Ambulatory Surgical Center Quality Reporting Program

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

Presentation Transcript

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Karen VanBourgondien: Hello, welcome to the Ambulatory Surgical Centers Quality Reporting Program webinar. Thank you for joining us today.

If you have not yet downloaded today's handouts, you can get them from our website at qualityreportingcenter.com.

Just go to the "Events" banner on the right side of the page. Click on today's event. There will be a link that will allow you to access and print the handouts for today's webinar.

Our speaker today is Dr. Anita Bhatia. Dr. Bhatia is the Government Task Leader for the ASC Program and has been with the program since its inception in 2007. 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 development of the OPPS/ASC proposed and final rulings. Her contributions to the rulings are essential to the continuing success of this program. We are fortunate to have Dr. Bhatia's commitment to this program, and ultimately, to patient care outcomes. I will turn things over to Dr. Bhatia in a few minutes.

The learning objectives for the this program are listed here on this slide

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This program is being recorded. A transcript of today's presentation, including the questions and answers received in the chat box, and the audio portion of today's program will be posted at www.qualityreportingcenter.com at a later date.

During the presentation, as stated earlier, if you have a question, please put that question in the chat box located on the left side of the screen. One of our subject matter experts will respond. Again, by having live chat we hope to accommodate your questions timely and have real-time feedback.

Let me just mention a standard disclaimer before we get started. CMS can only address procedural questions and comment submission and cannot address any rule-related questions. CMS does look forward to your comments as this is your opportunity to provide input on these proposals.

Now, without any further delay, let me turn things over to our speaker, Dr. Bhatia, Anita?

Anita Bhatia: Welcome everyone.

Today we are discussing proposals for the ASC Quality Reporting Program contained within the calendar year 2018 OPPS/ASC Proposed Rule. For those of you who are new to the ASC Quality Reporting program, here is a very simplified version of the rule process. On or around July 1, after months of evaluation, research and writing, proposals for the OPPS/ASC payment rule are placed on display and subsequently published. From the Proposed Rule display date, there is a 60 day public comment period where you can submit comments regarding proposals. Then, on or around November 1, after reviewing and considering all comments, the Final Rule for this payment rule is published. Your comments are extremely important to CMS and the rule-making process. Every comment is reviewed, considered and receives a response in the Final Rule. At the end of this webinar we will go over how to submit comments.

So, to begin, let's go over where to find the Proposed Rule.

Proposals for the OPPS/ASC payment rule are published annually in the Federal Register. On this slide is the link to this years Proposed Rule. To find proposals for the ASC Quality Reporting Program in the Federal

Register, I have put the direct link to the Proposed Rule in the Federal Register on this slide. When this link opens, you would use your "find" feature and enter "33685." That is the page number where the ASC Quality Reporting Program section begins. Because there are many different topics that are covered in the entire Proposed Rule, but we are interested in the ASC Quality Reporting Program section.

So, let's go find our section of the Proposed Rule from the home page of the Federal Register.

This slide shows the homepage for the *Federal Register* and you can see the web address at the top of this screenshot contained on this slide.

On the screenshot, in the red box, up in the corner there, you can see that we've entered the volume number 82 FR, for *Federal Register*, and then the page number, which again, for ASC Quality Reporting Program, is 33685. Once you have this information entered, just click the "Enter" key on your computer.

So, we need to find the right page. That search brings up the link to the Proposed Rule that we are interested in. You can see here in this red box highlighted in blue text. Above that you see the 82 FR 33685 that we originally entered. When you click the title in blue, it will take you directly to the Proposed Rule.

This is the page that you will see next. Let me point out just a couple of things here. What you would do is scroll about two thirds of the way down and you'll see the start of the ASC Quality Reporting section. It starts with the Roman numeral fourteen, "XIV," or you can use your "find" feature and enter "33685," again the page number that we are interested in. You can see this in a red box in the left upper corner. Using this method will take you straight to the ASC Quality Reporting section.

Some people like to view the Proposed Rule text as a PDF document. To utilize that view, you would just click on the "PDF" icon circled in red here on the page, below the arrow. Again, you would use your find feature and enter the "33685," the page number. On that version, you would just have to scroll down a little on the page to see the XIV, or fourteen, section that relates to the ASC Quality Reporting section.

You can also submit a comment from this section here on the slide. There is a red arrow next to that box. How to comment will be discussed later in the presentation.

So, now that you know how to find the Proposed Rule that we are interested in, let's discuss our proposals.

This slide says Accounting for Social Risk Factors. We begin our proposals this year with a discussion of social risk factors in relation to our quality reporting programs. Not just the ASC Quality Reporting Programs but all of CMS' quality reporting programs. We understand that social risk factors such as income, education, race and ethnicity, employment, disability, community resources, and social support. These factors, which are sometimes referred to as socioeconomic status (SES) factors or socio-demographic status (SDS) factors, play a major role in health.

So, continuing our discussion of social risk factors, there has been a review of reports prepared by the Office of the Assistant Secretary for Planning and Evaluation or ASPE and the National Academies of Sciences, Engineering, and Medicine on the issue of measuring and accounting for social risk factors in CMS' value-based purchasing and quality reporting programs, and considering options on how to address the issue in these programs.

In addition, the National Quality Forum or NQF has undertaken a 2-year trial period in which new measures, measures undergoing maintenance review, and measures endorsed with the condition that they enter the trial period can be assessed to determine whether risk adjustment for selected social risk factors is appropriate for these measures. At the conclusion of the trial, NQF will issue recommendations on the future inclusion of social risk factors in risk adjustment for these quality measures, and we will closely review its findings.

So, what do you think? We are seeking public comment on whether we should account for social risk factors in the ASC Quality Reporting Program, and if so, what method or combination of methods would be most appropriate for accounting for social risk factors. Examples of methods include: confidential reporting to providers of measure rates stratified by social risk factors; public reporting of stratified measure rates; and potential risk adjustment of a particular measure as appropriate based on data and evidence.

We are also seeking public comment on which social risk factors might be most appropriate for reporting stratified measure scores and/or potential risk adjustment of a particular measure. Examples of social risk factors include, but are not limited to, dual eligibility/low-income subsidy, race and ethnicity, and geographic area of residence. We are seeking comments on which of these factors, including current data sources where this information would be available, could be used alone or in combination, and whether other data should be collected to better capture the effects of social risk.

Measures to be removed. This year we are proposing a total of three measures to be removed from the ASC Quality Reporting Program beginning with the Calendar Year 2019 payment determination and then for subsequent years. Before we discuss the measures proposed for removal, let's discuss the criteria that we utilize when considering a measure for removal.

There are specific criteria for determining if a measure should be removed from our quality reporting program.

The ASC Quality Reporting Program previously finalized two statistical criteria for determining when performance on a measure is high, that it is so high there is little room for improvement and that the measure value obtained is unvarying, what is termed as being "topped out." These are (1) when there is statistically indistinguishable performance at the 75th and 90th percentiles of national facility performance; and (2) when the measure's truncated coefficient of variation is less than or equal to 0.10.

The measures that we are proposing for removal, beginning with the CY 2019 payment determination, are:

ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing

ASC-6: Safe Surgery Checklist Use

ASC-7: ASC Facility Volume Data on Selected Procedures

So, we will begin with ASC-5. This measure assesses whether intravenous antibiotics given for prevention of surgical site infection were administered on time.

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Based on our analyses of ASC Quality Reporting Program measure data for CY 2014 through 2016 encounters, ASC performance on this measure is so high and unvarying that meaningful distinctions in improvement cannot be made; as a result, we believe this measure meets removal criteria number one under the ASC Quality Reporting Program's finalized measure removal criteria.

In addition, NQF endorsement was removed from this measure because this measure was deemed to be topped-out.

So, here on this slide, we show data analysis results for the ASC-5 data. As displayed in the table, there is no distinguishable difference in ASC performance between the 75th and 90th percentiles for this measure and the truncated coefficient of variation, here in the last column, has been below 0.10 since the first quarter of 2014. Therefore, the ASC-5 measure meets both "topped-out" measure criteria for the ASC Quality Reporting Program.

ASC-6; this measure of facility process assesses whether an ASC employed a safe surgery checklist that covered each of the three critical perioperative periods: prior to administering anesthesia, prior to skin incision, and prior to patient leaving the operating room for the entire data collection period.

Based on our analysis of ASC Quality Reporting Program measure data for CY 2014 through 2016 encounters, the ASC-6 measure meets our first criterion for measure removal that measure performance is so high and unvarying that meaningful distinctions and improvements in performance can no longer be made.

So, here we show the results of the data analysis for ASC-6. Based on the analysis, as shown in this table, the national rate of "Yes" response for the ASC-6 measure is nearly 1.0, or 100 percent, nationwide, and has remained at this level for the last two years. In addition, there is no distinguishable difference in ASC performance between the 75th and 90th percentiles and the truncated coefficient of variation has been below 0.10 since 2014.

In sum, the performance is so high and unvarying for both ASC-5 and ASC-6 that meaningful improvements can no longer be made in the reporting of this measure.

In addition, removal of this measure would alleviate the maintenance costs and administrative burden to ASCs associated with retaining the measure. As such, we believe the burdens of these measures outweigh the benefits of retaining the measure in the program.

ASC-7; this measure collects surgical procedure volume data on six categories of procedures frequently performed in the ASC setting.

We adopted the ASC-7 measure based on evidence that volume of surgical procedures, particularly of high-risk surgical procedures, is related to better patient outcomes, including decreased medical errors and mortality. We further stated our belief that publicly reporting volume data would provide patients with beneficial performance information to use in selecting a care provider.

However, over time, we have adopted, and are proposing and intend to continue to adopt, more measures assessing ASCs' performance on specific procedure types. For example, we have adopted the ASC-14 and ASC-16 measures and we will have those in a list at the end of this presentation. We believe these procedure-type specific measures will provide patients with more valuable ASC performance data than the ASC-7 measure in selecting an ASC for their care.

Regarding our reasons for removal of ASC-7 from the program, we believe this measure meets our second criterion for removal from the program; specifically, that there are other measures available that are more strongly associated with desired patient outcomes for the particular topic. So, the burden of retaining the measure is not warranted.

In sum, we believe that removal of these measures ASC-5, -6, and -7 from the ASC Quality Reporting Program measure set is appropriate as there is little room for improvement on these measures. Removal of these measures would alleviate the maintenance costs and administrative burden to ASCs associated with retaining them. These burdens outweigh the benefits of keeping the measure in the program.

Changes to existing measures. Let's touch on a proposal to delay implementation of some existing measures that of the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems or OAS CAPS survey measures.

These measures assess patients' experience with care following a procedure or surgery in an ASC by rating patient experience as a means for empowering patients and improving the quality of their care.

So, we are proposing to delay implementation of the OAS CAPS Survey Based Measures beginning with the CY 2020 payment determination, this corresponds to CY 2018 data collection. Since our adoption of these measures, we have come to believe that we lack important operational and implementation data. Specifically, we want to ensure that the survey measures appropriately account for patient response rates, both aggregate and by survey administration method. We also want to reaffirm the reliability of national OAS CAHPS survey data and we want to affirm that these measures appropriately account for the burden associated with administering the survey in the outpatient setting of care.

We believe that the national implementation of this survey, which began in January 2016 and will conclude in December 2017, this is a voluntary effort that is on-going, would provide valuable information moving forward. We plan to conduct analyses of these data to determine any necessary modifications to the survey tool and/or CMS systems.

We continue to believe that these measures address an area of care that is not adequately addressed in our current measure sets and that these measures will be useful to assess aspects of care where the patient is the best or only source of information.

We believe that these measures will enable objective and meaningful comparisons between facilities. Hence, we are proposing to delay implementation, not remove these measures from the program.

New measures; we are also proposing to adopt three new measures for the ASC Quality Reporting Program. One measure has to be collected via a CMS web-based tool beginning with the CY 2021 payment determination; this is ASC-16, and two measures to be collected via Medicare claims beginning with the CY 2022 payment determination; this is ASC-17 and ASC-18.

Let's take a look at these measures. As stated, ASC-16 measure data will be collected via a CMS web-based tool.

Here are some details. ASC-16 addresses Toxic Anterior Segment Syndrome or TASS. TASS is an acute, noninfectious inflammation of the anterior segment of the eye and is a complication of anterior segment eye surgery that typically develops within 24 hours after surgery.

The TASS measure assesses the number of ophthalmic anterior segment surgery patients diagnosed with TASS within two days of surgery. Although most cases of TASS can be treated, the inflammatory response associated with TASS can cause serious damage to intraocular tissues, resulting in vision loss.

So, why are we proposing a TASS-related measure? Despite a recent focus on prevention, cases of TASS continue to occur, sometimes in clusters. With millions of anterior segment surgeries being performed in the United States each year, many at ASCs, measurement and public reporting have the potential to serve as an additional tool to drive further preventive efforts.

We expect this measure would promote improvement in patient care over time, because measurement coupled with transparency in publicly reporting of measure information would make patient outcomes following anterior segment procedures more visible to ASCs as well as patients and incentivize ASCs to incorporate quality improvement activities to reduce the incidence of TASS where necessary.

In addition, the TASS measure addresses the Measure Application Partnership (MAP)-identified priority measure area of procedure complications for the ASC Quality Reporting Program.

So, the ASC-16 measure calculation. The outcome of concern for the proposed ASC-16 measure is the number of ophthalmic anterior segment surgery patients diagnosed with TASS within two days of surgery. The measure includes all patients, regardless of age, undergoing anterior segment surgery at an ASC. The numerator for this measure is all anterior segment surgery patients diagnosed with TASS within two days of surgery. The denominator for this measure is all anterior segment surgery patients.

This measure is not risk-adjusted as it is not appropriate to risk adjust this measure.

As previously mentioned, the ASC-16 measure is being proposed beginning with the CY 2021 payment determination then for subsequent years. Data for this measure will be submitted via a CMS online data submission tool.

We also are proposing that ASCs submit these 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 2021 payment determination, the submission period would be January 1, 2020 to May 15, 2020. The data submission deadline was moved from August 15 to May 15 in last year's CY 2017 OPPS/ASC Final Rule, so that all of your web-based measures will be due at the same time.

The next two measures we will be discussing are ASC-17 and -18 and, as depicted on this slide, both of these measures collected via Medicare claims and we are proposing to begin this with the CY 2022 payment determination. Claims-based measures, such as these, are measures where data is collected from paid Medicare claims. So, no manual abstraction and data entry is necessary on the part of the facility. Let's take a look at our ASC-17 measure.

ASC-17 is proposed to begin with CY 2022 payment determination. The measure outcome is all-cause, unplanned hospital visits within seven days of an orthopedic procedure performed at an ASC.

For the purposes of this measure, hospital visits include emergency department visits, observation stays, and unplanned inpatient admissions.

When there are two or more qualifying surgical procedures within a 7-day period, the measure considers all procedures as index procedures; however, the timeframe for outcome assessment is defined as the interval between procedures, including the day of the next procedure, and then 7 days after the last procedure.

So, why are we interested in what ASC-17 is measuring? The patient population served at ASCs has increased not only in volume, but also in age and complexity. As the number of orthopedic procedures performed in ASCs increases, it is increasingly important to report the quality of care for patients undergoing these procedures.

We believe measuring and reporting seven-day unplanned hospital visits following orthopedic ASC procedures will incentivize ASCs to improve care and care transitions.

Hospital visits that occur at or after discharge from the ASC may not be readily available or visible to ASC facilities and clinicians. As such patients will be presenting to a different facility to where they had their procedure and where patient information may not be linked back or acquired easily by an ASC.

Many of the reasons for hospital visits following surgery at an ASC are preventable. Patients often present to the hospital for complications of medical care, including infection, post-operative bleeding, urinary retention, nausea and vomiting, and pain.

By tracking and reporting these events, we would facilitate efforts to lower the rate of preventable adverse events and to improve the quality of care following orthopedic surgeries performed at an ASC.

So, as mentioned, ASC-17 is Medicare claims-based. The measure is calculated using Part A, hospital-related, and Part B, non-hospital information. This measure would include all Medicare beneficiaries 65-years of age and older who undergoing outpatient orthopedic surgery at an ASC who have 12 months of Fee-for-Service (FFS) enrollment. This latter criterion is to ensure complete information being available for measure calculation.

ASC-17exclusions follow from the previous slide.

The measure excludes patients who survived at least seven days following orthopedic surgery at an ASC but were not continuously enrolled in Medicare FFS Parts A and B in the seven days after surgery. There are no additional inclusion or exclusion criteria for the proposed ASC-17 measure.

ASC-18: *Hospital Visits after Urology Ambulatory Surgical Center Procedures* is also proposed for CY 2022 payment determination and for subsequent years. Similar to our thoughts for ASC-17, we believe measuring and reporting seven-day unplanned hospital visits following urology procedures will incentivize ASCs to improve care and care transitions.

The measure outcome for ASC-18 is all-cause, unplanned hospital visit occurring within seven days of the urology procedure performed at an ASC. For the purpose of this measure, "hospital visits" include emergency department visits, observation stays, and unplanned inpatient admissions.

Similar to ASC-17, when there are two or more qualifying surgical procedures within a 7-day period, the measure considers all procedures as index procedures; however, the timeframe for outcome assessment is defined as the interval between procedures, including the day of the next procedure, and then 7 days after the last procedure.

So, why are we interested in what ASC-18 is measuring?

As the number of urology procedures performed in ASCs increases, it is of increasing importance to report the quality of care provided to patients undergoing these procedures.

Similar to the ASC-17 measure, many of the reasons for hospital visits following surgery at an ASC are preventable; patients often present to the hospital following urology surgery for complications of medical care including urinary tract infection, calculus of the ureter, urinary retention, hematuria, and septicemia.

We believe tracking and reporting these hospital events would facilitate efforts to lower the rate of preventable adverse events and to improve the quality of care following urology procedures performed at an ASC. We expect the measure would promote improvement in patient care over time, because measurement coupled with transparency in publicly reporting measure information would make the rate of unplanned hospital visits following urology procedures at ASCs more visible to both ASCs and patients and would incentivize ASCs to incorporate quality improvement activities to reduce these unplanned hospital visits.

This measure also addresses the CMS National Quality Strategy domains of making care safer by reducing harm caused in the delivery of care and promoting effective communication and coordination of care.

So, ASC-18 inclusions; the patient cohort for the proposed ASC-18 measure includes all Medicare beneficiaries ages 65 and older undergoing outpatient urology procedures at an ASC who have 12 months prior of fee-for-service Parts A and B Medicare enrollment.

The target group of procedures are those that: (1) are routinely performed at ASCs; (2) involve increased risk of post-surgery hospital visits; and (3) are routinely performed by urologists.

There are some exclusions for ASC-18. The measure excludes patients who survived at least seven days following a urology procedure at an ASC but were not continuously enrolled in Medicare fee-for-service Parts A and B in the seven days after surgery. Again, as with ASC-17, these patients are excluded to ensure all patients captured under this measure have full data available for outcome assessment.

We have some important information regarding public reporting for the ASC-17 and ASC-18 measures. Before publicly reporting data for the proposed ASC-17 and -18 measures, we intend to conduct a dry run, or preliminary analysis, of the measure data. A dry run is a period of confidential reporting during which ASCs may review their measure results, familiarize themselves with the measure methodology, and ask questions about the measure. We would use the most current two-year set of complete claims, usually twelve months prior to the start date, available at the time of dry run. For example, if the dry run began in June 2018, the most current 2-year set of data available would likely be July 2015 to June 2017.

The dry run would generate confidential reports for ASCs, including patient-level data indicating whether the patient had a hospital visit and, if so, the type of visit as well as the principal discharge diagnosis. Further, the dry run would enable ASCs to see their risk-standardized hospital visit rate.

Measures and topics for future consideration. In this Proposed Rule, we are inviting public comments on one measure developed by the ASC Quality Collaboration with the Centers for Disease Control and prevention for potential inclusion in the ASC Quality Reporting Program. And this is a breast surgical site infection measure.

In this Proposed Rule, as stated, we are inviting public comment on the Ambulatory Breast Procedure Surgical Site Infection or SSI outcome measure.

Healthcare associated infections (HAIs) are a major cause of morbidity and mortality in healthcare settings, with the most recent prevalence

surveys of HAIs estimating that approximately four percent of inpatients in acute care settings have developed at least one HAI or healthcare associated infection, translating to 721,800 infections in 648,000 patients in 2011. Surgical site infection (SSI) is one of the most common HAIs, comprising approximately 22 percent of all HAIs and contributing greatly to the mortality and cost burden of HAI.

The trend in surgery transitioning to outpatient and ambulatory surgery centers due to advances in surgical techniques and economic incentives for ambulatory surgery make these events an outcome of interest for the ASC Quality Reporting Program.

So why are we interested in this measure?

The *Ambulatory Breast Procedure Surgical Site Infection Outcome Measure* is used to assess the risk-adjusted Standardized Infection Ratio (SIR) for all SSIs following breast procedures conducted at ASCs among adult patients and reported to the CDC's National Healthcare Safety Network.

The measure compares the reported number of SSIs observed at an ASC with a predicted value based on nationally aggregated data.

The term SSI, as used in this measure, is defined in accordance with the CDC NHSN's surveillance protocol as an infection following a breast procedure of either the skin, subcutaneous tissue and breast parenchyma at the incision site, superficial incisional SSI, deep soft tissues of the incision site, deep incisional SSI, or any part of the body deeper than the fascial muscle layers that is opened or manipulated during the operative procedure.

The numerator for this measure is all SSIs during the 30-day and 90-day postoperative periods following breast procedures in ASCs.

The denominator for this measure is all adult patients, defined as patients aged 18 to 108 years, undergoing breast procedures, as specified by the operative codes that comprise the breast procedure category of the NHSN Patient Safety Component Protocol at an ASC.

This measure cohort excludes hospital inpatient and outpatient departments, pediatric patients, who are patients younger than 18 years,

and very elderly patients, ones that are older than 108 years, as well as brain dead patients whose organs are being removed for donor purposes.

We are seeking public comment on the inclusion of this measure in the ASCQR Program.

So, we move to a different kind of topic and this is related to requirements for data submission. In this Proposed Rule, we are making one proposal related to the method of data submission for data that is data typically collected via a CMS online data submission tool.

We are not proposing any changes to our policies regarding data submitted via a CMS online data submission tool when data is entered for individual facilities.

Currently, for individual facility data entry, users must have a QualityNet account and enter data individually for one facility. This can be burdensome for entities responsible for submitting such data for multiple facilities such as multi-facility ASCs.

Thus, we are proposing to streamline the CMS process and we are proposing to expand the online tool to allow for batch submission of measure data beginning with data submitted during CY 2018 and this would affect payment determinations beginning with the CY 2020 payment determination.

Batch submission is submission of data for multiple facilities simultaneously using a single, electronic file containing data from multiple facilities submitted via one agent QualityNet account. Under the batch submission process, ASC agents (for example, a corporate representative for a corporate entity consisting of multiple ASC facilities with separate NPIs) would be assigned a vendor ID and an ASC's representative would submit the Security Administrator (SA) form with the assigned vendor ID for the agent to establish their own QualityNet account. Through this account data for multiple facilities can be submitted.

Extraordinary Circumstances Extensions or Exemptions (ECEs); many of CMS' quality reporting and value-based purchasing programs share a common process for requesting an exception from program reporting due to extraordinary circumstances not within a facility's control.

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In reviewing the policies for these programs, we recognized that there were some areas of variance among the different CMS programs and they are listed here. They are: allowing the facilities to submit a form signed by a CEO versus a CEO or designee, requiring the form be submitted within varying days, inconsistencies in timelines, there were some variances in CMS' authority to grant ECEs due to CMS database system issues, and there were some inconsistencies in verbiage.

With the exception of the terminology used to describe these processes, the ASC Quality Reporting Program is aligned with other quality reporting programs. As a result, we are proposing to rename the process. We are proposing to change the name of this policy from the "extraordinary circumstances extensions or exemption" to "extraordinary circumstances exceptions" for the ASC Quality Reporting Program.

We also note in our proposals that we believe it is important for facilities to receive timely feedback regarding the status of these requests. We strive to complete our review of each request as quickly as possible. However, we recognize that the number of requests we receive, and the complexity of the information provided impacts the actual timelines to make determinations. To improve transparency of our process, we believe it is appropriate to specify that we will strive to complete our review of each request within 90 days of receipt.

Measures moving forward; let's take some time to review the measures and the proposed measures and changes we have discussed here today. The measures here and on the next few slides are in numeric order and we can easily review the proposed changes. To hit the highlights here ASC-5, -6 and -7 are proposed to be removed beginning with CY 2019.

In this slide, we see that there are no changes for the measures listed, and that is ASC-9, -10, -11, -12, -13, and -14. Again, we can view this slide and see the proposed delay for the survey measures; ASC 15a through 15e beginning in the CY 2020. ASC-16 is proposed to begin in CY 2021 and ASC-17 and -18 are proposed to begin CY 2022.

Commenting; now, we are going to discuss how to comment on the proposals within the Proposed Rule. I very much want to emphasize, and I can't say this enough, we very much want your comments. This is your opportunity to impact the measure development process and policy proposal. So let's go over how to submit your comments regarding the

Ambulatory Surgical Center Quality Reporting Program in this Proposed Rule.

So, regarding the submission of comments, first, I want to refer you to the Proposed Rule page on how to submit your comments. Comments can be submitted using various methods including electronically, regular mail, express or overnight mail, as well as by hand or courier. For any method utilized other than electronically, the deadline is 5:00 p.m. Eastern Time on September 11, 2017. For comments that are submitted electronically, the deadline is 11:59 p.m. Eastern Time on September 11, 2017.

Please refer to the Proposed Rule for the necessary addresses, and keep in mind that you must send in your comments by the deadline, so that it is received by the deadline. We very much encourage the electronic submission of comments using the regulations.gov website. Responses to comments will be published in the Final Rule, which will be issued on or around November 1, 2017.

Submitting comments; on this slide, you see a screenshot of just what you'll see when you go to regulations.gov. In the search box, enter **CMS** and then select the **Search** button.

On the next screen, as shown on this slide, here, I want you to set your filters. Be certain that your comment period is set for **Open** and the document type is **Proposed Rule**, as there are many rules and documents contained in this site.

Scroll down until you find the rule that you are looking for. Then you can select the **Comment Now** button. Again, notice that the deadline is September 11, 2017 at 11:59 p.m. Eastern Time for an electronic submission.

So, Step-1 on commenting: When submitting comments the system will guide you through a three-step process. For Step-1, you will enter your comment; you can see here that it is illustrated by this letter “a,” it has a character count displayed on this slide with the letter “b.”

So, here on this slide, you can see that in addition to entering the comment for Step-1, you will also enter your contact information if you want to enter your contact information, it is not required. You may submit

comments anonymously. You can choose to upload a file if you choose as well. Once all of that is completed, select the **Continue** button.

So, again, Step-2: Step-2 allows you to preview your comments and edit if needed. Be certain you have checked the box that you have read and understand the provisions of commenting. Once completed, select the **Submit Comment** button.

Commenting, Step-3: You will be then assigned a tracking number for your comment. It is recommended that you take a screenshot of this page or save your tracking number in some other manner. The tracking number will allow you to follow the status of your comment.

That's all I have for you today regarding the CY 2018 OPPS/ASC Proposed Rule and the proposals for the ASC Quality Reporting Program. I will now turn things back over to Karen.

Karen VanBourgondien: Thank you, Anita, for all of that great information you provided today. We do have some quick links here on the slide for the Proposed Rule as well as the direct link to the comment page. Let me just mention that if you use this direct link seen on this slide instead of just regulations.gov for the comment site, it will start on the "Your Information" page, which would eliminate the first two steps that Anita previously covered. Remember that you can make a difference. Please submit your comments regarding the Proposed Rule. Every comment is read. And, again, I do want to thank Dr. Anita Bhatia for her availability and explaining our Proposed Rule.

As a reminder, the questions and answers are posted on our website at qualityreportingcenter.com. Those will be posted at a later date.

That's all the time we have today. We do appreciate you joining us today.