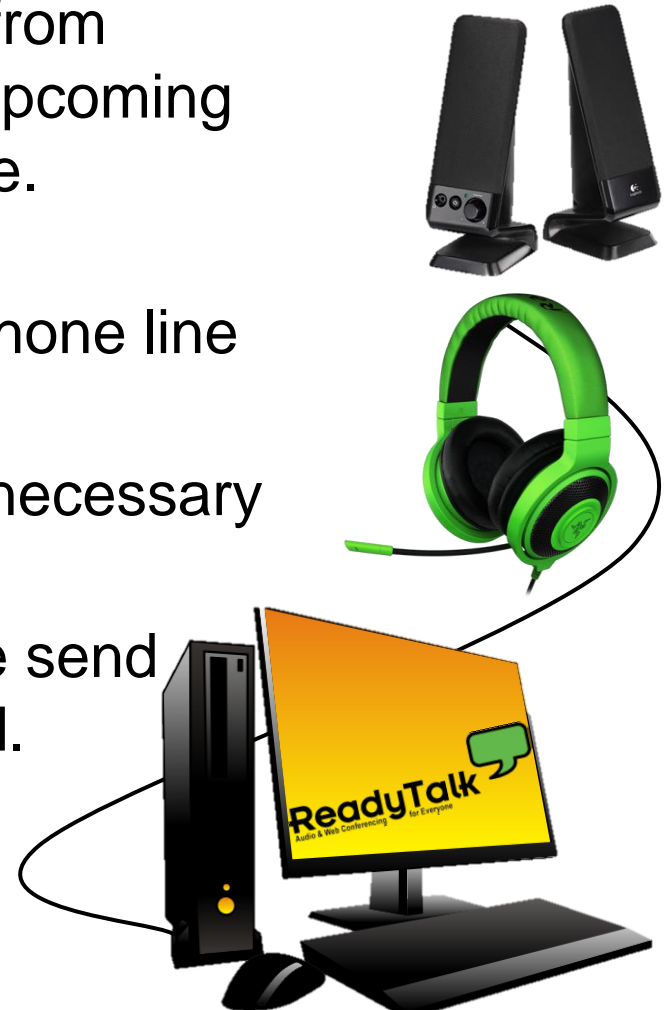


Welcome!

- Presentation slides can be downloaded from www.qualityreportingcenter.com under Upcoming Events on the right-hand side of the page.
- Audio for this event is available via ReadyTalk® Internet streaming. No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.
- Limited dial-in lines are available. Please send a chat message if a dial-in line is needed.
- This event is being recorded.



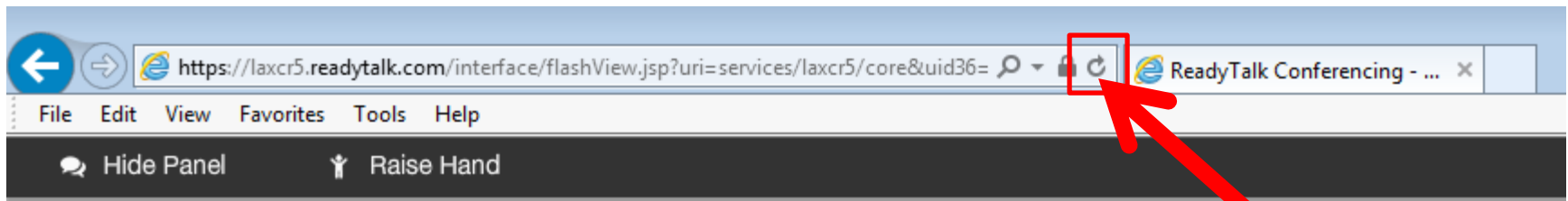
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stops?

- Click **Refresh** icon
or
- Click **F5**



F5 Key
Top row of keyboard

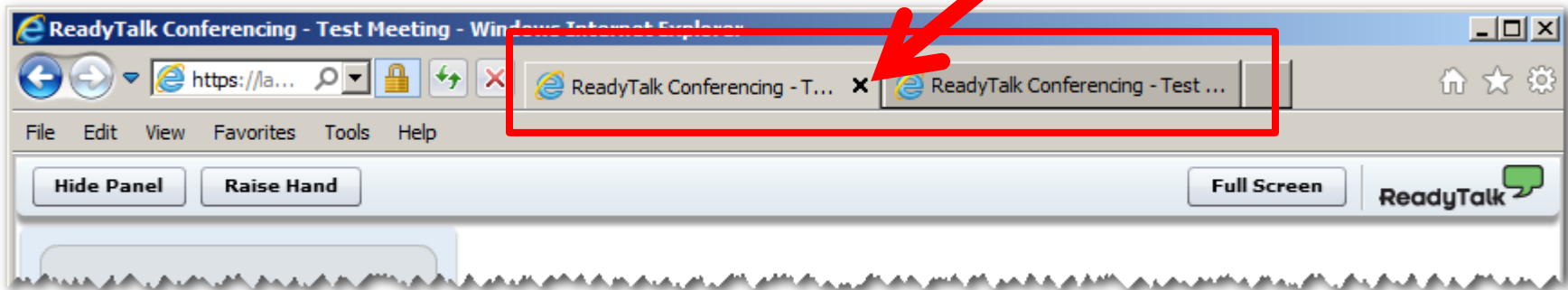


Location of buttons

Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab, and the echo will clear up.



Example of two browsers/tabs open in same event

Submitting Questions

Type questions in the “Chat with Presenter” section located on the bottom-left corner of your screen.



A screenshot of a web browser window. The browser's address bar shows "Full Screen" and "Ready to go". The main content area features the CMS logo (Centers for Medicare & Medicaid Services) at the top. Below the logo, the text "Welcome to Today's Event" is displayed in a large, bold, blue font. A horizontal yellow line separates this from the bottom section, which contains the text "Thank you for joining us today! Our event will start shortly." in a smaller, italicized blue font. On the left side of the browser window, there is a vertical chat window titled "Chat with Presenter". At the bottom of this chat window, there is a text input field with the placeholder "Type questions here." and a "Send" button. A yellow arrow from the text on the left points to this input field.



CY 2018 OPPS/ASC Final Rule: Ambulatory Surgical Center Quality Reporting (ASCQR) Program

Anita Bhatia, PhD, MPH

Program Lead, ASCQR Program

Centers for Medicare & Medicaid Services (CMS)

December 5, 2017

Announcements

- Please keep your **QualityNet** and **National Healthcare Safety Network (NHSN)** passwords current.
 - Log into the system **every 90 days** to prevent password problems.
- It is recommended that the facility have at least two QualityNet **Security Administrators (SAs)**.
- Make sure you are signed up for the **ListServe**.

Save the Date

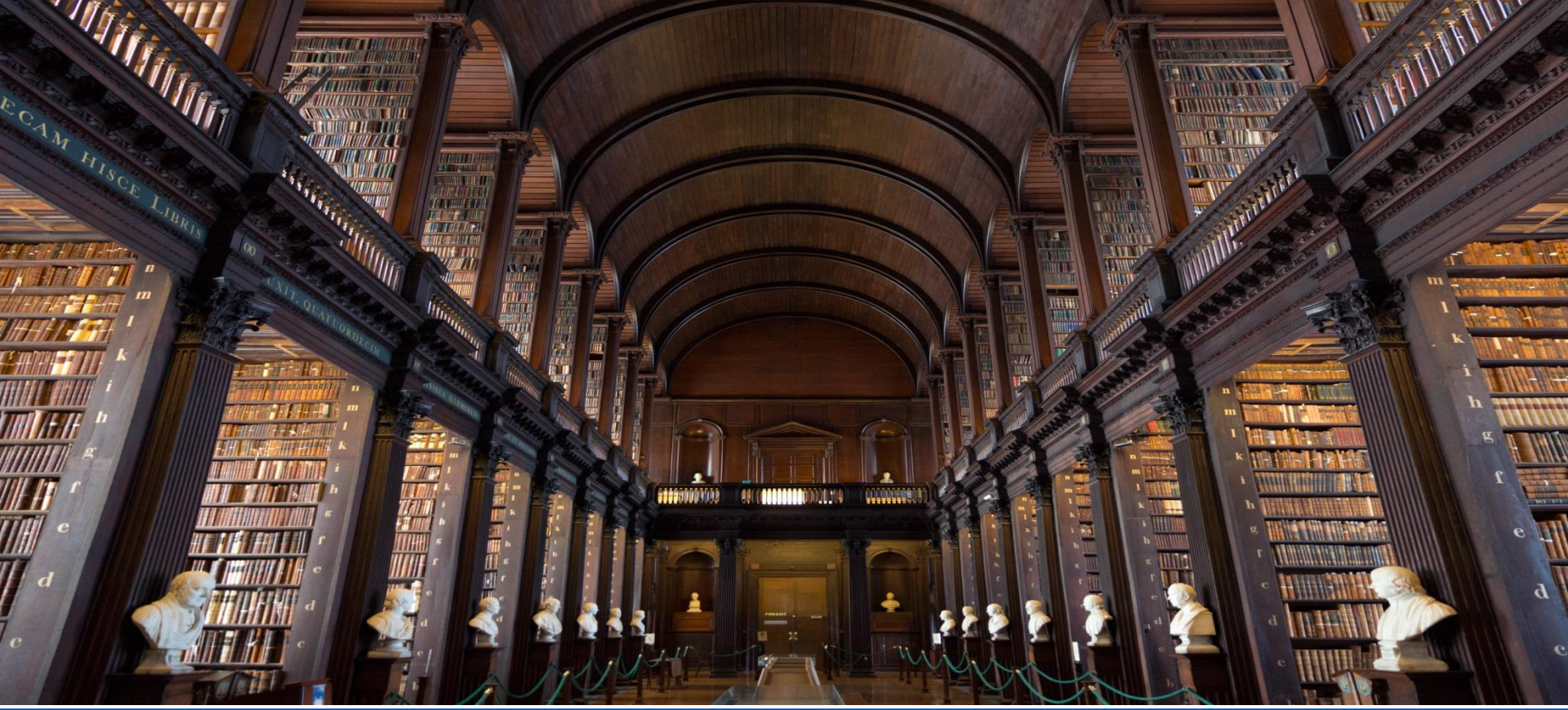
- Upcoming ASCQR Program educational webinars:
 - **January 24, 2018:** The Annual Specifications Manual Update
 - **February 28, 2018:** 2017 Data for the ASCQR Program: A Year in Review
- Notifications of additional educational webinars will be sent via **ListServe**

Learning Objectives

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

- ✓ Locate the Calendar Year (CY) 2018 OPPS/ASC Final Rule in the *Federal Register*
- ✓ List the finalized changes to the ASCQR Program in the CY 2018 OPPS/ASC Final Rule
- ✓ Identify changes that were not finalized for the ASC Program





Locating the Rule: Using the Catalog

Federal Register Link


- To access the Final Rule:
 - www.federalregister.gov or
 - <https://www.gpo.gov/fdsys/pkg/FR-2017-11-13/pdf/2017-23932.pdf>
- The ASCQR Program section begins on p.52585 of the *Federal Register*.

Accessing the Federal Register

www.federalregister.gov

Sections Browse Search Reader Aids My FR 82 FR 52585

0 Sign in Sign up

 **FEDERAL REGISTER**
The Daily Journal of the United States Government

Tuesday, November 14th

Current Issue 90 documents from 43 agencies (180 Pages)
68 Notices 1 Presidential Document 7 Proposed Rules 14 Rules 1 Significant Document

Public Inspection

Special Filing	Regular Filing
<i>updated on 04:15 PM, on Monday, November 13, 2017</i>	<i>updated on 08:45 AM, on Tuesday, November 14, 2017</i>
7 documents from 5 agencies	99 documents from 47 agencies
3 Notices 1 Proposed Rule 3 Rules	79 Notices 5 Proposed Rules 15 Rules

Search All Federal Register Documents Since 1994

Find

Finding the Right Page

The screenshot shows the Federal Register website interface. At the top, there are navigation tabs: Sections, Browse, Search, Reader Aids, and My FR. A search bar is located in the top right corner. Below the navigation is the Federal Register logo and the text "FEDERAL REGISTER The Daily Journal of the United States Government". A blue bar with the text "Document Search" is visible. Below this, there are filters for "Documents" and "Public Inspection" (0). A search box contains "82 FR 52585" and shows "1 document" found. There are links for "Show Advanced Search" and "Learn More". On the right, there are options to "Subscribe" and "Other Formats: CSV/Excel, JSON".

The search results are displayed in a table with columns for TYPE, AGENCY, and TOPIC. The first result is a Rule from the Centers for Medicare & Medicaid Services, Health and Human Services Department. The description of the rule is highlighted with a red box:

It looks like you were searching for the citation **82 FR 52585** .

We've found the following document on page 52356 of volume 82.

Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs

This final rule with comment period revises the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for CY 2018 to...

A Rule by the Centers for Medicare & Medicaid Services on 11/13/2017
Pages 52356-52637 (282 pages)

Below the table, there is a summary of "DOCUMENTS FOUND 1" and sorting options: RELEVANT, NEWEST, OLDEST.

Navigating the Federal Register

The screenshot shows the Federal Register website interface. At the top, there is a search bar with the text 'Find: 52585' highlighted by a red box. Below the search bar are navigation tabs: 'Sections', 'Browse', 'Search', 'Reader Aids', and 'My FR'. A 'Search Documents' input field is also present. The main header features the Federal Register logo and the text 'FEDERAL REGISTER The Daily Journal of the United States Government'. A blue bar with the word 'Rule' is visible. The document title is 'Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs', with a subtitle 'A Rule by the Centers for Medicare & Medicaid Services on 11/13/2017'. A green button labeled 'SUBMIT A FORMAL COMMENT' is located below the title. The document details section is divided into two columns. The left column, titled 'PUBLISHED DOCUMENT', contains sections for 'AGENCY:', 'ACTION:', and 'SUMMARY:'. The right column, titled 'DOCUMENT DETAILS', contains sections for 'Printed version:', 'Publication Date:', 'Agencies:', and 'Dates:'. The 'Printed version: PDF' link is circled in red.

File Edit View Favorites Tools Help

Find: 52585 Previous Next Options

Sections Browse Search Reader Aids My FR Search Documents

Sign in Sign up

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The Daily Journal of the United States Government

Rule

Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs

A Rule by the Centers for Medicare & Medicaid Services on 11/13/2017

Comments on this document are being accepted at Regulations.gov. **SUBMIT A FORMAL COMMENT**

PUBLISHED DOCUMENT

AGENCY:
Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION:
Final rule with comment period.

SUMMARY:
This final rule with comment period revises the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical

DOCUMENT DETAILS

Printed version:
PDF

Publication Date:
11/13/2017

Agencies:
Centers for Medicare & Medicaid Services

Dates:
Effective date: This final rule with comment period is effective on January 1, 2018, unless

PDF Version

Find 52585

Previous Next

Federal Register / Vol. 82, No. 217 / Monday, November 13, 2017 / Rules and Regulations 52585

§ 419.41 of our regulations, prior to any adjustment for a hospital's failure to meet the quality reporting standards according to § 419.43(h). Beneficiaries and secondary payers thereby share in the reduction of payments to these hospitals.

In the CY 2009 OPPS/ASC final rule with comment period (73 FR 68772), we established the policy that all other applicable adjustments to the OPPS national unadjusted payment rates apply when the OPD fee schedule increase factor is reduced for hospitals that fail to meet the requirements of the Hospital OQR Program. For example, the following standard adjustments apply to the reduced national unadjusted payment rates: the wage index adjustment; the multiple procedure adjustment; the interrupted procedure adjustment; the rural sole community hospital adjustment; and the adjustment for devices furnished with full or partial credit or without cost. Similarly, OPPS outlier payments made for high cost and complex procedures will continue to be made when outlier criteria are met. For hospitals that fail to meet the quality data reporting requirements, the hospitals' costs are compared to the reduced payments for purposes of outlier eligibility and payment calculation. We established this policy in the OPPS beginning in the CY 2010 OPPS/ASC final rule with comment period (74 FR 60642). For a complete discussion of the OPPS outlier calculation and eligibility criteria, we refer readers to section I.I.C. of this final rule with comment period.

2. Reporting Ratio Application and Associated Adjustment Policy for CY 2018

APCs to which we have proposed status indicator assignment of "S" and "T"). We proposed to continue to exclude services paid under New Technology APCs. We proposed to continue to apply the reporting ratio to the national unadjusted payment rates and the minimum unadjusted and national unadjusted copayment rates of all applicable services for those hospitals that fail to meet the Hospital OQR Program reporting requirements. We also proposed to continue to apply all other applicable standard adjustments to the OPPS national unadjusted payment rates for hospitals that fail to meet the requirements of the Hospital OQR Program. Similarly, we proposed to continue to calculate OPPS outlier eligibility and outlier payment based on the reduced payment rates for those hospitals that fail to meet the reporting requirements.

We invited public comments on these proposals but no comments were received. For the CY 2018 OPPS, the final reporting ratio is 0.980, calculated by dividing the final reduced conversion factor of 77.064 by the final full conversion factor of 78.636. We are finalizing the rest of our proposal without modification.

XIV. Requirements for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program

A. Background

1. Overview

We refer readers to section XIII.A.1. of this final rule with comment period for a general overview of our quality reporting programs.

2. Statutory History of the ASCQR

To measure the quality of ASC services, we implemented the ASCQR Program. We refer readers to section XV.A.3. of the CY 2014 OPPS/ASC final rule with comment period (78 FR 75122), section XIV. of the CY 2015 OPPS/ASC final rule with comment period (79 FR 66966 through 66987), section XIV. of the CY 2016 OPPS/ASC final rule with comment period (80 FR 70526 through 70538) and section XIV. of the CY 2017 OPPS/ASC final rule with comment period (81 FR 79797 through 79826) for an overview of the regulatory history of the ASCQR Program.

B. ASCQR Program Quality Measures

1. Considerations in the Selection of ASCQR Program Quality Measures

We refer readers to the CY 2013 OPPS/ASC final rule with comment period (77 FR 68493 through 68494) for a detailed discussion of the priorities we consider for ASCQR Program quality measure selection. We did not propose any changes to this policy.

2. Accounting for Social Risk Factors in the ASCQR Program

We understand that social risk factors such as income, education, race and ethnicity, employment, disability, community resources, and social support (certain factors of which are also sometimes referred to as socioeconomic status (SES) factors or socio-demographic status (SDS) factors) play a major role in health. One of our core objectives is to improve beneficiary outcomes including reducing health disparities, and we want to ensure that all beneficiaries, including those with social risk factors, receive high quality care. In addition, we seek to ensure that the quality of care furnished by



Measures to Be Removed: Refining the Collection

Measures Finalized for Removal

Three measures for the **CY 2019** Payment Determination:

- ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing
- ASC-6: Safe Surgery Checklist Use
- ASC-7: ASC Facility Volume Data on Selected Procedures

ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing

- Reasons for removal
 - Based on measure data for CY 2014 through 2016 encounters, ASC performance is unvarying, and further improvement cannot be made.
 - The National Quality Forum (NQF) endorsement was removed because this measure was topped out.
- Removal of this measure has been finalized for the **CY 2019** Payment Determination

ASC-6: Safe Surgery Checklist Use

- Reasons for removal
 - Based on analysis of measure data for CY 2014 through 2016 encounters, the measure meets the criterion for removal due to high and unvarying performance.
- Removal has been finalized for the **CY 2019** Payment Determination

ASC-7: ASC Facility Volume Data on Selected Procedures

- Reasons for removal
 - CMS has adopted, and intends to continue to adopt, more measures assessing ASCs' performance on specific procedure types.
- Removal has been finalized for the **CY 2019** Payment Determination

I see they have
changed the books...



Changes to Existing Measures

Survey Measures

Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey-based measures

- Implementation date will be determined in future rulemaking
- Finalized to delay OAS CAHPS measures beginning with the **CY 2020** Payment Determination and subsequent years



New Measures

ASC-16

ASC-16: Toxic Anterior Segment Syndrome (TASS)

- Complication of anterior segment eye surgery developing within 24 hours after surgery
- Assesses the number of patients diagnosed with TASS within two days

Reasons for Not Finalizing Adoption

Based on comments received:

- Due to low case volume the measure may not be appropriate for national implementation.
- Implementation would be difficult due to required information sharing across clinicians.
- The burden would outweigh the benefits.

ASC-17

ASC-17: Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures

- Measure outcome is all-cause, unplanned hospital visits within seven days of an orthopedic procedure performed at an ASC
- Hospital visits include ED visits, observation stays, and unplanned inpatient admissions
- Claims-based using Part A and Part B Medicare administrative claims and Medicare enrollment data

Why ASC-17?

- The number of orthopedic procedures has increased.
- Reporting will incentivize ASCs to improve care.
- Complications are preventable such as: infection, post-operative bleeding, urinary retention, nausea and vomiting, and pain.
- Tracking and reporting events would facilitate efforts to lower adverse events.
- Finalized for the **CY 2022** Payment Determination and subsequent years.

ASC-18

ASC-18: Hospital Visits after Urology Ambulatory Surgical Center Procedures

- The measure outcome is all-cause, unplanned hospital visits occurring within seven days of a urology procedure performed at an ASC
- Hospital visits include ED visits, observation stays, and unplanned inpatient admissions
- Claims-based using Part A and Part B Medicare administrative claims and Medicare enrollment data

Why ASC-18?

- The number of urology procedures in ASCs is increasing.
- Many reasons for hospital visits are preventable. Some complications are urinary tract infection, calculus of the ureter, urinary retention, hematuria, and septicemia.
- Tracking and reporting events incentivizes improvement of care.
- The measure addresses the CMS National Quality Strategy of making care safer.
- Finalized for the **CY 2022** Payment Determination and subsequent years.

Public Reporting

- Prior to public reporting of data for ASC-17 and ASC-18, a dry run will:
 - Utilize the most current two-year set of complete claims available.
 - Generate confidential reports for ASCs.
- Results will not be publicly reported and will not affect payment.



QUIZ



Measures and Topics for Future Consideration: Developing the Collection

Breast SSI

Ambulatory Breast Procedure Surgical Site Infection (SSI) Outcome Measure

- Assesses outcome of all SSIs following breast procedures conducted at an ASC among adult patients
- Compares the reported number of SSIs observed with a predicted value based on nationally aggregated data

Why SSI?

- Represent a substantial proportion of SSIs in the inpatient setting
- Have one of the highest infection risks in the outpatient setting
- Trend in surgery to outpatient and the ASC setting

Numerator and Denominator

- **Numerator:** All SSIs during the 30-day and 90-day postoperative periods following breast procedures in ASCs
- **Denominator:** All adult patients (defined as patients ages 18 to 108 years) undergoing breast procedures, as specified by the operative codes that comprise the breast procedure category of the National Healthcare Safety Network (NHSN) Patient Safety Component Protocol at an ASC

Social Risk Factors

- CMS' review of information
 - Considerations for strategies to account for social risk factors
 - NQF to undertake a two-year trial period to assess whether risk adjustment for social factors is appropriate
- CMS sought feedback through public comment regarding the most appropriate risk factors and strategies



Administrative Requirements: Reference Section

Data Submission

To streamline processes:

- Expand the CMS online tool to allow for batch submission of measure data
 - Data would be submitted electronically for ASC agents via assigned QualityNet accounts
- Make corresponding changes
- Finalized for data submitted during **CY 2018**

Extraordinary Circumstances Extensions or Exemptions (ECE)

ECE process revisions

- Change the name from Extraordinary Circumstances Extensions or Exemptions **to** Extraordinary Circumstances Exceptions
- CMS will strive to complete the review of each ECE request within 90 days of receipt
- Make conforming changes
- Finalized beginning **January 1, 2018**



Measures Moving Forward: Opening the Stacks

ASCQR Measure Set as Finalized

Measure	CY 2022 and Subsequent Payment Determinations
ASC-1: Patient Burn	Yes
ASC-2: Patient Fall	Yes
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Yes
ASC-4: All-Cause Hospital Transfer/Admission	Yes
ASC-5: Prophylactic Intravenous Antibiotic Timing	Finalized Removal CY 2019
ASC-6: Safe Surgery Checklist Use	Finalized Removal CY 2019
ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures	Finalized Removal CY 2019
ASC-8: Influenza Vaccination Coverage among Healthcare Personnel	Yes

ASCQR Measure Set as Finalized (cont.)

Measure	CY 2022 and Subsequent Payment Determinations
ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Yes
ASC-10: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	Yes
ASC-11: Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery	Yes
ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Yes
ASC-13: Normothermia Outcome	Yes
ASC-14: Unplanned Anterior Vitrectomy	Yes

ASCQR Measure Set as Finalized (cont.)

Measure	CY 2022 and Subsequent Payment Determinations
ASC-15a: OAS CAHPS – About Facilities and Staff	Finalized Delay CY 2020
ASC-15b: OAS CAHPS – Communication About Procedure	Finalized Delay CY 2020
ASC-15c: OAS CAHPS – Preparation for Discharge and Recovery	Finalized Delay CY 2020
ASC-15d: OAS CAHPS – Overall Rating of Facility	Finalized Delay CY 2020
ASC-15e: OAS CAHPS – Recommendation of Facility	Finalized Delay CY 2020
ASC-16: Toxic Anterior Segment Syndrome	Not Finalized
ASC-17: Hospital Visits After Orthopedic Ambulatory Surgery Center Procedures	Finalized for CY 2022
ASC-18: Hospital Visits After Urology Ambulatory Surgery Center Procedures	Finalized for CY 2022

References

- PDF link to the Final Rule:
<https://www.gpo.gov/fdsys/pkg/FR-2017-11-13/pdf/2017-23932.pdf>
- Link to the Final Rule:
<https://www.federalregister.gov/documents/2017/11/13/2017-23932/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment>

Questions

