Welcome!

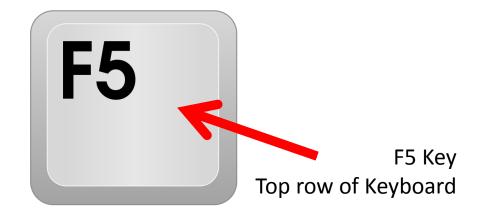
- Audio for this event is available via ReadyTalk[®] Internet Streaming.
- No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.
- Limited dial-in lines are available.
 Please send a chat message if needed.
- This event is being recorded.

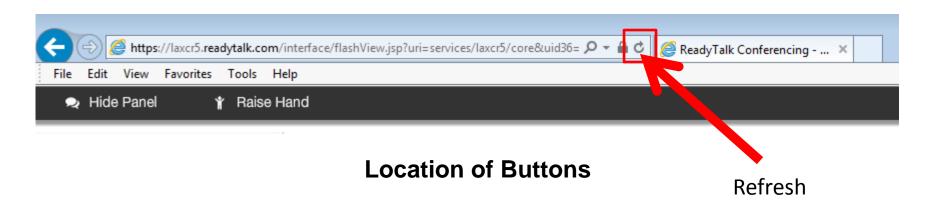


Troubleshooting Audio

Audio from computer speakers breaking up? Audio suddenly stop?

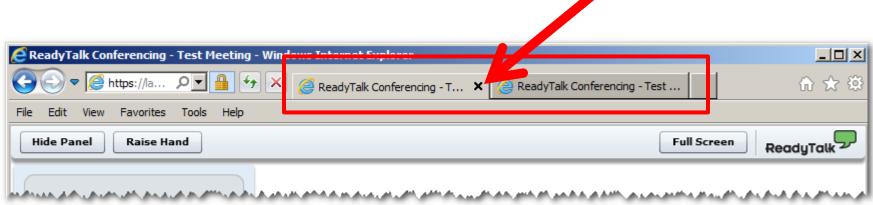
- Click <u>Refresh</u> icon or
- Click F5





Troubleshooting Echo

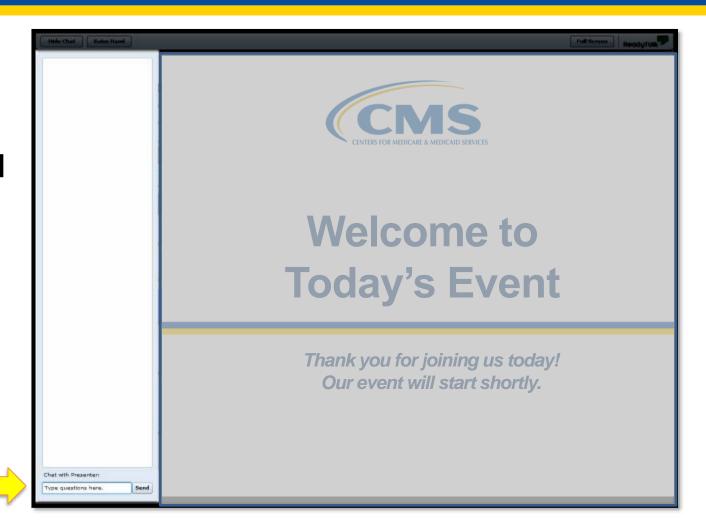
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
- Close all but one browser/tab and the echo will clear up.



Example of Two Browsers/Tabs Open in Same Event

Submitting Questions

Type questions in the "Chat with Presenter" section, located in the bottom-left corner of your screen.





CY 2017 OPPS/ASC Proposed Rule: Ambulatory Surgical Center Quality Reporting (ASCQR) Program

Anita Bhatia, PhD, MPH, Program Lead ASCQR Program, CMS

Elizabeth Goldstein, PhD, Director of Consumer Assessment and Plan Performance, CMS

Announcements

January 1, 2016–August 15, 2016, is the data submission period for the web-based measures entered through QualityNet.



Access your QualityNet and National Healthcare Safety Network (NHSN) accounts routinely to ensure your passwords stay active.



For QualityNet password problems, contact QualityNet at 866.288.8912.

For NHSN account issues, contact the NHSN Helpdesk at nhsn@cdc.gov.

Learning Objectives

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

- Locate the Calendar Year (CY) 2017
 OPPS/ASC Proposed Rule in the Federal Register
- Identify the changes to the ASCQR Program in the CY 2017 OPPS/ASC Proposed Rule
- Submit comments to CMS regarding the CY 2017 OPPS/ASC Proposed Rule

Question and Answer Limitations

- During the course of this webinar, CMS:
 - Can only address 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.

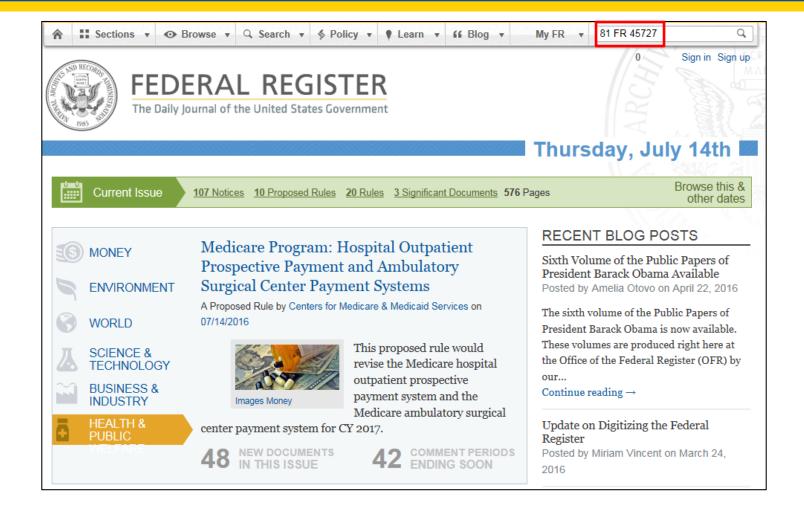
Proposed Rule CY 2017

Locating the Rule

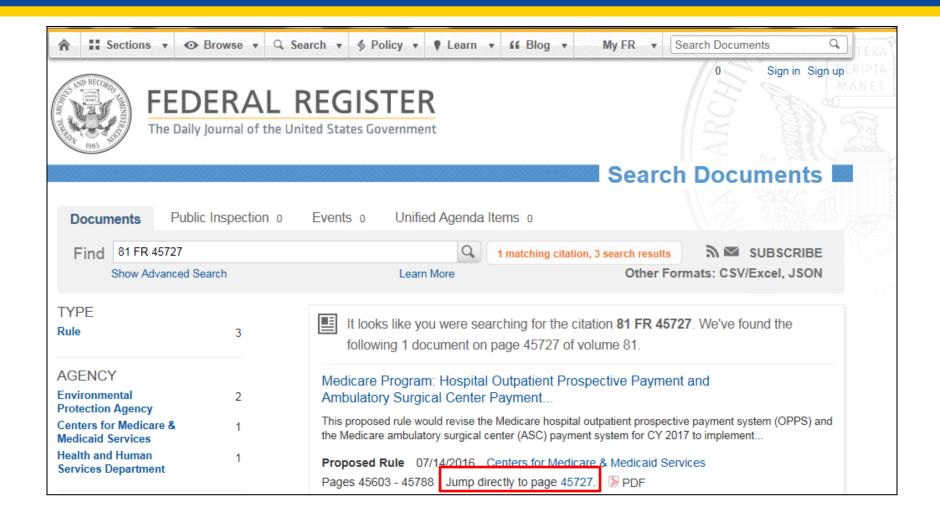
ASCQR Program Rule History

Rule	Federal Register (FR) Reference	Program Highlights
CY 2017 OPPS/ASC (proposed)	81 FR 45727	7 new measures
CY 2016 OPPS/ASC	80 FR 70526	No additional measures
CY 2015 OPPS/ASC	79 FR 41044	1 new claims-based measure
CY 2014 OPPS/ASC	78 FR 75122	3 web-based measures
CY 2013 OPPS/ASC	77 FR 68492	No additional measures
FY 2013 IPPS/LTCH PPS	77 FR 53637	Finalized requirements
CY 2012 OPPS/ASC	79 FR 74492	Finalized 8 measures
CY 2011 OPPS/ASC	75 FR 72109	Discussed, not implemented
CY 2010 OPPS/ASC	74 FR 60656	Discussed, not implemented
CY 2009 OPPS/ASC	73 FR 68780	Discussed, not implemented

Navigating the Federal Register (1 of 6)



Navigating the Federal Register (2 of 6)



Navigating the Federal Register (3 of 6)

rates for those hospitals that fail to meet the reporting requirements. \Box

We are inviting public comments on these proposals.

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

A. Background

1. Overview

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

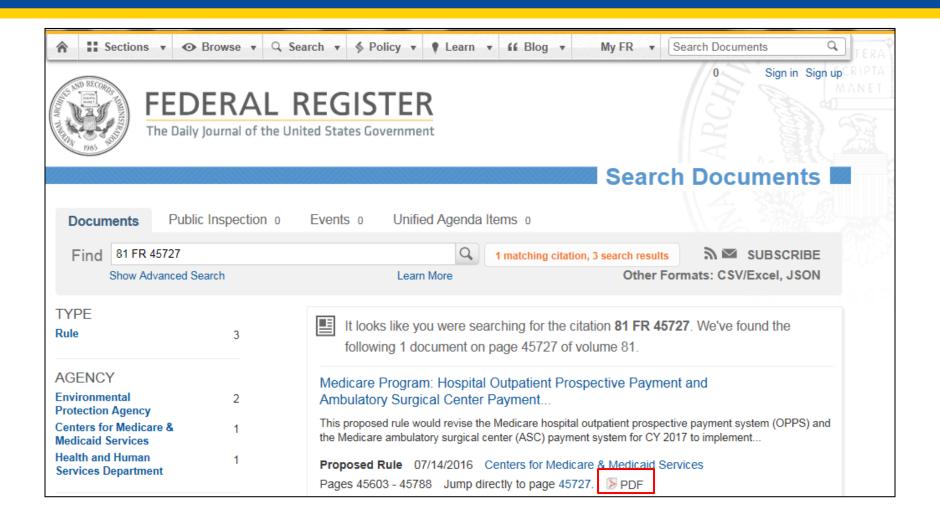
2. Statutory History of the ASCQR Program

We refer readers to section XIV.K.1. of the CY 2012 OPPS/ASC final rule with comment period (76 FR 74492 through 74494) for a detailed discussion of the statutory history of the ASCQR Program.

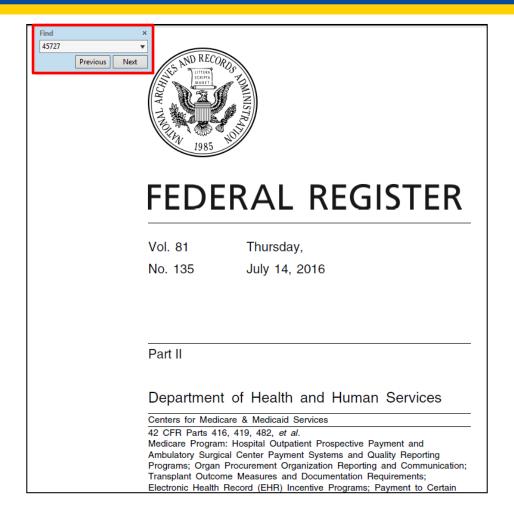
3. Regulatory History of the ASCQR Program

We refer readers to section XV.A.3. of the CY 2014 OPPS/ASC final rule with comment period (78 FR 75122), section XIV.4. of the CY 2015 OPPS/ASC final rule with comment period (79 FR 66966 through 66987), and section XIV. of the CY 2016

Navigating the Federal Register (4 of 6)



Navigating the Federal Register (5 of 6)



Navigating the Federal Register (6 of 6)

Federal Register/Vol. 81, No. 135/Thursday, July 14, 2016/Proposed Rules

45727

We are inviting public comments on these proposals.

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 proposed rule for a general overview of our quality reporting programs.

2. Statutory History of the ASCQR

We refer readers to section XIV.K.1. of the CY 2012 OPPS/ASC final rule with comment period (76 FR 74492 through 74494) for a detailed discussion of the statutory history of the ASCQR Program.

3. Regulatory History of 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.4. of the CY 2015 OPPS/ASC final rule with comment period (79 FR 66966 through 66987), and section XIV. of the CY 2016 OPPS/ASC final rule with comment period (80 FR 70526 through 70537) for an overview of the regulatory history of the ASCOR Program.

B. ASCOR 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

consider for ASCOR Program quality measure selection. We are not proposing any changes to this policy.

2. Policies for Retention and Removal of Quality Measures From the ASCOR Program

We previously adopted a policy that quality measures adopted for an ASCQR Program measure set for a previous payment determination year be retained in the ASCQR Program for measure sets for subsequent payment determination years, except when they are removed, suspended, or replaced as indicated (76 FR 74494 and 74504; 77 FR 68494 through 68495; 78 FR 75122; 79 FR 66967 through 66969). We are not proposing any changes to this policy.

We refer readers to the CY 2015 OPPS/ASC final rule with comment period (79 FR 66967 through 66969) and 42 CFR 416.320 for a detailed discussion of the process for removing adopted measures from the ASCQR Program. We are not proposing any changes to this process.

3. ASCQR Program Quality Measures Adopted in Previous Rulemaking

In the CY 2012 OPPS/ASC final rule with comment period (76 FR 74492 through 74517), we implemented the ASCOR Program effective with the CY 2014 payment determination. In the CY 2012 OPPS/ASC final rule with comment period (76 FR 74496 through 74511), we adopted five claims-based measures for the CY 2014 payment determination and subsequent years. two measures with data submission

a detailed discussion of the priorities we directly to CMS via an online Webbased tool for the CY 2015 payment determination and subsequent years, and one process of care, preventive service measure submitted via an online. Web-based tool to CDC's National Health Safety Network (NHSN) for the CY 2017 payment determination and subsequent years. In the CY 2014 OPPS/ASC final rule with comment period (78 FR 75124 through 75130), we adopted three chart-abstracted measures with data submission to CMS via an online Web-based tool for the CY 2017 payment determination and subsequent vears. In the CY 2015 OPPS/ASC final rule with comment period (79 FR 66984 through 66985), we excluded one of these measures, ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (NQF #1536), from the CY 2017 payment determination measure set and allowed for voluntary data collection and reporting for the ČY 2017 payment determination and subsequent years. In the CY 2015 OPPS/ ASC final rule with comment period (79) FR 66970 through 66979), we adopted one additional claims-based measure for the CY 2018 payment determination and subsequent years. In the CY 2016 OPPS/ ASC final rule with comment period (80) FR 70526 through 70537), we did not adopt any additional measures for the CY 2019 payment determination and subsequent years.

> The previously finalized measure set for the ASCQR Program for the CY 2019 payment determination and subsequent vears is listed below.

Proposed Rule CY 2017

Proposed New Measures

New Measures

Seven new measures are proposed for the CY 2020 payment determination and subsequent years.

- Two measures will be collected via a CMS web-based tool.
- Five measures will be the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey-based measures.

Proposed Web-Based Measures

For the CY 2020 payment determination and subsequent years:

- ASC-13: Normothermia Outcome
- ASC-14: Unplanned Anterior Vitrectomy

ASC-13: Normothermia Outcome

- Normothermia Outcome: the percentage of patients having surgical procedures under general or neuraxial anesthesia of 60 minutes or more in duration who are normothermic within 15 minutes of arrival in the Post Anesthesia Care Unit (PACU).
- Data submission to CMS will be January 1 to May 15 in the year prior to the affected payment determination, if finalized.

ASC-13: Denominator and Numerator

- Denominator: all patients, regardless of age, undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes in duration
- Numerator: the number of surgery patients with a body temperature equal to or greater than 96.8 degrees Fahrenheit/36 degrees Celsius recorded within 15 minutes of arrival in the PACU

ASC-13: Inclusions and Exclusions

- Includes all patients, regardless of age, undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes duration
- The measure excludes:
 - Patients who did not have general or neuroaxial anesthesia
 - Patients whose length of anesthesia was less than 60 minutes
 - Patients with documentation of intentional hypothermia for the procedure performed

ASC-13: Additional Information

- This measure was included in the Measures under Consideration (MUC) List in December 2014.
- The Measure Applications Partnership (MAP) reviewed the measure and conditionally supported it.
- This measure is maintained by the ASC Quality Collaboration (http://www.ascquality.org/).
- Additional methodology and measure development details are available at: http://www.ascquality.org/qualitymeasures.cfm.

ASC-14: Unplanned Anterior Vitrectomy

Unplanned Anterior Vitrectomy: the percentage of cataract surgery patients who have an unplanned anterior vitrectomy

 Data submission to CMS will be January 1 to May 15 in the year prior to the affected payment determination.

ASC-14: Denominator and Numerator

- Denominator: all cataract surgery patients
- Numerator: all cataract surgery patients who had an unplanned anterior vitrectomy
- There are no additional inclusion or exclusion criteria for this measure.

ASC-14: Additional Information

- This measure was included in the MUC List in December 2014.
- The MAP reviewed the measure and conditionally supported it.
- This measure is maintained by the ASC Quality Collaboration (http://www.ascquality.org/).
- Additional methodology and measure development details are available at: http://www.ascquality.org/qualitymeasures.cfm.

Survey-Based Measures

ASC-15a-e: Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey Measures

- Three composite survey-based measures:
 - ASC-15a: About Facilities and Staff
 - ASC-15b: Communication About Procedure
 - ASC-15c: Preparation for Discharge and Recovery
- Two global survey-based measures:
 - ASC-15d: Overall Rating of Facility
 - ASC-15e: Recommendation of Facility

Survey-Based Measures: Topics

- The OAS CAHPS survey contains 37
 questions that cover topics such as access to
 care, communications, experience at the
 facility, and interactions with facility staff.
- The survey development process followed the principles and guidelines outlined by the Agency for Healthcare Research and Quality (AHRQ) and its CAHPS Consortium.

Survey-Based Measures: Administration

- The OAS CAHPS Survey is administered to a random sample of eligible patients who had at least one outpatient surgery/procedure during the sample month.
 - The survey is conducted at the CMS Certification Number (CCN) level.
 - The reporting for a CCN must include all eligible patients from all eligible ASCs covered by the CCN.

Survey-Based Measures: Administration

- The survey has three administration methods: mail-only, telephone-only, and mixed mode (mail with telephone follow-up of non-respondents).
- ASCs will contract with a CMS-approved vendor to collect survey data for eligible patients at the ASCs on a monthly basis.
- CMS will propose a format and timing for public reporting of OAS CAHPS Survey data in future rulemaking prior to implementation of the measures.

Survey-Based Measures: Data Collection

- CMS is proposing the data collection period for the measures would be the calendar year two years prior to the payment determination year.
- ASCs would be required to collect data on a monthly basis and submit data quarterly.
- The target minimum is 300 completed surveys for each 12-month reporting period.
- Survey Protocols and Guidelines Manual <u>https://oascahps.org/Survey-Materials</u>

Survey-Based Measures: Exemption

- A request to be exempted from performing the survey-based measures can be submitted if the ASC treats fewer than 60 survey-eligible patients during the "eligibility period."
 - The "eligibility period" is the calendar year before the data collection period.
- To qualify for exemption, a participation exemption request form must be submitted on or before May 15 of the data collection year.
 - The form will be available on the OAS CAHPS Survey website: https://oascahps.org.

Survey-Based Measures: Calculation

- ASC rates on each composite OAS CAHPS survey-based measure (ASC 15a, 15b, and 15c) would be calculated by determining the proportion of "top-box" ("Yes" or "Yes Definitely") responses for each question within the composite.
- ASC performance on each of the two global OAS CAHPS survey-based measures would be calculated by the proportion of respondents providing high-value responses (9-10 rating or "Definitely Yes").

Survey-Based Measures: Inclusions

For the OAS CAHPS Survey administration, an "eligible patient" is a patient 18 years or older:

- Who had an outpatient surgery or procedure in an ASC, as defined in the OAS CAHPS Survey administration manual
- Who does not reside in a nursing home
- Who was not discharged to hospice care following their surgery
- Who is not identified as a prisoner
- Who did not request that ASCs not release their name and contact information to anyone other than ASC personnel

Survey-Based Measures: Exclusions

Eligible patients who are excluded from the sample are:

- Patients whose address is not a U.S. domestic address
- Patients who cannot be surveyed because of state regulations
- Patients whose surgery or procedure does not meet the eligibility CPT® or G-codes as defined in the OAS CAHPS Survey administration manual

Patients who are deceased

Survey-Based Measures: Additional Information

- These measures were included in the MUC List in December 2014.
- More information about these measures and the list of approved vendors can be found at: https://oascahps.org.
- The OAS CAHPS Survey questions and the Protocol & Guidelines Manual can be found at: https://oascahps.org/Survey-Materials.
- CMS invites public comment on the inclusion of these measures in the ASCQR Program.

Proposed Rule CY 2017

Measure for Future Consideration

Toxic Anterior Segment Syndrome (TASS) Measure

- TASS: an acute, noninfectious inflammation of the anterior segment of the eye. TASS is a complication of anterior segment eye surgery that typically develops within 14 hours after surgery.
- Developed by the ASC Quality Collaboration
- Assesses the number of ophthalmic anterior segment surgery patients diagnosed with TASS within two days of surgery

TASS Measure: Denominator and Numerator

- Denominator: all anterior segment surgery patients
- Numerator: all anterior segment surgery patients diagnosed with TASS within two days of surgery
- CMS invites public comment on the possible inclusion of this measure in the ASCQR Program measure set in the future.

TASS Measure: Additional Information

- The TASS measure was included on the 2015 MUC List.
- It was conditionally supported by the MAP, noting the high value and urgency of the measure.
- A summary of the MAP recommendations can be found at: http://www.qualityforum.org/Projects/i- m/MAP/2016_Final_Recommendations.aspx.
- The specifications for this measure in the ASC setting can be found at:
 - http://ascquality.org/documents/ASC%20QC%20Implementation%20Guide%203.2%20October%202015.pdf.

Proposed Rule CY 2017

Proposed Changes to Existing Policies

Public Display: Previously Finalized

In the CY 2016 OPPS/ASC Final Rule with comment period (80 FR 70531 through 70533), CMS finalized:

- Data will be displayed by National Provider Identifier (NPI) when submitted by NPI.
- Data will be displayed by CCN when submitted by CCN.
- CCN's value will **not** be assigned to all NPIs associated with that CCN.

Proposed: Public Display

- Data will be available on the Hospital Compare website on at least a yearly basis.
- ASCs will generally have approximately 30 days to preview their data, consistent with current practice.
- Implementing the proposed May 15 submission deadline will enable public reporting of data by December of the same year.

Data Submission: Previously Finalized

- The CY 2014 OPPS/ASC Final Rule with Comment Period finalized that quality measures submitted via a CMS online data submission tool will be submitted from January 1 to August 15 in the year prior to the affected payment determination year (78 FR 75137 through 75139).
- The CY 2015 OPPS/ASC Final Rule with Comment Period finalized a submission deadline of May 15 of the year when the influenza season ends for ASC-8: Influenza Vaccination Coverage among Healthcare Personnel (79 FR 66985 through 66986).

Data Submission

- CMS is proposing to change the submission deadline from August 15 to May 15 in the year prior to the affected payment determination for all data submitted via a CMS web-based tool for the CY 2019 payment determination and subsequent years.
- The submission deadline for ASC-8 of May 15 will remain unchanged.

Proposed Rule CY 2017

Commenting

Submitting Comments

- Comments must be received no later than 5 PM EST on September 6, 2016, if delivered by regular mail, express or overnight mail, or by hand or courier.
- Comments submitted electronically will be accepted until 11:59 PM EST.
- CMS encourages submission of electronic comments to <u>www.regulations.gov</u>.
- Responses to comments will be in the Final Rule, to be issued November 2016.

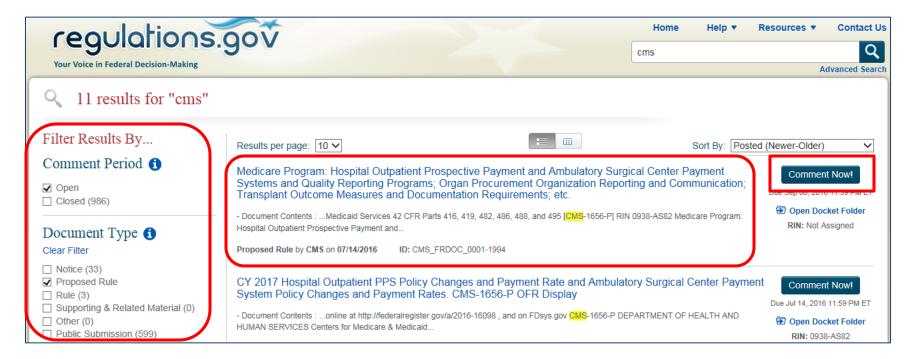
Submitting Comments



- 1. Enter *CMS* in the [Search for] box.
- 2. Select the [Search] button.

Submitting Comments (cont.)

- 3. Filter: Comment Period = Open; Document Type = Proposed Rule
- Scroll: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; etc.
- 5. Select: [Comment Now] button



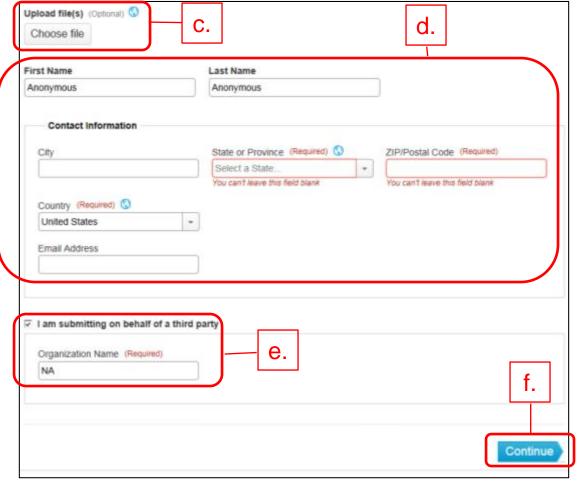
Comment on Proposed Rule: Step 1

The system will guide you through a three-step comment process.

- **Step 1.** Enter your comment and contact information.
 - a. Required fields have (Required) next to the field name.
 - b. Comments can be up to 5,000 characters.



Comment on Proposed Rule: Step 1 (cont.)

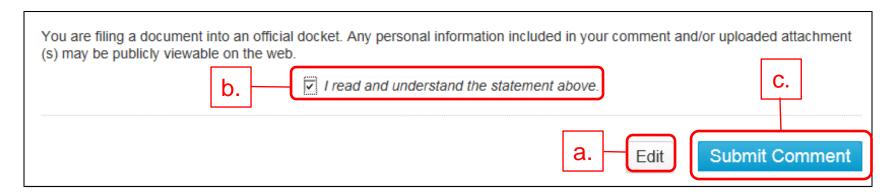


- c. You can upload a file if you wish.
- d. Enter your contact information.
- e. If submitting a comment on behalf of a third party, enter the organization's name.
- f. When finished entering your comment and contact information, select the [Continue] button.

Comment on Proposed Rule: Step 2

Step 2. Your Preview: Shows how your comment* and information** will appear on *regulations.gov*.

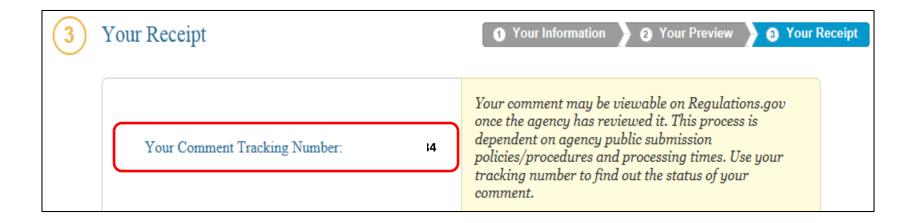
- *Your Comment, files you uploaded, Country, and State or Province *will appear* on Regulations.gov.
- **Your Name, ZIP/Postal Code, and Organization Name *will not appear* on Regulations.gov.
- a. Select the [Edit] button to edit your comment and contact information.
- b. When finished previewing, check the box to acknowledge that you have read and understand the provisions of commenting.
- c. If all information is correct, select the [Submit Comment] button.



Comment on Proposed Rule: Step 3

Step 3. Your Receipt:

Your comment is assigned a tracking number. Take a screenshot of this page or save your tracking number. You can use your tracking number to find out the status of your comment.



References

Proposed Rule Site:

https://www.gpo.gov/fdsys/pkg/FR-2016-07-14/pdf/2016-16098.pdf

Comment Site:

https://www.regulations.gov/comment?D=CMS_ FRDOC 0001-1994

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.

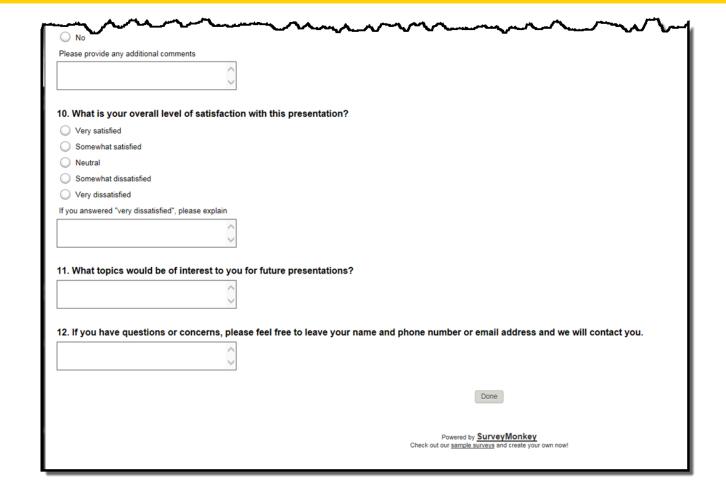
CE Credit Process

- 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.

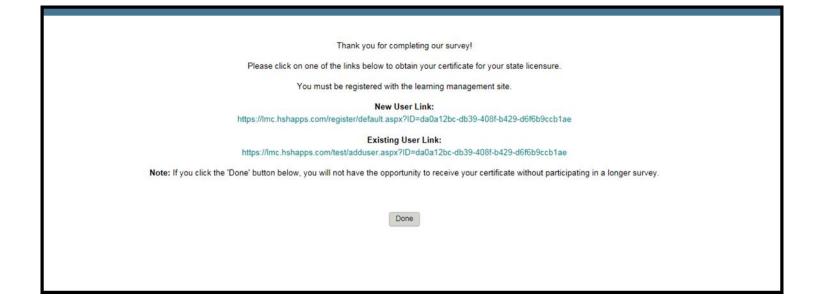
CE Certificate Problems?

- 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.
- Personal emails are not blocked by firewalls.

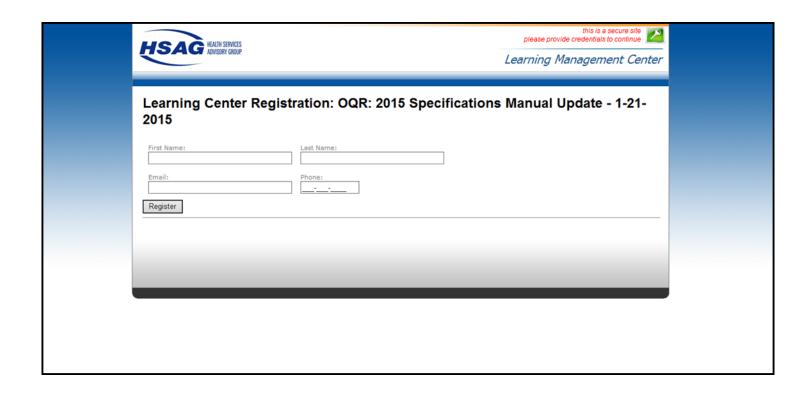
CE Credit Process: Survey



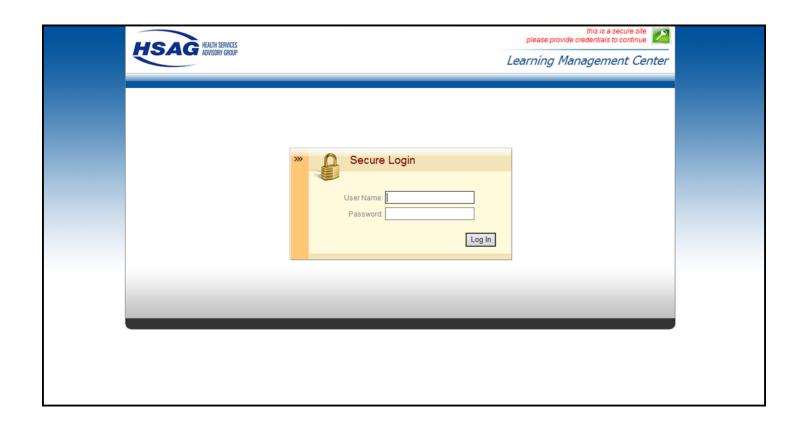
CE Credit Process



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 <u>www.qualitynet.org</u>

Or

 Call the Support Contractor at 866.800.8756.