



Ambulatory Surgical Center Quality Reporting Program

Support Contractor

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

Questions & Answers

Moderator:

Karen VanBourgondien, BSN, RN
Education Coordinator, Education and Support Contractor

Speaker(s):

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

August 3, 2017
2:00 PM

- Question:** I missed the explanation of where to find today's slide deck. Can you repeat?
- Answer:** You can find the slides for today's event at: <http://www.qualityreportingcenter.com> in the *Upcoming Events* area on the right side of the page. Click the link for today's presentation. The slides are available on the bottom of the page.
- Question:** We are currently in the CY 2019 payment determination, correct?
- Answer:** No, we are currently in the 2018 payment year. You are collecting 2016 patient encounter data for the payment year 2018.
- Question:** For ASC-7 data submission, when you are submitting this data, is it the number of cases you do within the facility or the number of procedures done within that case?
- Answer:** It is the aggregate count of selected surgical procedures. You will access the Specifications Manual, version 5.1, to obtain the surgical codes, which are broken down by organ system. You can access the Specifications Manual at the following link: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772475754>



Ambulatory Surgical Center Quality Reporting Program

Support Contractor

Question: If a physician has one case but does three procedures on a patient's foot, would I report one case or would it be considered three procedures?

Answer: For this aggregate count, if you bill for it, you count it. Multiple procedures should count multiple times when reporting for ASC-7.

Question: For the facilities that do not do eye procedures, may we disregard answering the procedures in the eye organ system?

Answer: For web-based measures, if your facility has no cases for a measure, a "zero" should be entered.

Question: Is the delay date for OAS CAHPS payment year 2020?

Answer: The proposal is to delay OAS CAHPS implementation; no specific timeframe for implementation is proposed at this time.

Question: What is the data collection period for 2021 payment determination?

Answer: The data collection period for calendar year 2021 payment determination includes encounters from January 1-December 31, 2019.

Question: When are ASC-13 and ASC-14 going into effect?

Answer: These measures will begin with encounters beginning January 1, 2018.

Question: Our facility has a free standing Ambulatory Surgical Department (ASD). Is this different from an ASC? How do we know if we should or should not be reporting data for our ASD?

Answer: An ASC, for Medicare purposes, is a distinct entity that operates exclusively for the purpose of furnishing outpatient surgical services to patients. The ASC must have, in effect, an agreement with CMS.

Question: Why can't single-specialty ASC's that do not perform the procedures in questions be defaulted to zero?

Answer: Please utilize the comment period to communicate to CMS. This is your opportunity to have input on the program.

Question: Does the ASC-17 measure apply to any orthopedic procedure or specific ones?



Ambulatory Surgical Center Quality Reporting Program

Support Contractor

- Answer:** The procedures included in the ASC-17 measure are listed in the measure's specifications.
- Question:** What is the collection period for ASC-16?
- Answer:** ASC-16 is proposed for the CY 2021 Payment Determination; this would be for the 2019 patient encounters and reported in 2020.
- Question:** While the ratios (percentages) for ASC-16, -17, -18 are interesting, wouldn't it be more informative to know, "why?" What are you really learning from these measures?
- Answer:** Regarding "why" for ASC-16, -17, -18; these measures, with a facility's Claims Detail Report (CDR) and the Facility Specific Report (FSR), inform the ASC on potential issues and can be used for quality improvement activities including Quality Assurance/Performance Improvement (QAPI) projects.
- Question:** Wouldn't care improvement be advanced by the summary of blind QAPI findings that everyone could benefit from and not just work toward improvement after the incident?
- Answer:** As part of their conditions of participation, ASCs are to conduct QAPI projects; these data can inform an ASC of potential areas for quality improvement efforts by providing the ASC its individual data as well as state and national comparison data that would otherwise not be available to the ASC.
- Question:** The ASC-18 measure will require no manual data input by the ASC, correct?
- Answer:** Yes, that is correct. The ASC-18 measure is claims-based. Data will be collected via paid Medicare FFS claims.
- Question:** Shouldn't CMS be a resource for ASCs to learn the causes and effects of care issues, not just percentages?
- Answer:** Regarding causes and effects of care issues; this is an important question, but is beyond the scope of this presentation.
- Question:** While the Proposed Rule states that there will be a delay until future rulemaking for the mandatory implementation of the OAS CAHPS, it is unclear whether CMS is requesting Hospital Outpatient Departments



Ambulatory Surgical Center Quality Reporting Program

Support Contractor

(HOPDs) and ASCs to continue to voluntarily submit data after December 2017. Does CMS want HOPDs and ASCs to continue to voluntarily submit their OASCAHPS data after December 2017?

Answer: Voluntary submission is at the discretion of the facility. The proposal is to delay OAS CAHPS implementation; no specific timeframe for implementation is proposed at this time.

Question: Where can we find the ASC-17 measure specifications?

Answer: For more information on measure calculations and specifications go to: <https://www.cms.gov/medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html>.

Question: Is ASC-16 for all patients or just Medicare?

Answer: This measure includes all patients undergoing anterior segment surgery and includes both commercial and Medicare beneficiaries.

Question: If we are a gastrointestinal (GI) only ASC, do we enter zero for each of the new three measures?

Answer: For any measure that is not applicable to your facility, you will need to enter "zero." This will be the case for ASC-16, if that applies to your type of facility. The ASC-17 and ASC-18 measures are claims-based and do not require manual abstraction on the part of the ASC.

Question: Are ASCs no longer required to begin OAS CAHPS surveys in January 2018?

Answer: This will be decided by comments submitted on the Proposed Rule upon evaluation by CMS. The end decision will be in the 2018 Final Rule. The proposal is to delay OAS CAHPS implementation; no specific timeframe for implementation is proposed at this time.

Question: Is ASC-11 still voluntary?

Answer: Yes, ASC-11 is still a voluntary measure. There are no proposals regarding this measure.