Ambulatory Surgical Center Quality Reporting Program

Touring the Hall of Specifications

Presentation Transcript

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Krissy Cockman:	Hello and welcome to the ASCQR Program webinar. Thank you for joining us today.
	Today we are touring the Hall of Specifications. I am Krissy Cockman, a Project Manager for the ASC Quality Reporting Program. Today, Melissa Thompson, the Specifications Manual Lead for the Hospital ASC Program, will be taking you all on a tour of the Specifications Manual updates. We would also like to thank all of the measure writers who assisted us in the development of this presentation. They are also available in the chat box to answer your questions directly. We so appreciate their expertise!
	The learning objectives for the program are listed here on this slide. This program is being recorded. A transcript of today's presentation, including the questions and answers received in the chat box and the audio portion of today's program, will be posted at www.qualityreportingcenter.com at a later date. During the presentation, as stated earlier, if you have a question, please put that question in the chat box located on the left side of the screen. One of our subject matter experts will respond. Without further delay, let's begin our tour with Melissa Thompson, our official SpecMaster.
Melissa Thompson:	Hello everyone. We will be discussing the Specifications Manual, but first we'd like to review the Final Rule a bit as we've received numerous questions, and hopefully we can clarify a few things.
	To further clarify what we discussed earlier about the measures finalized for removal, you will pause your reporting of ASC-1 through ASC-4 beginning January 1, 2019 until further action in rulemaking. As ASC-8 was finalized for

removal for Payment Year 2020, you will no longer report data on this measure for this program. Remember, that relates to this program only. If you report for other programs or have state or employer-specific requirements, please be aware of those requirements. ASC-10 is finalized for removal for the Calendar Year 2021 Payment Determination. The last time you will report data for this measure will be by the May 15, 2019 submission deadline. This will be for the reporting period of January 1 through December 31, 2018. Now, let's move on to the Specifications Manual.

Currently, the manual is released annually. It used to be released twice a year. Some of you might remember this. The new process of annual production began last year. The updated annual version, for example v8.0, is initially released and posted in July, which is six months prior to the encounter dates it will reference. This version will reflect changes and updates that occurred during the previous year. Then, roughly four months later, after the Final Rule is released in November, the updated version, in this case v8.0a, reflects changes from the Final Rule and is released and posted to QualityNet. The older version, 8.0, is removed from QualityNet so that it does not cause confusion as to which manual you should be referencing for that Calendar Year. However, any changes in the older version will still be accessible in the form of Release Notes. So, again, for example, now that v8.0a is posted, any changes from 8.0 you will still find those changes in Release Notes within the v8.0a manual. Now, I'll come back to this point a little later. What happens if there's changes between annual productions? Well, that's a good question. If there are any changes between the annual versions, they are communicated through Release Notes which are also posted on QualityNet. It will have the name of Release Notes and the version it refers to. Any changes, whether in annual production or Release Notes, you will find highlighted in yellow within the manual. This is a great way to easily determine any changes. So, if you see yellow highlighting, pay particular attention as this reflects a change from a previous version and/or update. So, today we will be discussing the changes to v8.0 and v8.0a.

On with the changes to the Specifications Manual since the last annual version. So, as we move forward, I will try to be as clear as I can in communicating these rulings as they relate to the changes within the Specifications Manual. Now, the changes we are covering today are the changes made to v8.0 Specifications Manual posted in July of 2018 and the updated Specifications Manual v8.0a posted in January of 2019 that reflects the changes of the 2019 Final Rule that was just published in November of 2018. The Specifications Manual is a reference tool that contains useful information to help facilities navigate through the Ambulatory Surgical Center Quality Reporting Program. Now, there are difference sections throughout the manual that we will cover today. So, let's begin by giving a brief overview of each of these sections. So, if you have your manual handy, you will notice that we are following the sections or tabs of the manual. First, let's work through finding the manual on QualityNet.

Notice the QualityNet link is at the top of this slide. From the home page you will hover your cursor over the Ambulatory Surgical Centers tab. A dropdown menu will appear. You will click on the Specifications Manual icon. You can see this here next to the red arrow.

This page will then display. Now, you can see here the different versions, and notice the data collection time period column. Now, this will tell you the data collection dates for the manual version which is listed in the same row on the right side. If you were to click on the most recent version of the manual,

first you will get a Disclaimer page which I'm not showing you here. Once you click on the "Agree" to that Disclaimer, you'll be directed to this landing page. Here you can see the different sections of the manual. Let me briefly explain what you can find in these various sections. Release Notes; as was mentioned a few moments ago, if there's any changes between the annual versions of the Specifications Manual, they are communicated through Release Notes. It will have the name of Release Notes and the version it's referring to. The Introductory Materials house the Table of Contents, Acknowledgement, and Program Background. Section 1 contains the Measure Information Forms, or MIFs. You will find the Measure Rationale, Numerator Statement, Included Populations, Excluded Populations, Data Elements, Denominator Statement, Data Collection Approach, and the Measure Type. There's great stuff here. This will provide the necessary information you need to appropriately abstract the data. Section 2, which in past versions was labeled Quality Data Coding and Sampling Specifications, now you will see it labeled as simply Sampling Specifications. In this area you will find information on sample size requirements for specific measures. In Section 3 you will find information on clinical data CSV file layout and data processing flow. The Appendices section will have a Preview section that will provide information on new measures that have been finalized for the program but begin in a future Calendar Year Payment Determination. Now, by the way, you can also see here the very last option is to download the entire manual. So, if you're a person that likes to do things on paper, you have the option to do that as well. Okay, let's get into the changes to the manual.

Oh, I see we have a question. Let's take a break and have one of the Hall of Specifications bigshots conduct a polling question. Pam?

Melissa Thompson: Ok, getting back to the Specifications Manual. Let's start at the beginning with changes to the Introductory Materials section. We're going to begin with the Table of Contents.
The Table of Contents saw no changes in v8.0; however, v8.0a did have significant changes. Four claims-based measures have been retained in the ASC Quality Reporting Program; however, data collection has been suspended beginning with Calendar Year 2021 Payment Determination until further action in

rulemaking. With the goal of updating the data submission method, these measures are ASC-1: Patient Burn, ASC-2: Patient Fall, ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant, and ASC-4: All Cause Hospital Transfer and/or Admission. I mentioned in the measure titles here for each measure discussed so as we move through the presentation I will only refer to them by their measure ID number. We will talk more about these claims-based measures in a moment under the Measure Information Form section. As you can see, we removed two additional measures in v8.0a. ASC-8: Influenza Vaccination Coverage among Healthcare Personnel was finalized for removal in the Calendar Year 2019 OPPS ASC Final Rule beginning with Calendar Year 2020 Payment Determination. And ASC-10: Endoscopy/Polyp Surveillance Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use was finalized for removal as well in the 2019 Final Rule beginning with Calendar Year 2021 Payment Determination. We will discuss the removal of all of these measures in greater detail as we continue through the presentation. So, let's move on to the Program Background and Requirements.

There were no changes in v8.0. There were a few changes, however, to v8.0a. A statement has been added under Background. This statement reads "Measures ASC-1 through ASC-4 have been retained in the ASC Quality Reporting Program; however, data collection has been suspended beginning with the Calendar Year 2021 Payment Determination until further action in rulemaking with the goal of updating the data submission methodology." So, what does this statement mean? Well, this statement was added to clarify that although data collection has been suspended beginning with the Calendar Year 2019 Reporting Period, which means facilities are not required to submit the QDC codes, or G-Codes, associated with ASC-1 through -4 on their Medicare FFS claims, and it's not part of the ASC Quality Reporting Program requirements for Calendar Year 2021 Payment Determination. The measures themselves are still retained within the program under measure retention policies. It's kind of like putting them in the back pocket until new data collection methodology is developed and then reintroduced in further rulemaking as a program requirement for a future Calendar Year Payment Determination. CMS made this decision in the Final Rule based on review of additional studies and in consideration of public comments they received that showed the importance of measuring and reporting data for these measures.

Also, in the Program Background and Requirements submission instructions were added under the subtitled section Measures Submitted via a Web-Based Tool. This will be a little cheat sheet, if you will, on how to enter your web-based measures through the QualityNet Secure Portal. The last change in this section will include the addition of the Paperwork Reduction Act, or PRA, Disclosure Statement. The Paperwork Reduction Act was enacted in 1995 to minimize paperwork burden. Administrative burden involves a time and effort associated

with completing program and system requirements in managing facility operations. This would include things like identifying and maintaining an active QualityNet Security Administrator, filling out forms, and other paperwork.

Now, let's move on to Section 1: Measure Information Forms. Changes discussed in this section will be within the Measure Information Form, or MIF, for short.

On this slide are the claims-based measures. You will notice here they are a bit divided. ASC-1 through 4 relate to the QDCs placed on Medicare FFS claims. ASCs have been submitting information on these measures using QDCs entered on their claim via the CMS 1500 paper form or an equivalent electronic form. The last measure on this slide, ASC-12, is an outcome claims-based measure. This measure is collected from the administrative claims data on paid Medicare FFS claims and enrollment data. Your facility does not report or abstract this data because CMS collects and calculates the data using inpatient and outpatient data to determine whether a beneficiary has had an unplanned hospital visit to any acute care hospital within 7 days of the outpatient colonoscopy.

Here we see the web-based measures to include ASC-8 submitted through the NHSN Secure Portal and ASC-9, ASC-10, ASC-11, ASC-13, and ASC-14 all reported through the QualityNet Secure Portal. We will now move through all the measure changes found in both versions, 8.0 and the updated and most current manual v8.0a.

Again, in the Calendar Year 2019 Final Rule ASC-1 through ASC-4 were retained in the program but reporting of data has been suspended pending further rulemaking.

In v8.0 there were changes to the Measure Information Forms with regard to these four measures; however, because v8.0a is now posted, and these MIFs were removed from the Specifications Manual in v8.0a, we will not discuss the 8.0 changes. You can still, however, access v8.0 Release Notes which are included in the v8.0a manual for details of the changes made to these measures prior to removal from the Specifications Manual. We discussed the suspension of these measures in an earlier slide; therefore, we can move on to the next measure.

Moving on to ASC-8. There were no changes in v8.0. In v8.0a ASC-8 was removed from the Specifications Manual. In the Calendar Year 2019 OPPS/ASC Final Rule this measure was removed from the ASCQR Program beginning with Calendar Year 2020 Payment Determination. This means the last reporting date was May 15, 2018 for the 2017/2018 flu season. Data for this measure will not need to be reported again for this program. Again, please be advised you may still have to report this data to fulfill state requirements or for other programs you may participate in. Additionally, there was an update for this measure in the 2018 v7.0b with the statement saying "Data for this measure is no longer collected after

Calendar Year 2019 Payment Determination. The last data submission deadline for ASC-8 was May 15, 2018.

Now, for the colonoscopy measure ASC-9: Endoscopy Polyp Surveillance Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients. There were no changes in either version 8.0 or 8.0a of the Specifications Manual. Remember, this measure is retained in the ASCQR Program for Calendar Year 2020 Payment Determination and subsequent years.

Now, for the other colonoscopy measure, ASC-10. There were no changes in v8.0; however, this measure was removed in v8.0a as a result of the 2019 Final Rule mentioned previously. This measure will be removed from the program beginning with Calendar Year 2021 Payment Determination. The last data reported for ASC-10 will be January 1 through December 31, 2018 encounters. Submission of this data opened January 1, 2019 and closes May 15, 2019.

In v8.0 changes to ASC-11 were made to this measure to better clarify the Measure Description, Numerator Statement, Denominator Statement, and Definitions of Performance Met. The first change we are going to talk about is the addition to the description. There was an addition of what you see here on this slide "based on completing a pre-operative and post-operative visual function survey." This will now make the description of the measure read in full as "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 based on completing a pre-operative and post-operative visual function survey." Further changes were made to the 2019 Measure Information Form to align with the 2018 changes. These changes were to the Numerator and Denominator Statements, as well as, additional change to the Definitions of Performance Met. With respect to the Numerator Statement, the addition of "18 years and older" was made. Now, the Numerator Statement reads as "Patients 18 years and older 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 survey." The Denominator Statement had a word change from "instrument" to "survey." So, the statement now reads "All patients aged 18 years and older who had cataract surgery and completed both a pre-operative and post-operative visual function survey."

And, lastly, for ASC-11, there was an addition of Definitions of Performance Met, Definitions of Performance Not Met, and Denominator Exceptions, as well as, the respective Healthcare Common Procedure Coding System codes. There were no changes made in this section of the Specifications Manual in v8.0a.
ASC-12. There were no changes in the 8.0 version for ASC-12. In v8.0a there were changes. With regard to the Cover Page, there was a change to reference the performance period for Calendar Year 2020 Payment Determination from Calendar Year 2018 only to Calendar Year 2016 through Calendar Year 2018 and

adjusted the performance period for Calendar Year 2021 Payment Determination to reflect Calendar Year 2017 through Calendar 2019 as the performance period. This change was finalized in the 2019 Final Rule to extend the performance period from one year to three years allowing better information to be publicly reported. The other change was to the text to reference the latest measure specifications and point users to the new Q&A tool.

Another change for ASC-12 was to the Included Population language to include explicit mention of CPT codes and link direct users to the Measure Updates and Specifications Report found on QualityNet. Also, the CPT codes that define the patient cohort were removed from the Measure Information Form. These can now be found at the link for the Measure Updates and Specifications Report found on QualityNet. In the Cohort Exclusions, excluded colonoscopy section, there was explicit mention of cohort exclusions and diagnosis codes to a link pointing users to the measure specifications. The colonoscopy bullet points in Table 1 and Table 2 were also removed. Under the Selected References there was a change to the 2016 measure specifications with reference to the latest specifications on the Measure Methodology page, again, found on QualityNet. Now, let's move on to ASC-13 which takes us back to measures submitted via a web-based tool.

ASC-13: Normothermia. This is a newer measure that was finalized in the Calendar Year 2017 Final Rule, and a Measure Information Form was added to the manual in v7.0. As this is a new measure, I have a little bit of refresher information here as well. To give you a quick overview of the measure, it's the "Percentage of patients having a surgical procedure under general or neuraxial anesthesia lasting for 60 minutes or more in duration who are normothermic within 15 minutes of arrival in PACU, and normothermic is considered a body temperature equal to or greater than 96.8 degrees Fahrenheit or 36 degrees Celsius. You will be abstracting the numerator and denominator for this measure. You can also use sampling for this measure, and you'll find the sampling requirements under the sampling tab that we'll get to next. This performance measure is aligned with current guidelines regarding temperature management in patients undergoing general or neuraxial anesthesia that's lasting 60 minutes or more. The data for this measure will be entered into QualityNet via the Secure Portal. You will submit your Calendar Year 2018 encounters in 2019 for your Calendar Year 2020 Payment Determination. For the 8.0 version of the manual, a Rationale was also added to this measure. There were no additional changes in v8.0a. So, now let's move on to the last measure, ASC-14.

ASC-14 is the Unplanned Anterior Vitrectomy measure. As with ASC-13, this measure was finalized as a new measure in the 2017 Final Rule. ASC-14 assesses the percentage of cataract surgery patients who have an unplanned anterior vitrectomy. No clinical practice guidelines addressing unplanned anterior vitrectomies and cataract surgery are available at this time; however, rates of unplanned anterior vitrectomy have been published in clinical literature and can

serve as comparative benchmarks of performance. Now, back in v7.0 the Measure Information Form was added to the Specifications Manual. This measure has a numerator and a denominator that are entered via the QualityNet Secure Portal, the same as ASC-9, ASC-11, and ASC-13. In v8.0 of the manual a Rationale was added. There were no changes in v8.0a. So, that does it for the measures. We will move on now to Section 2: Sampling and Specifications.

Oh, ok, I see our bigshot is back. Let's ask her to conduct another polling question. Pam, what do you have for us this time?

Melissa Thompson: As we mentioned toward the beginning of the presentation, the title of Section 2 has slightly changed from prior Specifications Manual. Because facilities are not required to enter Quality Data Codes for ASC-1 through 4 beginning January 1, 2019, we have removed Quality Data Coding from the section title.

There were no changes in v8.0 to Section 2. In v8.0a, in addition to removing Quality Data Coding from the Section 2 title, we also removed all language referencing Quality Data Coding and any references to ASC-1 through 4 until future rulemaking determines how these measures will be collected.

And now Section 3: Quality Data Transmission.

In this section batch submission is addressed. Batch submission is the submission of data from multiple facilities simultaneously using a single electronic file containing data from multiple facilities submitted via one agent's QualityNet account. In v8.0 measures ASC-13 and ASC-14 were added to the CSV Batch Submission File Layout. Then, in v8.0a Batch Submission File Layout for ASC-10 was removed since this measure was removed from the ASCQR Program beginning with Calendar Year 2021 Payment Determination.

Now, the final section, the Appendices.

For Appendix A in v8.0 it had no changes to the Appendices; however, in v8.0a the Glossary of Terms was reduced due to measure removals and measure suspensions; therefore, not really providing value at this time. So, in v8.0a we removed the Glossary of Terms and added Appendix A as a placeholder for future use.

Last, but not least, is Appendix B. In v8.0 ASC-17, which is, Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures and ASC-18: Hospital Visits after Urology Ambulatory Surgical Center Procedures were added to Appendix B Preview Section. The Preview Section provides an opportunity to review measures that have been finalized but for a future Calendar Year Payment Determination and not yet applicable to the current Payment Determination. That is why you will not see the Measure Information Forms in the 2019 v8.0a but will

see them move from the Preview Section to the Measure Information Section in the 2020 v9.0 that will be posted to QualityNet in July of 2019. Now, I suggest reviewing these. You'll find information on the measure background, the measure overview, and measure calculation and reporting. These two new measures are claims-based. Data are collected by CMS via claims. ASCs will not need to submit any additional data directly to CMS. Again, both were finalized to begin with Calendar Year 2022 Payment Determination.

We have some resources listed here on this slide. Don't ever hesitate to call our help desk. That number is also seen here at the bottom of the slide. Well, that's all I have for changes today. Thank you for reviewing the 2019 ASC v8.0a Specifications Manual with me today. Now, I'm going to turn things back over to Krissy.

Krissy Cockman: Hey Melissa, we have a little bit of time left. How about we take some questions?

Melissa Thompson: That sounds great.

Krissy Cockman: All right, so let's see, let's start with this one. Do we still collect data in 2019 for ASC-9?

Melissa Thompson: Yes, ASC-9 has been retained in the ASC Quality Reporting Program for Calendar Year 2020 Payment Determination and subsequent years. However, ASC-10, which is the Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use, is being removed, and the last reporting date for ASC-10 will be May 15, 2019, and that will be for January 1 through December 31, 2018 data.

Krissy Cockman: All right, let's see, ok, here's one. Please clarify ASC-1 through ASC-4. My interpretation is we do not need to submit QDCs on claims data in 2019 for these measures, correct?

Melissa Thompson: That is correct. ASC-1 through ASC-4, and these are your Patient Burn, Patient Fall, Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, or Wrong Implant measures. The data collection has been suspended for Calendar Year 2021 Payment Determination. Now, this means for encounter dates beginning January 1, 2019 you will not be required to report on these measures. That suspension we've been talking about means that the measures aren't required at this time but still remain under measure retention policies. They're basically on hold, if you will, until further rulemaking determines how these measures will be collected and reported in the future.

Krissy Okay, do we need to report Normothermia and Unplanned Anterior Vitrectomy

Cockman: this May for 2018?

Melissa Thompson: Yes, you will report Calendar Year 2018 data, and remember again, that is January 1, 2018 through December 31, 2018 encounters, and that's going to be for ASC-9, ASC-10, ASC-13, the Normothermia measure, and ASC-14, the Unplanned Anterior Vitrectomy measure. The submission deadline for these web-based measures is May 15, 2019 by 11:59 pm Pacific Time, and if you didn't know, the web-based data collection tool on QualityNet is open now, so you can submit your web-based measures if you have your data ready. You do not need to wait until May 15. In fact, it's encouraged to enter the data as soon as you have it ready.

Krissy Cockman: So, just to follow-up on that question, what if a provider facility they do not perform any of those procedures? Should they just skip the question and not enter it, or should they be putting zeros into the tool?

Melissa Thompson: Krissy, that's a really great question. We have seen this question several times now. So, to answer that, yes. ASC-9, ASC-10, -13, and -14 are all required measures for the program, so that means there must be data even if that is a zero entered for your numerator and your denominator for these measures. The only measure that you can leave incomplete is ASC-11. Now, you can also put zeros in your numerator and your denominator for ASC-11 so that it says complete. You have the option for that one.

Krissy Cockman: Okay, so zeros it is if you don't perform those. At least enter the zeros to get those completed.

Melissa Thompson: Correct.

Krissy Cockman: Okay

Melissa Thompson: You need those measures to say complete.

Krissy Cockman: Sounds great. Okay, for the Normothermia population, is that all patients or only Medicare patients? Also, is the population count for Normothermia only counting cases over 60 minutes?

Melissa Thompson: That's another good question. So, ASC-13: Normothermia, is for all patients, not only Medicare patients. So, to revisit this, the denominator includes all patients, regardless of age, undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes duration. And then your numerator will be surgery patients with a body temperature equal to or greater to

	96.8 degrees Fahrenheit or 36 degrees Celsius recorded within 15 minutes of arrival in PACU.
Krissy Cockman:	Okay, that sounds good. Let's see, and here's another one. Regarding ASC-8, as I understand it, the removal of this measure impacts payment for Calendar Year 2020; therefore, we do not have to submit data for this measure this Spring 2019, is that correct?
Melissa Thompson:	That is correct. The last reporting date for this measure was May 15th of 2018, and that was for the reporting period of October 1, 2017 through March 31, 2018. Data for this measure will no longer be collected for the ASC Quality Reporting Program. Now, we said it earlier, but just make sure you check for any State requirements you may have or for any other programs you may participate in to see if you need this data for those purposes.
Krissy Cockmam:	Ok, that's good information. Okay, so, what will happen if our claims still go out with ASC-1 through -4 QDCs on them?
Melissa Thompson:	Well, there is no penalty to continue submitting the Quality Data Codes, or QDCs, especially if your facility is interested in continuing to assess this data internally. However, CMS will not be collecting or publicly reporting data on ASC-1 through ASC-4 beginning with January 1, 2019 data.
Krissy Cockman:	Okay, let's see. You mentioned that the earlier version is removed and replaced with the current Specifications Manual version. Where can I find what was changed in that earlier version?
Melissa Thompson:	So, the Release Notes for the earlier version, and in this case that would be v8.0, can be found in the current version 8.0a Specifications Manual, and remember, all of those changes that were made in that earlier version 8.0 will still be found in the current manual and highlighted in yellow along with all the other changes that were made in v8.0a.
Krissy Cockman:	All right, it looks like we may have time for one more question. How does that sound?
Melissa Thompson:	Sure, that sounds great.
Krissy Cockman:	Okay, let's see. How about this? Since the ASC does not submit data for ASC-12, how do we know who our population that met the criteria of the measure?
Melissa Thompson:	Great question. It's another one that we do receive a lot of requests on. Okay, so because the data for ASC-12, again, this is the Facility 7-Day Risk Standardized

Hospital Visit Rate after Outpatient Colonoscopy, now, it's collected and calculated by CMS on behalf of the facility. So, there's not a report the facility can run themselves on QualityNet. Facilities that have data for this measure will be sent a Claims Detail Report, or CDR, through Secure File Transfer, and that's going to provide the facility with their patient-level data. The next CDR is scheduled to be delivered on or around March 29, 2019.

Krissy Cockman: All right, thanks again to Melissa. We appreciate you sharing your time and expertise with us. We would also, once again, like to thank the measure writers who have so graciously assisted with this presentation, and I hope this webinar has given everyone something. That's all the time we have today. We appreciate you joining us.