

Welcome!

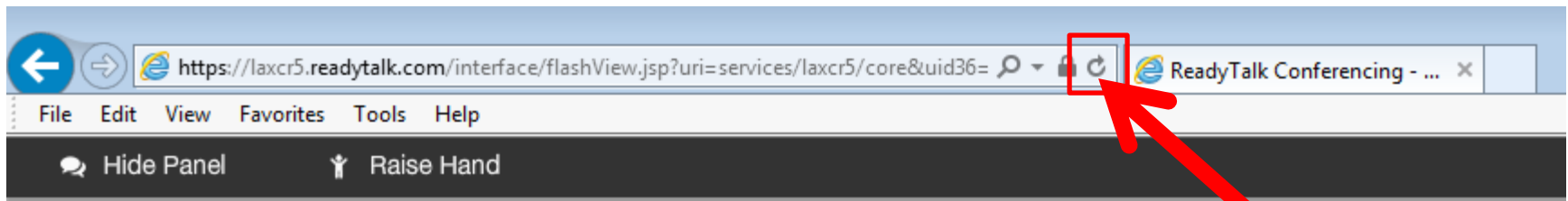
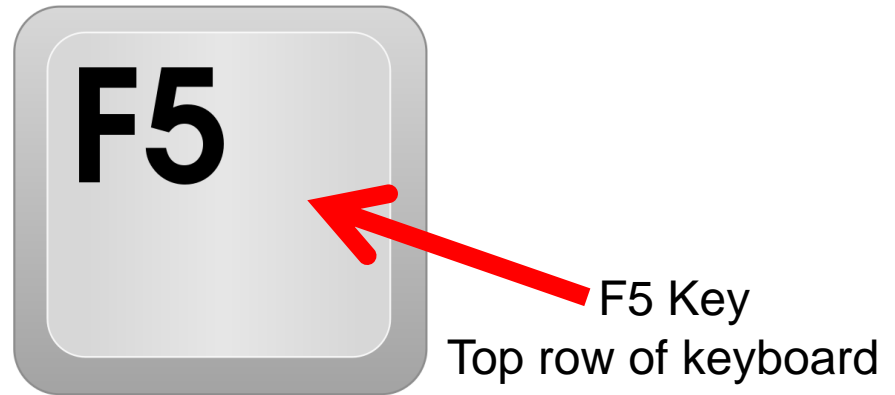
- Presentation slides can be downloaded from www.qualityreportingcenter.com under Upcoming Events on the right-hand side of the page.
- Audio for this event is available via ReadyTalk® Internet streaming. No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming 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**

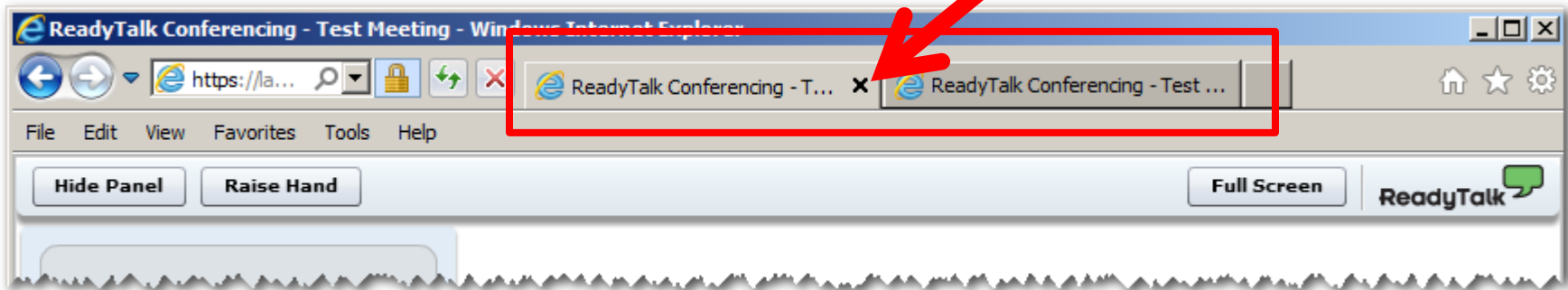


Location of buttons

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 interface. On the left is a vertical chat window titled "Chat with Presenter" with a "Send" button. The main area displays the CMS logo (Centers for Medicare & Medicaid Services) and a "Welcome to Today's Event" message. Below this, it says "Thank you for joining us today! Our event will start shortly." The interface includes "Hide Chat", "Return Home", "Full Screen", and "Reconnect" buttons at the top.



Ready for Release
CY 2019 OPPS/ASC Proposed Rule:
Ambulatory Surgical Center
Quality Reporting (ASCQR) Program

Anita Bhatia, PhD, MPH
Program Lead, ASCQR Program
Centers for Medicare & Medicaid Services (CMS)

August 23, 2018

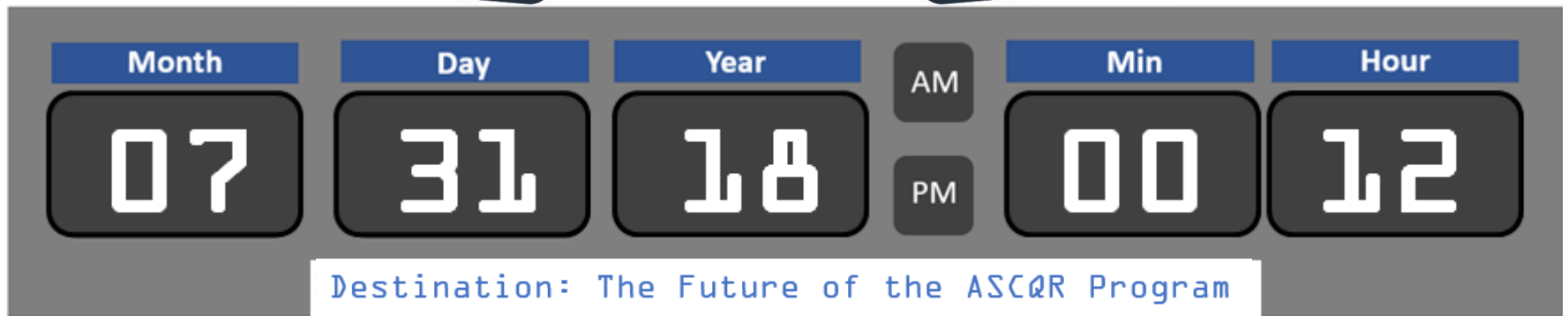
Learning Objectives

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

- ✓ Locate the Calendar Year (CY) 2019 Outpatient Prospective Payment System (OPPS)/ASC Proposed Rule in the *Federal Register*.
- ✓ Identify the changes to the ASCQR Program in the CY 2019 OPPS/ASC Proposed Rule.
- ✓ Submit comments to CMS regarding the CY 2019 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.



To the Future and Back: The Present State and Future Directions for ASC Quality Reporting



Proposed Rule CY 2019

Locating the Rule

Federal Register Link

- <https://www.federalregister.gov/documents/2018/07/31/2018-15958/medicare-program-proposed-changes-to-hospital-outpatient-prospective-payment-and-ambulatory-surgical>
- The ASCQR Program section begins on p. 37193 of the *Federal Register*

Federal Register Page

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

Proposed Rule

Medicare Program: Proposed Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Requests for Information on Promoting Interoperability and Electronic Health Care Information, Price Transparency, and Leveraging Authority for the Competitive Acquisition Program for Part B Drugs and Biologicals for a Potential CMS Innovation Center Model

A Proposed Rule by the [Centers for Medicare & Medicaid Services](#) on 07/31/2018

This document has a comment period that ends in 46 days. (09/24/2018)

[SUBMIT A FORMAL COMMENT](#)



PUBLISHED DOCUMENT

AGENCY:

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

ACTION:

Proposed rule.

SUMMARY:

This proposed rule would revise the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC)

DOCUMENT DETAILS

Printed version:

[PDF](#)

Publication Date:

07/31/2018

Agencies:

[Centers for Medicare & Medicaid Services](#)

Dates:

To be assured consideration, comments on this proposed rule must

Access Your Program Section



37046

Federal Register / Vol. 83, No. 147 / Tuesday, July 31, 2018 / Proposed Rules

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37193 ▼

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 416 and 419

[CMS-1695-P]

RIN 0938-AT30

Medicare Program: Proposed Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Requests for Information on Promoting Interoperability and Electronic Health Care Information, Price Transparency, and Leveraging Authority for the Competitive Acquisition Program for Part B Drugs and Biologicals for a Potential CMS Innovation Center Model

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

later than 5 p.m. EST on September 24, 2018.

ADDRESSES: In commenting, please refer to file code CMS-1695-P when commenting on the issues in this proposed rule. Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission.

Comments, including mass comment submissions, must be submitted in one of the following three ways (please choose only one of the ways listed):

1. *Electronically.* You may (and we encourage you to) submit electronic comments on this regulation to <http://www.regulations.gov>. Follow the instructions under the “submit a comment” tab.

2. *By regular mail.* You may mail written comments to the following address ONLY: Centers for Medicare & Medicaid Services, Department of Health and Human Services, Attention: CMS-1695-P, P.O. Box 8013, Baltimore, MD 21244-1850.

contact the HOP Panel mailbox at APCPanel@cms.hhs.gov.

Ambulatory Surgical Center (ASC) Payment System, contact Scott Talaga via email Scott.Talaga@cms.hhs.gov or at 410-786-4142.

Ambulatory Surgical Center Quality Reporting (ASCQR) Program Administration, Validation, and Reconsideration Issues, contact Anita Bhatia via email Anita.Bhatia@cms.hhs.gov or at 410-786-7236.

Ambulatory Surgical Center Quality Reporting (ASCQR) Program Measures, contact Vinitha Meyyur via email Vinitha.Meyyur@cms.hhs.gov or at 410-786-8819.

Blood and Blood Products, contact Joshua McFeeters via email Joshua.McFeeters@cms.hhs.gov or at 410-786-9732.

Cancer Hospital Payments, contact Scott Talaga via email Scott.Talaga@cms.hhs.gov or at 410-786-4142.

CMS Web Posting of the OPPS and ASC Payment Files, contact Chuck

CY 2018 OPPS Final Rule

Abbrev.	NQ	Measure Name
Claims-Based Measures		
ASC-1	0263	Patient Burn
ASC-2	0266	Patient Fall
ASC-3	0267	Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
ASC-4	0265	All-Cause Hospital Transfer/Admission
ASC-12	2539	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
ASC-17	N/A	Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures <i>Adopted for CY 2022 Payment Determination</i>
ASC-18	N/A	Hospital Visits after Urology Ambulatory Surgical Center Procedures <i>Adopted for CY 2022 Payment Determination</i>
Web-Based Measures		
ASC-8	0431	Influenza Vaccination Coverage among Healthcare Personnel
ASC-9	0658	Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
ASC-10	0659	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use
ASC-11	1536	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Voluntary)
ASC-13	N/A	Normothermia Outcome
ASC-14	N/A	Unplanned Anterior Vitrectomy
OAS CAHPS Survey		
ASC-15	N/A	OAS CAHPS Survey <i>Delayed Implementation</i>

Meaningful Measures Initiative: Minimizing Costs

Promote improved health outcomes while minimizing costs such as:

- Collection burden and related costs of quality reporting
- Compliance with requirements of other quality programs
- Tracking similar or duplicative measures
- Program oversight by CMS
- Compliance with federal and/or state regulations

Meaningful Measures Initiative: Improving Data Usefulness

Improve the usefulness of data publicly reported by improving:

- Usability of CMS quality program data by streamlining how facilities are reporting and accessing data
- Consumer understanding of data reported publicly on a Compare website

Aligning Programs

Measures Aligned for Hospital OQR and ASCQR

Influenza Vaccination Coverage among Healthcare Personnel (OP-27, ASC-8)

Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients (OP-29, ASC-9)

Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use (OP-30, ASC-10)

Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (OP-31, ASC-11)

Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy (OP-32, ASC-12)

Social Risk Factors

CMS review of information:

- National Quality Forum (NQF) trial period final report:
 - http://www.qualityforum.org/SES_Trial_Period.aspx
- NQF is now undertaking an extension of the socioeconomic status (SES) trial
- CMS will continue to consider options to address equity and disparities

With this update to the Ambulatory Surgical Center Quality Reporting (ASCQR) Program we seek to promote high quality and more efficient health care for beneficiaries. This effort is supported by the adoption of widely-agreed-upon quality measures. We have worked with relevant stakeholders to define measures of quality in almost every healthcare setting and currently measure some aspects of care for almost all Medicare beneficiaries. These measures assess structural aspects of care, clinical processes, patient experiences, with care, and outcomes. We have implemented Quality Reporting Measure programs for multiple settings of care. To measure the quality of ASC services and to make such information publicly available, we implemented the ASCQR program.

Program Update

An update to the ASCQR Program will soon be available

[Schedule Download](#)

[See Details](#)

Proposals to Update Measure Removal Factors

Existing Removal Factors

1. High and unvarying performance (“topped out” measures)
2. Availability of alternative measures with a stronger relationship to patient outcomes
3. Measure not aligned with current clinical guidelines or practice
4. Availability of a more broadly applicable measure for the topic

Existing Removal Factors (cont.)

5. Availability of a measure closer in time to desired patient outcomes for the topic
6. Availability of a measure more strongly associated with desired patient outcomes for the topic
7. Collection or public reporting of a measure leads to negative unintended consequences other than patient harm

Proposed Measure Removal Factors

- Proposed Removal of Factor 2,
“availability of alternative measures with a stronger relationship to patient outcomes”
 - Factor 2 is duplicative to Factor 6
- Proposed addition of Removal Factor
 - New Factor 2 would add “performance or improvement on a measure does not result in better patient outcomes”

Proposed Measure Removal Factors (cont.)

- Proposed addition of Removal Factor 8
 - “The costs associated with a measure outweigh the benefit of its continued use in the program.”
- Clarification to Factor 1, “topped-out measures”
 - Process for calculating the truncated coefficient of variation (TCOV) for four of the measures
- Beginning with the effective date of the CY 2019 OPPS/ASC Final Rule

Removal Factors 1–4

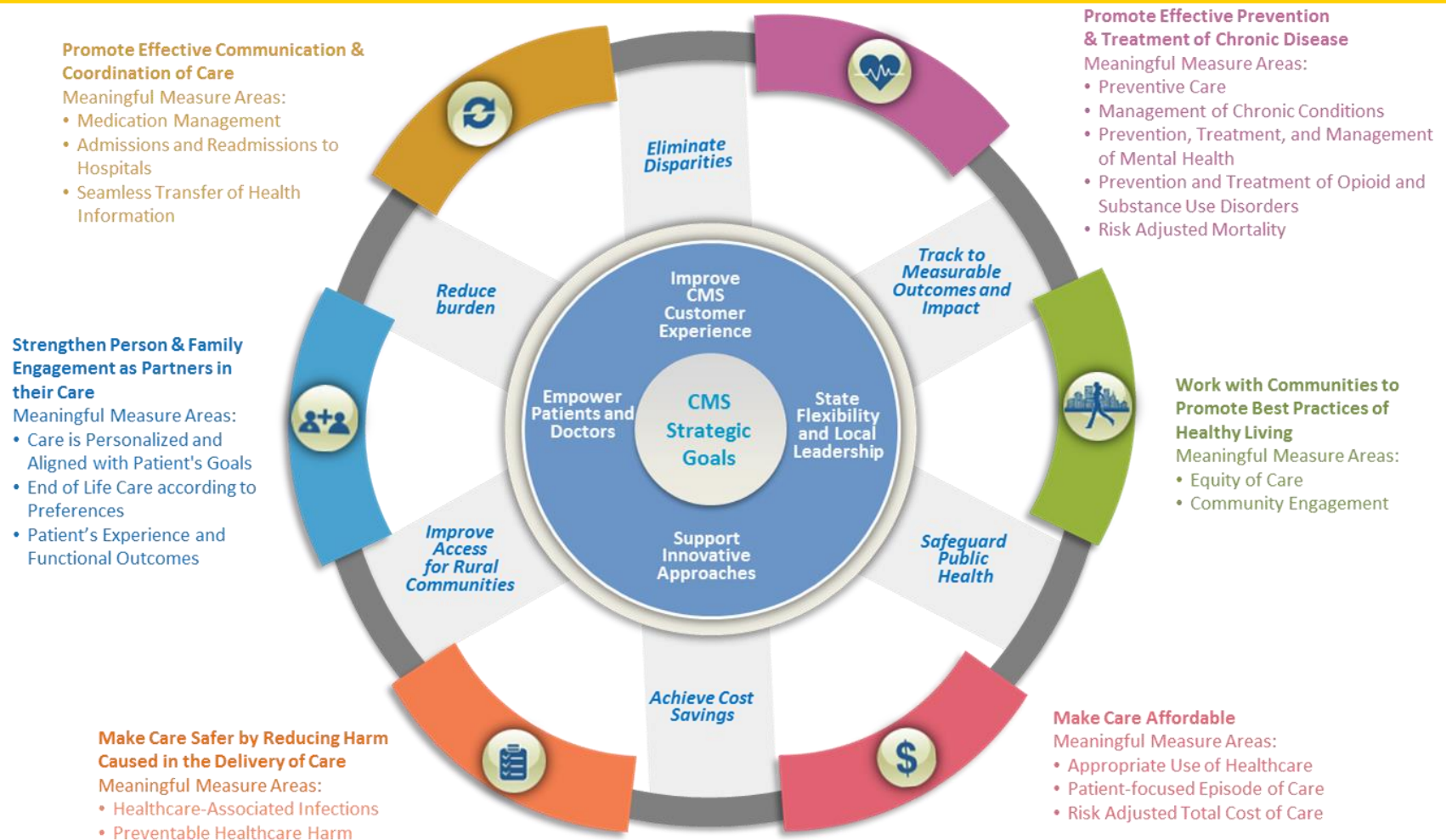
If finalized:

1. High and unvarying performance (“topped-out” measures)
2. Performance or improvement on a measure does not result in better patient outcomes
3. Measure not aligned with current clinical guidelines or practice
4. Availability of a more broadly applicable measure for the topic

Removal Factors 5–8

5. Availability of a measure closer in time to desired patient outcomes for the topic
6. Availability of a measure more strongly associated with desired patient outcomes for the topic
7. Collection or public reporting of a measure leads to negative unintended consequences other than patient harm
8. Costs associated with a measure outweigh the benefit of its continued use

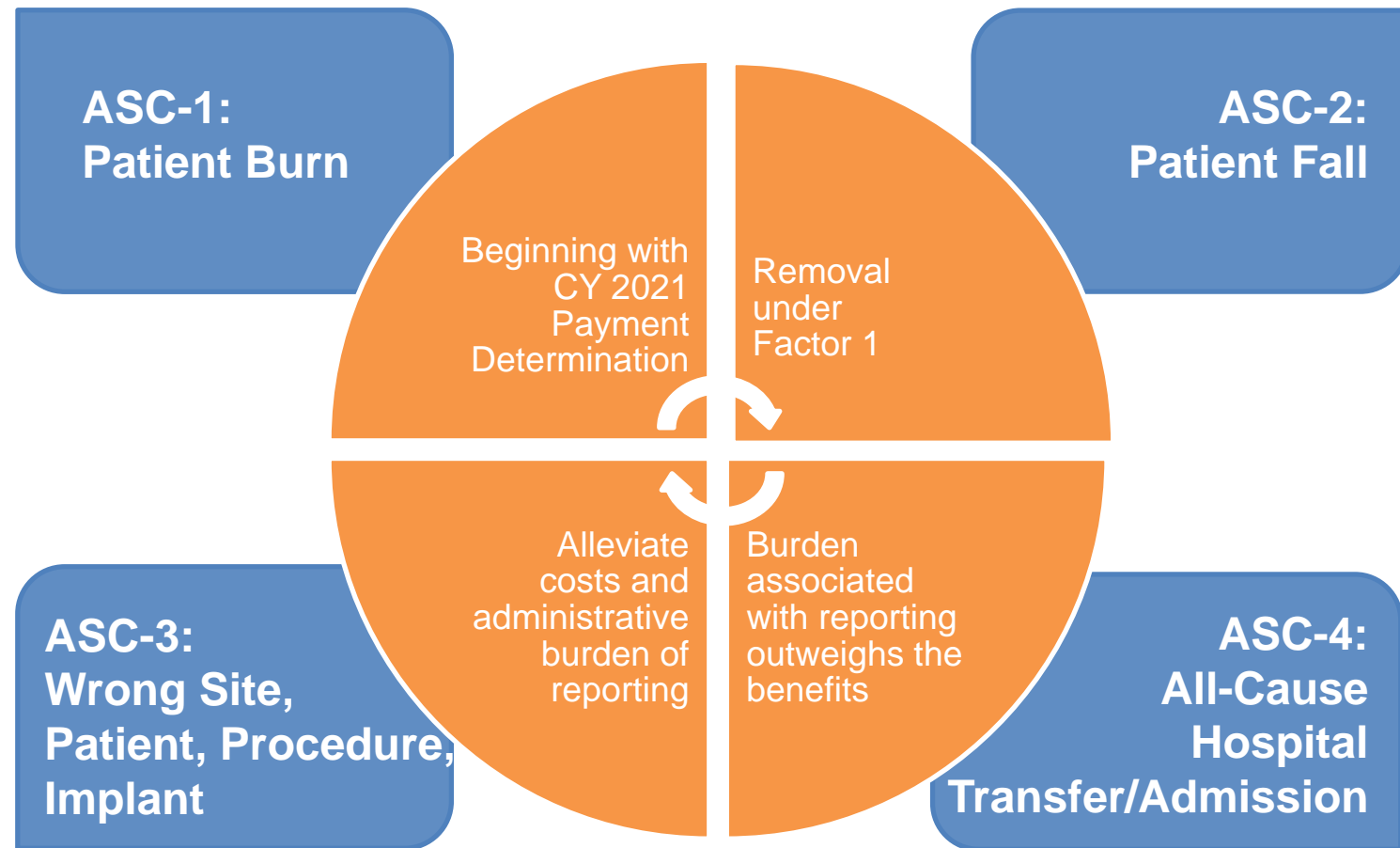
Alignment Goals and Meaningful Measure Areas





Measures Proposed to Be Removed

Proposed Removal: Claims-Based Outcome Measures



Proposed Removal: ASC-8

Influenza Vaccination Coverage among Healthcare Personnel

- Beginning with the **CY 2020 Payment Determination**
- Challenges with administrative requirements
 - Unduly disadvantage for smaller ASCs
 - Significant costs of reporting

Proposed Removal: ASC-9, ASC-10

- ASC-9: Endoscopy/Polyp Surveillance: Follow-up Interval for Normal Colonoscopy in Average Risk Patients
- ASC-10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps—Avoidance of Inappropriate Use
 - Beginning with the **CY 2021 Payment Determination** if Removal Factor 8 is finalized
 - Cost of data collection and submission is burdensome
 - ASC-12 reduces adverse patient outcomes and avoids costs of chart-abstraction
 - Availability of this measure in other programs (Merit-based Incentive Payment System, MIPS)
 - Alignment with the Patients Over Paperwork and Meaningful Measure Initiative

Proposed Removal: ASC-11

ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery

- Beginning with the **CY 2021 Payment Determination** if Removal Factor 8 is finalized
- Overly burdensome to track care outside the ASC setting
- High administrative costs and collection burden, especially for small ASCs
- Low reporting at 2.3 percent
 - Insufficient data for beneficiaries to interpret or use for healthcare choices

Proposed Reporting Period Extension

- ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- Beginning with the **CY 2020 Payment Determination** and subsequent years

Current	Proposed
Use Claims Data	Use Claims Data
January 1—December 31 of the calendar year one year prior to the payment determination year	January 1—December 31 of the calendar year three years prior to the payment determination year



ASCQR Program Measures and Topics for Future Consideration

Future Consideration: Validation

- Requesting comment on possible future validation of measures that can provide:
 - Opportunity to better understand data and potential discrepancies
 - More reliable estimates that submitted data have been abstracted correctly
- May begin with chart-abstracted measures
 - ASC-13 Normothermia Outcome

ASCQR Measure Set as Proposed

Measure	CY 2020 and Subsequent Payment Determinations
ASC-1: Patient Burn	Proposed Removal CY 2021
ASC-2: Patient Fall	Proposed Removal CY 2021
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Proposed Removal CY 2021
ASC-4: All-Cause Hospital Transfer/Admission	Proposed Removal CY 2021
ASC-8: Influenza Vaccination Coverage among Healthcare Personnel	Proposed Removal CY 2020

ASCQR Measure Set as Proposed

(cont.)

Measure	CY 2020 and Subsequent Payment Determinations
ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Proposed Removal CY 2021
ASC-10: Colonoscopy Interval for Patients with a History of Adenomatous Polyps—Avoidance of Inappropriate Use	Proposed Removal CY 2021
ASC-11: Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery	Proposed Removal CY 2021
ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Yes

ASCQR Measure Set as Proposed

(cont.)

Measure	CY 2020 and Subsequent Payment Determinations
ASC-13: Normothermia Outcome	Yes
ASC-14: Unplanned Anterior Vitrectomy	Yes
ASC-17: Hospital Visits After Orthopedic Ambulatory Surgery Center Procedures	Beginning CY 2022
ASC-18: Hospital Visits After Urology Ambulatory Surgery Center Procedures	Beginning CY 2022



Commenting

Submitting Comments

- Comments must be received by September 24, 2018. This includes electronic submission, regular mail, express or overnight mail
- CMS encourages submission of electronic comments to:
<https://www.regulations.gov/comment?D=CMS-2018-0078-0002>
- Responses to comments will be in the Final Rule

References

- Proposed Rule:
<https://www.federalregister.gov/documents/2018/07/31/2018-15958/medicare-program-proposed-changes-to-hospital-outpatient-prospective-payment-and-ambulatory-surgical>
- Comment Site:
<https://www.regulations.gov/comment?D=CMS-2018-0078-0002>

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

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

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.

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

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

The screenshot shows a web browser window displaying the HSAG Learning Management Center registration page. The page has a blue header with the HSAG logo (Health Services Advisory Group) on the left and the text "this is a secure site please provide credentials to continue" and "Learning Management Center" on the right. The main content area is titled "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". Below the title, there are four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The page is framed by a blue border.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

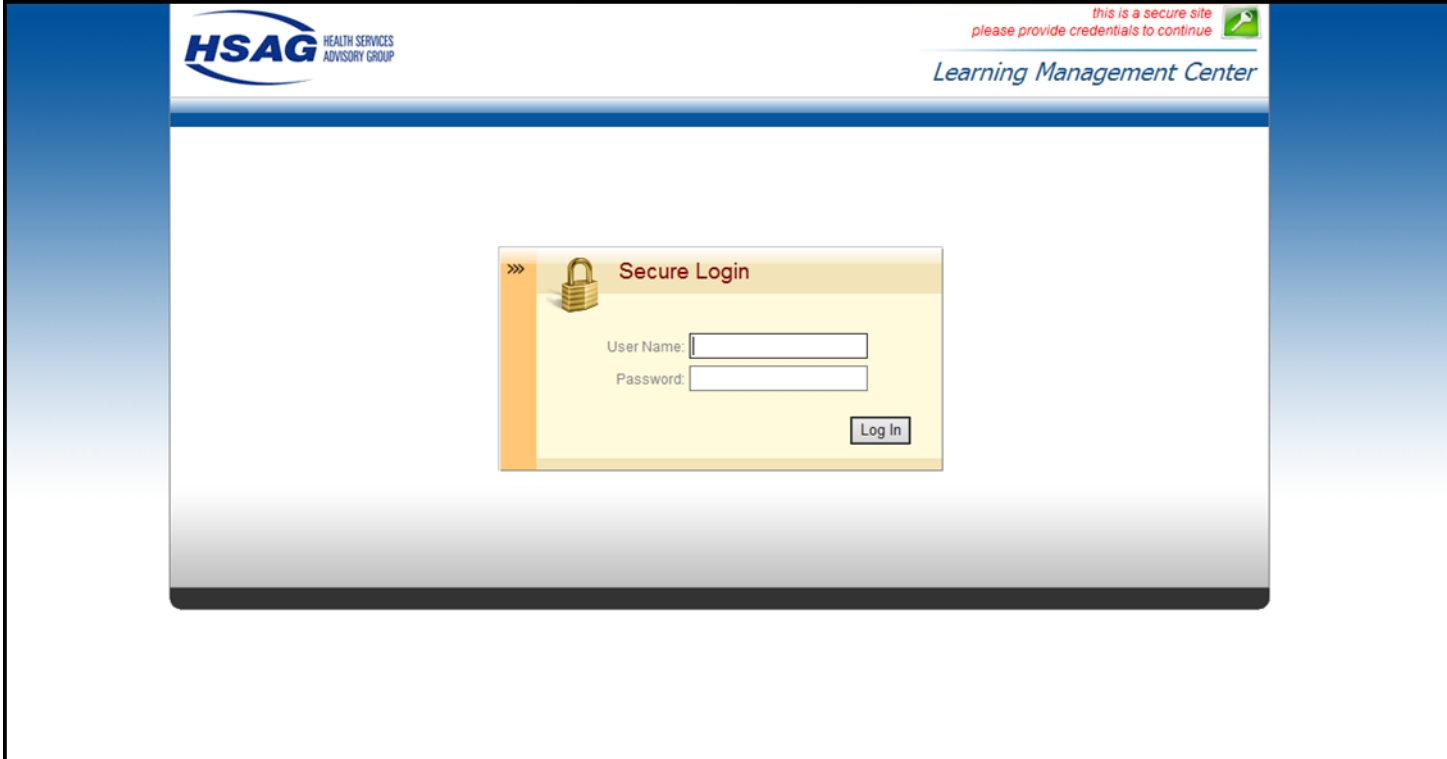
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, a security notice reads "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box containing a padlock icon, a "User Name:" label with an input field, a "Password:" label with an input field, and a "Log In" button.

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.