CY 2019 OPPS/ASC Final Rule: Ambulatory Surgical Center Quality Reporting (ASCQR) Program

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January 10, 2019

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Save the Date

- Upcoming ASCQR Program educational webinars:

    - **January 30, 2019**: The Annual Specifications Manual Update

- 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) 2019 Outpatient Prospective Payment System (OPPS)/ASC Final Rule in the *Federal Register.*

✓ List the finalized changes to the ASCQR Program in the CY 2019 OPPS/ASC Final Rule.

✓ Identify changes that were not finalized for the ASCQR Program.

Final Rule CY 2019

Locating the Rule

Federal Register Link

To access the Final Rule:

- www.federalregister.gov

  - The ASCQR Program section begins on p. 59110 of the *Federal Register*.

- https://www.gpo.gov/fdsys/pkg/FR-2018-11-21/pdf/2018-24243.pdf

Accessing the Federal Register

www.federalregister.gov

Navigating the Federal Register

Finding the Correct Page

PDF Version

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 did not receive any public comments on these proposals. For the CY 2019 OPPS, the final reporting ratio is 0.980, calculated by dividing the final reduced conversion factor of 77.900 by the final full conversion factor of 79.490. We also are finalizing the remainder of our proposals regarding the payment reduction for hospitals that fail to meet the Hospital OQR Program requirements for CY 2019 payment determination without modification.

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

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), section XIV. of the CY 2017 OPPS/ASC final rule with comment period (81 FR 79797 through 79826) and section XIV. of the CY 2018 OPPS/ASC final rule with comment period (82 FR 59445 through 59476) for an overview of the regulatory history of the ASCQR Program.

4. Meaningful Measures Initiative

In the proposed rule, we proposed a number of new policies for the ASCQR Program. We developed these proposals after conducting an overall review of the Program under our new Meaningful Measures Initiative, which is discussed in more detail in section I.A.2. of the proposed rule and this final rule with comment period. The proposals reflected our efforts to ensure that the ASCQR Program measure set continues to promote improved health outcomes

program do not outweigh the benefits of improving beneficiary care.

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. In the CY 2019 OPPS/ASC proposed rule (83 FR 37193), we did not propose any changes to these policies.

2. Accounting for Social Risk Factors in the ASCQR Program

In the CY 2018 OPPS/ASC final rule with comment period (82 FR 59445 through 59447), we discussed the importance of improving beneficiary outcomes including reducing health disparities. We also discussed our commitment to ensuring that medically complex patients, as well as those with social risk factors, receive excellent care. We discussed how studies show

Social Risk Factors

- Risk factors are associated with poor health outcomes.

- The National Quality Forum (NQF) is extending the socioeconomic status trial.

- CMS continues to consider options to address equity and disparities.

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Removal Factors

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ASCQR Program

Finalized: Removal Factor 2

- Removed old Factor 2: "availability of alternative measures with a stronger relationship to patient outcomes"

- Added new Factor 2: "performance or improvement on a measure does not result in better patient outcomes"

Finalized: Removal Factors 1 and 8

- Added new Factor 8: "The costs associated with a measure outweigh the benefit of its continued use in the program."

- Clarified Factor 1: "topped-out measures"
  - Process for calculating the truncated coefficient of variation (TCOV)

- Finalized beginning with the effective date of the **CY 2019** OPPS/ASC Final Rule

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Measures Proposed for Removal

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ASCQR Program

Claims-Based Measures

Measure	Payment Determination Year for Proposed Removal
ASC-1: Patient Burn	CY 2021
ASC-2: Patient Fall	CY 2021
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	CY 2021
ASC-4: All-Cause Hospital Transfer/Admission	CY 2021

Web-Based Measures

Measure	Payment Determination Year for Proposed Removal
ASC-8: Influenza Vaccination Coverage among Healthcare Personnel	CY 2020
ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	CY 2021
ASC-10: Colonoscopy Interval for Patients with a History of Adenomatous Polyps–Avoidance of Inappropriate Use	CY 2021
ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (voluntary)	CY 2021

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Measures Being Removed

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ASCQR Program

ASC-8

Influenza Vaccination among Healthcare Personnel

- Challenges with administrative requirements
- Benefits of the measure outweighed by costs and burdens of reporting
- Finalized for removal beginning with the **CY 2020** Payment Determination

ASC-10

Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps– Avoidance of Inappropriate Use

- Cost of data collection and submission is burdensome
- Availability of this measure in other programs
- Adverse patient outcomes tracked by ASC-12
- Finalized for removal beginning with the **CY 2021** Payment Determination

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Measures Being Retained

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ASCQR Program

ASC-1–ASC-4

- Are applicable to all ASCs, regardless of specialty

- Measures will remain in the program

- Suspend data collection beginning with the **CY 2021** Payment Determination to update measures, including data submission methods

ASC-9

Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients

- Promotes adherence to clinical guidelines

- Provides important information to beneficiaries

- Evaluates overutilization

ASC-11

Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery

- Meaningful to beneficiaries

- Optional for ASCs

- Balances measure set

- Addresses gap in clinical area

Brief Summary

Measure	Last Time You Report
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	December 31, 2018
ASC-8: Influenza Vaccination Coverage among Healthcare Personnel	No longer reported
ASC-10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps–Avoidance of Inappropriate Use	May 15, 2019

Future Consideration: Validation

Requested comment on Hospital Outpatient Quality Reporting Program validation policy as a model
- Will consider comments in future policy determinations

Reporting Period

ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

- Reporting period will be three years prior to the payment determination year
- Finalized beginning with the **CY 2020** Payment Determination

Summary

ASCQR Measure Set

Measure	Payment Determination
ASC-1: Patient Burn	Suspend Beginning CY 2021
ASC-2: Patient Fall	Suspend Beginning CY 2021
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Suspend Beginning CY 2021
ASC-4: All-Cause Hospital Transfer/Admission	Suspend Beginning CY 2021
ASC-8: Influenza Vaccination Coverage among Healthcare Personnel	Removed for CY 2020

ASCQR Measure Set (cont.)

Measure	Payment Determination
ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Continues
ASC-10: Colonoscopy Interval for Patients with a History of Adenomatous Polyps– Avoidance of Inappropriate Use	Removed for CY 2021
ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (voluntary)	Continues
ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Continues

ASCQR Measure Set (cont.)

Measure	Payment Determination
ASC-13: Normothermia Outcome	Continues
ASC-14: Unplanned Anterior Vitrectomy	Continues
ASC-15a-15e: OAS CAHPS	Delayed
ASC-17: Hospital Visits After Orthopedic Ambulatory Surgery Center Procedures	Begins with CY 2022
ASC-18: Hospital Visits After Urology Ambulatory Surgery Center Procedures	Begins with CY 2022

References

- PDF link to the Final Rule: https://www.gpo.gov/fdsys/pkg/FR-2018-11-21/pdf/2018-24243.pdf
- Link to the Final Rule: https://www.federalregister.gov/documents/2018/11/21/2018-24243/medicare-program-changes-to-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center

Questions

Continuing Education Approval

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.

- If you continue to have problems, please contact Deb Price at dprice@hsag.com.

CE Credit Process: Survey

CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:
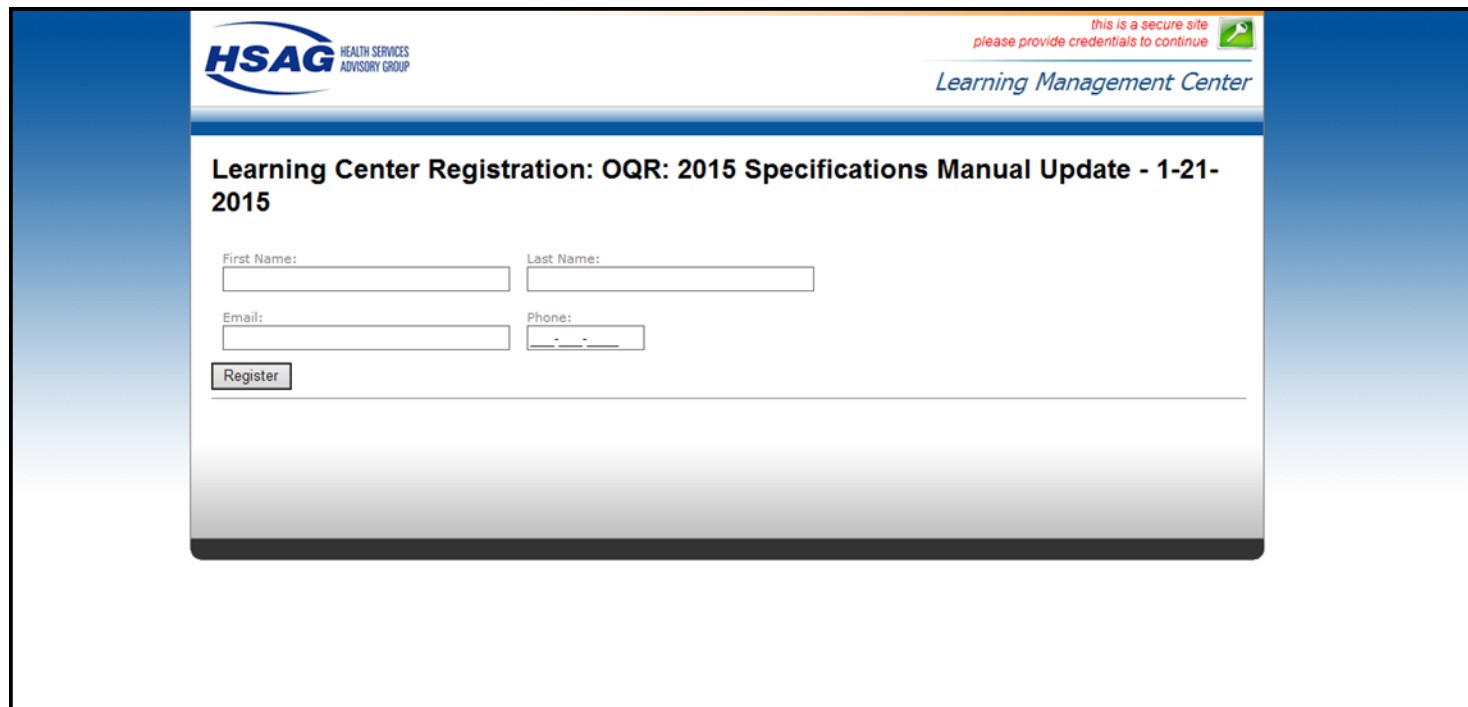https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae

Existing User Link:
https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae

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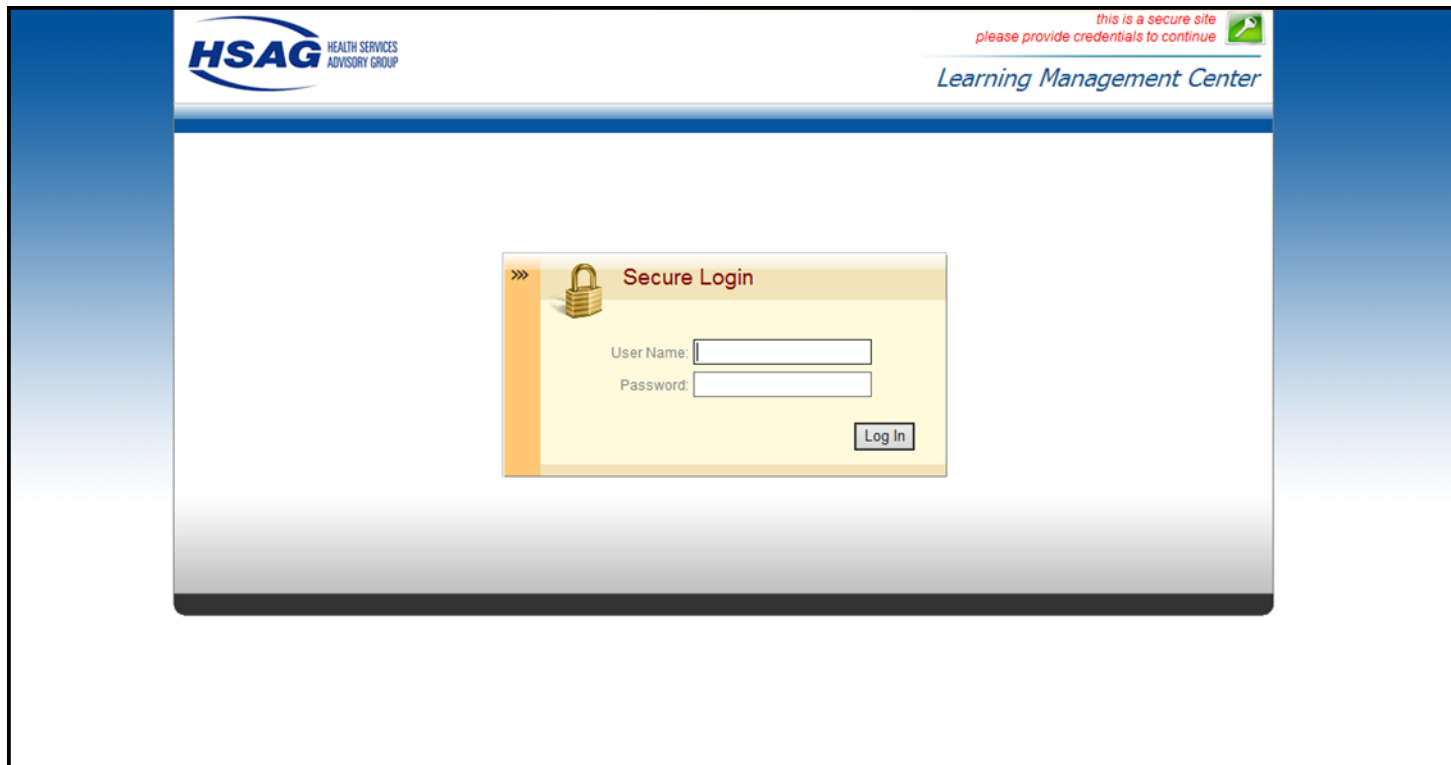
Done

CE Credit Process: New User

CE Credit Process: Existing User

Thank You for Participating!

Please contact the Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at www.qualitynet.org

Or

- Call the Support Contractor at 866.800.8756.