
CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

The CY 2027 OPPS/ASC Payment Systems Proposed Rule

Reviewing the Proposed Rule for the
Hospital Outpatient Quality Reporting (OQR),
Rural Emergency Hospital (REH) Quality Reporting, and Ambulatory Surgical Center (ASC) Quality Reporting Programs

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Speakers

Kimberly Go, MPA
Program Lead
Hospital OQR Program, CMS

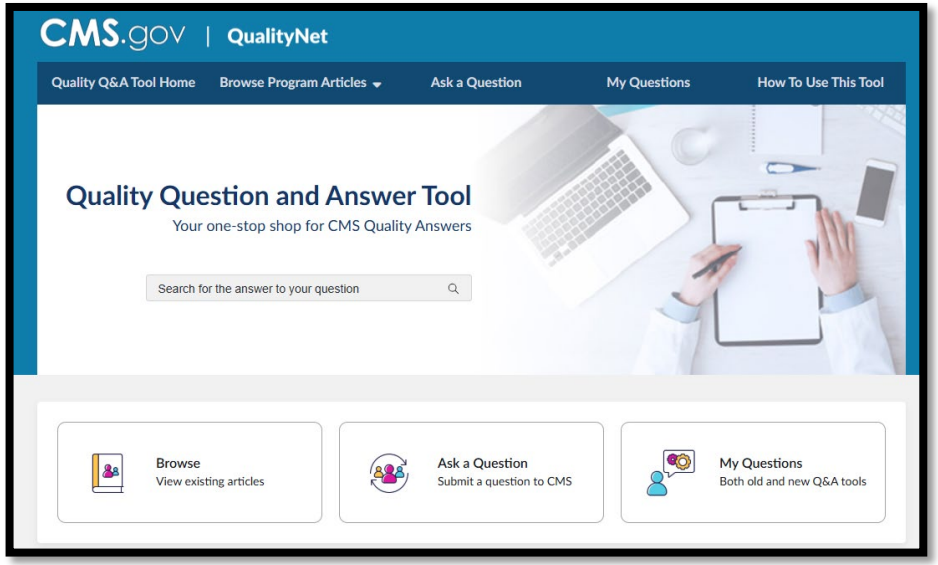
Anita J. Bhatia, PhD, MPH
Program Lead
REH and ASC Quality Reporting Programs, CMS

Karen VanBourgondien, RN, BSN
Education Lead
Outpatient Quality Reporting Support Team

Webinar Questions

Please submit questions not addressed in the presentation to the QualityNet Question and Answer Tool:

https://cmsqualitysupport.servicenowservices.com/qnet_qa



Guidance

- CMS will discuss the proposals for the Hospital OQR, REH Quality Reporting, and ASC Quality Reporting Programs in the calendar year (CY) 2027 Hospital Outpatient Prospective Payment System (OPPS)/ASC Payment Systems proposed rule, published July 7, 2026.
- The information provided is offered as an informal reference and does not constitute official CMS guidance.
- CMS encourages interested parties to refer to the proposed rule.

Proposed Rule Location

The CY 2027 Hospital OPPS/ASC Payment Systems proposed rule can be found in the *Federal Register*.

https://www.federalregister.gov/public-inspection/2026-13656/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment

Agenda

- Cross-Program Measure Removal
- Hospital OQR Program
  - Proposed Validation Changes
  - RFI Advance Care Planning eCQM
- REH Quality Reporting Program
  - Overview
- ASC Quality Reporting Program
  - RFI All-Cause Transfer/Admission Measure
- Comment Submission
- Appendix
  - Measure Sets
- Closing Notes

Acronyms

ASC	Ambulatory Surgical Center	**HQR**	Hospital Quality Reporting
CCN	CMS Certification Number	**MRI**	Magnetic Resonance Imaging
CMS	Centers for Medicare & Medicaid Services	**OAS CAHPS**	Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems
CT	Computed Tomography	**OP**	Outpatient
CY	Calendar Year	**OPPS**	Outpatient Prospective Payment System
ECAT	Emergency Care Access & Timeliness	**OQR**	Outpatient Quality Reporting
eCQM	Electronic Clinical Quality Measure	**PRO-PM**	Patient Reported Outcome-Based Performance Measure
ED	Emergency Department	**REH**	Rural Emergency Hospital
HARP	HCQIS Access Roles and Profile	**RFI**	Request for Information
HCQIS	Health Care Quality Information Systems	**STEMI**	Segment Elevation Myocardial Infarction
HOPD	Hospital Outpatient Department	**THA/TKA**	Total Hip Arthroplasty/Total Knee Arthroplasty

Cross-Program Proposed Measure Removal

Kimberly Go, MPA
Program Lead
Hospital OQR Program, CMS

Proposed Measure Removal

CMS is proposing to remove the Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients measure from the Hospital OQR and ASC Quality Reporting Programs

- Beginning with CY 2027 reporting period/CY 2029 payment determination

Hospital OQR Program Proposed Validation Changes

Proposed Validation Updates

CMS is proposing to incorporate validation of electronic clinical quality measure (eCQM) data into the existing validation process and:

1. Change the validation selection pool from 500 to 400 hospitals.
2. Update the number of cases for chart-abstracted and eCQM validation.
3. Include eCQM validation in timing and submission of record requests.
4. Align the submission quarters for chart-abstracted and eCQM validation.
5. Establish an eCQM validation scoring method based on data accuracy.
6. Update the education review process for validation results.
7. Remove the requirement to resubmit materials previously submitted for validation reconsideration requests.

Proposed eCQM Data Validation

CMS is proposing that validation begin with each eCQM when there is a full year of data available. For example:

- The Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the Emergency Department (ED) eCQM would begin with data from CY 2027 reporting period.
- The Emergency Care Access & Timeliness (ECAT) eCQM would begin with data from the CY 2028 reporting period.
- Any future eCQMs would be eligible for validation after mandatory reporting of a full year of data.

Proposed Changes to Hospital Selection

CMS is proposing that up to 200 hospitals would be selected at random and up to 200 hospitals would be selected using targeting criteria, beginning with hospital selections affecting the CY 2030 payment determination and subsequent years.

Proposed Changes to Case Selection

CMS is proposing to revise the number and distribution of cases selected for validation to ensure a balanced assessment across measure types and proposes to:

- Validate up to 32 randomly selected cases for each chart-abstracted measure (8 cases per quarter) and up to 32 randomly selected cases for each eCQM (up to 8 cases for 4 quarters).
- Beginning with validation of CY 2027 data affecting the CY 2030 payment determination.

Proposed Transition Period

- CMS is proposing a one-year transition period in which the validation results for CY 2027 chart-abstracted data would affect **both the CY 2029 and CY 2030 payment determination**.
- For validation affecting the **CY 2030 payment determination**, CY 2027 chart-abstracted and CY 2027 eCQM data would be used for validation.
  - Hospitals selected for validation based on CY 2027 chart-abstracted data affecting the CY 2029 payment determination would not be selected again (randomly or targeted) for validation for the same data affecting CY 2030 payment determination.

Review of Proposed Transition

Payment Determination	Reporting Period	Measure Type	Validation Cycle	Notes
CY 2029	CY 2027	Chart-Abstracted	Current 2-year cycle	Current policy
CY 2030	CY 2027	Chart-Abstracted And eCQM	Proposed 3-year cycle	Combines processes to support transition
CY 2031 (and subsequent years)	CY 2028 (and subsequent years)	Chart-Abstracted And eCQM	Proposed 3-year cycle	Begins the transition

Proposed Validation Scoring

CMS is proposing that eCQM validation scores be determined using the same methodology as chart-abstracted validation beginning with CY 2027 eCQM data affecting the CY 2030 payment determination.

- The scoring would be based on the accuracy of the eCQM data.
- A scoring threshold of a minimum score of 75 percent accuracy would be required to pass eCQM validation requirements.
- An upper bound of a 90 percent two-sided confidence interval with a 75 percent lower bound threshold level would be used.

Proposed Educational Review

Beginning with the CY 2030 payment determination:

- For **chart-abstracted measures,** CMS is proposing to allow the results of educational reviews for all four quarters of chart-abstracted measure validation in the final score prior to calculation of the confidence interval.
- For **eCQMs,** CMS is proposing to extend the educational review process for chart-abstracted measures to eCQM validation.

Resubmitting Documentation

CMS is proposing to no longer require hospitals to resubmit materials previously submitted for validation reconsideration requests.

- Beginning with data from CY 2026 reporting period affecting the CY 2028 payment determination
- Reducing administrative burden to hospitals and CMS.

Hospitals that need to submit revised medical records still can, but hospitals will not be required to resubmit records.

Review

CMS invites comment on:

- Reducing validation selection from 500 to 400 hospitals
- Updating the number of cases for chart-abstracted measures and eCQMs
- Transitioning from a 2-year to a 3-year cycle between the reporting period and the payment determination
- Establishing the eCQM validation scoring method
- Expanding the education review process to include eCQM
- No longer requiring hospitals to resubmit materials previously submitted for validation reconsideration requests.

Hospital OQR Program Request for Information (RFI): Advance Care Planning eCQM

Advance Care Planning eCQM

CMS seeks feedback on an Advance Care Planning eCQM and other concepts related to advance care planning.

- As more procedures shift from the inpatient to the outpatient setting, clinicians have opportunities to build relationships and support the initiation or updating of advance care planning documentation.
- Advance care planning facilitates shared decision-making. ensuring that care remains aligned with patient goals.

Advance Care Planning eCQM

- An Advance Care Planning Electronic eCQM has been proposed for adoption in other quality reporting programs.
- The eCQM is calculated as a proportion by dividing the number of patients who meet the numerator criterion by the total number of eligible patients who meet the denominator criterion.
  - The numerator comprises any one of the following: (1) an advance care planning document (e.g. advance directive/living will) or (2) documentation that an advance care planning discussion resulting in a documented decision occurred during the measurement period.
  - The denominator includes all patients aged 18 years and older at the start of the measurement period who are discharged from a hospitalization during the 12-month measurement period.

Solicitation for Public Comment

CMS invites public comment on tools and measures that capture advance care planning processes and outcomes, including:

- Approaches or measure concepts that may effectively capture advance care planning in the hospital outpatient department (HOPD) setting.
- Aspects of advance care planning such as whether this type of measure should focus on specific patient populations, higher acuity procedures, or select departments.
- Timing and frequency of advance care planning, when and how often in the HOPD setting.

REH Quality Reporting Program

Anita J. Bhatia
Program Lead
REH Quality Reporting and ASC Quality Reporting Programs, CMS

No Proposals

There are no new proposals for the REH Quality Reporting Program in this rulemaking cycle.

The REH Quality Reporting Program, implemented under section 1861(kkk)(7) of the Social Security Act, ensures transparency and quality for REHs, defined at section 1861(kkk)(2) of the Act.

ASC Quality Reporting Program

RFI: Stratification of the All-Cause Transfer/Admission Measure

Consideration of Future Stratification

CMS is considering adding a phase of care stratification which could improve interpretability and usefulness of the measure.

- Stratification by phase would include non-operative procedures such as pain management.

Solicitation of Public Comment

CMS is seeking public comment on clinically meaningful and operationally feasible approaches for incorporating a phase of care stratification for the All-Cause Transfer/Admission measure.

- Input on potential stratification frameworks, including appropriate time anchors, their operational definitions, and the corresponding time windows that could be used to define each stratification category.

Commenting

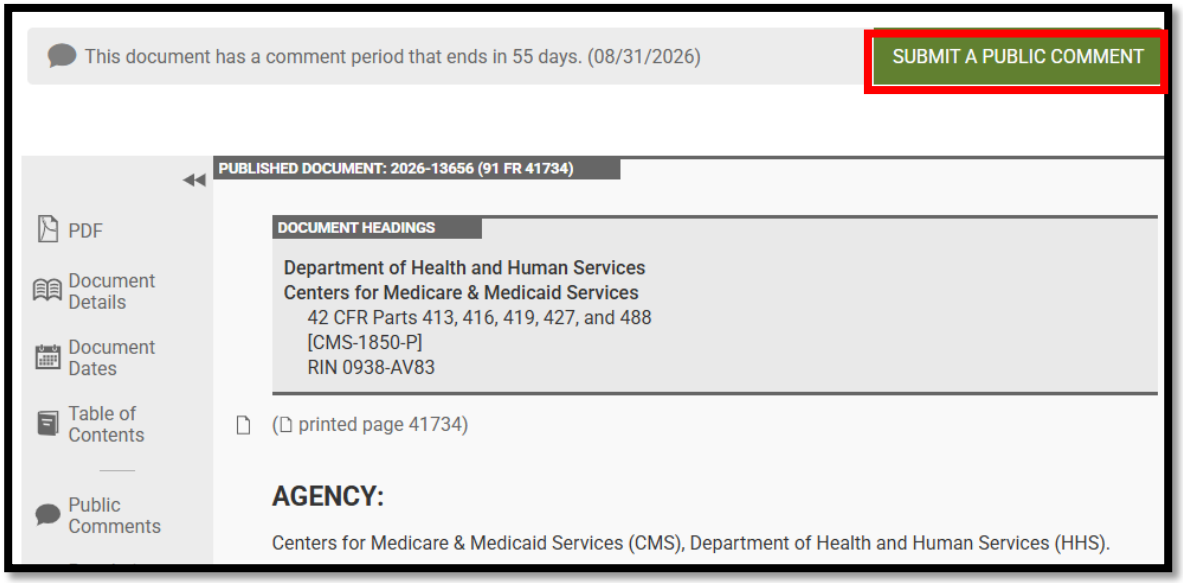
Karen VanBourgondien, RN, BSN
Outpatient Quality Reporting Support Team

Comment Period

- Comments must be received or postmarked no later than August 31, 2026.
- CMS encourages electronic submission of comments.
  - Comments may also be submitted by regular mail, express mail, or overnight mail to the designated addresses provided.
- Comment responses will be included in the final rule.

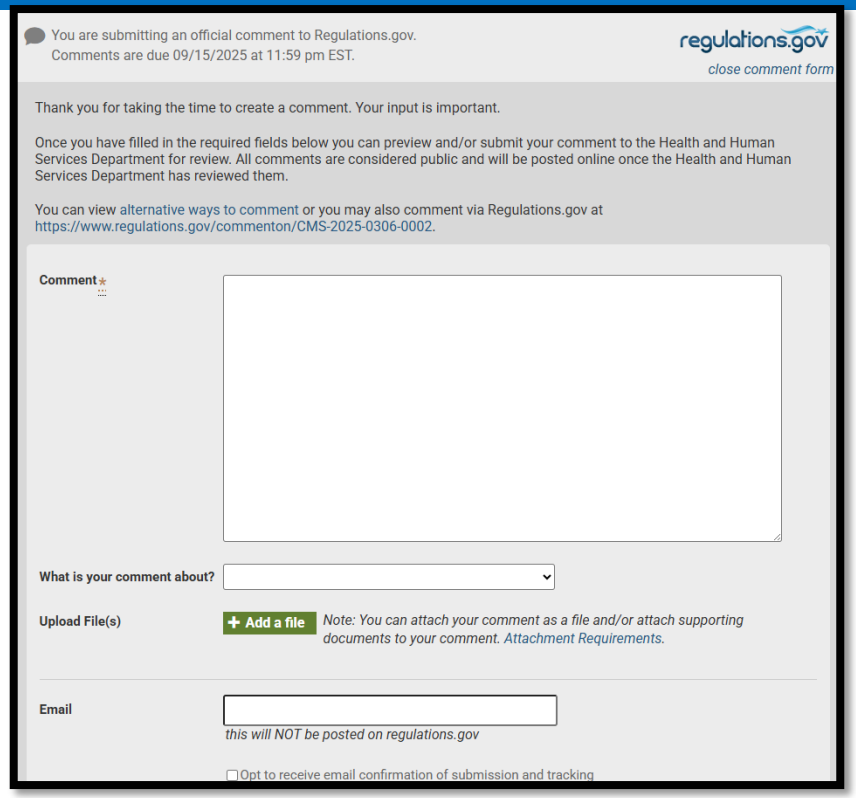
Accessing the Rule

From the *Federal Register*, select the green **Submit A Public Comment** box.



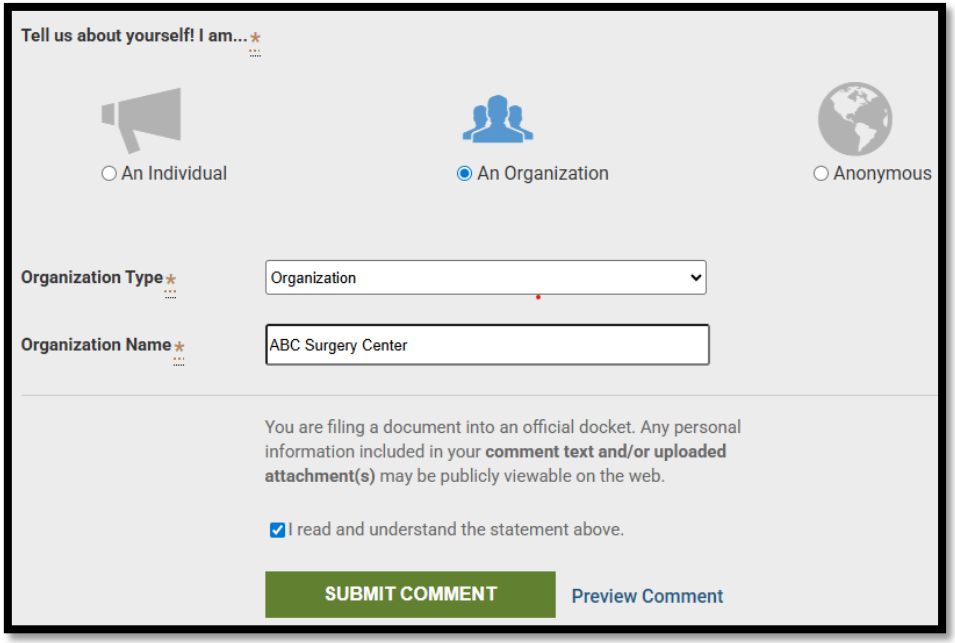
Entering Your Comment

Enter your comment in the **Comment** field. You can also attach files.



Submitting Your Comment

- Select an option under “Tell us about yourself!”.
- Select the box: “I read and understand the statement above.”
- Select the **Submit Comment** box.



Appendix: Hospital OQR, REH, and ASC Quality Reporting Programs Measure Sets

Hospital OQR Program Measure Set

Clinical Chart-Abstracted Measures

CY 2026 Reporting Period/CY 2028 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients	Q1 2026 Jan 1–Mar 31, 2026	Aug 1, 2026	Jan 1–Dec 31, 2028
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	Q2 2026 Apr 1–Jun 30, 2026	Nov 3, 2026	
	Q3 2026 Jul 1–Sept 30, 2026	Feb 2, 2027	
	Q4 2026 Oct 1–Dec 31, 2026	May 1, 2027	

OP-18 will be removed in the CY 2028 reporting period/CY 2030 payment determination and replaced with the ECAT eCQM.

Web-Based Measures

CY 2026 Reporting Period/CY 2028 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
OP-22: Left Without Being Seen	Jan 1–Dec 31, 2026	May 17, 2027	Jan 1–Dec 31, 2028
OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients			
OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery **(Voluntary)**			

Proposed for removal

OP-29 is proposed to be removed with the CY 2027 reporting period/CY 2029 payment determination.
OP-22 will be removed in the CY 2028 reporting period/CY 2030 payment determination and replaced with the ECAT eCQM.

Claims-Based Measures

CY 2026 Reporting Period/CY 2028 Payment Determination

Imaging Measures	Calculated Encounter Dates	Payment Determination
OP-10: Abdomen CT – Use of Contrast Material	July 1, 2025–June 30, 2026	Jan 1–Dec 31, 2028
OP-39: Breast Cancer Screening Recall Rates		
Outcome Measures	**Calculated Encounter Dates**	**Payment Determination**
OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Jan 1, 2024 –Dec 31, 2026	Jan 1–Dec 31, 2028
OP-35: Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy	Jan 1–Dec 31, 2026	
OP-36: Hospital Visits after Hospital Outpatient Surgery		

No proposed changes to claims-based measures.

PRO-PM Measures

CY 2026 Voluntary Reporting Period

Measure	Reporting Period	Pre-Procedure Data Collection	Pre-Procedure Submission Deadline	Post Procedure Data Collection	Post-Procedure Submission Deadline	Payment Determination
OP-42: THA/TKA PRO-PM	Jan 1–Dec 31, 2025	Oct 3, 2024–Dec 31, 2025	May 15, 2026	Oct 28, 2025 –Mar 1, 2027	May 17, 2027	Jan 1–Dec 31, 2027

THA/TKA=Total Hip Arthroplasty/Total Knee Arthroplasty
PRO-PM=Patient Reported Outcome-Based Performance Measure

CY 2026 Voluntary Reporting Period Began with Mandatory Reporting Next Year

Measure	Reporting Period	Submission Deadline
OP-46: Information Transfer PRO-PM	Jan 1–Dec 31, 2026	May 15, 2027

No proposed changes to these PRO-PMs.

OAS CAHPS

CY 2026 Reporting Period/CY 2028 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
OP-37a: About Facilities and Staff **OP-37b:** Communication About Procedure **OP-37c:** Preparation for Discharge and Recovery **OP-37d:** Overall Rating of Facility **OP-37e:** Recommendation of Facility	**Q1:** Jan 1–Mar 31, 2026	Jul 8, 2026	Jan 1–Dec1, 2028
	Q2: Apr 1–Jun 30, 2026	Oct 14, 2026	
	Q3: Jul 1–Sep 30, 2026	Jan 13, 2027	
	Q4: Oct 1–Dec 31, 2026	Apr 14, 2027	

OAS CAHPS=Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems

No proposed changes to this measure.

eCQMs

CY 2026 Reporting Period/CY 2028 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
OP-40: Appropriate Treatment for ST-Segment Elevation Myocardial Infarction (STEMI) Patients in the ED	Jan 1–Dec 31, 2026	May 17, 2027	Jan 1–Dec 31, 2028

No proposed changes to this measure

eCQMs

CY 2027 Reporting Period/CY 2029 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
Appropriate Treatment for STEMI Patients in the ED Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults **(voluntary)**	Jan 1–Dec 31, 2027	May 15, 2028	Jan 1–Dec 31, 2029

CY 2027 Voluntary Reporting Period Begins with Mandatory Reporting the Following Year

Measure	Reporting Period	Submission Deadline
Emergency Care Access & Timeliness **(voluntary)**	Jan 1–Dec 31, 2027	May 15, 2028
This measure will replace the OP-22 and OP-18 measures beginning with mandatory reporting in the CY 2028 reporting period/CY 2030 payment determination.		

REH Quality Reporting Program Measure Set

Chart-Abstracted Measure

CY 2026 Reporting Period/CY 2028 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients	Q1 2026 Jan 1–Mar 31, 2026	Aug 1, 2026	Jan 1–Dec 31, 2028
	Q2 2026 Apr 1–Jun 30, 2026	Nov 3, 2026	
	Q3 2026 Jul 1–Sept 30, 2026	Feb 2, 2027	
	Q4 2026 Oct 1–Dec 31, 2026	May 1, 2027	

Claims-Based Measures

CY 2026 Reporting Period/CY 2028 Payment Determination

Imaging Measures	Calculated Encounter Dates	Program Determination
OP-10: Abdomen CT – Use of Contrast Material	Jan 1–Dec 31, 2026	Jan 1–Dec 31, 2028
Outcome Measures	**Calculated Encounter Dates**	**Payment Determination**
OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Jan 1, 2025–Dec 31, 2027	Jan 1–Dec 31, 2028
OP-36: Hospital Visits after Hospital Outpatient Surgery	Jan 1, 2025–Dec 31, 2026	

No proposed changes to claims-based measures.

eCQMs

Optional Reporting: CY 2027 Reporting Period/CY 2029 Program Determination Optional Reporting Begins

Measure	Reporting Period	Submission Deadline	Program Determination
Emergency Care Access & Timeliness eCQM	Jan 1–Dec 31, 2027	May 15, 2028	Jan 1–Dec 31, 2029
Optional reporting begins with CY 2027 reporting period/CY 2029 program determination. If reporting this measure, it will replace the OP-18 measure.			

ASC Quality Reporting Program Measure Set

Web-Based Measures: HQR

CY 2026 Reporting Period/CY 2028 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
ASC-1: Patient Burn	Jan 1–Dec 31, 2026	May 17, 2027	Jan 1—Dec 31, 2028
ASC-2: Patient Fall			
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant			
ASC-4: All-Cause Hospital Transfer/Admission			
ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients			
ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery **(Voluntary)**			
ASC-13: Normothermia			
ASC-14: Unplanned Anterior Vitrectomy			

Proposed for removal

Claims-Based Measures

CY 2026 Reporting Period/CY 2028 Payment Determination

Measure	Calculated Encounter Dates	Payment Determination
ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Jan 1, 2024–Dec 31, 2026	Jan 1—Dec 31, 2028
ASC-17: Hospital Visits after Orthopedic ASC Procedures **ASC-18:** Hospital Visits after Urology ASC Procedures **ASC-19:** Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at ASCs	Jan 1–Dec 31, 2026	Jan 1—Dec 31, 2028

No proposed changes to claims-based measures.

THA/TKA PRO-PM Measure

CY 2026 Voluntary Reporting Period

Measure	Reporting Period	Pre-Procedure Data Collection	Pre-Procedure Submission Deadline	Post Procedure Data Collection	Post-Procedure Submission Deadline	Payment Determination
ASC-21: THA/TKA PRO-PM*	Jan 1– Dec 31, 2025	Oct 3, 2024-Dec 31, 2025	May 15, 2026	Oct 28, 2025 -Mar 1, 2027	May 17, 2027	Jan 1—Dec 31, 2027

No proposed changes to this PRO-PM.

OAS CAHPS

CY 2026 Reporting Period/CY 2028 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
ASC-15a: About Facilities and Staff **ASC-15b:** Communication About Procedure **ASC-15c:** Preparation for Discharge and Recovery **ASC-15d:** Overall Rating of Facility **ASC-15e:** Recommendation of Facility	**Q1:** Jan 1—Mar 31, 2025	Jul 8, 2026	Jan 1—Dec1, 2028
	Q2: Apr 1—Jun 30, 2025	Oct 14, 2026	
	Q3: Jul 1—Sep 30, 2025	Jan 13, 2027	
	Q4: Oct 1—Dec 31, 2025	Apr 14, 2027	

OAS CAHPS=Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems

No proposed changes to this measure.

Closing Notes

Reminders

- On the QualityNet website you can find the program specifications manual, program details, measure information, and email notifications.
- On the QualityReportingCenter website, you can find program information (including the Guide to *Successful Reporting in the REH Quality Reporting Program*), tools, resources, webinars, and more.

Resources

Outpatient Quality Reporting Support Team

- Phone: 866.800.8756
- Ask a question via QualityNet Question and Answer Tool

Center for Clinical Standards and Quality Service Center

- Phone: 866.288.8912
- Email: qnetsupport@cms.gov

Survey

Please click here to complete a short survey.

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.

Disclaimer

This presentation was current at the time of publication and/or upload to the Quality Reporting Center or QualityNet websites. If Medicare policy, requirements, or guidance changes following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials are provided as summary information. No material contained herein is intended to replace either written laws or regulations. In the event of any discrepancy between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules or regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.