tomosynthesis	REHQR	Rural Emergency Hospital Quality Reporting
ECE	Extraordinary Circumstance Exception	RFC	Request for Comment
ED	emergency department	RFI	Request for Information
EDTC	Emergency Department Transfer Communications	SO	Security Official
FR	<i>Federal Register</i>	STEMI	ST-Segment Elevation Myocardial Infraction
FY	fiscal year		

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