



# The Calendar Year (CY) 2024 Hospital Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Payment System Final Rule

Discussing the Impacts for the Hospital Outpatient Quality Reporting (OQR) and Rural Emergency Hospital Quality Reporting (REHQR) Programs

# Speakers

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By the end of the presentation, participants will be able to:

- Locate the calendar year (CY) 2024 Hospital Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Payment System Final Rule in the *Federal Register*.
- List the finalized proposals for the Hospital OQR and REHQR Programs included in the CY 2024 OPPS/ASC Final Rule.
- Recall the submission deadlines as they relate to the finalized proposals for the Hospital OQR and REHQR Programs
- State the topics included in the Requests for Comment (RFC).

# Locating the Final Rule



- Publication in the [\*Federal Register\*](#) (88 FR 81540)
- [PDF version](#)
  - Hospital OQR Program: Section XIV, page 81961
  - REHQR Program: Section XVI, page 82046
- [Correction Notice](#)



# Hospital OQR Program Finalized Proposals

Nicole Hilton, MA  
Acting Program Lead

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# Finalized Decisions Related to Proposals to Existing Measures

# Left Without Being Seen (LWBS)



Proposed for removal:

- Due to the belief that LWBS did not provide evidence of promoting quality and improved patient outcomes

## **Not finalized**

- Due to commenter feedback citing the benefits of using LWBS to identify and inform quality improvement efforts and beneficiary decision-making;
- Recent increase in measure values.



# Measures With Proposed Modifications

Proposed modification beginning with CY 2024 reporting period/CY 2026 payment determination to:

- COVID–19 Vaccination Coverage Among Healthcare Personnel (HCP) measure (COVID-19 Vaccination Among HCP measure);
- Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (Colonoscopy Follow-Up Interval) measure;
- Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery (Cataracts Visual Function) measure.

# COVID–19 Vaccination Coverage Among HCP



Proposed to:

- Modify the term “Up to Date” to meet the Center for Disease Control and Prevention’s (CDC’s) set of criteria
- Update the numerator to specify when HCP would be up to date
- Publicly report the modified version beginning with the Fall 2024 refresh, or as soon as technically feasible (as calculated by the CDC).

Access the [Hospital OQR Specification Manual](#) for details.

**Finalized as proposed**

# Colonoscopy Follow-Up Interval



Proposed to:

- Amend the measure's denominator language by replacing the phrase "aged 50 years" with the phrase "aged 45 years" to read "all patients aged 45 years to 75 years receiving screening colonoscopy without biopsy or polypectomy"

Access the [Hospital OQR Specification Manual](#) for details.

**Finalized as proposed**

Proposed to limit allowable survey collection instrument use to:

- The National Eye Institute Visual Function Questionnaire-25 (NEI VFQ-25)
- The Visual Functioning Patient Questionnaire (VF-14)
- The Visual Functioning Index Patient Questionnaire (VF-8R)

**Finalized as proposed**

\*This measure remains voluntary

# Median Time for Discharged ED Patients



Proposed to:

- Publicly report Median Time from ED Arrival to ED Departure for Discharged ED Patients measure strata data for: Transfer Patients, Overall Rate
- Begin with the CY 2024 reporting period
- Make data publicly available on *Care Compare* in downloadable files at [data.cms.gov](https://data.cms.gov)

**Finalized as proposed**

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# Finalized Proposals to Measure Set Additions

## Proposed adoption of three measures:

- Hospital Outpatient Department (HOPD) Volume Data on Selected Outpatient Surgical Procedures (HOPD Procedure Volume)
- Risk-Standardized Patient-Reported Outcome-Based Performance Measure (PRO PM) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) in the Hospital Outpatient Department Setting (THA/TKA PRO-PM)
- Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Excessive Radiation eCQM)

- Proposed to re-adopt with modification to collect data on selected surgical procedures in eight categories.

## **Not finalized**

- Additional analysis will be conducted when evaluating the categories most frequently performed.
- Methodology will be reassessed.
- How to publicly display data will be reconsidered.
- Further consideration will occur in future rulemaking as there is significant evidence linking volume to quality of care.



Proposed to adopt beginning with:

- **Voluntary** reporting beginning with CYs 2025 and 2026 reporting periods
- **Mandatory** reporting beginning with CY 2027 reporting period/CY 2030 payment determination
- A three-year timespan between the reporting period and the payment determination

- Clinical improvement measured by using one of the two validated joint-specific PRO instruments:
  - Hip dysfunction and Osteoarthritis Outcome Score for Joint Replacement (HOOS, JR) for completion by THA recipients
  - Knee injury and Osteoarthritis Outcome Score for Joint Replacement (KOOS, JR) for completion by TKA recipients

# Measure Specifics (cont.)



- Pre-operative assessment data are collected from 90 to 0 days before surgery.
- Post-operative data are collected 300 to 425 days after surgery.
  - Hospitals would submit these assessments for at least 50 percent of eligible procedures.

- Data sources for calculation:
  1. PRO data
  2. Claims data
  3. Medicare enrollment and beneficiary data
  4. United States Census Bureau survey data
- Pre-operative mental health scores from one of two instruments:
  - Patient-Reported Outcomes Measurement Information System (PROMIS)-Global Mental Health subscale
  - Veterans RAND 12-Item Health Survey (VR-12) Mental Health subscale
- Details on measure methodology can be found on the [CMS.gov website](https://www.cms.gov).

**Finalized with modification**

# Finalized Modification



- CMS will delay mandatory reporting by one year.
  - **Voluntary** reporting would begin with the CY 2025 reporting period and continue through CY 2027 reporting period.
  - **Mandatory** reporting will begin with the CY 2028 reporting period for the CY 2031 payment determination.
- The additional year will allow time to monitor progress.

# Finalized Reporting Dates



## THA/TKA: Pre-Operative and Post Operative Periods for Reporting

Reporting Cycle	Reporting Period	Pre-Procedure Data Collection	Pre-Procedure Data Submission Date	Post-Procedure Data Collection	Post-Procedure Data Submission	Preview/ Public Reporting
<b>Voluntary Reporting</b>						
CY 2025	Jan 1, 2025– Dec 31, 2025	Oct 3, 2024– Dec 31, 2025	May 15, 2026	Oct 28, 2025– Mar 1, 2027	May 15, 2027	CY 2028
CY 2026	Jan 1, 2026– Dec 31, 2026	Oct 3, 2025– Dec 31, 2026	May 15, 2027	Oct 28, 2026– Feb 29, 2028	May 15, 2028	CY 2029
CY 2027	Jan 1, 2027– Dec 31, 2027	Oct 3, 2026– Dec 31, 2027	May 15, 2028	Oct 28, 2027– Feb 28, 2029	May 15, 2029	CY 2030
<b>Mandatory Reporting</b>						
CY 2028	Jan 1, 2028– Dec 31, 2028	Oct 3, 2027– Dec 31, 2028	May 15, 2029	Oct 28, 2028– Feb 28, 2030	May 15, 2030	CY 2031

All deadlines occurring on a Saturday, Sunday, or legal holiday, or on any other day all or part of which is declared to be a non-workday for Federal employees by statute or Executive order would be extended to the first day thereafter. Public reporting of information on facility results in the mandatory reporting periods would occur in CY 2031 for CY 2028 reporting period/CY 2031 payment determination.

# Excessive Radiation eCQM\*



Proposed to adopt:

- **Voluntary** reporting beginning with CY 2025 reporting period
- **Mandatory** reporting beginning with CY 2026 reporting period/CY 2028 payment determination

\*eCQM=electronic Clinical Quality Measure

- Calculates the percentage of eligible CT scans that are out-of-range (either excessive radiation dose or inadequate image quality), relative to evidence-based thresholds based on the indication for exam.
  - Numerator: Diagnostic CT scans that have a size-adjusted dose greater than the threshold defined
  - Denominator: All diagnostic CT scans on patients ages 18 and older
- Uses electronic health record data during the one-year measurement period.
- Measure specifications are on the [eCQI\\* website](#).

**Finalized with modification**



# Finalized Modification



- Voluntary reporting period will extend by an additional year.
  - **Voluntary** reporting will begin with CY 2025 reporting period.
  - **Mandatory** reporting will begin one year later than proposed with CY 2027 reporting period/CY 2029 payment determination.
- The additional year will allow time to monitor implementation progress regarding data collection and response rates.

# Finalized Reporting Deadlines



## Excessive Radiation eCQM CY 2025 Reporting Period and Subsequent Years

Reporting Period	Required Quarters	Submission Deadline
<b>Voluntary:</b> CY 2025 Reporting Period	Any quarter(s)	May 15, 2026
<b>Voluntary:</b> CY 2026 Reporting Period	Any quarter(s)	May 15, 2027
<b>Mandatory:</b> CY 2027 Reporting Period/ CY 2029 Payment Determination	Two self-selected quarters	May 15, 2028
<b>Mandatory:</b> CY 2028 Reporting Period/ CY 2030 Payment Determination	Four quarters (one calendar year)	May 15, 2029

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# Request For Comments (RFCs)

# Topics for Potential Future Consideration



- Sought comment to address:
  - Gaps in quality measurement (including ED)
  - Changes in outpatient care
  - Growth concerns around workforce and patient safety
  - Transition to digital quality measurement
  - Interest in patient-reported outcomes
- Sought comment on quality measurement topics:
  - Promoting safety (patient and workforce)
  - Behavioral health
  - Telehealth
- Responses and CMS comments are available in the final rule.



# REHQR Program Finalized Proposals

Anita J. Bhatia, PhD, MPH  
Program Lead, CMS

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# Finalized Proposals for Measure Set Additions

# Measures for Adoption



Proposed to adopt four measures:

- Median Time for Discharged ED Patients (previously referred to as Median Time from ED Arrival to ED Departure for Discharged ED Patients)
- Abdomen CT (previously referred to as Abdomen CT - Use of Contrast Material)
- 7-Day Hospital Visit Rate After Outpatient Colonoscopy (previously referred to as Facility 7-Day Risk-Standardized Hospital Visit Rate After Outpatient Colonoscopy)
- 7-Day Hospital Visit Rate After Outpatient Surgery (previously referred to as Risk-Standardized Hospital Visits Within 7 Days After Hospital Outpatient Surgery)

# Median Time for Discharged ED Patients



Proposed to:

- Adopt beginning with the CY 2024 reporting period
  - Calculates the median time (in minutes) from ED arrival to time of departure from the ED for discharged patients.
  - Data are calculated and displayed in four subsets (overall rate, reported rate, psychiatric/mental health patients, transfer patients)
- Calculate using chart-abstracted data on a rolling quarterly basis
  - Publicly report one calendar year of data

**Finalized as proposed**



## Proposed to adopt:

- Beginning with the CY 2024 reporting period
  - Provides the percentage of CT abdomen and abdominopelvic studies performed with and without contrast out of all CT abdomen studies performed (based on a 12-month window of claims)
  - Calculated from Medicare Fee for Service (FFS) claims and enrollment data

**Finalized as proposed**

# 7-Day Hospital Visit Rate After Outpatient Surgery



Proposed to adopt:

- Beginning with the CY 2024 reporting period
  - Define any unplanned hospital visits within seven days of an outpatient surgical procedure
  - Calculated from Medicare FFS claims and enrollment data
  - Includes eligible surgeries occurring with a one-year timeframe

Access measure details on the [QualityNet website](#).

**Finalized as proposed**

# 7-Day Hospital Visit Rate After Outpatient Colonoscopy



Proposed to adopt:

- Beginning with the CY 2024 reporting period
  - Defines the outcome as any (one or more) unplanned hospital visits within 7 days of an outpatient colonoscopy procedure
  - Calculated using Medicare FFS claims and enrollment data
  - Initial reporting period to be a three-year period (patient encounters from January 1, 2024, through December 31, 2026)
  - Annual updates on a rolling basis

Access measure details and information on the [QualityNet website](#).

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# Finalized Program Policy Proposals

# Submission Deadlines: CY 2024 Reporting Period



Clinical Measure	Encounter Dates	Submission Deadline
Median Time from ED Arrival to for Discharged ED Patients	Jan 1–Mar 31, 2024 (Q1 2024)	Aug 1, 2024
	Apr 1–Jun 30, 2024 (Q2 2024)	Nov 1, 2024
	Jul 1–Sep 30 2024 (Q3 2024)	Feb 3, 2025
	Oct 1–Dec 31, 2024 (Q4 2024)	May 1, 2025
Outcome Claims-Based Measures*	Calculated Encounter Dates	
Abdomen Computed Tomography (CT)— Use of Contrast Material	Jan 1, 2024—Dec 31, 2024	
Facility 7-Day Risk-Standardized Hospital Visit Rate After Outpatient Colonoscopy**	Jan 1, 2024—Dec 31, 2026	
Risk-Standardized Hospital Visits Within 7 Days After Hospital Outpatient Surgery	Jan 1, 2024—Dec 31, 2024	

\*Calculated from paid Medicare FFS claims; no additional data submission is required from REHs for these measures.

\*\*Reporting period for this measure is a three-year period, beginning CYs 2024–2026.

## Proposed that:

- REHs sharing a CMS Certification Number (CCN) must combine data collection and submission.
- Chart-abstracted measures will be submitted quarterly via the HQR system.
- Claims-based measures will use Medicare claims data for services provided on or after January 1, 2024.
- Submission deadlines will be posted on QualityNet (CMS-designated website).
  - Deadlines occurring on a non-work day would be extended to the first day thereafter that is not a non-work day.

**Finalized as proposed**

# Review and Corrections Period



Proposed to adopt and codify that:

- Hospitals can review, correct, or change data during the review and correction period.
  - The review and correction period runs concurrently with the submission period.
- Data cannot be modified after the submission deadline.
- Submission deadlines cannot be changed.

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Proposed to adopt and codify that:

- Measure data would be publicly available by CCN on a CMS website and downloadable files at [data.cms.gov](https://data.cms.gov).
- Hospitals will have the opportunity to review the data.
  - CMS will announce timeframes starting with services provided in CY 2024 on a CMS-designated website, or listservs.

**Finalized as proposed**



# Extraordinary Circumstances Exception (ECE) Process



Proposed to adopt and codify that:

- Hospitals may request CMS to grant extensions or waivers to reporting required data due to circumstances beyond the control of the REH
- CMS may grant an exception:
  - To one or more submission deadlines upon request
  - At its own discretion without an accompanying request

Detailed instructions to request consideration for an ECE will be available on the [QualityNet website](#).

**Finalized as proposed**

# Program Regulations



Proposed to codify:

- Statutory requirements
  - Implement a quality reporting program.
- Participation requirements:
  - Register on a CMS-designated information system.
  - Identify and register a Security Official.
- Program requirements
  - REHs must submit quality measure data to CMS.

**Finalized as proposed**

Proposed to adopt and codify:

- A Measure Retention policy
  - Quality measures adopted will be retained until proposed for removal, suspension, or replacement.

**Finalized as proposed**

Proposed to adopt and codify:

- An Immediate Removal policy
  - Adopted measures with identified patient safety concerns can be immediately removed from the program.
  - Notify REHs and the public through standard communications.
  - Confirmation of removal would be addressed in the next appropriate rulemaking cycle.

**Finalized with modification**

# Finalized Modification



- Adopted measures will be *suspended* until removal can be proposed and finalized through rulemaking.
- Facilities will be notified of the decision to suspend the measure.
- CMS will address suspension and propose any permanent action in the next rulemaking cycle.

# Measure Removal Factors



Proposed to adopt and codify:

- Eight measure removal factors
  - Similar to the Hospital OQR and ASC Quality Reporting Programs
- Criteria to determine topped-out measures
- Benefits of removing measures would be evaluated case-by case
  - Removal not solely based on meeting a specific factor

**Finalized as proposed**

# Finalized Removal Factors



Factor	Description
1	Measure performance among REHs is so high and unvarying that meaningful distinctions and improvements in performance can no longer be made (“topped-out” measures).
2	Performance or improvement on a measure does not result in better patient outcomes.
3	A measure does not align with current clinical guidelines or practice.
4	The availability of a more broadly applicable (across settings, populations, or conditions) measure for the topic.
5	The availability of a measure that is more proximal in time to desired patient outcomes for the particular topic.
6	The availability of a measure that is more strongly associated with desired patient outcomes for the particular topic.
7	Collection or public reporting of a measure leads to negative unintended consequences other than patient harm.
8	The costs associated with a measure outweigh the benefit of its continued use in the program.

Proposed to adopt and codify:

- A sub-regulatory process to make **non-substantive** updates
- The rulemaking process to make **substantive** updates
- Substantive versus non-substantive determined on a case-by-case basis

**Finalized as proposed**



# Development and Maintenance of Technical Specifications



Proposed to adopt and codify technical specifications to:

- Provide technical specifications for quality measures.
- Revise to clearly identify updates.
- Provide sufficient time for REHs to implement the revisions.
- Provide notification of the updates on the QualityNet website.

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# Request For Comments (RFCs)

- Inclusion of eCQMs for reporting quality data
  - Excessive Radiation eCQM
- Care Coordination Measures including telehealth.
- Tiered Approach Framework
  - Tier 1 – encompasses required measures for all REHs and focuses on required ED and observation services
  - Tier 2 – applies only to REHs that choose to provide additional outpatient services.
- Details and CMS comments in the final rule

## **Hospital OQR Program Support Team**

- Phone: 866.800.8756
- Ask a question via [QualityNet Q&A Tool](#)

## **Center for Clinical Standards and Quality Service Center**

- Phone: 866.288.8912
- Email: [qnetsupport@cms.gov](mailto:qnetsupport@cms.gov)

**Secure Access Management Service Help Desk:** Phone: 877.681.2901

**NHSN:** Email: [nhsn@cdc.gov](mailto:nhsn@cdc.gov)

# Acronyms



<b>ASC</b>	ambulatory surgical center	<b>LWBS</b>	Left Without Being <b>Seen</b>
<b>CCN</b>	CMS Certification Number	<b>NEI</b>	National Eye Institute
<b>CDC</b>	Centers for Disease Control and Prevention	<b>NHSN</b>	National Healthcare Safety Network
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>OPPS</b>	outpatient prospective payment system
<b>CT</b>	Computed Tomography	<b>OQR</b>	outpatient quality reporting
<b>CY</b>	calendar year		
<b>ECE</b>	Extraordinary Circumstances Exceptions	<b>PROMIS</b>	Patient-Reported Outcomes Measurement Information System
<b>eCQI</b>	electronic clinical quality improvement	<b>PRO-PM</b>	Patient-Reported Outcome-Based Performance Measure
<b>eCQM</b>	electronic clinical quality measure	<b>REH</b>	Rural Emergency Hospital
<b>ED</b>	emergency department	<b>REHQR</b>	Rural Emergency Hospital Quality Reporting
<b>FFS</b>	Fee for Service	<b>RFC</b>	Request for Comment
<b>HCP</b>	healthcare personnel	<b>THA/TKA</b>	Total Hip Arthroplasty/Total Knee Arthroplasty
<b>HOOS JR</b>	Hip dysfunction and Osteoarthritis Outcome Score for Joint Replacement	<b>VF</b>	Visual Functioning
<b>HOPD</b>	Hospital Outpatient Department	<b>VFQ</b>	Visual Functioning Questionnaire
<b>KOOS JR</b>	Knee injury and Osteoarthritis Outcome Score for Joint Replacement	<b>VR</b>	Veterans RAND

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