



Ambulatory Surgical Center Quality Reporting Program

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

Presentation

Moderator:

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Speakers:

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Karen

VanBourgondien: Hello, and welcome to the Ambulatory Surgical Center Quality Reporting Program webinar. Thank you for joining us today. My name is Karen VanBourgondien, the Education Coordinator for the ASCQR Program.

We're fortunate today to have two distinguished guests from CMS. Our first speaker is Dr. Anita Bhatia. Anita is the Program Lead for the ASCQR Program and has been with the program since its inception in 2012. She received her PhD from the University of Massachusetts Amherst and her master's in public health from Johns Hopkins University. Dr. Bhatia plays a crucial role in the development of the proposed and final rulings. Her contributions to the rulings are essential to the continuing success of the ASCQR Program. We are fortunate to have Dr. Bhatia's commitment to this program and ultimately to patient care outcomes.

Our second speaker is Dr. Elizabeth Goldstein. Since 1997, Liz has been working on the development and implementation of the Consumer Assessment of Healthcare Providers and Systems Survey in a variety of settings. She's responsible for a number of the surveys administered by CMS, the Part C Star Rating, the Star Ratings for Medicare Advantage Quality

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Bonus Payment, Medicare HEDIS Data Collection, and Part D Enrollment Analysis.

Before we begin today's program, let's take a brief look at some important dates coming up. In preparation for the implementation of the ASC-12 measure for payment year 2018, CMS will make Claims Detail Reports available. The most recent report release is December of 2016. The reports provide facilities with information that will be included in the measure calculation. Again, you can access this report through QualityNet.

Please join us on December 15 for the Specifications Manual Update webinar. This presentation will review all the changes that have occurred since January 2016. This is invaluable information to assist you in the accurate and appropriate reporting for this program.

January 1st of 2017 will begin the reporting period for the web-based measures entered through the QualityNet Secure Portal. Please remember that ASC-8 is entered through the NHSN/CDC online submission tool, and this is separate from the reporting of the other web-based measures that are entered through QualityNet.

Without further ado, let me turn things over to our first speaker for today, Dr. Anita Bhatia. Anita?

Anita Bhatia: Greetings, everyone. Thank you for attending our program today. We are going to talk about the Ambulatory Surgical Center Quality Reporting Program, and we are going to start with a brief history of the program as depicted in federal rule-making.

You can see from this slide that we've started discussing this program back in calendar year 2009. We showed what we discussed, and now we will begin finalizing various parts of the program until we come to the current final rule: the calendar year 2017 OPPS/ASC final rule with comment period. We have the *Federal Register* reference, 81 FR 79562, and we will discuss seven new measures that we finalized in each rule in this present -- further along in this presentation.

Here's where we're going to talk about where to find the rule that we're interested in, which is the calendar year 2017 OPPS final rule with comment period. This final rule and all final rules for federal agencies are placed on display on the *Federal Register* website. The URL for this website is

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www.federalregister.gov. So let's talk about how we're going to find that particular document that we are interested in.

Now, if you were present for the educational seminar on the proposed rule for this program, you will see that as we get to the steps of navigating the *Federal Register*, that the *Federal Register* website has had an update. So let's go over the steps that you will use to find the Ambulatory Surgical Center, or ASC, Quality Reporting Program final rule outlining program requirements.

So now, why should you care about how to find this rule? Well, knowing how to locate the final rule is important because this is a very important resource for what program requirements are and what has changed. Very important, this is what documents where you will first see finalized changes to the program. Everything comes back to this rule. I will note that we do have codified text as well, but this presentation is focusing on what we have placed in this year's final rule.

Your first step will be getting to the *Federal Register* website. So in your Internet browser, you'll type the address, www.federalregister.gov, and it will take you to the *Federal Register* home page.

On the screenshot here, we have typed in the volume number which is 81 FR – for *Federal Register* – and the page number where the calendar year 2017 OPPS/ASC final rule with comment period begins, then click enter. It takes you directly to the final rule link. Just click on the link in the red box, as you can see here.

But before we leave the page, I want to bring your attention to the arrow on the bottom of the slide. See the page number? That's telling you that the final rule begins on page 79562 and ends on 79892, and that is 331 pages long. This is a very long and complex rule. It deals with many payment-related issues, but don't panic because all 331 pages do not pertain to the ASC Quality Reporting Program.

The *Federal Register* contains rules for many other programs, many other agencies, and even within a rule contains information for many other programs, which include the Hospital Outpatient Quality Reporting Program. The ASC Quality Reporting Program Portion is just one part of the final rule. So, let's go and click on that box.

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We'll continue here with trying to find the rule. Upon hitting **Enter**, it will take you to the final rule home page. Now remember what I said about the final rule – many other programs are contained within this rule, so how do we find what we want? You can do a **Control F** on your keyboard, and this will give you a “Find” search box. In this box, you put the page number: 79797. Once you have hit **Enter** to that, this will take you to where the requirements for the Ambulatory Surgical Center Quality Reporting Program begin. This is a nice feature because it can skip you to the page number that you are interested in rather than having to page through the whole document as you would do if you went through the PDF alone.

So if you scroll down a bit, you'll see our portion, and you can see that this view of the final rule is one long column of text. This allows you to keep everything on your screen. Some people like to view the rule this way, but there's another way that you can view the rule, which is to view the rule as it is placed on display in the PDF format. Let's go back to the final rule home page.

Here you would click on the PDF link, as you can see here in the red circle. This will take you to the PDF version of volume 81 of the *Federal Register* beginning with page 79562. Now, so we do not have to scroll down several hundred pages as the ASC Quality Reporting Program requirements are towards the end of this document, we'll use our “Find” option again. So, **Control F**. We put in the page number of interest, 79797, and hit **Enter**.

And here we go. We are in volume 81 of the *Federal Register*, page 79797, and the Ambulatory Surgical Center Quality Reporting Program portion of this rule begins with Roman numeral XIV, as you can see right here on the left. So now that we know where to find the final rule, as our program requirements, let's assess the updates and changes.

At this point, we will now review finalized measures which were discussed in the calendar year 2017 proposed rule. There are seven new measures that were finalized for this program, so these new measures will initially affect the calendar year 2020 payment determination as well as subsequent years. Please note that this is a payment year that is affected. This is not when data collection for these measures would begin; it is when the payment would begin to be affected.

Two of these seven measures will be collected via a CMS web-based tool, whereas five measures are part of a survey. They are survey-based measures,

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and these are the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems, also known as OAS CAHPS. Again these are – these five are survey-based measures.

So here are our two new web-based measures. We have adopted ASC-13, the Normothermia Outcome measure, as well as ASC-14, an Unplanned Anterior Vitrectomy measure. The first is a surgery-related quality measure, and the second is a cataract surgery-related measure.

So, for the calendar year 2020 payment determination and subsequent years is when these measures will begin to affect payment. As inferred in the previous slide, you would collect data for these measures from January 1st through December 31st, 2018. You would then enter this data into the QualityNet online submission tool in 2019. Payment determinations will be made in 2019, and those payment determinations will affect the following payment year, which is 2020.

Looking at the first of the two new web-based measures, ASC-13, Normothermia Outcome, with this measure the calculation includes – is the percentage of patients having surgical procedures on a general or neuraxial anesthesia of 60 minutes or more in duration. This is an important part of the specification of this measure. The procedure is to be 60 minutes or more in duration. Of these, those who are normothermic within 15 minutes of arrival in the post-anesthesia care unit, or PACU.

We believe it is important to monitor the rate of anesthesia-related complications in the ASC setting because many surgical procedures performed at ASCs involve general anesthesia. Impaired thermoregulatory control in anesthesia can result in postoperative hypothermia which can be associated with many adverse outcomes. And those are discussed in some detail in this rule. Examples of adverse outcomes can be cardiac, it can be infection of the surgical site, or they can be impaired coagulation. And there is just the general shivering and discomfort that the patient experiences.

So in some detail, this is how this measure is calculated. There's a denominator and a numerator. The denominator for this measure is all patients regardless of age undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes in duration. The numerator, this would be like your case counts that you would gather, is the number of surgery patients with a body temperature equal to or greater than 96.8 degrees Fahrenheit or 36 degrees Celsius recorded within 15 minutes of

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arrival in the PACU. So, as stated for this measure, all patients regardless of age undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes duration are included in this measure.

There are exclusions for this measure, and as inferred, the measure does not include patients who did not have general or neuraxial anesthesia. It also excludes patients whose length of anesthesia was less than 60 minutes. And it excludes patients for documentation from the physician, advanced practice nurse, or physician assistant of intentional hypothermia for the procedure performed.

Our next measure, ASC-14, is the Unplanned Anterior Vitrectomy measure. This measure calculates the percentage of cataract surgery patients who have an unplanned anterior vitrectomy. This procedure will be performed when vitreous inadvertently prolapses during cataract surgery, so this measure does not include intentional procedures of this type. It's only when it's inadvertently occurred.

Cataracts are a leading cause of blindness in the United States. Each year, approximately 1.5 million patients undergo cataract surgery to improve their vision, and cataract surgery is the most common surgery performed in ASCs. While rates of unplanned anterior vitrectomy are relatively low, we believe that the severity of the complications associated with this unplanned procedure, combined with the frequency of cataract surgery in the ASC setting, highlights the importance of tracking and preventing these outcomes for patients treated in the ASC setting. Additionally, as outlined in the final rule as well as in the proposed rule, this is a measure that is very amendable to quality improvement. There is good evidence for having these measures, so if you are interested in those details, you can consult the actual rule.

As with the previous measure, we have a numerator and a denominator. The denominator for this measure is all the patients that you'd be looking at in consideration for this measure. It's all cataract surgery patients. So don't get confused by these words numerator and denominator. A denominator simply means the entire group of patients that you would be looking at when you're dealing with this measure. The numerator, which is the cases, as we said, for this measure are all cataract surgery patients who had an unplanned anterior vitrectomy. So, as is noted on the slide, there are no additional inclusion/exclusion criteria for this measure.

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This concludes our discussion of the new measures that are web-based. We will now move on to the finalized survey-based measures that are discussed in the calendar year 2017 proposed and then now finalized in this final rule. I'll now turn the presentation over to Liz Goldstein.

Liz Goldstein: Thank you very much. Today, I'm going to be talking about the survey-based measures that were adopted in the final rule. Prior to the development of this survey, there were no standardized surveys available to collect information on the patient's experience for surgeries or procedures performed within the hospital outpatient department or an ambulatory surgery center. Some facilities are conducting their own surveys and reporting these results on their website, but there is not one standardized survey to allow valid comparisons across facilities.

Patient-centered experience measures are a component of the 2016 CMS Quality Strategy, which emphasizes patient-centered care by rating patient experiences as a means for empowering patients and improving the quality of their care. In addition to information on patient experience with care at the facility, it is an important quality indicator to help providers and facilities improve services furnished to their patients and to assist patients in choosing a facility in which they seek care.

The Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems Survey, which is referred to as OAS CAHPS, was developed as part of the U.S. Department of Health and Human Services Transparency Initiative to measure patient experiences with care in the hospital outpatient department, as well as ambulatory surgery centers. This slide shows the three composite and two global survey-based measures adopted for the calendar year 2020 payment determination and subsequent years.

The Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems Survey, which I mentioned is called OAS CAHPS, was developed as part of the U.S. Department of Health and Human Services Transparency Initiative to measure patient experiences with care in the hospital outpatient department, as well as ambulatory surgery centers. It is designed to publicly display comparable data from the perspective of patients. The survey focuses on items that are important from the perspective of patients.

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The survey contains 37 questions that cover topics such as preparation for surgery or procedure, check-in, surgery facility staff, discharge, and preparation for recovering at home. Facilities can elect to have up to 15 supplemental questions to the survey. It is important to note that these supplemental questions are not submitted to CMS. This survey development process follows the principles and guidelines outlined by the Agency for Healthcare Research and Quality, which is part of Health and Human Services and the CAHPS Consortium, which is a group of research organizations across the country that helps develop CAHPS surveys.

The OAS CAHPS Survey is administered to all eligible patients or a random sample of eligible patients. These patients have to have at least one outpatient surgery or procedure during the applicable month. All data collection and submission for the OAS CAHPS Survey measure is done at the CCN level, and all eligible facilities in the CCN will be required to participate in the survey. Therefore, the survey data reported for a CCN must include all eligible patients from all locations under the CCN. Facilities that share the same CCN must combine data for data collection and submission for the survey across the multiple facilities.

These results will then be publicly reported on Hospital Compare as they apply to a single CCN. If a facility's data are submitted after the data submission deadline, it will not fulfill the OAS CAHPS quality reporting requirement. The survey has three administration methods. The first one is mail-only, the second one is telephone-only, and the third one is mixed mode, which is mail with telephone follow-up of non-respondents. We began voluntary national implementation of the OAS CAHPS Survey in January 2016.

To ensure that patients respond to a survey in a way that reflects their actual experiences with care and is not influenced by the facility, facilities must contract with the CMS-approved OAS CAHPS Survey vendor to conduct or administer the survey. The format and timing for public reporting of OAS CAHPS Surveys will be proposed in future rule-making prior to implementation of the measure. Because calendar year 2016 is the first year of voluntary national implementation for the OAS CAHPS Survey, we believe using data from this voluntary implementation will help to inform the displays for public reporting of the survey. CMS will post a format and timing for public reporting of OAS CAHPS Survey data in future rule-making.

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The data collection period for the OAS CAHPS Survey measures will be the calendar year two years prior to the applicable payment determination year. For example, for the calendar year 2020 payment determination, facilities would be required to collect data on a monthly basis and submit this collected data on a quarterly basis for January 1, 2018 through December 31, 2018 data. This will be required for the calendar year 2020 payment determination. Facilities through their CMS-approved survey vendors will be required to collect data on a monthly basis and report that data to CMS on the facility's behalf by the quarterly deadlines established for each data collection period.

To ensure reliability of the reported result, a target minimum of 300 completed surveys has been set for each facility over each 12-month reporting period. This is an average of 25 completed surveys per month. We realize that some smaller facilities may not be able to meet this target minimum. However, we believe it is critical that we still capture patient experiences of care for these smaller facilities. Therefore, except exempt facilities, those facilities receiving less than 300 completed surveys over each 12-month reporting period will be included in the OAS CAHPS Survey-based measures. Smaller facilities will need to include all eligible patients in their administration of the survey.

On the other hand, a facility that treats a high volume of patients may choose to administer the OAS CAHPS Survey on a random sample of its eligible patient population. For anyone needing more information regarding the survey, they should see the protocols and guidelines manual. The link is shown on this slide.

We understand that facilities with a lower patient census may be disproportionately impacted by the burden associated with administering the survey and the resulting public reporting of OAS CAHPS Survey results. Therefore, we are proposing that facilities may submit or request to be exempted from participating in the survey-based measures if they treat fewer than 60 survey-eligible patients during their eligibility period.

The eligibility period is a calendar year before the data collection period. For example, for the calendar year 2020 payment determination, this exemption request will be based on treating fewer than 60 survey-eligible patients in calendar year 2017, which is a calendar year before the data collection period of 2018. All exemption requests will be evaluated and reviewed by CMS.

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To qualify for the exemption, facilities must submit a participation exemption request form. For example, the deadline for submitting an exemption request form for the calendar year 2020 payment determination will be May 15th, 2018. This deadline, May 15th, will align with the deadline for submitting web-based measures and also provides facilities with sufficient time to review the previous year's patient list and determine whether they are eligible for an exemption based on patient population size.

This concludes the information regarding the OAS CAHPS Survey. Now I'd like to hand things back over.

Anita Bhatia: We have finalized some policy changes in this round of rule-making. So, we can begin with talking about some previously finalized policies. Moving on to data submission, we have previously finalized that quality measure data – when submitted via a CMS online data submission tool – that these data would be submitted from January 1st to August 15th in the year prior to the affected payment determination year. We utilize this language so that it applies across time. In this case, for data that would be submitted in 2016, it would apply to the calendar year 2017 payment determination, which has already been done.

For data related to ASC-8, which is a measure that has data submitted to the CDC/NHSN system, we had previously finalized the submission deadlines for those data to be May 15th of the year when the influenza season ends. The ASC-8 measure is the Influenza Vaccination Coverage among Healthcare Personnel. We did finalize to change the data submission deadlines for these measures from August 15th to May 15th in the year prior to the affected payment determination. This policy goes into effect beginning with the calendar year 2019 payment determination and subsequent years.

Thus, more data collection activity in the upcoming year, calendar year 2017, beginning January 1st, 2017. They would be collected through December 31st, 2017, for those measures that use one full year. Then they would be entered in 2018 to affect the calendar 2019 payment determination. The date of the submission deadline for ASC-8, the CDC/NHSN measure, remains May 15th. That is unchanged from previously; their data collection time period is slightly different for ASC-8, but the deadline remains unchanged as well as the data collection time period.

We do have some changes to existing policies regarding public display of information collected under the program. The ASC Quality Reporting

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Program previously finalized on how data submitted to the program would be displayed when the data is displayed publicly, and it previously finalized that data will be displayed as per the level of aggregation where the data is submitted through CMS. So, data that is submitted by the National Provider Identifier, NPI, will be displayed by the National Provider Identifier; whereas, data that is submitted by the CMS Certification Number, or CCN, will be displayed by that same identifier or CCN. In this rule, we placed some more formalized parameters around the public display of data that is submitted for the program. Now, data submitted to the program will be available on the Hospital Compare website, which is a site that we utilize for the display of data submitted for a number of quality reporting programs, including the ASC Quality Reporting Program. And this display will be on at least a yearly basis.

Per statutory requirements, facilities have the right to view their data prior to it being made publicly available. We are formalizing that facilities will generally have approximately 30 days to preview their data. This is consistent with our current practice. With the change to a May 15th submission deadline, we will be able to make available a more current and more recent view of publicly reported data.

Here we discuss the Extraordinary Circumstances, Extension and Exemption policy. We have extended the deadline for submission of such a request. We believe that this extended deadline is necessary because in certain circumstances, it may be difficult for ASCs to timely evaluate the impact of an extraordinary event within our previous policy of 45 days. We believe by extending this deadline for things that are unexpected and beyond the control of the ASC, such as a natural disaster, it will allow ASCs more time to determine whether the submission of a request is necessary, and it'll provide more time to submit an – such a request. With the additional time, the ASC would also be able to provide a more comprehensive account of the event in their forms submitted to CMS. As this policy was previously codified, there's a corresponding change to the regulation text that can be found at 42 *Code of Federal Regulations*, CFR 416.310, Article B1.

And with that, that concludes my discussion of the final rule. I will hand this back to Karen.

Karen

VanBourgondien: Thank you, Anita. We really appreciate your time today. We do thank both of our speakers for their time and expertise. You may also refer to the direct

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link to the final rule shown here on this slide. Please know that you have to download the presentation slide in order to access this link.

So again, thank you to our speakers. This does conclude our presentation for today. I hand it back over to our host now to go over the CE process. Have a great day, everybody.

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