Laying the Foundation to Transform Quality Reporting

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

Speakers

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Outpatient Quality Program Systems and Stakeholder Support Team

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Building Plan for Today

Topic	Speaker
Welcome	Karen VanBourgondien, RN, BSN
• Hospital OQR Program Finalized Proposals and RFIs in the CY 2023 Hospital OPPS/ASC Payment System Final Rule • Hospital OQR Program Questions and Answers	Shaili Patel, MPH
• REHQR Program Finalized Proposals and RFIs in the CY 2023 Hospital OPPS/ASC Payment System Final Rule • REHQR Program Questions and Answers	Anita J. Bhatia, PhD, MPH
• 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

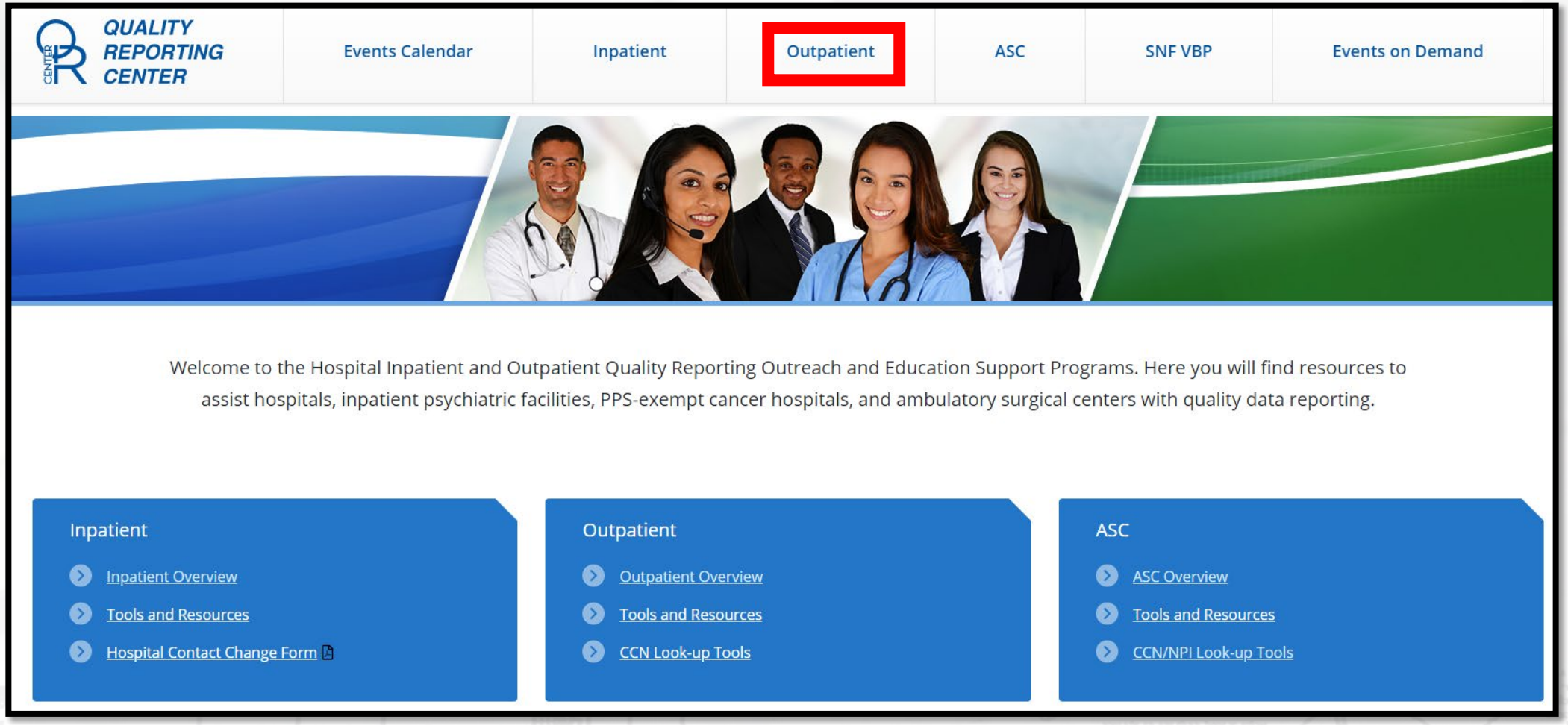
These measures are refreshed annually in July.

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

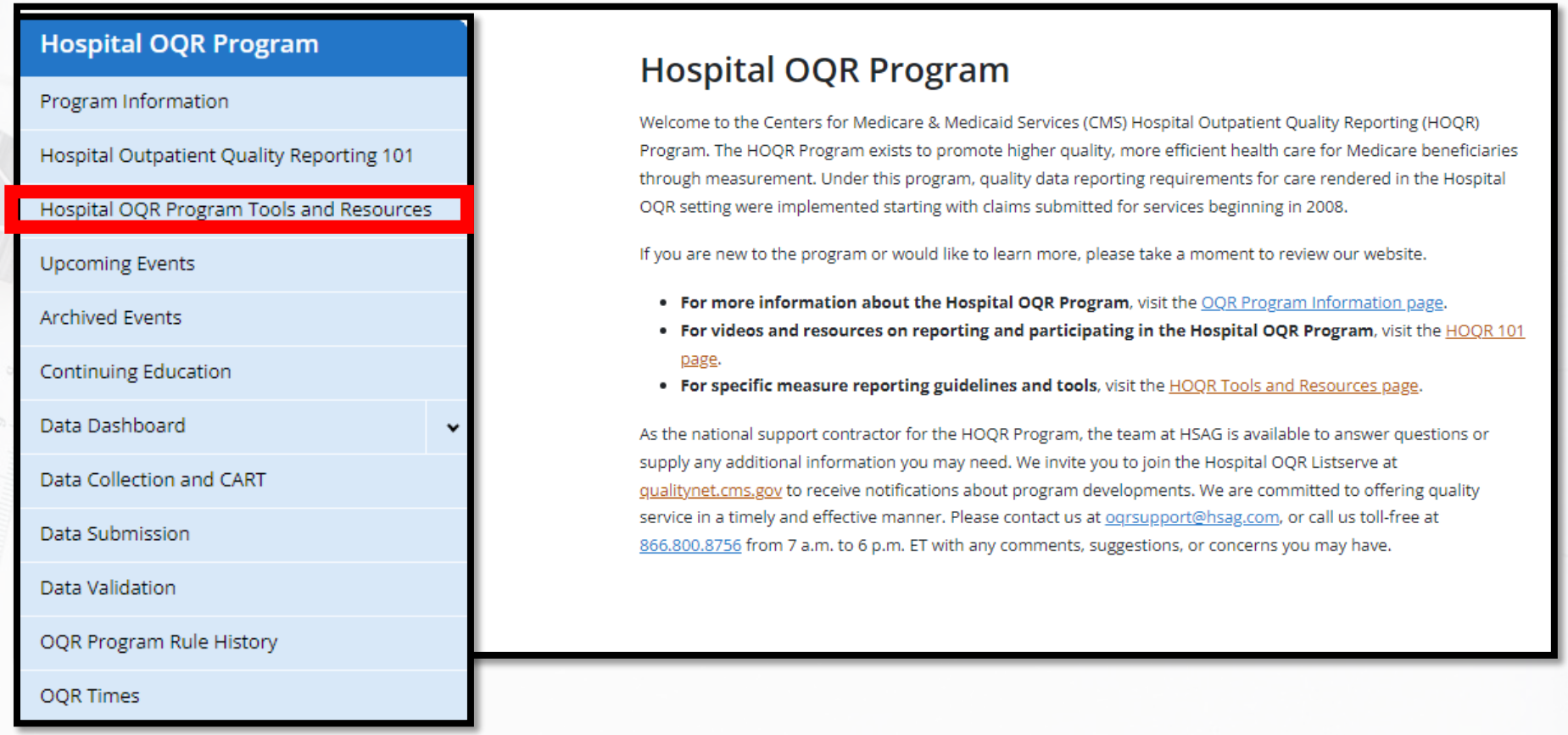
The Home Page

www.qualityreportingcenter.com



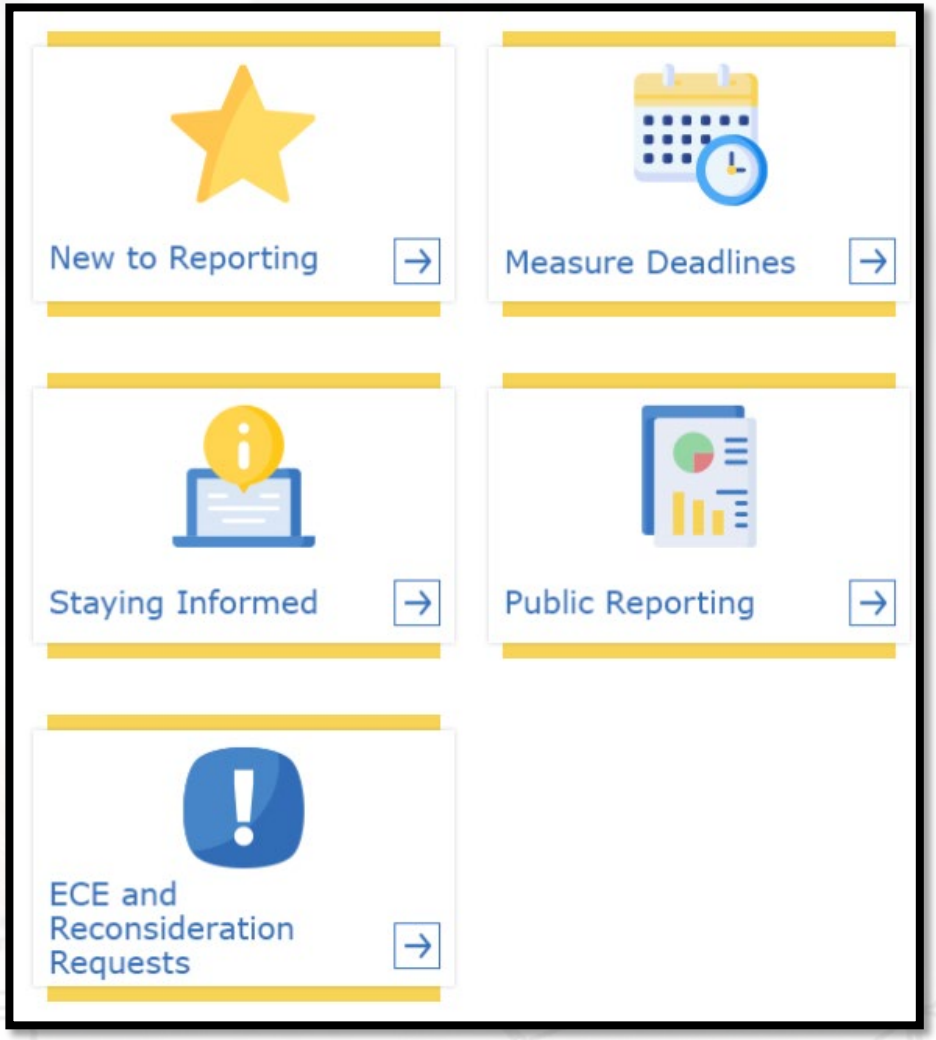
Quality Reporting Center Resources

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



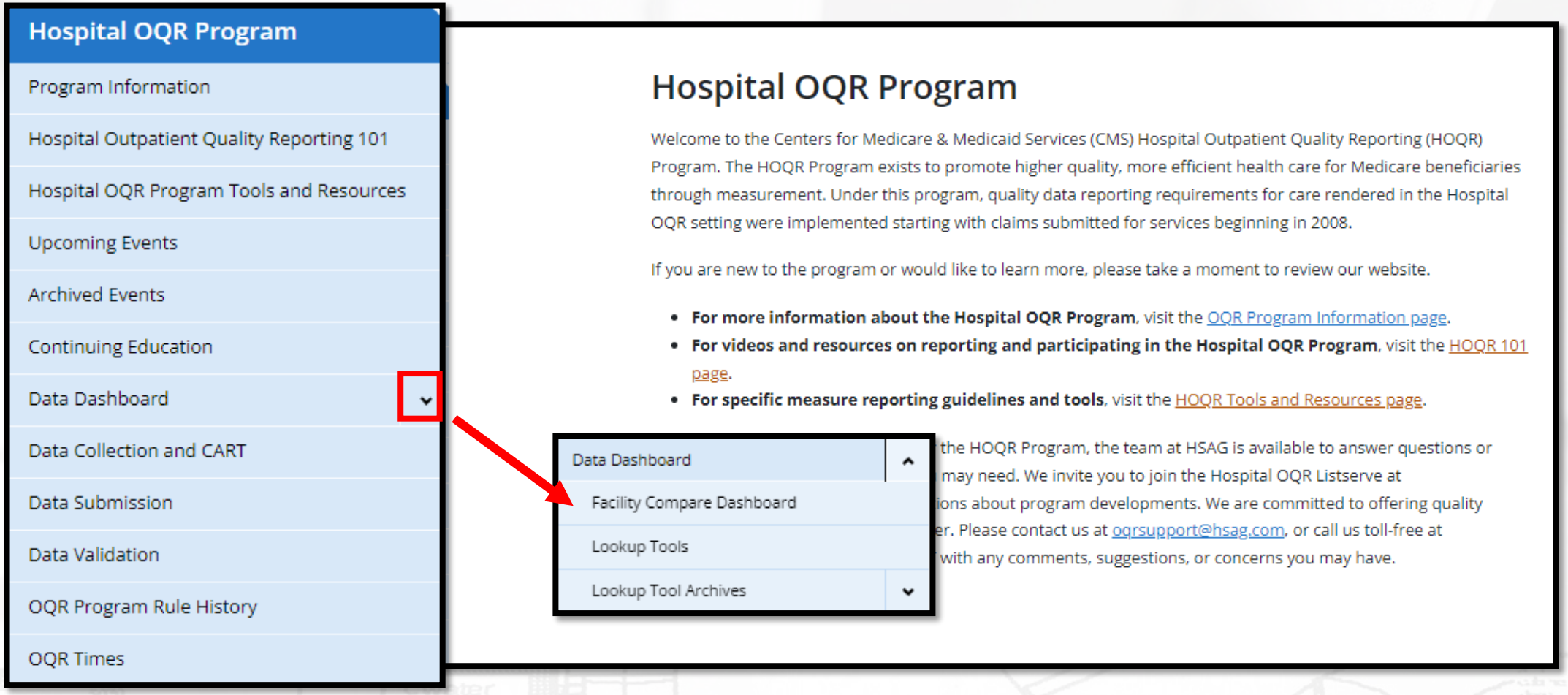
Resource Options

Select any of the five options for more detailed information.



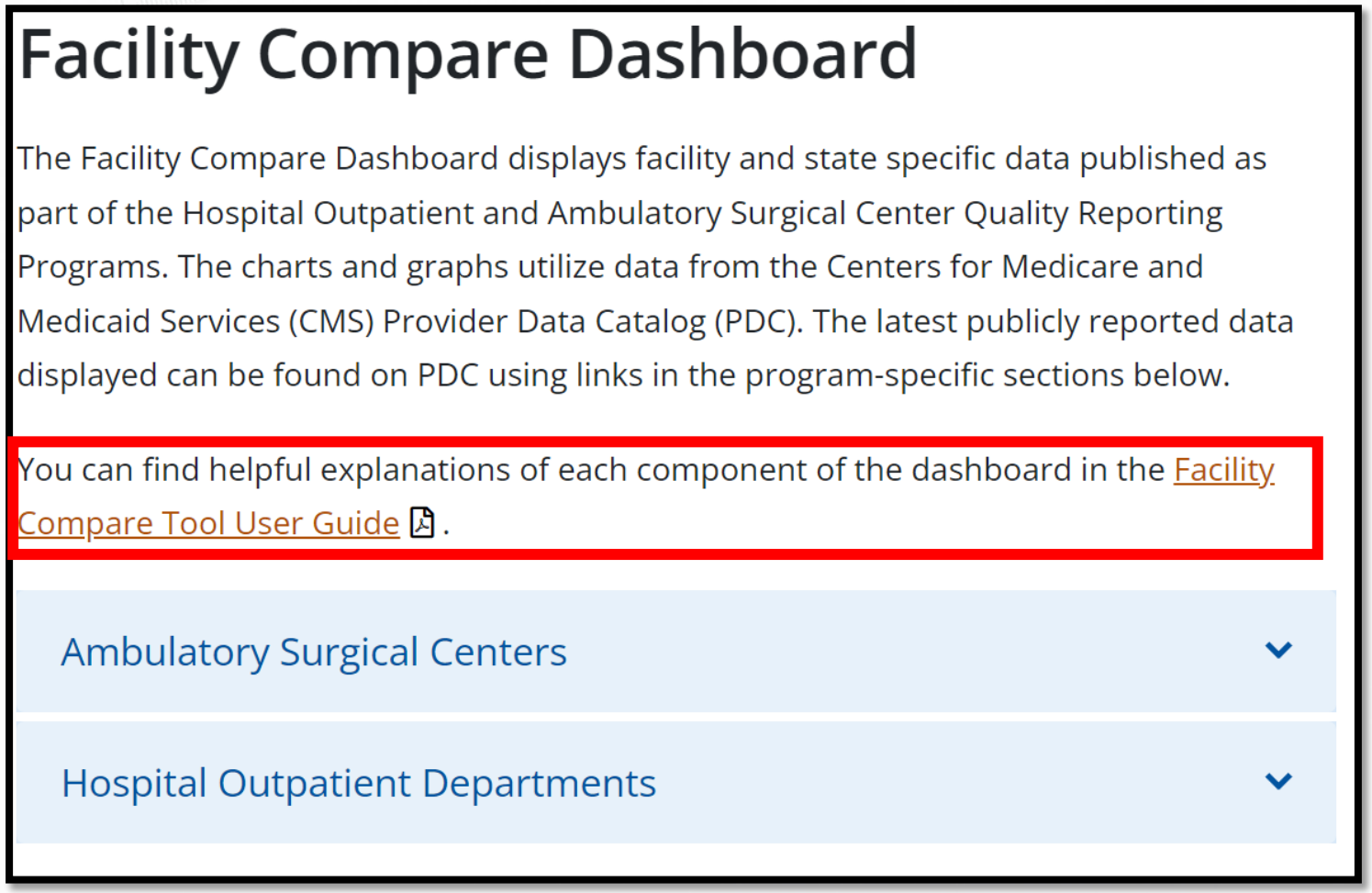
Facility Compare Dashboard

Select Facility Compare Dashboard from the drop-down menu.



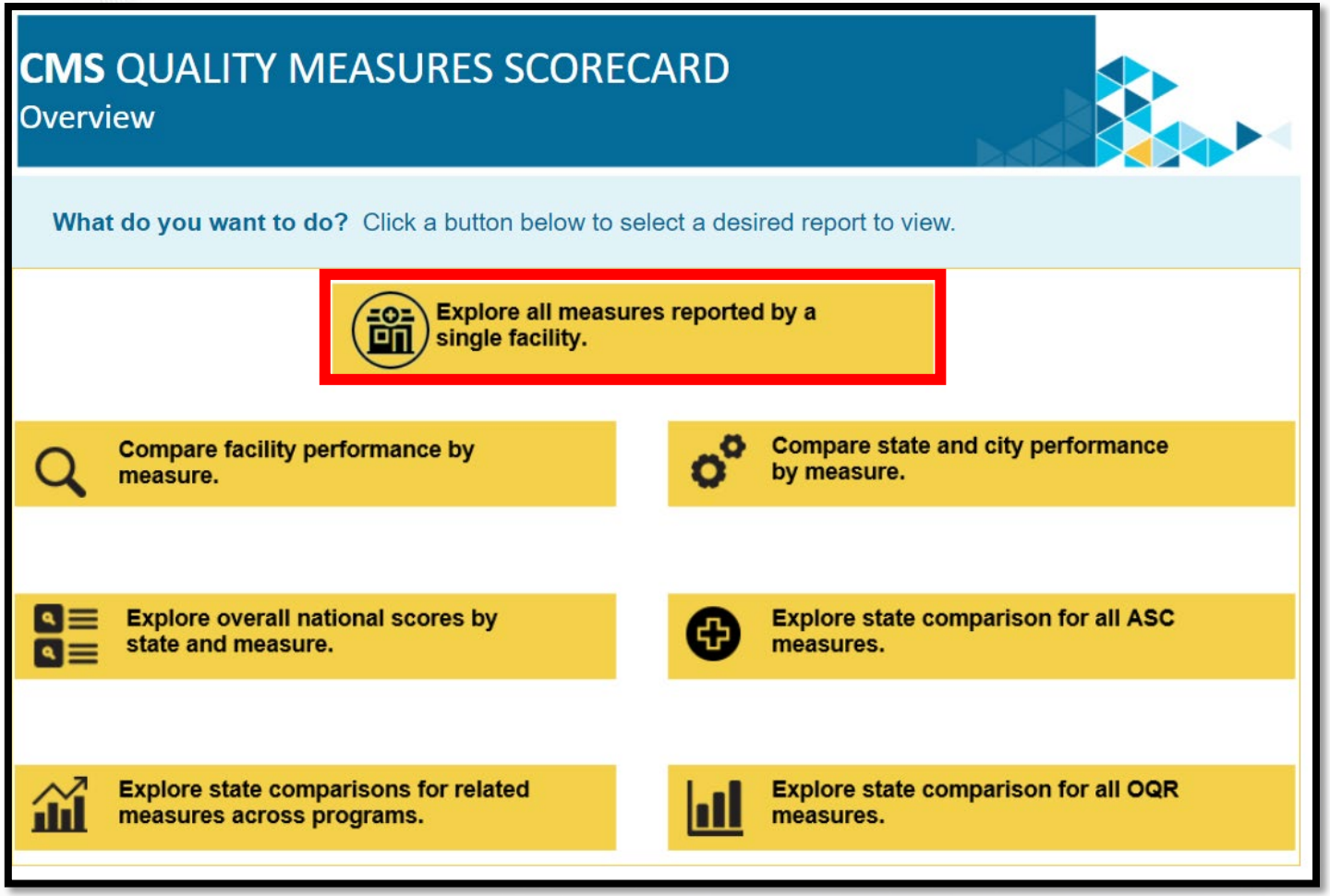
User Guide

For instructions, select Facility Compare Tool User Guide.



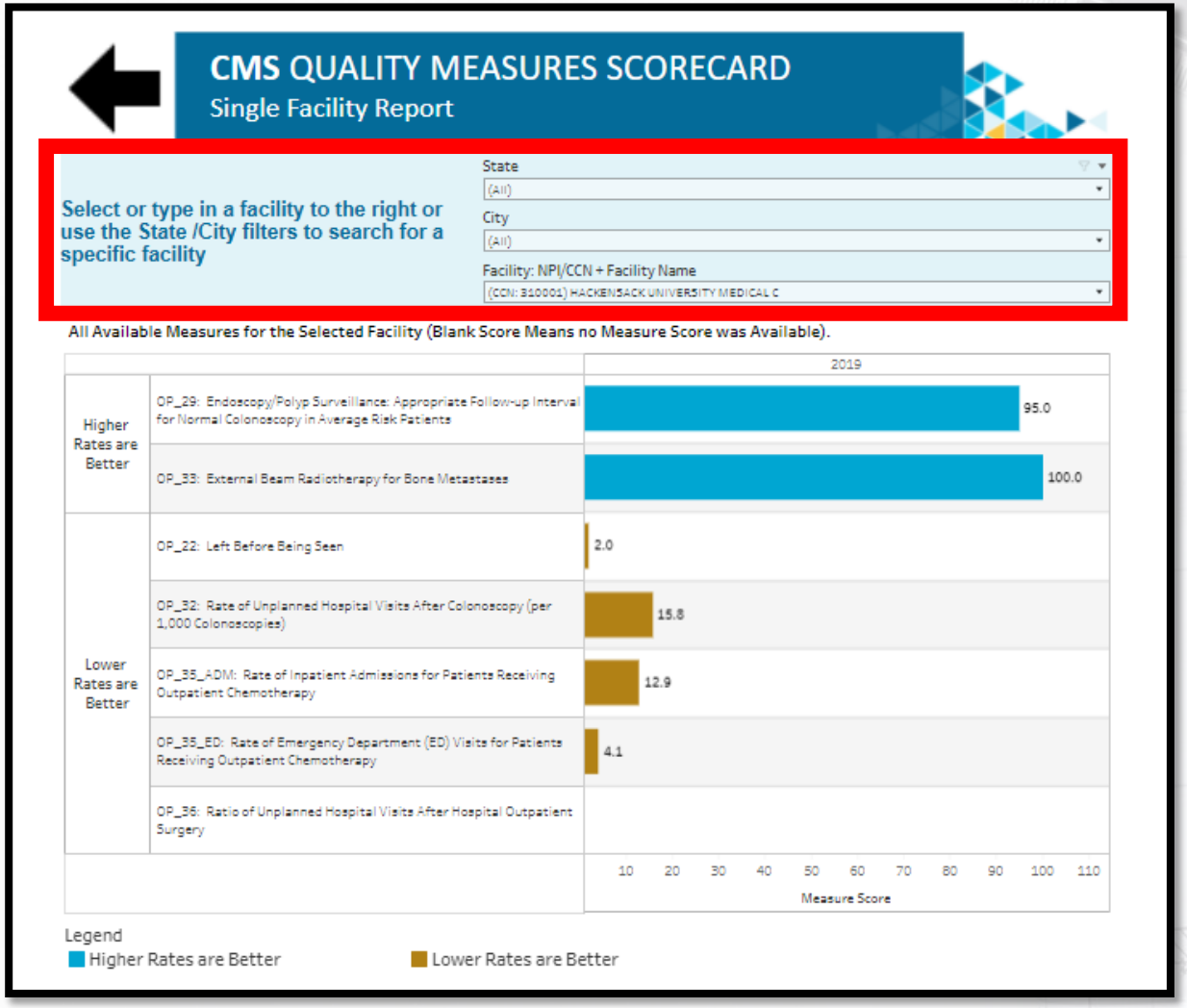
Scorecard

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

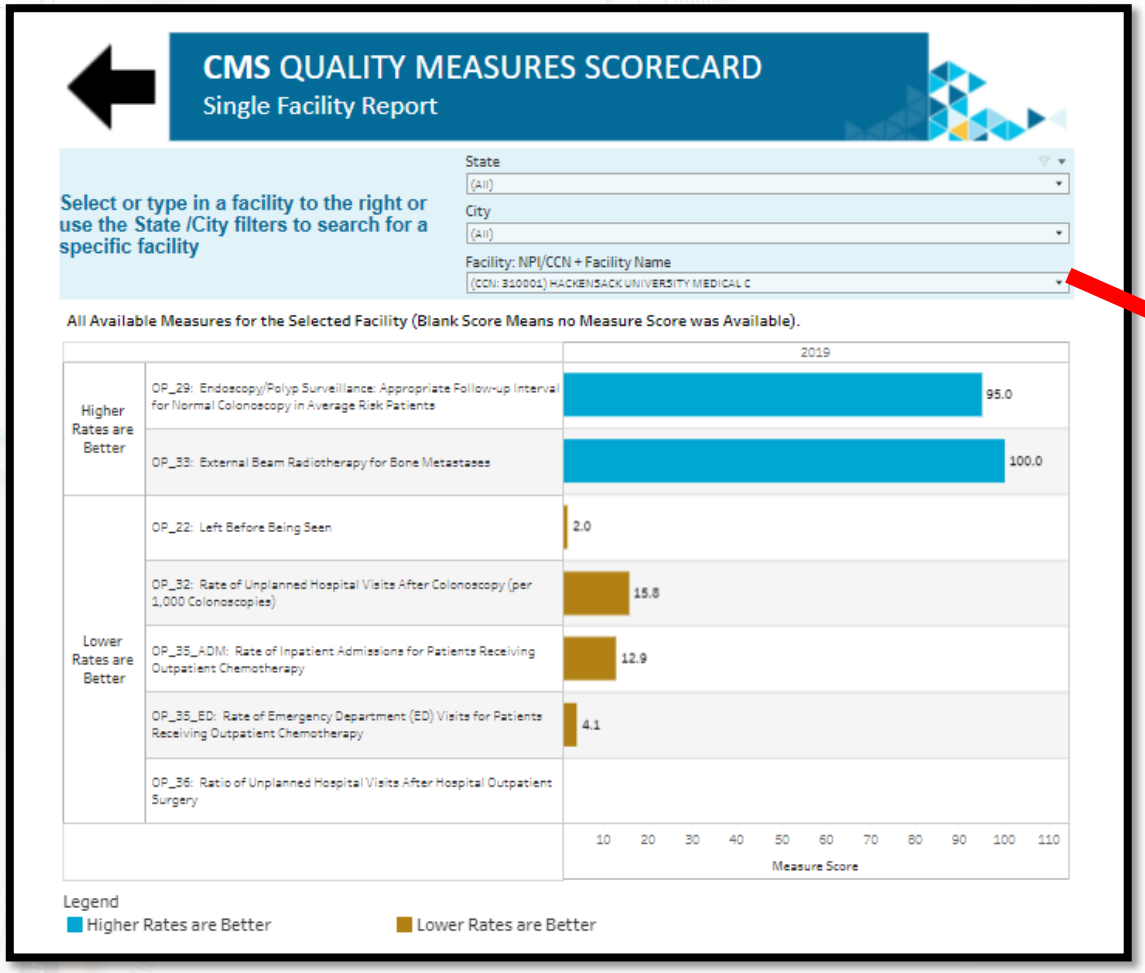


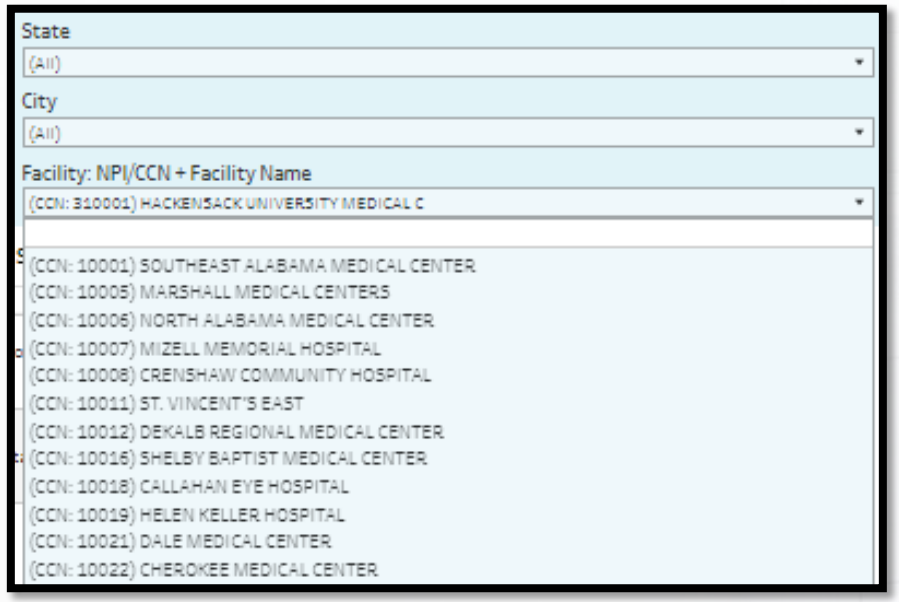
Single Facility Report View

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



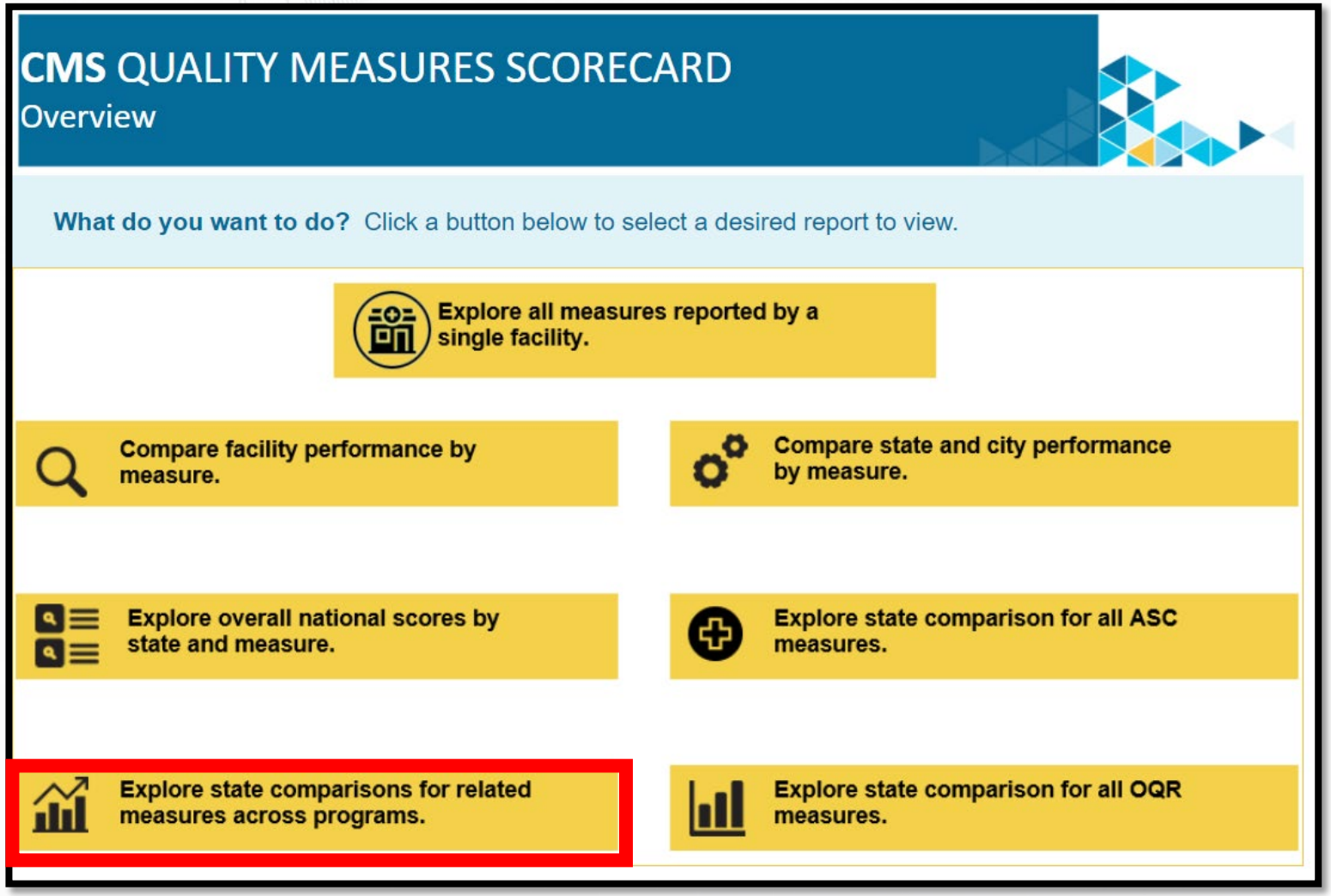
Filter Options





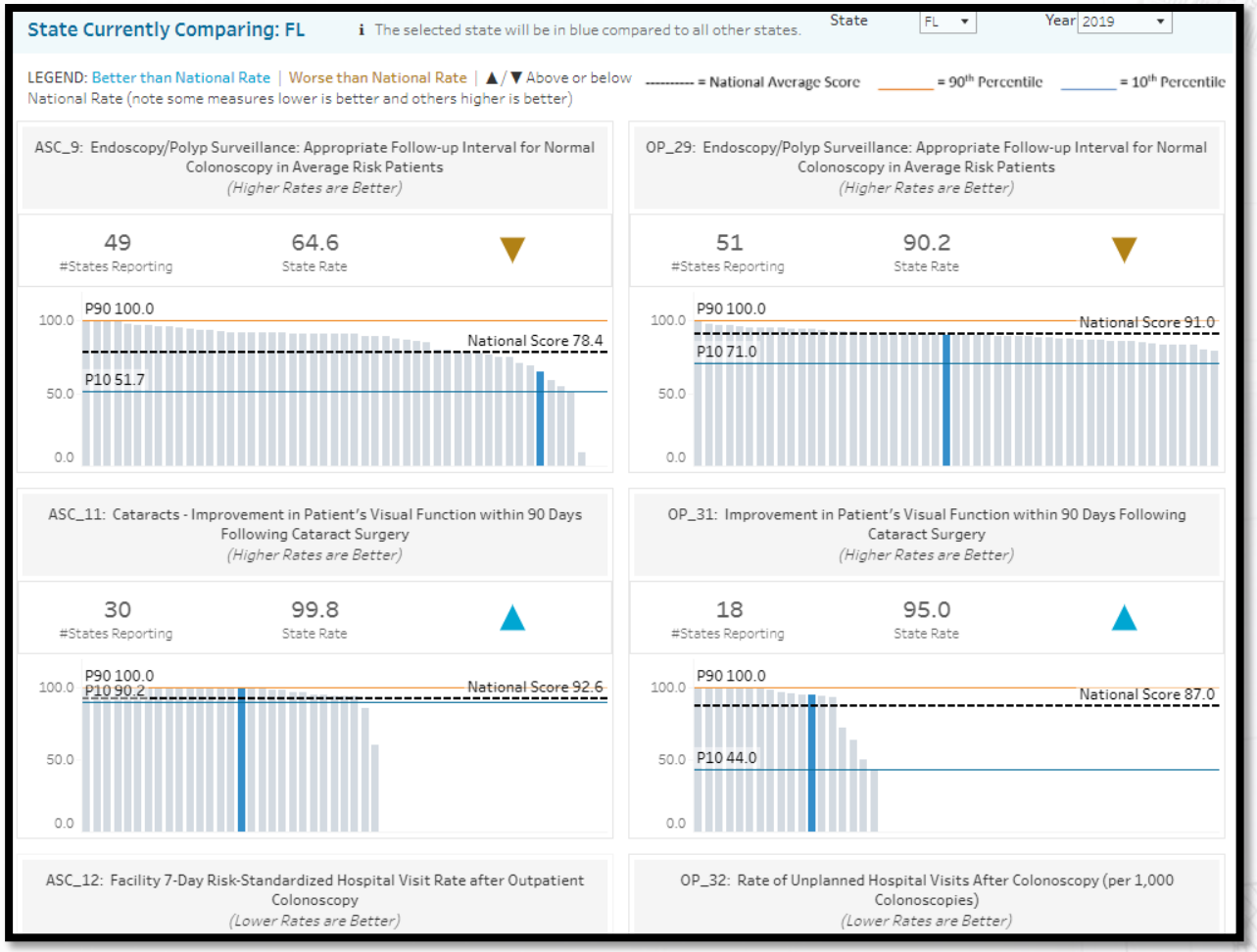
Single Facility Report View

State Comparisons: Across Programs



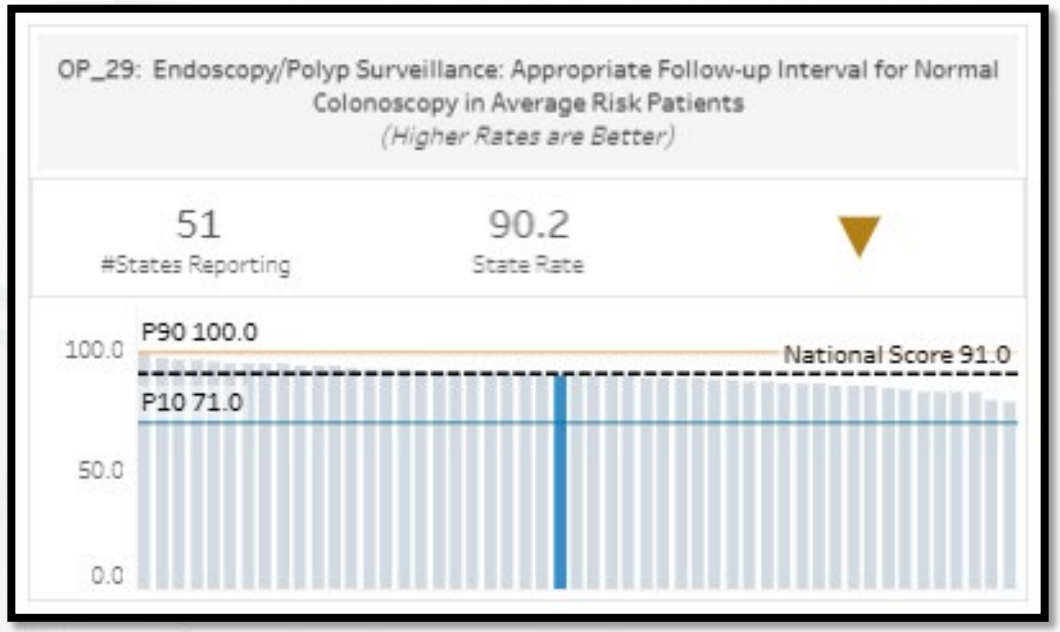
Report Results

- 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.



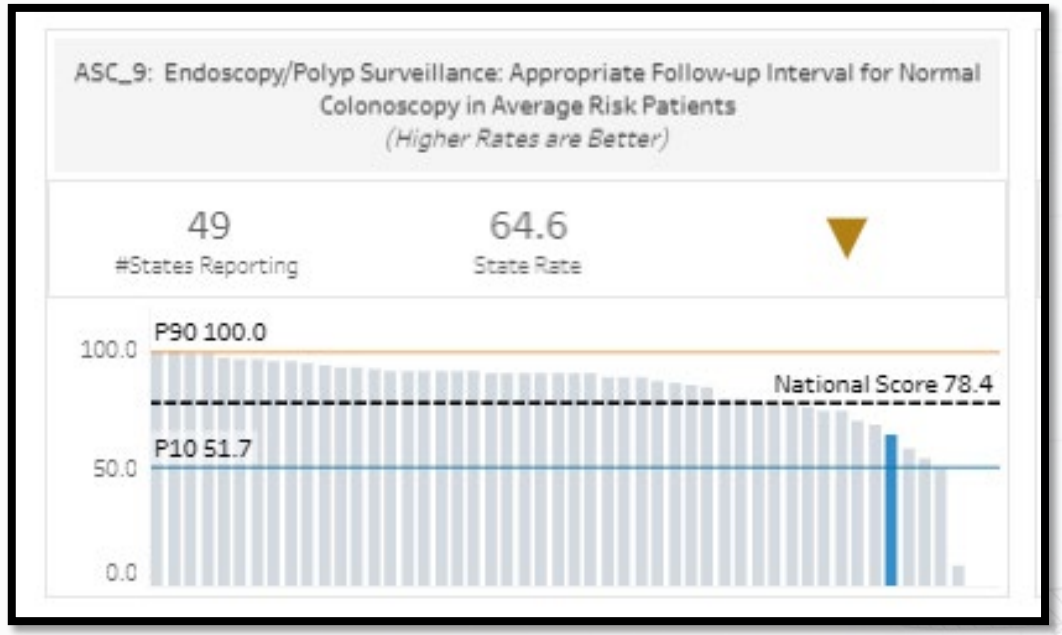
A Closer Look

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



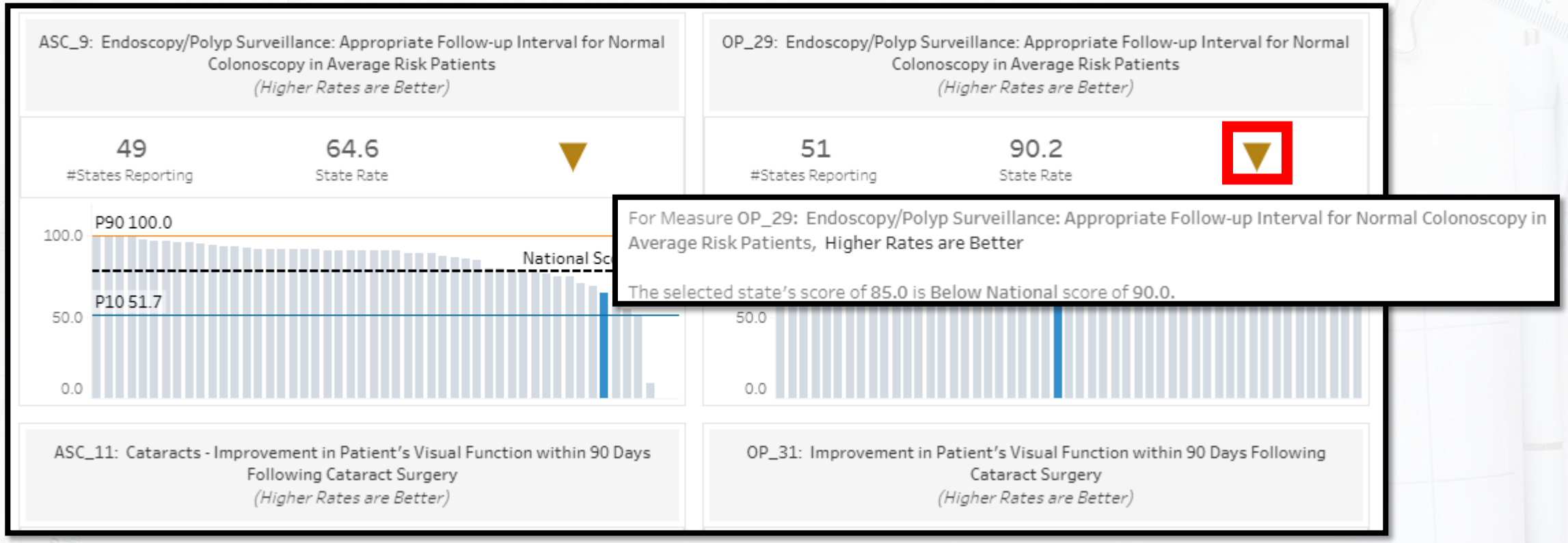
Hospital OQR Program

ASCQR Program

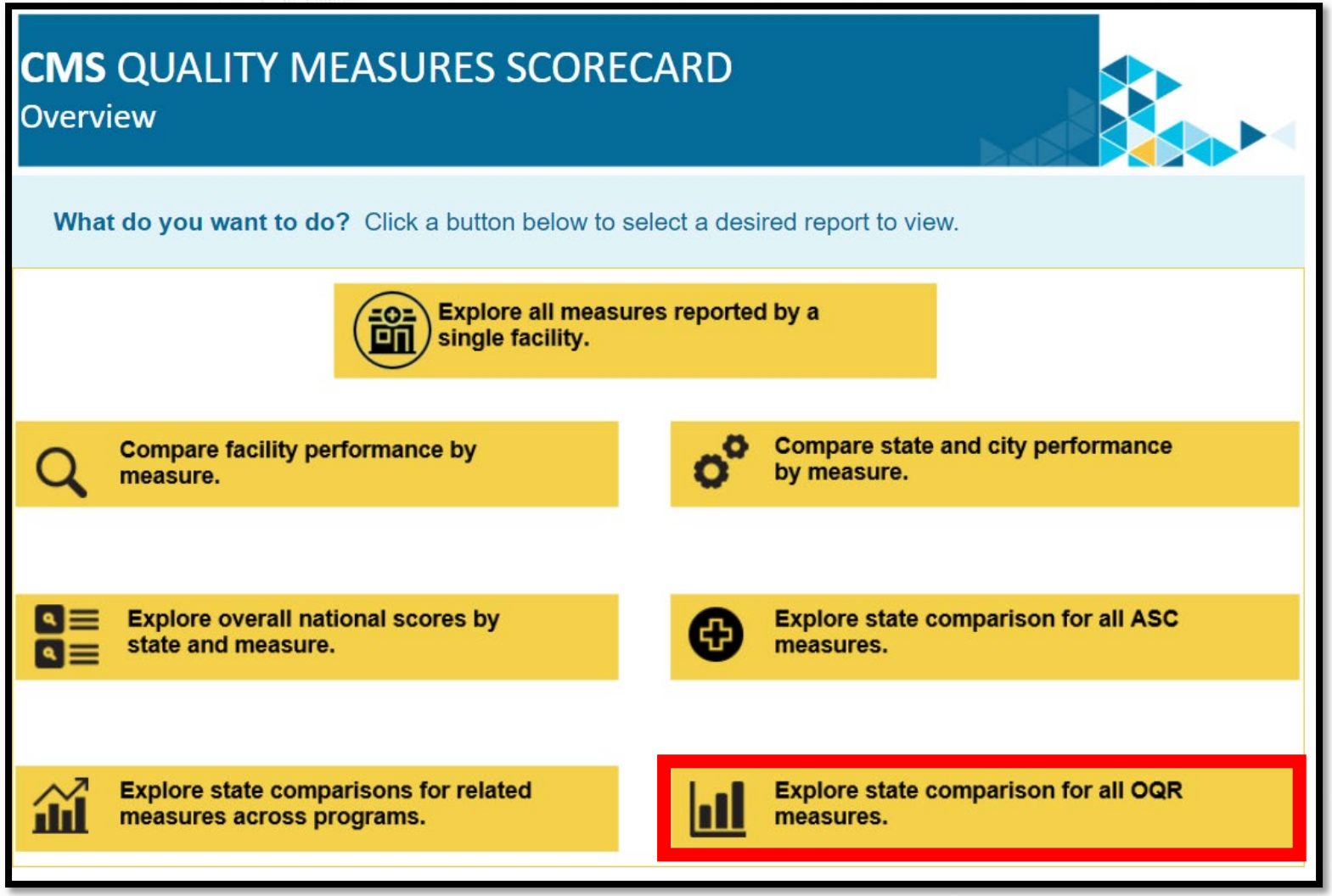


Additional Information

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

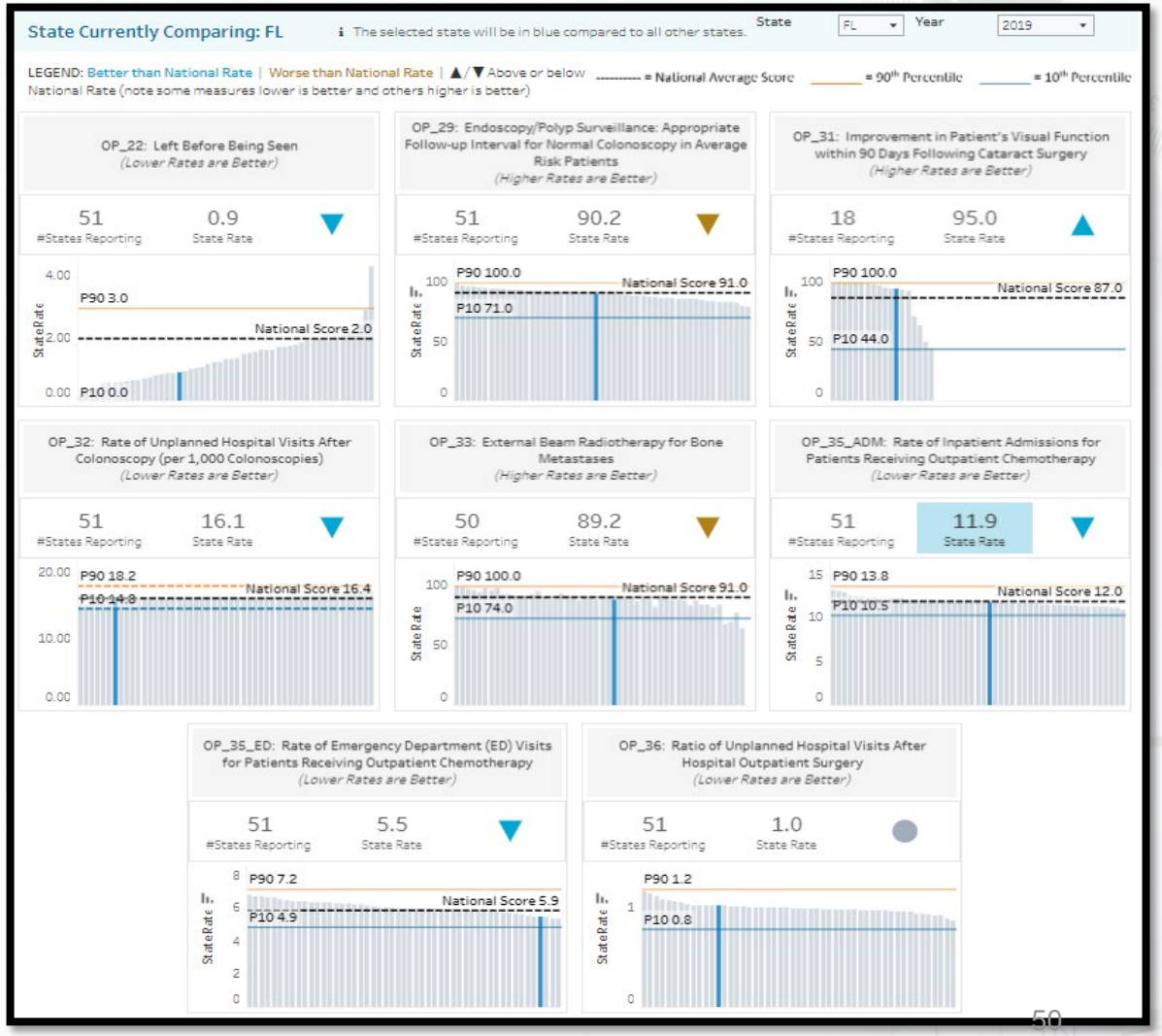


State Comparison: All Hospital OQR Program Measures



Report Results

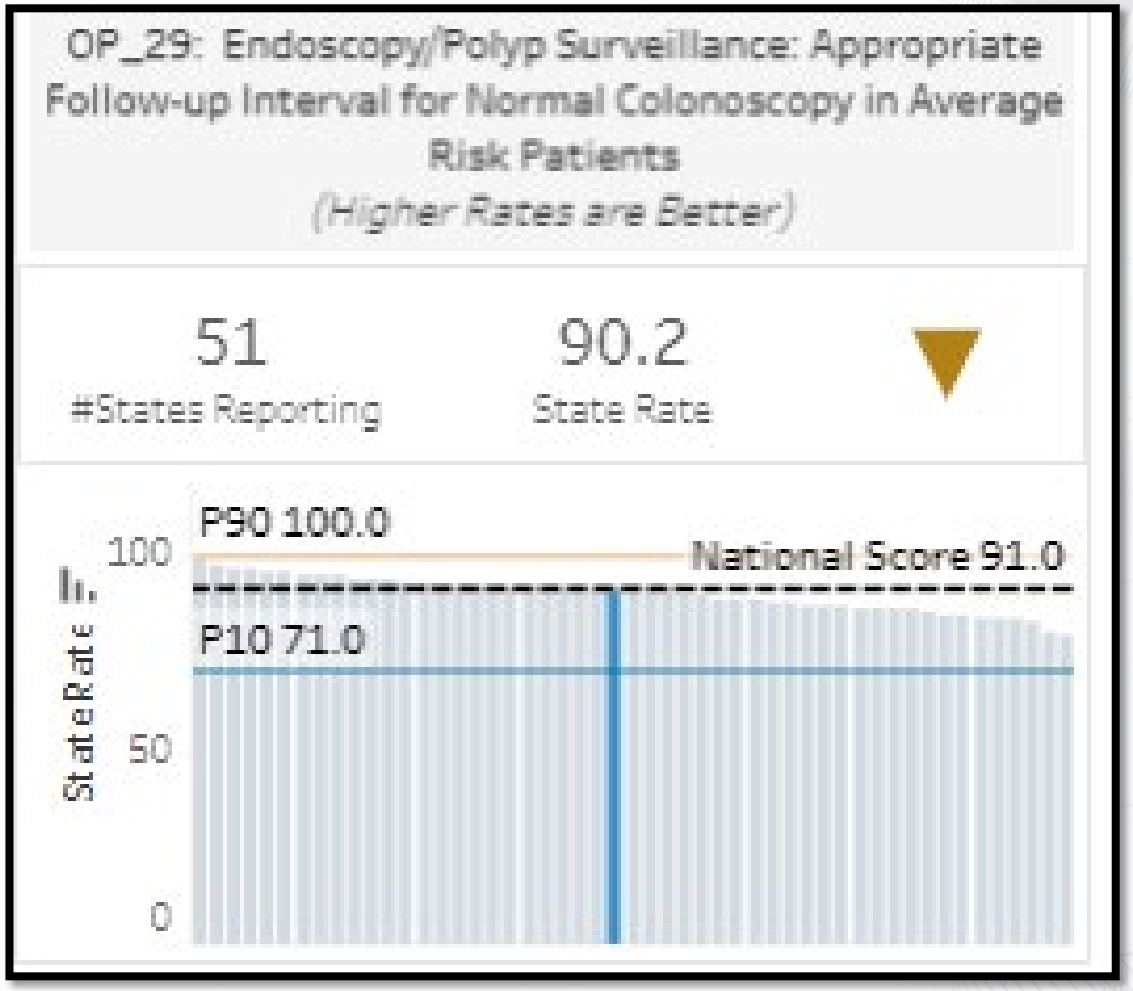
- Individual boxes represent each measure.
- Each state will be colored gray.
- Your selected state will be in blue.
- You may hover your cursor for a pop-up window for additional information.



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	*Federal Register*	**STEMI**	ST-Segment Elevation Myocardial Infraction
FY	fiscal year		

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