



# CY 2026 Hospital OPPS/ASC Payment System Final Rule

**Kimberly Go, MPA**  
*Program Lead*

Hospital Outpatient Quality Reporting (OQR) Program, CMS

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

Rural Emergency Hospital Quality Reporting (REHQR) Program,  
CMS

# Objectives

Participants will be able to:

- Locate the calendar year (CY) 2026 Hospital Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Payment System Final Rule in the *Federal Register*.
- Recall the finalized proposals for the Hospital OQR and REHQR Programs included in the CY 2026 OPPS/ASC Payment System Final Rule.
- State the measure requirements for the Hospital OQR and REHQR Programs.

# Locating the Final Rule

The CY 2026 Hospital OPPS/ASC Payment System final rule can be found in the *Federal Register*.

Direct link: <https://www.federalregister.gov/public-inspection/2025-20907/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment>

# Polling Question

A large, stylized blue arrow graphic is positioned on the left side of the slide, pointing from the top-left towards the center. It is composed of numerous small, semi-transparent blue triangles of varying sizes.

# Cross-Program: Finalized Measure Removals

**Kimberly Go, MPA**  
*Program Lead*  
Hospital OQR Program, CMS

# Measure Removals

- OP-38: COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) Measure
- Health Equity Measures
  - OP-43: Screening for Social Drivers of Health (SDOH)
  - OP-44: Screen Positive Rate for SDOH
  - OP-45: Hospitals: Hospital Commitment to Health Equity(HCHE)/ Facility Commitment to Health Equity (FCHE) for ASCs

**Removal Factor 8:** The costs associated with these measures outweigh the benefits of their continued use in CMS quality reporting programs.

# Finalized Removal: COVID-19 HCP

CMS finalized the proposal to remove the COVID-19 Vaccination Coverage Among HCP measure from the Hospital OQR, REHQR, and Ambulatory Surgical Center Quality Reporting (ASCQR) Programs beginning with the CY 2024 reporting period/CY 2026 payment determination.

- Hospitals and ASCs that did not report COVID-19 HCP measure data for the CY 2024 reporting period will **not** be penalized for CY 2026 payments, and any measure data submitted will **not** be used for public reporting or payment purposes.

# Finalized Removal: Health Equity

CMS finalized the proposal to remove the HCHE/FCHE and both SDOH measures from the Hospital OQR, REHQR, and ASCQR Programs beginning with the CY 2025 reporting period/CY 2027 payment or program determination.

- Facilities that do not report HCHE/FCHE data for the CY 2025 reporting period by May 15, 2026, will **not** be penalized for the CY 2027 payment determination, and any measure data submitted will **not** be used for public reporting or payment purposes.
- SDOH measures were voluntary for the CY 2025 reporting period and any measure data submitted will not be used for public reporting or payment purposes.



# Cross-Program: Finalized Extraordinary Circumstances Exception (ECE) Policy Updates

**Kimberly Go, MPA**  
*Program Lead*  
Hospital OQR Program, CMS

# Finalized: ECE Guidelines

CMS finalized the proposal to update policy to specify that ECE relief could take the form of an extension of time for a facility to comply with a reporting requirement, if appropriate.

- A facility may request an ECE within **60 calendar days** (instead of the 30 days originally proposed) of the date the extraordinary circumstance occurred.
- CMS will notify the requestor in writing and will specify whether the facility is exempted from one or more reporting requirements or CMS has granted the facility an extension of time.
- CMS may grant an ECE to one or more facilities that have not requested an ECE if it is determined that there is a systemic problem or that an extraordinary circumstance has affected an entire region or locale.

# Polling Question



# Hospital OQR Program: Measure Set Finalized Changes

**Kimberly Go, MPA**  
*Program Lead*  
Hospital OQR Program, CMS

# Finalized: One Measure Adoption

CMS finalized the proposal to adopt the Emergency Care Access & Timeliness electronic clinical quality measure (eCQM).

- This begins with voluntary reporting for the CY 2027 reporting period, followed by mandatory reporting beginning with the CY 2028 reporting period/CY 2030 payment determination.
- This requires data submission by May 15 in the calendar year preceding the applicable payment determination year.
- Measure data (overall measure score and rates for the four numerator components) will be displayed publicly once reporting for this measure becomes mandatory.

# Measure Overview

The Emergency Care Access & Timeliness eCQM calculates the proportion of four outcome metrics that quantify access to and timeliness of care in an emergency department (ED) setting against specified thresholds:

- Patient wait time – 1 hour
- Patient left the ED without being evaluated
- Patient boarding time in the ED (as defined by a Decision to Admit (order) to ED departure for admitted patients) – 4 hours
- Patient ED Length of Stay (LOS) which is the time from ED arrival to ED physical departure, as defined by the ED departure timestamp – 8 hours

# Measure Calculation

- **Denominator:** All ED encounters associated with patients of all ages and for all payers during a 12-month period of performance
  - Patients can have multiple encounters during the period of performance, and each encounter is eligible to be included in the denominator.
- **Numerator:** Any ED encounter in the denominator where the patient:
  - Waited longer than 1 hour after arrival to the ED to be placed in a treatment room or dedicated treatment area that allows for audiovisual privacy during history-taking and physical examination;
  - Left the ED without being evaluated;
  - Boarded in the ED for longer than 4 hours;
  - Had an ED LOS of longer than 8 hours.

# Measure Calculation

- An encounter is considered part of the numerator of the overall score if it includes any of the four events, with events not being mutually exclusive and each contributing only once to the numerator.
- Exclusions include:
  - ED encounters with ED observation stays are excluded from components 3 and 4, but they are included in the denominator.
  - Patients who have a “decision to admit” after an ED observation stay remain excluded from criteria (3) calculations.

# Measure Score

- The score is calculated at the ED level as the proportion of ED encounters where any one of the four outcomes occurred.
- Results are stratified into four groups:
  - Two by age (18 years and older, and under 18 years)
  - Two by mental health diagnoses (with and without)
- Guidance can be found on the Electronic Clinical Quality Improvement (eCQI) Resource Center website.

# Finalized: Two Measure Removals

CMS finalized the proposal to remove these two measures:

1. Median Time ED Arrival to ED Departure for Discharged ED Patients (Median Time for Discharged ED Patients)
2. Left Without Being Seen

Removals begin with the CY 2028 reporting period/CY 2030 payment determination, when reporting for the Emergency Care Access & Timeliness eCQM becomes mandatory.

The Emergency Care Access & Timeliness measure will be included in the Star Ratings after the removal of these two measures.

# Finalized: One Measure Modification

CMS finalized the proposal to continue voluntary reporting for the Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Excessive Radiation eCQM), modifying a prior policy that would have made the measure mandatory beginning with CY 2027. Instead, the measure will maintain **voluntary** reporting.

# Polling Question



# REHQR Program: Measure Set Finalized Changes

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

# Finalized: Measure Adoption

CMS finalized the proposal to adopt the Emergency Care Access & Timeliness eCQM for **optional** reporting in lieu of reporting the Median Time for Discharged ED Patients measure.

- This begins with the CY 2027 reporting period/CY 2029 program determination.
- This requires annual data submission by May 15 in the year prior to the affected program determination.
- Data are displayed as soon as feasible on CMS websites (Compare Tool on [Medicare.gov](https://www.medicare.gov)) after a 30-day preview period.

# Finalized: Form, Manner, and Timing

- CMS finalized the proposal to update program policies for introducing eCQMs by establishing eCQM data submission and reporting requirements.
- The technical specifications for the eCQMs are contained in the CMS Annual Update available on the [eCQI Resource Center website](#).

# Finalized: Form, Manner, and Timing

CMS finalized the proposal to align and codify the Hospital OQR Program eCQM policy for the REHQR Program.

- This begins with the CY 2027 reporting period/CY 2029 program determination.
- This adds a new paragraph: Requirements for Submission of eCQMs under the REHQR Program

# Finalized: Alignment

CMS finalized the proposal to align technology that would require:

- REHs to utilize technology certified to Office of the National Coordinator for Health Information Technology's (ONC's) health information technology certification criteria.
- The health information technology used for eCQM reporting by REHs must be certified to all eCQMs available to report under the REHQR Program.
- REHs use the most recent version of the eCQM electronic measure specifications for the applicable reporting period available on the [eCQI Resource Center website.](#)

Details on the eCQM policy can be found in the [CY 2025 OPPS/ASC Payment System Final Rule](#) with comment period (pages 94418–94420).

# Finalized: File Format

CMS finalized the proposal to align the file format requirements currently applied in the Hospital Inpatient Quality Reporting, OQR, and Medicare Promoting Interoperability Programs.

Under this alignment, REHs:

- Must submit eCQM data via the Quality Reporting Document Architecture (QRDA) Category I file format.
- May use third parties to submit QRDA Category I files.
- May either use abstraction or pull data from non-certified sources and then report in QRDA Category I file format.

# Finalized: File Format

QRDA Category I files should reflect data for one patient per file per quarter with five key elements:

1. CMS Certification Number
2. CMS Program Name
3. Electronic Health Record (EHR) Patient Identification (ID)
4. Reporting period specified in the Reporting Parameters Section
5. EHR Submitter ID

# Finalized: File Format

- **Zero Denominator Declarations:** If an REH does not have patients to meet denominator criteria, the REH will submit a zero.
- **Case Threshold Exception:** If an REH has 5 or fewer outpatient encounters per quarter or 20 or fewer per year, the REH would be exempt from reporting on that eCQM.
  - The exemption would not have to be used; REHs could report those individual cases if they choose.

A large, stylized blue arrow graphic is positioned on the left side of the slide, pointing diagonally upwards and to the right. It is composed of a grid of blue triangles of varying shades.

# Appendix: Finalized Program Measure Sets

A large, stylized blue arrow graphic is positioned on the left side of the slide, pointing diagonally upwards and to the right. It is composed of a grid of blue triangles of varying sizes.

# Hospital OQR Program Finalized Measure Set

# Clinical Chart-Abstracted Measures

## CY 2025 Reporting Period/CY 2027 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
<b>OP-18:</b> Median Time from ED Arrival to ED Departure for Discharged ED Patients	Q1 2025 Jan 1–Mar 31, 2025	Aug 1, 2025	Jan 1–Dec 31, 2027
	Q2 2025 Apr 1–Jun 30, 2025	Nov 3, 2025	
	Q3 2025 Jul 1–Sept 30, 2025	Feb 2, 2026	
	Q4 2025 Oct 1–Dec 31, 2025	May 1, 2026	

**OP-18 is finalized for removal for CY 2028 reporting period for the CY 2030 payment determination with the adoption of the Emergency Care Access & Timeliness eCQM.**

# Web-Based Measures

## CY 2025 Reporting Period/CY 2027 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
OP-22: Left Without Being Seen			
OP-29: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Jan 1–Dec 31, 2025	May 15, 2026	Jan 1–Dec 31, 2027
OP-31: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Voluntary)			

**OP-22 is finalized for removal for CY 2028 reporting period for the CY 2030 payment determination with the adoption of the Emergency Care Access & Timeliness eCQM.**

# Claims-Based Measures

## CY 2025 Reporting Period/CY 2027 Payment Determination

Imaging Measures	Calculated Encounter Dates	Payment Determination
OP-10: Abdomen CT – Use of Contrast Material	Jul 1, 2024 –Jun 30, 2025	Jan 1–Dec 31, 2027
Outcome Measures	Calculated Encounter Dates	Payment Determination
OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Jan 1, 2023–Dec 31, 2025	Jan 1–Dec 31, 2027
OP-35: Admissions and Emergency Department (ED) Visits for Patients Receiving Outpatient Chemotherapy	Jan 1–Dec 31, 2025	
OP-36: Hospital Visits after Hospital Outpatient Surgery		

# PRO-PM Measures

## OP-42: Total Hip Arthroplasty and/or Total Knee Arthroplasty Patient-Reported Outcome-based Performance Measure (THA/TKA PRO-PM)

### CY 2025 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

CY 2026 Voluntary Reporting Period Begins with Mandatory Reporting the Following Year

Measure	Reporting Period	Submission Deadline
Information Transfer PRO-PM	Jan 1—Dec 31, 2026	May 15, 2027

# OAS CAHPS

## CY 2025 Reporting Period/CY 2027 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
<b>OP-37a:</b> About Facilities and Staff	<b>Q1:</b> Jan 1–Mar 31, 2025	Jul 9, 2025	Jan 1–Dec 1, 2027
<b>OP-37b:</b> Communication About Procedure	<b>Q2:</b> Apr 1–Jun 30, 2025	Oct 8, 2025	
<b>OP-37c:</b> Preparation for Discharge and Recovery	<b>Q3:</b> Jul 1–Sep 30, 2025	Jan 14, 2026	
<b>OP-37d:</b> Overall Rating of Facility	<b>Q4:</b> Oct 1–Dec 31, 2025	Apr 8, 2026	
<b>OP-37e:</b> Recommendation of Facility			

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

# eCQMs

## CY 2025 Reporting Period/CY 2027 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
<b>OP-40: ST Elevation Myocardial Infarction (STEMI)</b>  <b>Excessive Radiation Dose or Inadequate Image Quality for Diagnostic CT in Adults (voluntary)</b>	Jan 1–Dec 31, 2025	May 15, 2026	Jan 1—Dec 31, 2027

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

The Excessive Radiation measure is finalized to remain as voluntary reporting

A large, stylized blue arrow graphic is positioned on the left side of the slide, pointing diagonally upwards and to the right. It is composed of a grid of blue triangles of varying sizes.

# REHQR Program Finalized Measure Set

# eCQM

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.			

# Chart-Abstracted Measure

CY 2025 Reporting Period/CY 2027 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
OP-18: Median Time from ED Arrival to ED Departure for Discharged ED Patients	Q1 2025 Jan 1–Mar 31, 2025	Aug 1, 2025	Jan 1–Dec 31, 2027
	Q2 2025 Apr 1–Jun 30, 2025	Nov 3, 2025	
	Q3 2025 Jul 1–Sept 30, 2025	Feb 2, 2026	
	Q4 2025 Oct 1–Dec 31, 2025	May 1, 2026	

Optional reporting begins with the CY 2027 reporting period.  
REHs may report for OP-18 or the Emergency Care Access & Timeliness eCQM.

# Claims-Based Measures

CY 2025 Reporting Period/CY 2027 Payment Determination

Imaging Measures	Calculated Encounter Dates	Program Determination
<b>OP-10: Abdomen CT – Use of Contrast Material</b>	Jan 1–Dec 31, 2025	Jan 1–Dec 31, 2027
Outcome Measures	Calculated Encounter Dates	Payment Determination
<b>OP-32: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy</b>	Jan 1, 2024–Dec 31, 2026	Jan 1–Dec 31, 2027
<b>OP-36: Hospital Visits after Hospital Outpatient Surgery</b>	Jan 1, 2024–Dec 31, 2025	

# Polling Question

# 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](mailto:qnetsupport@cms.gov)
- **OAS CAHPS**
  - Phone: 866.590.7468
  - Email: [oascahps@rti.org](mailto:oascahps@rti.org)

# Survey

Please [click here](#) to complete a short survey.

# Acronyms

<b>ASC</b>	ambulatory surgical center	<b>LOS</b>	length of stay
<b>ASCQR</b>	Ambulatory Surgical Center Quality Reporting	<b>MRI</b>	Magnetic Resonance Imaging
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>OAS CAHPS</b>	Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems
<b>CT</b>	Computed Tomography	<b>ONC</b>	Office of the National Coordinator for Health Information Technology
<b>CY</b>	calendar year	<b>OP</b>	outpatient
<b>ECE</b>	Extraordinary Circumstances Exception	<b>OPPS</b>	Outpatient Perspective Payment System
<b>eCQI</b>	Electronic Clinical Quality Improvement	<b>OQR</b>	Outpatient Quality Reporting
<b>eCQM</b>	electronic clinical quality measure	<b>PRO-PM</b>	Patient Reported Outcome-Based Performance Measure
<b>ED</b>	emergency department	<b>QRDA</b>	Quality Reporting Document Architecture
<b>EHR</b>	electronic health record	<b>REH</b>	Rural Emergency Hospital
<b>FCHE</b>	Facility Commitment to Health Equity	<b>REHQR</b>	Rural Emergency Hospital Quality Reporting
<b>HCHE</b>	Hospital Commitment to Health Equity	<b>SDOH</b>	Social Drivers of Health
<b>HCP</b>	healthcare personnel	<b>STEMI</b>	Segment Elevation Myocardial Infarction
<b>ID</b>	identification	<b>THA/TKA</b>	Total Hip Arthroplasty/Total Knee Arthroplasty

# Continuing Education Approval

This program has been approved for one credit for the following boards:

- 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.