Ambulatory Surgical Center Quality Reporting (ASCQR) Program

AMBULATORY SURGICAL CENTER MEASURES SUBMITTED VIA A WEB-BASED TOOL: SUBMISSION GUIDELINES FOR THE CALENDAR YEAR 2020 PAYMENT DETERMINATION

Contents

FOR DETAILED INFORMATION ON EACH MEASURE, CLICK ON THE TOPIC ABOVE.

GUIDELINES FOR DATA SUBMISSION

- In order for an ASC to submit data or to view data reports, the ASC must authorize a QualityNet Security Administrator (SA), a prerequisite necessary for accessing the QualityNet Secure Portal. The SA must log in to the Portal at least once each 120 days in order to maintain active status.
- ASCs should submit documentation required for the creation of a QualityNet account at least four to six weeks prior to any quality measure data submission deadline for the ASCQR Program.
- The ASCQR Program recommends that each facility has two SAs – a primary and an alternate.
- Data for measures ASC-9, ASC-10, ASC-13, and ASC-14 are reported during the submission period that begins on January 1, 2019 and extends through May 15, 2019. The reference period is for encounter dates between January 1, 2018 and December 31, 2018. If your facility does not perform these measures, you must enter zeros on the web-based tool on QualityNet before the submission deadline. To satisfy the program requirements for these measures, the measures must have the status of "Complete" in QualityNet.
- Submission of ASC-11 is voluntary for the calendar year (CY) 2020 payment determination.
- ASCs are able to edit any measure data submitted via an online tool until the data submission deadline for that measure.

ASC-9: APPROPRIATE FOLLOW-UP INTERVAL FOR NORMAL COLONOSCOPY IN AVERAGE RISK PATIENTS

Description: Percentage of patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

Denominator: All patients aged 50 to 75 years of age receiving screening colonoscopy without biopsy or polypectomy

Numerator: Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

Q: When a patient comes in for a scheduled screening colonoscopy but has a biopsy performed, would this patient be included in the denominator for this measure?
A: No. If the patient has a biopsy performed, they should not be included because the patient would be expected to have a follow-up colonoscopy prior to 10 years from the date of the exam.

Q: Does the follow-up interval have to be documented in the colonoscopy report?
A: Yes. The physician must document the recommended follow-up time (e.g., 10 years) after the exam is performed in the colonoscopy report.

ASC-10: COLONOSCOPY INTERVAL FOR PATIENTS WITH A HISTORY OF ADENOMATOUS POLYPS – AVOIDANCE OF INAPPROPRIATE USE

Description: Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior colonic polyp(s) in previous colonoscopy findings, who had a follow-up interval of three or more years since their last colonoscopy

Denominator: All patients aged 18 years and older receiving a surveillance colonoscopy with a history of a prior colonic polyp(s) in previous colonoscopy findings

Numerator: Patients who had an interval of three or more years since their last colonoscopy

Q: If there is documentation in the medical record of a medical reason (e.g., patients with high-risk for colon cancer, last colonoscopy incomplete, piecemeal removal of adenomas, inadequate prep, etc.) for an interval of fewer than three years since the last colonoscopy, would this patient be included in the denominator for this population?

A: No; this patient would be excluded from the population. Medical reasons are at the discretion of the physician. Patients who have a documented system reason for performing the test in fewer than three years must have a documented interval that the last colonoscopy is less than 3 years **and** a medical reason of less than 3 years is **not** documented **and** a system reason (e.g., unable to locate previous colonoscopy report) is documented.

Q: If the patient's history of colonoscopy with colon polyps is documented in the patient's history and physical but not in the colonoscopy report, would this patient be included in the population?

A: Yes, documentation of the previous colonoscopy with polyps can be anywhere in the current encounter's medical record and can be documented by any healthcare professional.

Q: Does the information regarding the patient's history and date of last colonoscopy performed need to be documented by the physician in the current encounter record?

A: The reason for performing the colonoscopy and the date of the last colonoscopy performed need to be documented in the current encounter's medical record. This information can be documented by any healthcare professional and does not need to be documented by the physician.

ASC-11: CATARACTS: IMPROVEMENT IN PATIENT'S VISUAL FUNCTION WITHIN 90 DAYS FOLLOWING CATARACT SURGERY*

*ASCs may voluntarily submit these data for the CY 2020 payment determination but will not be subject to a payment reduction with respect to this measure during the voluntary reporting period. All data submitted for ASC-11 will be publicly reported.

The encounter dates for ASC-11 are January 1 through December 31, 2018. These data will be entered via the QualityNet Secure Portal during the submission period of January 1, 2019 through May 15, 2019. Since entering data for this measure is voluntary, the measure can have the status of either "Complete" or "Incomplete" to fulfill ASCQR Program requirements.

Description: Percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery

Denominator: All patients aged 18 years and older who had cataract surgery and completed **both** a pre-operative and post-operative visual function instrument

Numerator: Patients who had improvement in visual function achieved within 90 days following cataract surgery, based on completing **both** a pre-operative and post-operative visual function instrument

ASC-13: NORMOTHERMIA

Description: This measure is used to assess the percentage of patients having surgical procedures under general or neuraxial anesthesia of 60 minutes or more in duration are normothermic within 15 minutes of arrival in PACU.

Numerator: Surgery patients with a body temperature equal to or greater than 96.8 Fahrenheit/36 Celsius recorded within fifteen minutes of Arrival in PACU

Denominator: All patients, regardless of age, undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes duration

Q: Do the traditional 63/96 sampling guidelines apply to this measure?
A: Yes, a facility with 900 of fewer cases may sample 63 and a facility with 901 or more may sample 96 cases.

Q: Should only Medicare cases be counted in the denominator population for this measure?
A: No, the denominator for this measure includes all payers.

ASC-14: UNPLANNED ANTERIOR VITRECTOMY

Description: This measure is used to assess the percentage of cataract surgery patients who have an unplanned anterior vitrectomy.

Numerator: All cataract surgery patients who had an unplanned anterior vitrectomy

Denominator: All cataract surgery patients

Q: If the facility does not have any cases that meet the inclusion criteria for this measure, is data submission required?
A: Yes, this is a required measure for the ASC Quality Reporting Program; therefore, the facility must enter a zero for the numerator and a zero for the denominator within the QualityNet Secure Portal.