
CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

Participants will be able to:

- Locate the calendar year (CY) 2025 Hospital Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Payment System final rule in the *Federal Register.*
- State the finalized proposals for the Hospital OQR and REHQR Programs included in the CY 2025 OPPS/ASC final rule.

Locating the Final Rule

- The CY 2025 OPPS/ASC Final Rule can be found in the *Federal Register*.

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

Kimberly Go, MPA
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Measure Adoptions

CMS adopted 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 OQR and REHQR with other quality programs across multiple care settings and incentivize facilities to use data to identify health-related social needs 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

Begins with the CY 2025 reporting period/CY 2027 payment/program determination. Domains and elements are in Table 159, page 94370 of the Final Rule, and on the QualityNet website.

HCHE Measure

Measure Calculation:

Calculated on points achieved in the five attestation-based domains

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

Health-Related Social Needs (HRSNs)

Five core domains will be used to screen for HRSNs:

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

Domains and their descriptions are in Table 161, page 94382 of the Final Rule, and on the QualityNet website.

Screening for SDOH Measure

Measure Overview:

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

- Begins 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

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 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 (AHC) Model screening tool.
- Confirm the **current** status of previously reported HRSNs in lieu of re-screening within the same reporting period.

Screening for SDOH Measure

Data Reporting:

- CMS allows submission of aggregate data for the numerator and denominator.
  - Patient-level data will not be required; reporting aggregate data will reduce burden.
- Reporting of patient-level information may be considered in the future.
- By starting with voluntary reporting, facilities will have a transition period to select and integrate screening tools into processes.

Screen Positive Rate for SDOH Measure

Measure Overview:

Provides information on the percent of patients, 18 years or older, who screened positive for one or more of the five HRSNs

- Begins with **voluntary** reporting for the CY 2025 reporting period followed by **mandatory** reporting beginning with the CY 2026 reporting period/CY 2028 payment determination
- Provides transparency in the delivery of care and actionable information to hospitals on unmet needs among patients

Screen Positive Rate for SDOH Measure

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 Measure

Data Reporting:

Facilities will be required to submit total numerator results for each of the five HRSNs – i.e. the total number of patients who screened positive for each of the five HRSNs.

Data Submission

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

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

Measure Resources

- You can find additional information on screening in the Frequently Asked Questions document on the QualityReportingCenter.com website.
- You can find measure specifications on the QualityNet.cms.gov website.

Discussion

Hospital OQR Program Updates

Policy Updates

Policy Modification

CMS modified 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 will suspend the measure's use until potential removal can go through rulemaking.
- CMS will notify facilities and the public of the suspension decision through standard communication channels.

Adoption of a New Measure

Measure Adoption

CMS adopted 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).

- The measure begins with **voluntary** reporting for the CY 2026 reporting period followed by **mandatory** reporting beginning with the CY 2027 reporting period/CY 2029 payment determination.
- The measure addresses evidence that information that is simpler and more complete is associated with better patient outcomes and fewer readmissions.

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 ratings on a three-domain, nine-item survey to rate the clarity of information patients are given before, during, and after surgery or a procedure.
- The three domains are Patient Needs, Medications, and 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 will be administered not less than two days and no later than seven days post-procedure or surgery.
- There will be a 65-day window for patient response.
- A minimum random sample of 300 completed surveys will be required.
  - Hospitals unable to collect 300 will 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 to which the respondent gave a positive response of “Yes” or “Very Clear” and dividing by the number of items the respondent deemed applicable to their procedure or surgery.
- **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 HQR system for data submission of any PRO-PM. Hospitals can choose to submit PRO-PM data directly to CMS or use a third-party (vendor).
- The reporting period for each measure will be January 1–December 31 (two years prior to the applicable payment determination year).
- Data will 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).

Discussion

Measure Removals

Measure Removals

CMS removed the MRI Lumbar Spine for Low Back Pain and the Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac, Low-Risk Surgery measures.

- Begins with the CY 2025 reporting period/CY 2027 payment determination.
- Improved performance attributed to denominator exclusion criteria, i.e. these measures do not drive better patient outcomes.

Administrative Updates

Policy Requirement

CMS finalized 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 will:
  - Be required to have its EHR technology certified to all eCQMs available to report in the Hospital OQR Program.
  - Use the most recent versions of the eCQM measure specifications on the Electronic Clinical Quality Improvement (eCQI) Resource Center website.

* On July 29, 2024, notice was posted in the Federal Register that ONC would be dually titled to the Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology (89 FR 60903).

Publicly Reported Data

CMS will make data for the 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 is currently reported in the Provider Data Catalog (PDC).
- Previously reported data will be included.
- Data are already collected and submitted by hospitals and will not require any additional data reporting.

Program Measures (1 of 2)

Finalized Measures Beginning with the CY 2027 Payment Determination

Abdomen CT – Use of Contrast Material
Admissions and ED Visits for Patients Receiving Outpatient Chemotherapy
Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
Breast Cancer Screening Recall Rates
Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery*
COVID–19 Vaccination Coverage Among Healthcare Personnel
Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults**
Facility 7-Day Risk-Standardized Hospital Visit Rate After Outpatient Colonoscopy
Head CT or MRI Scan Results for Acute Ischemic Stroke or Hemorrhagic Stroke who Received Head CT or MRI Scan Interpretation Within 45 minutes of ED Arrival
Hospital Commitment to Health Equity***
Left Without Being Seen
Median Time from ED Arrival to ED Departure for Discharged ED Patients

*Measure is voluntary. **Begins with the CY 2025 reporting period/CY 2027 payment determination.
***Begins with mandatory reporting for the CY 2025 reporting period/CY 2027 payment determination.

Program Measures (2 of 2)

Finalized Measures Beginning with the CY 2027 Payment Determination

Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS)
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)****
Risk-Standardized Hospital Visits Within 7 Days After Hospital Outpatient Surgery
Risk-Standardized PRO–PM Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) in the Hospital Outpatient Department Setting *****
Screening for Social Drivers of Health******
Screen Positive Rate for Social Drivers of Health******
ST-Segment Elevation Myocardial Infarction (STEMI) eCQM

****Begins with voluntary reporting for the CY 2026 reporting period, followed by mandatory reporting beginning with the CY 2027 reporting period/CY 2029 payment determination. *****Begins with voluntary reporting for the CY 2025 reporting period, followed by mandatory reporting beginning with the CY 2028 reporting period/CY 2031 payment determination, as discussed in the CY 2024 OPPS/ASC final rule.

******These measures 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, as discussed in sections XIV.B.2 and XIV.B.3 of this final rule with comment period.

Discussion

REHQR Program Updates

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

Measure Modification

CMS proposed to modify the reporting period for the Risk-Standardized Hospital Visits Within 7 Days After Hospital Outpatient Surgery measure from one year to two years.

- Begins with the CY 2027 program determination.
- Addresses low case thresholds.

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

Data Submission Policy

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

Program Measures

Finalized Measures Beginning with the CY 2027 Payment Determination

Measure Name	Reporting Period	Program Determination
Facility 7-Day Risk-Standardized Hospital Visit Rate After Outpatient Colonoscopy	January 1, 2024 – December 31, 2026	CY 2028
Risk-Standardized Hospital Visits Within 7 Days After Hospital Outpatient Surgery*	January 1, 2024 – December 31, 2025	CY 2027
Abdomen Computed Tomography (CT) – Use of Contrast Material	January 1, 2025 – December 31, 2025	
Median Time from Emergency Department (ED) Arrival to ED Departure for Discharged ED Patients		
Hospital Commitment to Health Equity (HCHE)**		
Screening for Social Drivers of Health (SDOH)***		
Screen Positive Rate for SDOH***		

*Extended reporting period beginning with the CY 2027 program determination
**Mandatory beginning with the CY 2025 reporting period/CY 2027 program determination
***Begins with voluntary reporting for the CY 2025 reporting period, followed by mandatory reporting beginning with CY 2026 reporting period/CY 2028 program determination

Discussion

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 (CCSQ) Service Center

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

Secure Access Management Service (SAMS) Help Desk:

- Phone: 877.681.2901

National Healthcare Safety Network (NHSN) Email: nhsn@cdc.gov

Acronyms

AHC	Accountable Health Communities	**NHSN**	National Healthcare Safety Network
ASC	ambulatory surgical center	**OAS CAHPS**	Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems
ASCQR	Ambulatory Surgical Center Quality Reporting	**ONC**	Office of the National Coordinator
CCSQ	Center for Clinical Standards and Quality	**OPPS**	Outpatient Perspective Payment System
CMS	Centers for Medicare & Medicaid Services	**OQR**	Outpatient Quality Reporting
CT	Computed Tomography	**PRO-PM**	Patient Reported Outcome-Based Performance Measure
CY	calendar year	**REH**	Rural Emergency Hospital
eCQI	Electronic Clinical Quality Improvement	**REHQR**	Rural Emergency Hospital Quality Reporting
eCQM	electronic clinical quality measure	**SAMS**	Secure Access Management Service
ED	emergency department	**SDOH**	Social Drivers of Health
EHR	electronic health record	**SIREN**	Social Interventions Research and Evaluation Network
HCHE	Hospital Commitment to Health Equity	**STEMI**	Segment Elevation Myocardial Infarction
HQR	Hospital Quality Reporting	**THA/TKA**	Total Hip Arthroplasty/Total Knee Arthroplasty
HRSN	Health-Related Social Needs		

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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