ASC Announcements

- The requirement for reporting the claims-based measures is 50 percent or greater for quality data code (QDC) submission via Medicare Fee for Service (FFS) claims.
- The submission period for the web-based measures for CY 2016 opened January 1, 2015.
  - There is a system delay affecting the submission of ASC-9 and ASC-10.
- ASC-8 will be submitted to the National Healthcare Safety Network (NHSN) at www.CDC.gov/NHSN.

Save the Date

- Next ASCQR Program educational webinar:
  - April 22, 2015: Web-Based Measures with a focus on ASC-9 and ASC-10
- Registration announcements will be sent via the ASCQR ListServe.
- Registration and handouts will be posted at www.qualityreportingcenter.com.
Learning Objectives

At the conclusion of this program, attendees will be able to:

• Discuss final changes for CY 2015 to the ASCQR Program measures and Specifications Manual, 4.0a, for the CY 2016 payment determination.

• Identify additional resources for the implementation of the CY 2015 OPPS/ASC Final Rule for the ASCQR Program.

ASCQR Specifications Manual Updates

ASCQR Program 2015 Specifications Manual, Version 4.0a

Specifications Manual Changes 3.0c to 4.0

• Notices and Disclaimers
  – CPT copyright changes

• Background
  – Data submission date correction

• Measure Information Form
  – Removal of code V13.89
Specifications Manual Changes 4.0 to 4.0a

- Table of Contents change to reflect updates and addition of ASC-12.
- Table 1 changes to reflect correct reporting period and payment years affected.
- Description changes for public reporting to reflect current federal regulation (79 FR 66967-66987).
- Measure Information Form (MIF) changes to reflect current time period.

Measure-Specific Changes

ASC-7 and ASC-11

ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures

- Surgical procedure codes are under review.
- If changes need to be made to the surgical procedure codes in Table 2: Categories and HCPCS for ASC-7, they will be reflected in a future addendum.
ASC-11: Cataracts – Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery

Paragraph added to the MIF (last paragraph):
• Finalized in the CY 2015 OPPS/ASC final rule, ASCs have the option to voluntarily collect and submit data for ASC-11 for the CY 2017 payment determination and subsequent years. All data submitted voluntarily will be publicly reported as discussed in the CY 2014 OPPS/ASC proposed rule (Vol.78, No. 139 Proposed Rules, pp.43664, 43669).*

ASC-12: Measure Overview

Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

Colonoscopy Measure Rationale (1 of 2)

• High volume – 1.7 million colonoscopies performed annually among Medicare FFS patients using measure cohort definition*
• Many post-colonoscopy hospital visits are currently not visible to providers performing the procedure
  – Documented that gastroenterologists are unaware of many complications [Leffler et al., 2010]
  – Technical expert panel favorably reviewed measure in development; supported by National Quality Forum Steering Committee

*Estimate based on 20% sample of Medicare FFS patients
Colonoscopy Measure Rationale
(2 of 2)

• Outcome is preventable
  – Leading causes of hospital visits: abdominal pain, abdominal distension, nausea, vomiting, pulmonary, and cardiovascular complications
  – Most severe causes of hospital visits: colonic perforation and gastrointestinal bleeding
• Measure shows variation in facility performance

Colonoscopy Measure Overview
(1 of 2)

• Measure Score
  – Rate of risk-standardized, all-cause, unplanned hospital visits within 7 days of an outpatient colonoscopy
  – Outpatient Departments (OPDs) and Ambulatory Surgical Centers (ASCs)
• Cohort
  – Medicare FFS patients aged >65 years undergoing colonoscopy
  – Exclusions – colonoscopies for patients with history of inflammatory bowel disease (IBD) and diverticulitis

Colonoscopy Measure Overview
(2 of 2)

• Outcome
  – Any emergency department (ED) visit, observation stay, or unplanned inpatient admission within 7 days
• Data
  – Claims
• Risk-Adjustment Model
  – Hierarchical logistic regression
  – 15 variables
**Risk Adjustment Variables**

- Concomitant Endoscopy
- Polypectomy during Procedure
- Chronic Heart Failure
- Ischemic Heart Disease
- Stroke/TIA
- Chronic Lung Disease
- Metastatic Cancer
- Liver Disease
- Iron Deficiency Anemia
- Disorders of Fluid, Electrolyte, Acid Base
- Pneumonia
- Psychiatric Disorders
- Drug and Alcohol Abuse/Dependence
- Age by Arrhythmia Interaction

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**2015 Dry Run**

- CMS plans to hold a dry run of the measure later in 2015 (timing to be determined).
- CMS will share information related to measure scores and address questions from ASCs and other stakeholders during the dry run.

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**Continuing Education Approval**

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professional organizations:
  - Florida Board of Nursing
  - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
  - Florida Board of Nursing Home Administrators
  - Florida Council of Dietetics
  - Florida Board of Pharmacy
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing boards.
CE Credit Process

• Complete the WebEx survey you will receive by email within the next 48 hours.
• The survey will ask you to log in or register to access your personal account in the Learning Management Center.
  – A one-time registration process is required.
• Additional details are available at www.qualityreportingcenter.com/asc/edu.

Thank You for Participating!

Please contact the ASCQR Support Contractor if you have any questions:
• Submit questions online through the QualityNet Question & Answer Tool at www.qualitynet.org
  Or
• Call the ASCQR Support Contractor at 866-800-8756

This material was prepared by the Support Contractor for the Ambulatory Surgical Center Quality Reporting program, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). The contents presented do not necessarily reflect CMS policy. HHSM-500-2013-130071, FL-OQR/ASC-Ch8-01282015-01