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Troubleshooting Audio

Audio from computer
speakers breaking up?

Audio suddenly stop?

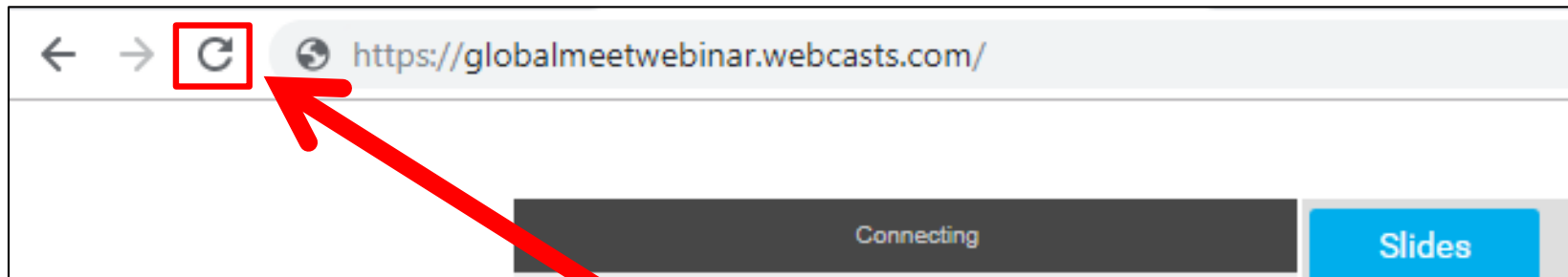
Click Refresh

– or –

Press F5



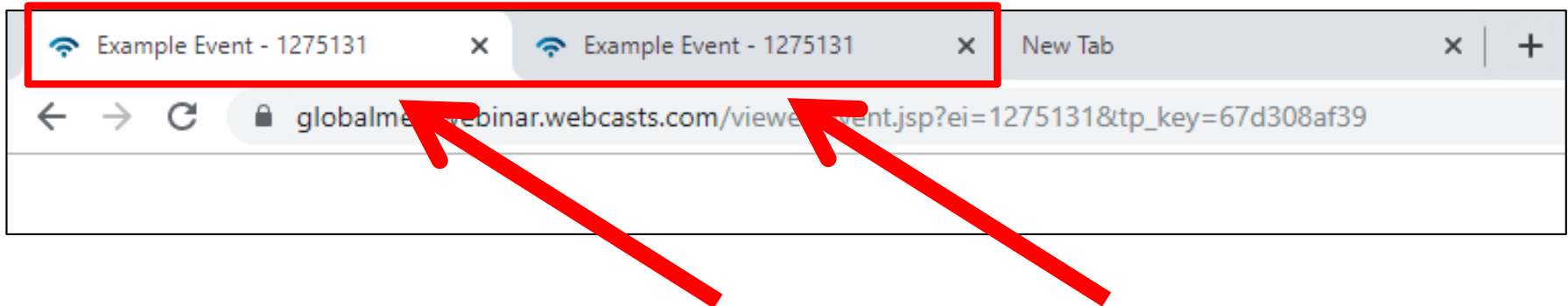
F5 Key
Top Row of Keyboard



Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

Type questions in the “Ask a Question” section, located on the left-hand side of your screen.



Outpatient Quality Program Systems and Stakeholder Support Team

A screenshot of a web application interface. At the top, there is a black bar with a pause icon, a refresh icon, the word "Live", and a speaker icon. Below this is a blue header bar with a downward arrow and the text "Ask a Question". Underneath the header is a text input field with the placeholder text "Ask a Question". At the bottom left of the input field is a grey button with the text "Send". The entire "Ask a Question" section is highlighted with a red rectangular border.

Today's Presentation



Quality Reporting for Hospital Outpatient Departments and Ambulatory Surgical Centers: CY 2021 Program Proposals

Anita Bhatia, PhD, MPH

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



Question and Answer Limitations

- During this webinar, CMS:
 - Can address only procedural questions and comment submissions.
 - Cannot address **any** rule-related questions.
- Thank you for your understanding of these constraints.
- CMS looks forward to your formal comments on the proposed rule.

Charting the Course: A Voyage Through Rulemaking and the Proposed Rule





Learning Objectives

Attendees will be able to:

- Describe the steps involved in the CMS rulemaking process.
- Locate the CY 2021 OPPS/ASC Proposed Rule in the *Federal Register*.
- Identify the changes to the Hospital OQR and ASCQR Programs.
- Submit comments to CMS regarding the CY 2021 OPPS/ASC Proposed Rule.

Program Announcements





Upcoming ASC-19 Dry Run

ASC-19: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers

- The dry run began August 12 and ends September 9, 2020.
- This outcome measure adopted for the ASCQR Program to affect payments beginning with CY 2024 services.
- Confidential Facility Specific Reports (FSRs) available in August.



Purpose

What you get with your report:

- The data used to calculate your facility-specific measure results.
- Information on how to interpret your measure results.
- The opportunity to ask questions and provide feedback for measure development and refinement.



Reports

- FSRs are confidential; the measure scores for the dry run will *not* be publicly displayed.
 - Facilities with no cases will not receive an FSR.
- More information on the measure and the dry run is available on QualityNet.org.
- Send any questions about the dry run via email to ascmeasures@yale.edu.



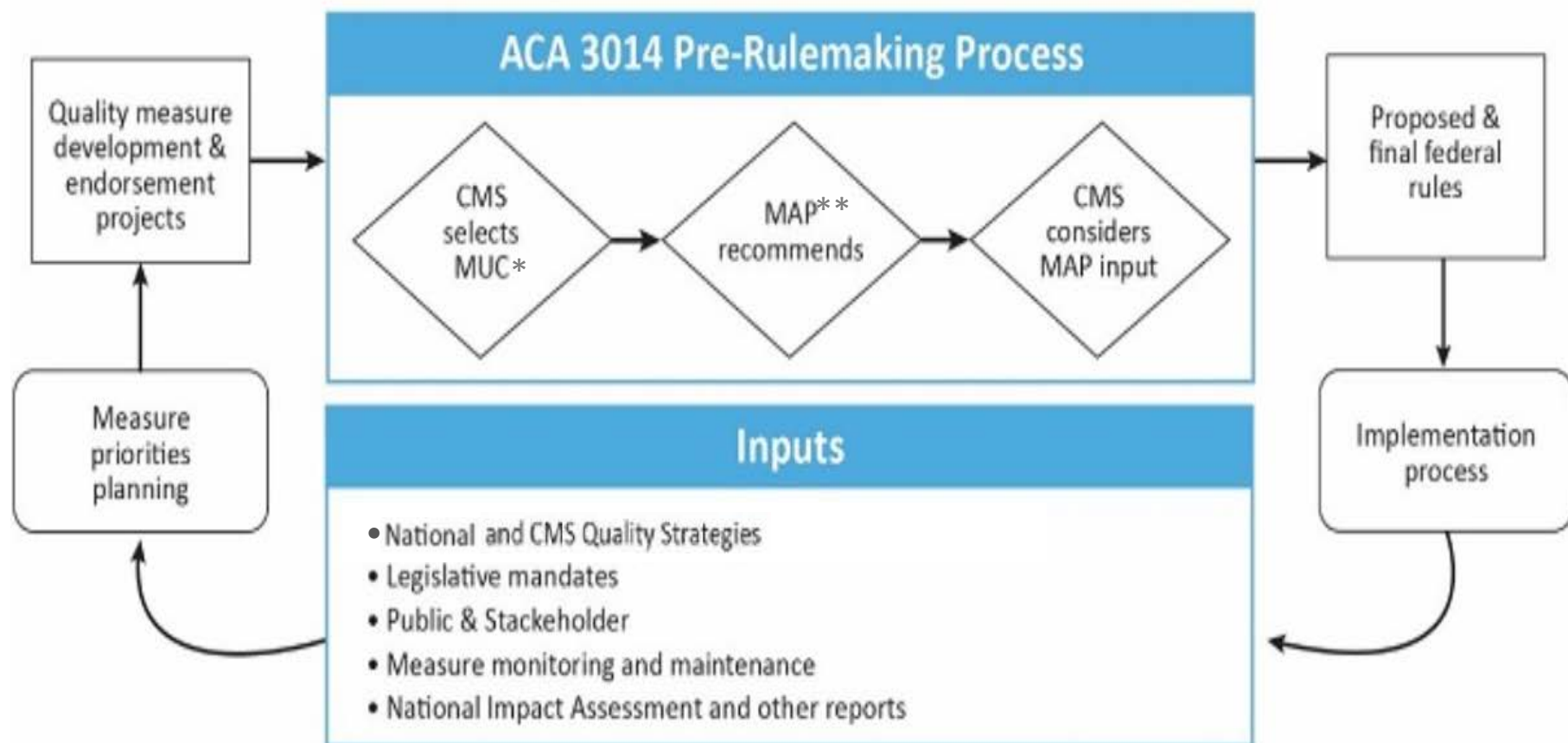
Publicly Reported Data

- The next Hospital Compare refresh is October 2020
- Preview Period for both programs began on July 16, 2020 and ends August 17, 2020.
- **For ASCs only:** If you did not report data, you may not receive a Preview Report.

At the Helm: The Rulemaking Process



The Pre-Rulemaking Process



*MUC: Measures Under Consideration

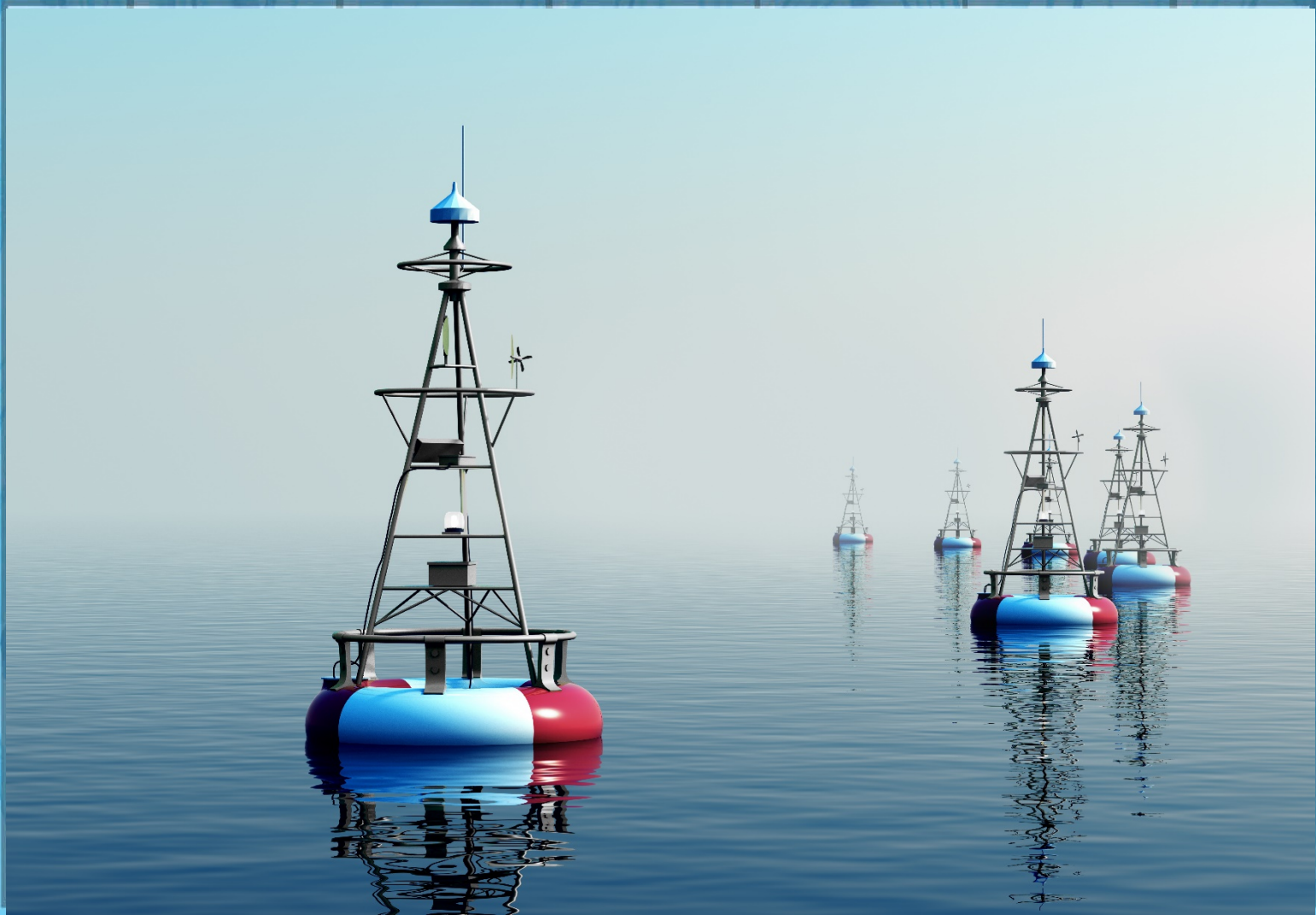
**MAP: Measure Applications Partnership



Rulemaking Timeframes

- The proposed rule is typically published around July 1
 - The public can provide feedback on the proposed rule during the 60-day comment period.
- The final rule is typically published around November 1.

Navigating Quality Reporting Programs





Aligning Programs

Measures Aligned for Hospital OQR and ASCQR Programs

Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (OP-29, ASC-9)

Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (OP-31, ASC-11)

Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy (OP-32, ASC-12)

Hospital Visits after Hospital Outpatient Surgery/Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers (OP-36, ASC-19)

Anchor the Ship

Point of Sail: Aligned Proposals





Administrative Requirements

Proposal: To use the term Security Official instead of Security Administrator and codify this change.

This would:

- Denote the authority invested in the role.
- Refer to the individual(s) who have responsibilities for security and account management requirements for the facility's *QualityNet* account.

We invite public comment on this proposal



Data Submission Deadlines

Proposal: All deadlines falling on a nonwork day be moved forward consistent with the Social Security Act.

- Deadlines occurring on a declared nonwork day are extended to the first day which is not declared a nonwork day by statute or Executive order.
- Beginning with the effective date of this rule.

We invite public comment on this proposal

A Single Voyage: Hospital OQR Proposals





Claims-Based Measures

Measure	Status
OP-8: MRI Lumbar Spine for Low Back Pain	No Changes
OP-10: Abdomen CT – Use of Contrast Material	No Changes
OP-13: Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low Risk Surgery	No Changes
OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	No Changes
OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	No Changes
OP-36: Hospital Visits after Hospital Outpatient Surgery	No Changes



Measures via a Web-Based Tool

Measure	Status
OP-22: Left Without Being Seen	No Changes
OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	No Changes
OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Voluntary)	No Changes



Chart-Abstracted Measures

Measure	Status
OP-2: Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival	No Changes
OP-3: Median Time to Transfer to Another Facility for Acute Coronary Intervention	No Changes
OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients	No Changes
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	No Changes
OP-37a-37e: OAS CAHPS	Remains Delayed



Public Display of Quality Measures

Proposal: Codify the existing policy by adding language.

- “Hospitals sharing the same CMS Certification Number (CCN) must combine data collection and submission across their multiple campuses for all clinical measures for public reporting purposes.”

We invite public comment on this proposal



Participation Status

Proposal: Remove the phrase “submit a new participation form” from regulatory language.

- Aligns with previously finalized policy.
 - Submission of this form was removed as a program requirement.
- Includes new language clarifying the finalized policy

We invite public comment on this proposal



Reconsideration

Proposal: Remove “the first business day on or after” from existing language.

- This is in alignment with the proposal to change the submission deadlines
- Reconsideration Requests are to be made by March 17.
 - If March 17 is a nonwork day, it will be the first day *after* March 17 that is not a nonwork day.

We invite public comment on this proposal



Review and Corrections Period

Proposal: Expand and codify the review and corrections policy to apply to measures submitted via the CMS web-based tool.

- Hospitals would have a review and corrections period, which would run concurrently with the data submission period.
- This period is from the time the submission period opens until the submission deadline.



Review and Corrections Period (cont.)

- After the submission deadline, these data cannot be changed.
- This expansion will accommodate a growing diversity of measure types in the program
- Beginning with data submitted for the CY 2023 payment determination and subsequent years.

We invite public comment on this proposal



Educational Review

Proposal: Codify the previously finalized policy by adding a new paragraph.

- A paragraph will be added to address these processes and procedures.
 - Hospitals that are selected and receive a score for validation may request an educational review 30 calendar days from the date the validation results are made available. If the results indicated an incorrect score, the corrected score will be used.

We invite public comment on this proposal



Overall Star Rating Summary

- Provides a summary of hospital quality information based on publicly available data
 - Displayed on Hospital Compare for over 4,000 hospitals
- Introduced in July 2016 with only two minor methodology updates
- Simple and clear rating score
 - Hospitals are assigned one to five stars
- Data is refreshed annually



Overall Star Rating

- Proposal: To update the current methodology to increase simplicity, predictability of measure emphasis within the methodology over time and comparability of ratings among hospitals.
- Include Veterans Health Administration (VHA) Hospitals and Critical Access Hospitals (CAHs).
- Beginning in CY 2021 and subsequent years



Payment Adjustments

Propose to continue the previous policy.

- Failure to meet program requirements will result in a 2.0 percent reduction of the Annual Payment Update (APU).
 - Applied to specific items and services with a status indicator of J1, J2, P, Q1, Q2, Q3, Q4, R, S, T, U, or V.
- The co-payments are also affected

Sailing Into the ASCQR Program





ASCQR Measure Set

Measure	Status
ASC-1: Patient Burn	Suspended
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	No change



ASCQR Measure Set (cont.)

Measure	Status
ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Voluntary)	No Change
ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	No Change
ASC-13: Normothermia	No Change
ASC-14: Unplanned Anterior Vitrectomy	No Change



ASCQR Measure Set (cont.)

Measure	Status
ASC-15a-15e: OAS CAHPS	Delayed
ASC-17: Hospital Visits After Orthopedic Ambulatory Surgery Center Procedures	No change
ASC-18: Hospital Visits After Urology Ambulatory Surgery Center Procedures	No change
ASC-19*: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers	No change

* Begins with CY 2024 payment determination



Update of Language

Proposal: Remove the phrase “data collection time period” and replace with “data collection period” in regulatory language.

We invite public comment on this proposal



Review and Corrections Period

Proposal: Implement and codify a review and corrections period which would run concurrently with the data submission period.

- ASCs can review, enter, and correct any data submitted to CMS.
- After the submission deadline, these data cannot be changed.
- Beginning with the effective date of this rule.

We invite public comment on this proposal



Payment Reduction

We propose the continuation of policies for payment reduction.

- For the policy Regarding Reduction to the ASC Payment Rates for ASCs that fail to meet the ASCQR program requirements for a payment determination year:
 - Any annual increase shall be reduced by 2.0 percentage points for ASCS that fail to meet reporting requirements.
 - Use of two conversion factors

Anchor the Ship

Tools on Hand





Submitting Comments

- Comments must be received no later than 5 p.m. EST, October 5, 2020.
- CMS encourages submission of electronic comments to [Regulations.gov](https://www.regulations.gov)
 - Comments may also be submitted by regular mail or express or overnight mail to the designated addresses provided.
- Responses to comments will be in the final rule.

Locate the Rule

1. Click on the [proposed rule](#)

The screenshot shows the Federal Register website interface. At the top, there's a header with the National Archives logo, the text 'FEDERAL REGISTER The Daily Journal of the United States Government', and the Archives and Records Administration seal. A 'Document Search' button is on the right. Below the header, there's a search bar with 'Find 85 FR 48772' entered. A red circle highlights the search input. To the right of the search bar, it says '7 documents'. Below the search bar, there are links for 'Show Advanced Search' and 'Learn More'. On the left side, there's a sidebar with filters for 'TYPE' and 'AGENCY'. Under 'TYPE', 'Rule' is selected with a count of 5, and 'Proposed Rule' has a count of 2. Under 'AGENCY', 'Federal Communications Commission' has a count of 5, 'Environmental Protection Agency' has a count of 1, and 'Housing and Urban' has a count of 1. The main content area shows a message: 'It looks like you were searching for the citation 85 FR 48772 . We've found the following document on page 48772 of volume 85.' Below this, the title of the rule is displayed: 'Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; New Categories for Hospital Outpatient Department Prior Authorization Process; Clinical Laboratory Fee Schedule: Laboratory Date of Service Policy; Overall Hospital Quality Star Rating Methodology; and Physician-Owned Hospitals'. A red arrow points to this title. Below the title, there's a summary: 'This proposed rule would revise the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for Calendar Year (CY) 2021 based...'. At the bottom, it says 'A Proposed Rule by the Centers for Medicare & Medicaid Services on 08/12/2020 Pages 48772-49082 (311 pages)'.

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TYPE

- Rule 5
- Proposed Rule 2

AGENCY

- Federal Communications Commission 5
- Environmental Protection Agency 1
- Housing and Urban 1

It looks like you were searching for the citation **85 FR 48772** .

We've found the following document on page 48772 of volume 85.

Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; New Categories for Hospital Outpatient Department Prior Authorization Process; Clinical Laboratory Fee Schedule: Laboratory Date of Service Policy; Overall Hospital Quality Star Rating Methodology; and Physician-Owned Hospitals

This proposed rule would revise the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for Calendar Year (CY) 2021 based...

A Proposed Rule by the Centers for Medicare & Medicaid Services on 08/12/2020 Pages 48772-49082 (311 pages)

Submitting a Comment

2. To submit a comment, select the [Submit A Formal Comment] button



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PR Proposed Rule

Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; New Categories for Hospital Outpatient Department Prior Authorization Process; Clinical Laboratory Fee Schedule: Laboratory Date of Service Policy; Overall Hospital Quality Star Rating Methodology; and Physician-Owned Hospitals

A Proposed Rule by the [Centers for Medicare & Medicaid Services](#) on 08/12/2020

This document has a comment period that ends in 53 days. (10/05/2020)

SUBMIT A FORMAL COMMENT
Read the [4 public comments](#) ⓘ

PUBLISHED DOCUMENT

Start Printed Page 48772

AGENCY:
Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION:

DOCUMENT DETAILS

Printed version:
[PDF](#)


Publication Date:
08/12/2020

Agencies:
[Centers for Medicare & Medicaid](#)

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3. Enter your comment in the [Comment] field

 You are submitting an official comment to Regulations.gov.
Comments are due 09/04/2020 at 11:59 pm -0400.


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You can view [alternative ways to comment](#) or you may also comment via Regulations.gov at, <http://www.regulations.gov/#/submitComment;D=CMS-2020-0079-0002>.

Comment*

Upload File(s)

+ Add a file

Note: You can attach your comment as a file and/or attach supporting documents to your comment. [Attachment Requirements](#).



Submit Your Comment



4. Enter your information and select the [I read and understand the statement above] box
5. Select the [Summit Comment] button

First Name

Last Name

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State or Province  


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5 characters left

Email Address

Organization Name

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☒ I read and understand the statement above. 



SUBMIT COMMENT [Preview Comment](#)

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Resources

- Proposed Rule in the [Federal Register](#).
 - [To Comment](#)
- To access today's presentation:
 - www.QualityReportingCenter.com, under the Archived Events tab

Questions

Thank You!





Continuing Education (CE) Approval

This program has been approved for one CE 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 CE approval for any other state, license, or certification, please check with your licensing or certification board.



References

- **Slide 15:** <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Pre-Rulemaking-MUC>

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