
CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

The Calendar Year (CY) 2025 Hospital Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Payment System Proposed Rule

The Hospital Outpatient Quality Reporting (OQR) and Rural Emergency Hospital Quality Reporting (REHQR) Programs

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Speakers

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Objectives

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

- Locate the calendar year (CY) 2025 Hospital Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Payment System Proposed Rule in the *Federal Register.*
- Identify the proposals for the Hospital OQR and REHQR Programs included in the CY 2025 OPPS/ASC Proposed Rule, including health equity measure proposals that pertain to both programs.
- Follow the steps for submitting a comment on the CY 2025 OPPS/ASC Proposed Rule.

Guidance

- CMS will discuss the proposals for the Hospital OQR and REHQR Programs in the CY 2025 OPPS Proposed Rule, published July 22, 2024.
- 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.

Locating the Proposed Rule

- Publication in the *Federal Register* (89 FR 59816)
- PDF version
- Associated addenda on CMS.gov.
  - https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient/regulations-notices

Cross-Program Proposals: Health Equity in the Hospital OQR and REHQR Programs

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Advancing Health Equity

- Inequities related to the social drivers of health may affect health-related social needs (HRSNs) and impact an individual's healthcare needs and outcomes.
- The assessment of HRSNs is essential for capturing interactions and factors associated with health outcomes.
- Health equity quality measurement supports CMS' National Quality Strategy goal of advancing health equity and whole-person care.

Proposed Measure Adoptions

CMS proposes adoption of three new health equity measures:

- Hospital Commitment to Health Equity (HCHE)
- Screening for Social Drivers of Health (SDOH)
- Screen Positive Rate for SDOH

These measures align with other quality programs across multiple care settings and incentivize facilities to use data to identify equity gaps and implement plans to address these gaps.

HCHE Measure

Overview:

Assesses a facility's commitment to health equity using five attestation domains:

- Domain 1 – Equity is a Strategic Priority
- Domain 2 – Data Collection
- Domain 3 – Data Analysis
- Domain 4 – Quality Improvement
- Domain 5 – Leadership Engagement

Would begin with the CY 2025 reporting period/CY 2027 payment determination. Domains and elements are in Table 87, page 59441, of the proposed rule.

HCHE Measure

Measure Calculation:

Calculated on points achieved in the five attestation-based domains

- **Numerator:** The total number of domains the facility can attest affirmatively, up to a maximum of five domains
  - One point only if the facility attests “Yes” to all elements within the domain
- **Denominator:** Total of five points (one point per domain)

HRSNs

Five core domains would be used to screen for HRSNs:

- Food Insecurity
- Housing Instability
- Transportation Needs
- Utility Difficulties
- Interpersonal Safety

Domains and their descriptions are in Table 88, page 59445, of the proposed rule.

Screening for SDOH Measure

Measure Overview:

Assesses the total number of patients,18 years or older, screened for the five HRSNs

- Would begin with voluntary reporting for the CY 2025 reporting period followed by mandatory reporting beginning with the CY 2026 reporting period/CY 2028 payment determination.

Screening for SDOH Measure

Data Sources:

For data collection, facilities can:

- Use a self-selected screening tool to collect data to reduce burden since some facilities already screen for HRSNs.
  - Visit the Social Interventions Research and Evaluation Network (SIREN) website for information on HRSN screening tools.
  - Visit CMS.gov for the Accountable Health Communities screening tool
- Confirm the **current** status of previously reported HRSNs in lieu of re-screening with the reporting period.

Screening for SDOH Measure

Measure Calculation:

Calculated as a percentage equal to the numerator over the denominator.

- **Numerator**: Number of admitted patients,18 years or older, who are screened for all five HRSNs
- **Denominator:** Number of patients,18 years or older, who are admitted into the hospital
- **Exclusions** include patients who:
  - Opt out of screening or
  - Are unable to complete the screening and have no legal guardian or caregiver who can complete the screening on their behalf.

Screening for SDOH Measure

Data Reporting:

- Allow submission of aggregate data for the numerator and denominator
  - Patient-level data would not be required, and aggregate data would reduce burden.
- Use of patient-level information may be considered in the future.
- Starting with voluntary reporting would allow facilities a transition period to select and integrate screening tools into processes.

Screen Positive Rate for SDOH

Overview:

Provides information on the percent of patients who screened positive for each of the five HRSNs and would:

- Begin with **voluntary** reporting for the CY 2025 reporting period followed by **mandatory** reporting beginning with the CY 2026 reporting period/CY 2028 payment determination
- Allow facilities to capture the degree of patient need for those who screened positive for each of the five core HRSNs
- Capture HRSNs and estimates the impact on healthcare utilization and quality of care
- Enable the development of individual patient action plans and improves patient outcomes for those who screen positive for one or more HRSN.

Screen Positive Rate for SDOH

Measure Calculation:

Calculated and reported as five separate rates, one for each core HRSN.

- **Numerator:** Number of patients,18 years or older, receiving care who screened positive for one or more of the HRSNs
- **Denominator:** Number of patients receiving care, 18 years or older, and are screened for all five HRSNs
- **Denominator Exclusions** include patients who:
  - Opt out of screening; or
  - Are unable to complete the screening and have no legal guardian or caregiver who can complete the screening on their behalf.

Screen Positive Rate for SDOH

Data Reporting:

- Facilities would be required to submit aggregated data.
  - This includes data results for the total number of patients who screened positive for each of the five HRSNs.

Data Submission

For all three proposed health equity measures (HCHE, Screening for SDOH, and Screen Positive Rate for SDOH):

- The reporting period would be January 1 through December 31 (two years prior to the applicable payment determination year).
- Data would be submitted annually via the HQR system starting January 1 through May 15 the following year (one year prior to the appliable payment determination year).
- Hospitals would be able to enter, review, and correct data during the submission period.

Hospital OQR Program Proposals

Proposed Removals from the Program Measure Set

Proposed Measure Removal

CMS proposes removal of the MRI Lumbar Spine for Low Back Pain and the Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low-Risk Surgery measures:

- Beginning with the CY 2025 reporting period/CY 2027 payment determination
- Under Removal Factor 2: Performance or improvement on a measure does not result in better patient outcomes

Proposal to Adopt a New Measure

Proposed Measure Adoption

CMS proposes to adopt the Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery Patient Reported Outcome-Based Performance measure (Information Transfer PRO–PM):

- Beginning with **voluntary** reporting for the CY 2026 reporting period followed by **mandatory** reporting beginning with the CY 2027 reporting period/CY 2029 payment determination
- Addressing evidence demonstrating a lack of understanding and lower patient activation in the outpatient setting when compared to an inpatient setting.

Information Transfer PRO–PM

Measure Overview:

Assesses the level of clear, personalized recovery information provided to patients, aged 18-years or older, who had an outpatient surgery or a procedure.

- The measure reports the average score of a patient's rating evaluating clear personalized recovery information provided to patients before, during, and after surgery or a procedure.
- The survey includes a three-domain, nine-item survey. The three domains are: Patient Needs, Medications, Daily Activities

Information Transfer PRO–PM

Data Sources:

Calculated based on PRO data collected by hospitals directly or through vendors distributed to patients

- The survey would be administered not less than two days and no later than seven days post-procedure or surgery.
- There would be a 65-day window for patient response.
- A minimum random sample of 300 completed surveys would be required.
  - Hospitals unable to collect 300 would be required to submit data on **all** completed surveys.

Information Transfer PRO–PM

Measure Specifications:

The intent is to encourage hospitals to provide individualized recovery instructions.

- **Numerator:** Sum of all individual scores from eligible respondents calculated by taking the sum of items which the respondent gave a positive response of “Yes” or “Very Clear” and dividing by the number of items the respondent deemed applicable
- **Denominator:** Total number of patients 18-years or older, who had a procedure or surgery and responded to the survey

Information Transfer PRO–PM

Data Reporting and Submission:

- Hospitals must use the Hospital Quality Reporting (HQR) system for data submission of any PRO-PM. Hospitals can choose to:
  - Submit PRO-PM data directly to CMS.
  - Use a third-party (vendor). HQR allows for submission of multiple file formats and a manual data entry option.
- The reporting period for each measure would be January 1–December 31 (two years prior to the applicable payment determination year).
- Data would be submitted annually via the HQR system starting January 1 through May 15 the following year (one year prior to the appliable payment determination year).

Policy Proposals

Proposed Policy Modification

CMS proposes to modify the immediate measure **removal** policy to the immediate measure **suspension** policy beginning with CY 2025.

- For cases when there is evidence that collection and reporting raises potential patient safety concerns, CMS would suspend the measure's use until potential removal can go through rulemaking.
- CMS would notify facilities and the public of the suspension decision through standard communication channels.

Proposed Policy Requirement

CMS proposes new requirements for the submission of electronic clinical quality measures (eCQMs) beginning with CY 2025 reporting period/CY 2027 payment determination.

- Hospitals using electronic health record (EHR) technology certified to the Office of the National Coordinator for Health Information Technology's (ONC) health information technology certification criteria would:
  - Be required to have its EHR technology certified to all eCQMs.
  - Use the most recent versions of the eCQM measure specifications found on the Electronic Clinical Quality Improvement (eCQI) Resource Center website.
  - Be codified at 42 CFR 419.46(j)(3).

Proposed Publicly Reported Data

CMS proposes to make data for Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients - Psychiatric/Mental Health Patients stratum available on Care Compare beginning in CY 2025.

- Data previously reported would be included.
- Routine monitoring for the measure shows increased throughput time for the psychiatric/mental health patients and suggests benefit for quality improvement efforts.
- Data are already collected and submitted by hospitals and would not create additional burden.

REHQR Program Proposals

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Proposed Measure Modification

CMS proposes to modify the reporting period for the Risk-Standardized Hospital Visits Within 7 Days After Hospital Outpatient Surgery measure beginning with the CY 2027 program determination.

- Increasing the reporting period from one year to two years due to addressing low case thresholds and more REHs would have data to be reported publicly.

Example:
For the CY 2027 program determination, the reporting period would comprise data from CYs 2024 and 2025 (encounters from January 1, 2024, through December 31, 2025).

Proposed Data Submission Policy

When a hospital converts to REH status, the REH would be required to report data to the REHQR Program on the first day of the quarter following the date of conversion to an REH.

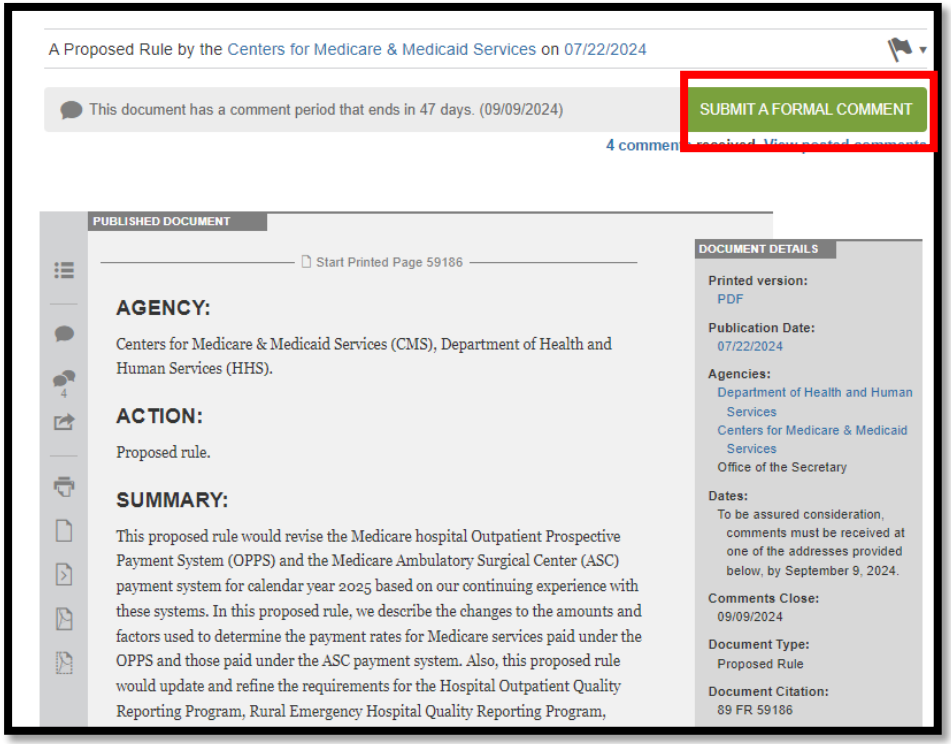
Commenting

Comment Period

- Comments must be received or postmarked by September 9, 2024.
- 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 Formal Comment** box.

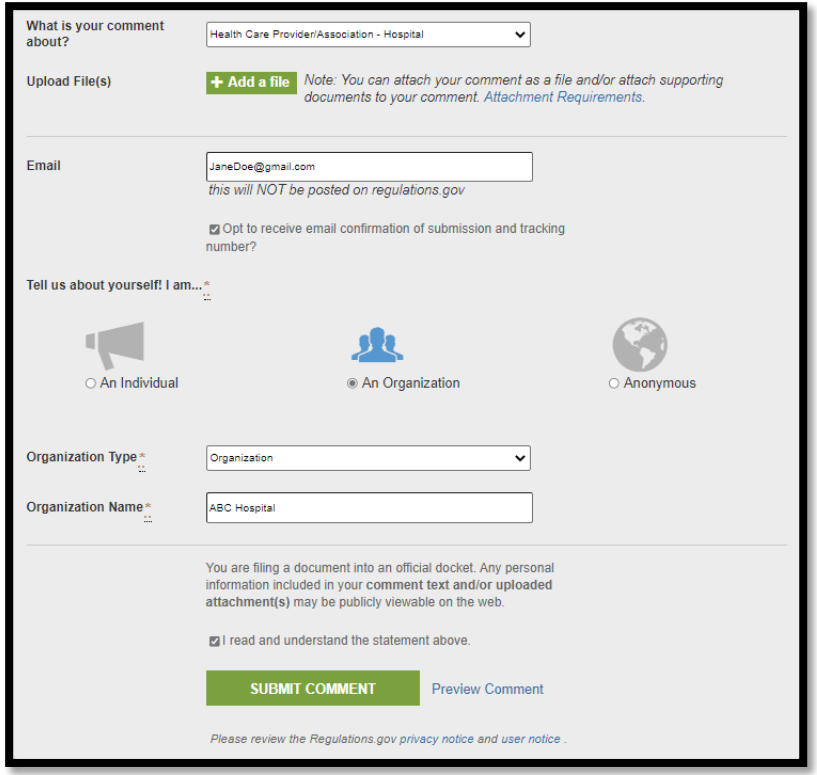


Entering Your Comment

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

Submitting Your Comment

- Enter the rest of your information.
- Select: “I read and understand the statement above.”
- Select the **Submit Comment** box.



Resources

Outpatient Quality Reporting Program 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

Secure Access Management Service Help Desk: Phone: 877.681.2901

National Healthcare Safety Network: Email: nhsn@cdc.gov

Acronyms

ASC	ambulatory surgical center	**HRSN**	Health-Related Social Needs
CMS	Centers for Medicare & Medicaid Services	**NHSN**	National Healthcare Safety Network
CY	Calendar Year	**OPPS**	Outpatient Perspective Payment System
eCQM	Electronic Clinical Quality Measure	**OQR**	Outpatient Quality Reporting
ED	emergency department	**PRO-PM**	Patient Reported Outcome-Based Performance Measure
EHR	electronic health record	**REH**	Rural Emergency Hospital
FR	*Federal Register*	**REHQR**	Rural Emergency Hospital Quality Reporting
HCHE	Hospital Commitment to Health Equity	**SDOH**	Social Drivers of Health
HQR	Hospital Quality Reporting	**SIREN**	Social Interventions Research and Evaluation Network

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.

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