Analysis of the Outcome of Leapfrog Comment Letter to the Centers for Medicare & Medicaid Services (CMS)

Regarding the CMS Proposed Rule on Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems (OPPS):

Expanded version to include summaries of CMS responses to Leapfrog comments

Based on CY 2025 Final Rule Issued by CMS November 1, 2024; Analysis Prepared November 2024

Leapfrog Group Recommendation	Page # in Leapfrog Letter	Does the Final Rule Align with Leapfrog Recommendation?	CMS Final Ruling
Comments on Proposed Changes to ASC Quality Reporting (ASCQR), Hospital Outpatient Quality Reporting (HOQR) and Rural Emergency Hospital Quality Reporting (REHQR) Programs *Hospitals and ASCs report quality data to CMS to not receive a payment penalty*			
Support adding two measures to the ASCQR, HOQR and REHQR Programs as follows: • **Facility/Hospital Commitment to Health Equity (FHCE/HCHE) measure** • **Screening for Social Drivers of Health (SDOH) measure**	3	Yes	CMS will add the two proposed measures to the ASCQR and the HOQR Programs. **[FHCE/HCHE measure: p.1101, SDOH measure: p. 1136]** Regarding the FHCE/HCHE measure: CMS responded to Leapfrog's recommendation for a strong audit function saying they acknowledge they do not have a means to validate submissions. They note they provide guidance documents to define what constitutes affirmative attestations. Regarding the SDOH measure: Leapfrog recommendation for transparency of facility screening rate at the domain level was noted.
Support adding the following measure to the HOQR Program: • **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)**	3	Yes	CMS will adopt the Information Transfer PRO-PM. **[p. 1213]** CMS responded to Leapfrog's recommendation to combine the survey with OAS CAHPS to foster survey completion rate noting they considered combining the two surveys, but said OAS CAHPS and the Information Transfer PRO-PM survey do not align (e.g. allowing multiple submission modes, requiring a CMS-approved vendor). CMS responded to Leapfrog's recommendation to offer the survey in the nine languages that OAS CAHPS appears in and said they are working to expand the survey to all languages.

Leapfrog Group Recommendation	Page # in Leapfrog Letter	Does the Final Rule Align with Leapfrog Recommendation?	CMS Final Ruling
Recommend retaining the following measure in the HOQR Program: • **MRI Lumbar Spine for Low Back Pain measure**	4	No	CMS will remove the MRI Lumbar Spine for Low Back Pain measure. **[p. 1235]** CMS responded to Leapfrog's statement that none of the studies cited in the proposed rule support CMS' claim that the measure is correlated with outcomes. They clarified their claim in the final rule by noting the studies found limited correlations of the measure and use of lumbar MRIs and use of conservative therapy. CMS responded to Leapfrog's recommendation to publish the facility's denominator consistently in the CMS Provider Data Catalog stating they'll consider it for the future.
Recommend retaining the following measure in the HOQR Program: • **Cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery measure**	5	No	CMS will remove the cardiac Imaging for Preoperative Risk Assessment for Non-Cardiac Low-Risk Surgery measure. **[p. 1240]** CMS responded to Leapfrog's concerns, sharing that performance on this measure improved 23.4% between 2020 and 2024. They cited a low variation between performers at the 10th and 25th percentile. They also noted cases per HOPD vary from one to 1,300, which results in not being able to extrapolate patient outcomes from the measure results.
Support requiring EHR technology to be certified to all eCQMs available to report for the HOPQ Program	5	Yes	CMS will require use of EHR technology certified to all eCQMs that are available to report under the HOQR Program **[p. 1249]**
Leapfrog Group Recommendation	**Page # in Leapfrog Letter**	**Does the Final Rule Align with Leapfrog Recommendation?**	**CMS Final Ruling**
Oppose modifying the ASCQR and HOPD immediate measure removal policy which would allow CMS to suspend measures sans public input.	5	No	CMS will revise the policy to allow for measure suspension without public comment while also discontinuing data collection and measure calculation only if CMS perceives a threat to patient safety. **[p. 1206]** CMS responded to Leapfrog's recommendation that CMS focus on improving current measures and developing new measures vs. removing measures. CMS reiterated the importance of removing measures where

			there is a patient safety threat. However, CMS concurred with prioritizing retaining existing measures of impact and adopting new measures to replace any removed.
Support reporting the Median Time from ED Arrival to ED Departure for Discharged ED Patients (HOQR) measure stratified by psychiatric/mental health patients on Care Compare	6	Yes	CMS will report the Median Time from ED Arrival to ED Departure for Discharged ED Patients measure stratified by psychiatric/mental health patients on Care Compare. **[p. 1257]**

Recommend ASCs continue to report all mandatory ASCQR Program measures	7	N/A	As this was a request for information, CMS did not make a final determination. **[p. 1293]**
			
			CMS responded to Leapfrog's comment to continue mandatory reporting saying they will consider it for the future, specifically citing Leapfrog's rationales against altering current mandatory reporting:
			  - Small(er) measure set does not serve the public nor ASCs
			  - Inconsistent ASC reporting on a given measure hinders consumers in comparing ASCs
			  - Opportunity for ASCs to cherry pick
			  - Given volume is related to outcomes, it suppresses reporting in measures where performance is worse

Leapfrog Group Recommendation	Page # in Leapfrog Letter	Does the Final Rule Align with Leapfrog Recommendation?	CMS Final Ruling
Support modifying reporting period of the Risk-Standardized Hospital Visit Within 7 Days After Hospital Outpatient Surgery measure of the REHQR Program	8	Yes	CMS will revise the reporting period of the measure from one to two years. **[p. 1273]**
Obstetrical Services Conditions of Participation (CoPs) *CMS requirements for a hospital to qualify to receive Medicare and Medicaid payments*			
Recommend creating conditions of participation (CoPs) for obstetrical care in hospitals and Critical Access Hospitals (CAHs)	9	Yes	CMS will add obstetrical CoPs for hospitals and CAHs. **[p. 1395]**. Several proposed provisions are modified in the final rule. Summary of the modifications noted in the final rule include: • **Modifications of proposals regarding Organization, Staffing, and Delivery of Services: p. 1432**

			• CMS is adding requirements for equipment (i.e.: call buttons, cardiac monitors and fetal doppler) as part of the CoPs. This aligns with Leapfrog's comments.
			• **Modifications of proposals regarding Training for Obstetrical Staff in Hospitals and CAHs: p. 1444**
			  • CMS mandates staff training to be current and repeated biannually. This aligns with Leapfrog's comments.
			• **Modifications of proposals regarding Emergency Services Readiness: p. 1473**
			  • CMS is adding emergency policies for transfers (within units and between facilities), saying they must be in place to ensure the proper level of care without undue delay. CMS acknowledged Leapfrog comments, did not include a ruling about blood products, drugs and biologicals necessary for lifesaving procedures.
			• **Modifications of proposals regarding Transfer Protocols: p. 1480**
			  • CMS stated acute care facilities must provide annual training regarding emergency patient transfers. This aligned with Leapfrog's comments.
			• **Modifications of proposals regarding Implementation Timeframe: p. 1482**
			  • CMS mandates a phased approach over two years to implement emergency services readiness and transfer protocols as well as training for appropriate staff.

Hospital Inpatient Quality Reporting Program (IQR)			
This is the program to equip consumers with quality data to make more informed health care decisions.			
Recommend a two-star rating maximum when Safety of Care performance is poor (i.e. worst quartile)	9	N/A	As this was a request for information, CMS did not make a final determination. **[p. 1545]**

Key Terms

- **CY:** calendar year (e.g., "CY25" for calendar year 2025)
- **Conditions of Participation:** Requirements developed by CMS for hospitals to participate in, and receive payment from, the Medicare and Medicaid programs
- **Critical Access Hospital:** Small rural hospitals that provide emergency and short-term care.
- **HOPD:** Hospital Outpatient Department, which is the type of facility being measured in the Hospital Outpatient Quality Reporting (HOQR) Program
- **Provider Data Catalog:** Publicly available downloadable file that CMS makes available online, which contain health care facility ratings for measures that comprise the ASCQR and HOQR Programs.
- **Social Drivers of Health:** Community-level factors that impact health and well-being