CY 2020 OPPS/ASC Proposed Rule: Ambulatory Surgical Center Quality Reporting (ASCQR) Program

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Centers for Medicare & Medicaid Services (CMS)
GPS Navigation

CMS: Navigating Success
Learning Objectives

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

✓ Locate the Calendar Year (CY) 2020 Outpatient Prospective Payment System (OPPS)/ASC Proposed Rule in the *Federal Register*.

✓ Identify the changes to the ASCQR Program in the CY 2020 OPPS/ASC Proposed Rule.

✓ Submit comments to CMS regarding the CY 2020 OPPS/ASC Proposed Rule.
Question and Answer Limitations

- During the course of this webinar, CMS:
  - Can address only procedural questions and comment submissions.
  - Cannot address any rule-related questions.
- Your understanding of these constraints is appreciated.
- CMS looks forward to your formal comments on the Proposed Rule.
Purpose and Benefits

• Improve patient outcomes
• Reduce quality data reporting burden and costs to clinicians and other healthcare providers
• Focus CMS quality measurement and improvement on efforts that are meaningful to patients
Objectives

Address high-impact measure areas that safeguard public health

Are patient-centered and meaningful to patients, clinicians and providers

Are outcome-based where possible

Fulfill requirements in programs’ statutes

Minimize level of burden for providers

Identify significant opportunity for improvement

Address measure needs for population based payment through alternative payment models

Align across programs and/or with other payers
Framework

- Promote Effective Communication & Coordination of Care
  - Meaningful Measure Areas:
    - Medication Management
    - Admissions and Readmissions to Hospitals
    - Transfer of Health Information and Interoperability

- Promote Effective Prevention & Treatment of Chronic Disease
  - Meaningful Measure Areas:
    - Preventive Care
    - Management of Chronic Conditions
    - Prevention, Treatment, and Management of Mental Health
    - Prevention and Treatment of Opioid and Substance Use Disorders
    - Risk Adjusted Mortality

- Work with Communities to Promote Best Practices of Healthy Living
  - Meaningful Measure Areas:
    - Equity of Care
    - Community Engagement

- Make Care Affordable
  - Meaningful Measure Areas:
    - Appropriate Use of Healthcare
    - Patient-focused Episode of Care
    - Risk Adjusted Total Cost of Care

- Make Care Safer by Reducing Harm Caused in the Delivery of Care
  - Meaningful Measure Areas:
    - Healthcare-associated Infections
    - Preventable Healthcare Harm

- Strengthen Person & Family Engagement as Partners in their Care
  - Meaningful Measure Areas:
    - Care is Personalized and Aligned with Patient’s Goals
    - End of Life Care according to Preferences
    - Patient’s Experience of Care
    - Functional Outcomes
## Current and Removed Measures

<table>
<thead>
<tr>
<th>Meaningful Measures Area</th>
<th>National Quality Priority</th>
<th>Program Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventable Healthcare Harm</td>
<td>Make Care Safer by Reducing Harm Caused in the Delivery of Care</td>
<td><strong>Suspended: ASC-1, ASC-2, ASC-3, and ASC-4</strong></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>Promote Effective Prevention and Treatment of Chronic Disease</td>
<td>ASC-9</td>
</tr>
<tr>
<td><strong>Removed: ASC-10</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seamless Transfer of Health Information</td>
<td>Promote Effective Communication and Coordination of Care</td>
<td>ASC-11</td>
</tr>
<tr>
<td>Admissions and Readmissions to Hospitals</td>
<td>Promote Effective Communication and Coordination of Care</td>
<td>ASC-12</td>
</tr>
<tr>
<td>Preventable Healthcare Harm</td>
<td>Make Care Safer by Reducing Harm Caused in the Delivery of Care</td>
<td>ASC-13, ASC-14, ASC-17, ASC-18</td>
</tr>
<tr>
<td>Patient’s Experience and Functional Outcomes</td>
<td>Strengthen Person and Family Engagement as Partners in Their Care</td>
<td><strong>Delayed: ASC-15a-e</strong></td>
</tr>
</tbody>
</table>
GPS Navigation

Scheduled Construction

Proposed Rule
Proposed New Measure

**ASC-19:** Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers

- Begins with the **CY 2024 payment determination** and subsequent years
- Anticipates quality improvement activities to reduce unplanned hospital visits and track quality over time
ASC-19: Overview

• Developed in conjunction with ASC-17 and ASC-18
  ▪ Uses the same risk-adjustment methodology
• Aligns with the Admissions and Readmissions to Hospitals and Preventable Healthcare Harm domain of the Meaningful Measures Initiative
• Included on the List of Measures under Consideration
ASC-19: Specifics

• Claims-based using Part A and Part B Medicare claims and enrollment data
  ▪ Data would be collected from the two calendar years ending two years prior to the applicable payment determination year

• Reported as a risk-standardized ratio

• Examines all-cause, unplanned hospital visits within seven days of any general surgery procedure performed at an ASC
ASC-19: Cohort

- Medicare beneficiaries ages 65 and older enrolled in Medicare for at least 12 months
- Targeted group of procedures
  - Performed routinely at ASCs
  - Involve some increased risk of post-surgery hospital visits
  - Are within the scope of general surgery
ASC-19: Procedure and Visit Types

- Procedures from Medicare’s list of covered ASC procedures
- Unplanned hospital visits
  - Emergency Department (ED) visits
  - Observation stays
  - Unplanned inpatient admissions
• Patients who survived at least seven days following the procedure but were not continuously enrolled in Medicare Fee-for-Service (FFS) Parts A and B during the seven days
ASC-19: Public Display

- Facilities with sufficient case numbers only that meet moderate reliability standards
- Reliability will be calculated at different case sizes by using the ratio of true variance to observed variance
  - Using dry run data for calculation
ASC-19: Dry Run

• Will be provided to all ASCs
• Enables ASCs to review their measure results and ask questions
• Uses the most current two-year set of complete claims
• Data are
  ▪ Confidential
  ▪ Not publicly reported
  ▪ Do not affect payment
Measures and Topics for Future Consideration
ASC-1 Through ASC-4

• Previously submitted via Quality Data Codes (QDCs)
  ▪ ASC-1: Patient Burn
  ▪ ASC-2: Patient Fall
  ▪ ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
  ▪ ASC-4: All-Cause Hospital Transfer/Admission

• Unable to make corrections
Requesting Public Comment

- Propose to make future updates to the submission method
  - CMS online submission tool
- Allows ASCs to correct data submission errors
  - Data can be submitted and modified throughout the data submission period
  - No QDCs required
**ASCQR Measure Set**

**CY 2021 Payment Determination (PD)Year**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC-1: Patient Burn</td>
<td></td>
</tr>
<tr>
<td>ASC-2: Patient Fall</td>
<td></td>
</tr>
<tr>
<td>ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant</td>
<td>Suspended Beginning CY 2021 PD year</td>
</tr>
<tr>
<td>ASC-4: All-Cause Hospital Transfer/Admission</td>
<td></td>
</tr>
<tr>
<td>ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients</td>
<td>Continues</td>
</tr>
</tbody>
</table>
### ASCQR Measure Set (cont.)

#### CY 2021 Payment Determination Year

<table>
<thead>
<tr>
<th>Measure</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC-11: Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery (voluntary)</td>
<td>Continues</td>
</tr>
<tr>
<td>ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy</td>
<td>Continues</td>
</tr>
<tr>
<td>ASC-13: Normothermia</td>
<td>Continues</td>
</tr>
<tr>
<td>ASC-14: Unplanned Anterior Vitrectomy</td>
<td>Continues</td>
</tr>
<tr>
<td>ASC-15a-15e: OAS CAHPS</td>
<td>Delayed</td>
</tr>
</tbody>
</table>
## ASCQR Measure Set (cont.)

### CY 2022 Payment Determination Year

<table>
<thead>
<tr>
<th>Measure</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC-17: Hospital Visits After Orthopedic Ambulatory Surgery Center Procedures</td>
<td>Begins with CY 2022 PD year</td>
</tr>
<tr>
<td>ASC-18: Hospital Visits After Urology Ambulatory Surgery Center Procedures</td>
<td>Begins with CY 2022 PD year</td>
</tr>
</tbody>
</table>

### CY 2024 Payment Determination Year

<table>
<thead>
<tr>
<th>Measure</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC-19: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers</td>
<td>Proposed beginning CY 2024 PD year</td>
</tr>
</tbody>
</table>
Submitting Comments

• Comments must be received by September 27, 2019. This includes electronic submission, regular mail, express or overnight mail.

• CMS encourages submission of electronic comments to https://www.regulations.gov.

• Responses to comments will be in the Final Rule.
References

• Proposed Rule
  ▪ PDF version, page 164

• To comment
  ▪ Direct link: https://www.regulations.gov/
Questions
This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- 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
- Board of Registered Nursing (Provider #16578)
  - It is your responsibility to submit this form to your accrediting body for credit.
CE Credit Process

• Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.

• After completion of the survey, click “Done” at the bottom of the screen.

• Another page will open that asks you to register in HSAG’s Learning Management Center.
  ▪ This is separate from registering for the webinar. If you have not registered at the Learning Management Center, you will not receive your certificate.
  ▪ Please use your personal email so you can receive your certificate.
  ▪ Healthcare facilities have firewalls that block our certificates.
CE Certificate Problems?

• If you do not immediately receive a response to the email you used to register in the Learning Management Center, a firewall is blocking the survey link.

• Please go back to the New User link and register your personal email account.

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- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied
If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.
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Existing User Link:
https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9cc61ae

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done
CE Credit Process: New User


First Name:  
Last Name:  
Email:  
Phone:  
Register
CE Credit Process: Existing User
Resources

• Slides 7, 8 and 9:  

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