



Ambulatory Surgical Center Quality Reporting Program

Support Contractor

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

Questions and Answers

Moderator:

Karen VanBourgondien
Education Coordinator, ASCQR Program Support Contractor

Speakers:

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

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

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2:00 p.m. ET

- Question:** What is the definition of normothermia that CMS is using?
- Answer:** Patients who are under general or neuraxial anesthesia of 60 minutes or more in duration who are normothermic within 15 minutes of arrival to the PACU.
- Question:** What is the temp range for the normothermia measure?
- Answer:** The numerator states a temperature equal to or greater than 96.8 degrees Fahrenheit/36 degrees Celsius.
- Question:** Are the ASCs with less than 240 Medicare cases per year still exempt from reporting?
- Answer:** Yes, ASCs with less than 240 Medicare cases per year are still exempt.
- Question:** What if patients do not want to fill out the survey? There are a lot of questions. We had a lengthy survey, and patients refused to fill it out. Now we have fewer pertinent questions and get a great response.
- Answer:** The survey is voluntary for patients.



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- Question:** Who will pay for the additional expense of contracting with a CMS-approved vendor?
- Answer:** The expense will be for the facility. On the OAS CAHPS website is a list of CMS-approved vendors. We suggest facilities shop for the vendor who can provide the best service. Also, the mail-only mode is the least expensive survey mode.
- Question:** Is there a list of CMS-approved vendors for the surveys available?
- Answer:** Yes, at <https://oascahps.org/General-Information/Approved-Survey-Vendors>.
- Question:** When do we have to start completing OAS CAHPS?
- Answer:** Implementation of the OAS CAHPS survey begins January 1, 2018.
- Question:** When will detailed specifications, including the algorithms, for ASC-13 and ASC-14 be available?
- Answer:** The Specifications Manual will become public 6 months prior to when the data collection period is to begin. The January 2018 Specifications Manual will be posted on QualityNet in July 2017.
- Question:** We have two facilities, each with their own CCN. Are we required to meet the 300 for each facility?
- Answer:** If a facility's patient population is not estimated to produce 300 completed surveys, a facility is allowed to implement a census survey of its patient population.
- Question:** Just to be clear: the patient selection is randomly chosen by the approved vendor? That number would be the numerator while the denominator would be all unique patients?
- Answer:** Yes, the survey vendor would produce the random sample. How measure scores will be calculated and presented will be defined in the future.
- Question:** We are a small ASC receiving our certification in August 2016. What are the reporting expectations?
- Answer:** The information that would need to be given would be too much for this format. Please call the Help Desk at 866.800.8756, and we will be glad to



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help walk you through this process. You may also access the Support Contractor website at www.qualityreportingcenter.com.

Question: So data collected in CY 2017 is reported between 1/1/18 and 5/15/18?

Answer: Yes, that is correct. The encounter period of January 1, 2017 through December 31, 2017, is then reported January 1 through May 15, 2018 that will affect payment year 2019 for measures submitted using the CMS online submission tool.

Question: If it is voluntary and we do not get 300 responses for the year, what do we do?

Answer: It is understood that smaller facilities might not be able to collect 300 completed surveys. In that case, the facility can undertake a census sample.

Question: Our surgery center does not do general or neuraxial anesthesia. How does the ASC-13 affect us? What information are we to submit?

Answer: It is not necessary to track patients who do not undergo general or neuraxial anesthesia. The measure excludes: patients who did not have general or neuraxial anesthesia, patients whose length of anesthesia is less than 60 minutes, and patients with physician/advanced practice nurse/physician assistant documentation of intentional hypothermia for the procedure performed.

Question: Will ASC-13 and -14 be required for all hospitals?

Answer: Yes, all ASCs under the ASCQR Program have to report on the measure.

Question: Deep sedation with propofol is not being considered as general anesthesia...correct?

Answer: Per the measure specifications, general anesthesia is defined as a drug-induced loss of consciousness during which the patient is not arousable, even by painful stimulation. Depending on the dose administered, propofol may in-fact be used for moderate sedation, monitored anesthesia care, and the induction/maintenance of general anesthesia. The ASC-13 measure only includes procedures performed under general or neuraxial anesthesia of 60 minutes or more in duration and, as a result, only procedures in which propofol is used as a general anesthetic for 60 minutes or more would be included in this measure.



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- Question:** What if the temp is not recorded within the initial 15 minutes?
- Answer:** If the temperature is not recorded within 15 minutes, then the measure's numerator criteria would not be met.
- Question:** To clarify: ASC-13, ASC-14, and ASC-15 measures begin with 1/1/18 discharges for the 2020 payment year?
- Answer:** For ASC-13 and ASC-15, the data collection period would be the calendar year 2 years prior to the applicable payment determination year. For example, for the CY 2020 payment determination, the data collection period would be CY 2018. ASCs will submit this data to CMS during the time period of January 1 to May 15 in the year prior to the affected payment determination year. For example, for the CY 2020 payment determination, the submission period would be January 1, 2019 to May 15, 2019.
- Similarly, the data collection period for the OAS CAHPS Survey measures would be the calendar year 2 years prior to the applicable payment determination year. For example, for the CY 2020 payment determination, ASCs would be required to collect data on a monthly basis, and submit this collected data on a quarterly basis, for January 1, 2018–December 31, 2018 (CY 2018).
- Question:** HOPDs get more reimbursement than ASCs from CMS.
- Answer:** ASCs are advised to get quotes from multiple approved vendors to determine the best combination of services and price. Currently, there are 21 approved vendors for OAS CAHPS. The rates vary by mode of data collection (mail, phone, or mixed-mode) and by vendor. Please find a list of approved vendors at <https://oascahps.org/General-Information/Approved-Survey-Vendors>.
- Question:** How long after the patient discharge date are the surveys administered?
- Answer:** Data collection will be the calendar year two years prior to the payment determination year. The data will be collected monthly and submitted quarterly.
- Question:** But if we don't provide data, will we lose reimbursement?
- Answer:** ASCs are subject to the 2.0 percentage point payment reduction if they fail to meet the reporting requirements of the ASCQR Program.



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- Question:** Will the CMS vendor be responsible for getting the required number of responses? What if 300 is not reached?
- Answer:** The CMS-approved vendor, which will be contracted by the ASC, will be responsible for selecting the sample size that would yield 300 completed interviews annually. To make this calculation, they will need to determine the appropriate response rate based on the mode of data collection selected. In accordance with the CY 2017 OPPTS/ASC Final Rule, smaller ASCs that do not have a sufficient number of patients annually to reach the 300 completed surveys over a 12-month reporting period will only be required to collect as many completed surveys as possible. For these smaller facilities, they may need to survey all eligible patients (that is, no sampling) in order to complete as many surveys as possible.
- Question:** What if we cannot afford the rate?
- Answer:** Currently, there are 21 approved vendors for OAS CAHPS. The rates vary by mode of data collection and by vendor. ASCs are advised to get quotes from multiple vendors and determine the best combination of services and price. Please find a list of approved vendors at <https://oascahps.org/General-Information/Approved-Survey-Vendors>.
- Question:** If the survey is voluntary, how will the minimum be enforced when patients can choose not to participate?
- Answer:** The patient's participation is always voluntary. The survey vendors will select an adequate sample of eligible patients that will yield the 300 completed interviews, based on the anticipated response rate for the selected mode of data collection.
- Question:** It was suggested by our DOH surveyors to minimize the number of survey questions for our patients (i.e., 5). The 37 questions seem like a lot for them to answer.
- Answer:** The OAS CAHPS Survey is comparable in length and survey response rate to other patient experience of care surveys. For example, the HCAHPS Survey is 32 questions long, and the response rate for the HCAHPS Survey has generally been 32 to 33 percent. By comparison, the OAS CAHPS Survey is 37 questions long, and the survey's mode experiment showed an overall response rate of 39 percent.
- Question:** We have 4 facilities under 1 CCN – data from the OAS CAHPS would be a combination of all 4 facilities' scores as opposed to just reporting scores



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for each facility separately but within the same account correlating with that CCN? On that same note, are 300 surveys needed for each facility, or are 300 to be split among the 4 facilities since they are under the same CCN?

Answer: As per the CY 2017 OPPS/ASC Final Rule, all data collection and submission, and ultimately, also public reporting, for the OAS CAHPS Survey measures will be at the CCN level. Therefore, the reporting for a CCN will include all eligible patients from all eligible ASCs covered by the CCN. The 300 completes would be for the CCN, that is all 4 facilities combined.

Question: Is the data submitted to CMS by the survey vendor? Does the vendor determine eligibility of patients?

Answer: The data are submitted by the vendor to the CMS contractor responsible for public reporting. The eligibility requirements are documented in the OAS CAHPS Protocols and Guidelines Manual, which can be found here at <https://oascahps.org/Survey-Materials>. As documented in the manual, the vendors are responsible for ensuring that the patient's records are eligible.

Question: When will the OAS CAHPS be mandatory? Is there a proposed time frame?

Answer: As per the CY 2017 OPPS/ASC Final Rule, participation in the OAS CAHPS Survey will remain voluntary (that is, not linked to reimbursement) for the rest of 2016 and throughout calendar year (CY) 2017 for Medicare-certified hospitals and ASCs. The first OAS CAHPS Survey participation period linked to payment reimbursement will be CY 2018, which will affect the payment determination period in CY 2020.

Question: HOPDs are paid more than ASCs; how is an ASC supposed to cover this additional expense?

Answer: ASCs are advised to get quotes from multiple approved vendors to determine the best combination of services and price. Currently, there are 21 approved vendors for OAS CAHPS. The rates vary by mode of data collection (mail, phone, or mixed-mode) and by vendor. Please find a list of approved vendors here: <https://oascahps.org/General-Information/Approved-Survey-Vendors>.



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- Question:** What if the patient has memory issues, such as dementia, and they are surveyed and give inaccurate responses?
- Answer:** Surveys are conducted by CMS-approved vendors only. For more information on training and data collection, please resource the website at <https://oascahps.org/General-Information/Approved-Survey-Vendors>.
- Question:** One of my issues with the survey process is that I read every returned survey and respond back to the reporting patient if it is a negative response. This completely removes the Administrator real time review out of the process. How is this helpful to the actual patient experience and process of quality improvement?
- Answer:** CMS-approved survey vendors regularly provide their CAHPS clients with de-identified survey data (i.e., survey responses that do not reveal the identity of the patient). It's a good idea to discuss the availability of this type of reporting when shopping for a vendor. The survey also allows for the addition of an optional question that would permit the vendor to release the patient's name linked to their responses that would be helpful for follow-up. However, it is still the patient's choice to reveal their name.
- Question:** Why is CMS ignoring the additional financial burden of this third party survey expense to the ASC?
- Answer:** The financial burden of contracting with an approved survey vendor has been factored into the overall burden. The information collection request submitted to the Office of Management and Budget (OMB) to implement OAS CAHPS (Contract Number HHSM-500-2014-00426G) documented the estimated cost to the ASCs for contracting with a vendor to implement the survey.
- Question:** Who reports the survey results to CMS?
- Answer:** The CMS contractor responsible for national implementation of the OAS CAHPS Survey is responsible for analyzing the data submitted by the approved vendors and reporting the results to CMS.
- Question:** How much of payment deduction applies if we elect not to do the OAS CAHPS Survey?
- Answer:** As per the CY 2017 OPPI/ASC Final Rule, ASCs are subject to the 2.0 percentage point payment reduction if they fail to meet the reporting requirements of the ASCQR Program.



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Question: Concerning the normothermia measure, if the patient's temperature is taken upon arrival to PACU and the temperature is below 96.8, can the temperature be taken more than once in the 15 minute period to allow for warming of the patient?

Answer: Yes, patients who were normothermic within 15 minutes of arrival in the PACU are included in the numerator, so any temperature within the 15 minute time frame can be used to meet the measure specifications. If the patient's temperature was greater than or equal to 96.8°F/36°C within 15 minutes of the time into PACU, the requirements of the measure have been met.