

Ambulatory Surgical Center Quality Reporting (ASCQR) Program Requirements: CY 2015 OPPS/ASC Final Rule

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December 5, 2014

Program Announcements

- Please remember to keep your facility's Security Administrator (SA) contact information current.
- A back-up SA is highly recommended.
- The requirement for reporting the claims-based measures is 50 percent or greater for quality data code (QDC) submission via claims.
- The submission period for the web-based measures for CY 2014 will open January 1, 2015.
- ASC-8 will be submitted to the CDC.gov/NHSN website.

Save the Date

- Next ASCQR Program educational webinars:
 - January 28: Specifications Manual Update
- Registration announcements will be sent via the ASCQR ListServe.
- Registration and handouts will be posted at <u>www.qualityreportingcenter.com</u>.

Learning Objectives

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

- Summarize key elements of the ASCQR Program
- Locate the CY 2015 OPPS/ASC final rule
- Identify changes to the ASCQR Program related to the CY 2015 OPPS/ASC final rule
- Provide feedback on changes, express concerns, and have questions answered



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CY 2015 Final Rule Displayed October 31; Published November 10

- <u>www.gpo.gov/fdsys/pkg/FR-2014-11-</u> 10/pdf/2014-26146.pdf
- Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs, etc.
- Page 66966 (pdf pages 198 219) beginning with "XIV. Requirements for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program"

ASCQR Program Rule History

Rule	Federal Register (FR) Reference	Program Highlights
CY 2015 OPPS/ASC	79 FR 66966	1 new claims-based measure
CY 2014 OPPS/ASC	78 FE 75122	3 new web-based measure
CY 2013 OPPS/ASC	77 FR 68492	No additional measures
FY 2013 IPPS/LTCH PPS	77 FR 53637	Finalized requirements
CY 2012 OPPS/ASC	76 FR 74492	Finalized 8 measures
CY 2011 OPPS/ASC	75 FR 72109	Discussed, not implemented
CY 2010 OPPS/ASC	74 FR 60656	Discussed, not implemented
CY 2009 OPPS/ASC	73 FR 68780	Discussed, not implemented
CY 2008 OPPS/ASC	72 FR 66875	Discussed, not implemented



ASCQR Program Participation (Previously Finalized)

Participation Status

- Once an ASC submits any quality measure data, it would be considered as participating.
- An ASC that is participating and wishes to withdraw from the ASCQR Program must fill out an online withdrawal form available at <u>www.qualitynet.org</u>.
- An ASC that withdraws will incur a 2% reduction in its annual payment update and any subsequent year the ASC is not participating.
- Any and all quality measure data submitted could be made publicly available for the ASCs participating in the program.

QualityNet Account

- Requires a Security Administrator (SA) to set up access for the facility
- The SA can submit data via a web-based tool at <u>www.qualitynet.org</u>, access reports, and assign roles to basic users
- Allow 4 to 6 weeks for the SA process to be completed

Non-Participating Status

- An ASC can withdraw at any time up to August 31 of the payment determination year
- Once an ASC withdraws in any payment determination year, it would not be possible to reinstate participation status for that year
- Quality measure data submitted will not be made publicly available for that payment determination year and any subsequent payment determination years for which the ASC is withdrawn

New ASCs

- New facilities must be open at least 4 months based on the Medicare Acceptance Date prior to January 1 of the participation year, and meet all program requirements.
- For CY 2015, a facility would have to be open by September 1, 2014 and would be responsible for all program requirements.



Measures

ASC Measures Previously Finalized (1 of 2)

- ASC-1: Patient Burn
- ASC-2: Patient Fall
- ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
- ASC-4: Hospital Transfer/Admission
- ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing
- ASC-6: Safe Surgery Checklist Use
- ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures

ASC Measures Previously Finalized (2 of 2)

- ASC-8: Influenza Vaccination Coverage among Healthcare Personnel
- ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
- ASC-10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patient with a History of Adenomatous Polyps – Avoidance of Inappropriate Use
- ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery*

*Implementation of ASC-11 was previously delayed until January 1, 2015. Submission of this measure has been made voluntary; ASCs are not subject to payment reduction while the measure is voluntary.

Topped-Out Measures

- Finalized 2 criteria for removal of toppedout measures:
 - Statistically indistinguishable performance at the 75th and 90th percentiles
 - 2. Truncated coefficient of variation less than or equal to 0.10
- CMS will assess the benefits of retaining a measure on a case-by-case basis prior to removal

Criteria for New Measures (Previously Finalized)

For CY 2017 and subsequent years, measures should:

- Apply to both the ASC and hospital outpatient department settings since they are similar in their delivery of surgical and related nonsurgical services
- Encourage measure harmonization
- Incorporate views of the Measure Application Partnership (MAP)
- Look to utilize National Quality Forum (NQF)-endorsed measures for ASCs

Program Measures for Future Consideration

CMS seeks to develop a comprehensive set of quality measures available for widespread use for:

- Informed "patient decision-making and quality improvement in the ASC setting."
- Alignment with the National Quality Strategy, the CMS Strategic Plan, and other quality reporting and value-based purchasing programs, as appropriate, to:
 - Make care safer
 - Strengthen person and family engagement
 - Promote effective communication and coordination of care
 - Promote effective prevention and treatment of chronic disease
 - Work with communities to promote best practices of healthy living
 - Make care affordable

New Measure for CY 2018 and Subsequent Payment Determinations

ASC-12: Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

- Proposed for CY 2017 payment determination but finalized for CY 2018
- Is a claims-based measure
- Requires no additional data submission, such as QDCs
- Utilizes paid Medicare Fee for Service (FFS) claims from January 1, 2016 to December 31, 2016

Dry Run for ASC-12

- Preliminary analysis of data in which ASCs may:
 - Review their measure results
 - Ask questions and become familiar with the measure methodology
- Paid Medicare FFS claims will be used
- Facility-specific dry run reports will be accessible via QualityNet for ASCs to review
- The minimum volume of colonoscopies performed or cutoff volume will be determined



Data Submission and Deadlines

Form, Manner, and Timing for CY 2016 and Subsequent Payment Determinations (Previously Finalized)

- Current 5 QDC-based measures will continue by submitting appropriate codes on the CMS-1500 or electronic data set
- Claims for services furnished in each calendar year must be paid by the Medicare Administrative Contractor (MAC) by April 30 of the following year
- 4 web-based measures will continue and be submitted via the QualityNet Secure Portal web-based tool from January 1 – August 15, for each year prior to payment determination year
- 1 web-based measure can be voluntarily reported
- 1 web-based measure will be reported to the CDC via the NHSN website

Minimum QDC Reporting Threshold (Previously Finalized)

- For successful reporting, 50% of claims meeting measure specifications must contain appropriate QDCs
- Claims with Medicare as a primary or secondary payer will be used to determine data completeness for the CY 2016 payment determination and subsequent years

Minimum Case Volume Threshold (Previously Finalized)

For the CY 2017 payment determination and subsequent payment determinations:

- Minimum case volume of 240 Medicare claims (primary and secondary) per year
- Average of 60 per quarter
- ASCs with fewer than minimum number of cases would not be required to participate in the ASCQR Program
- Represents the lowest 10% case volume
- Answering the web-based measures will also not be required if the ASC falls below the minimum case threshold

Data Submission Requirements for ASC-8

- Deadline for ASC submission to the National Healthcare Safety Network (NHSN) for the 2014 – 2015 influenza season data is May 15, 2015
- Reference period is October 1, 2014 to March 31, 2015
- Previously finalized reporting standards and procedures set forth by the Centers for Disease Control and Prevention (CDC) for NHSN participation
- ASCs will need their CCN to establish an account with the NHSN
- CCN Lookup Tool: <u>www.qualityreportingcenter.com/asc/ccn</u>
- CDC's NHSN website for enrollment: <u>www.cdc.gov/nhsn/ambulatory-surgery/enroll.html</u>.
- Data are due by May 15 of the year in which the influenza season ends for all subsequent years



Annual Payment Determination (Previously Finalized)

ASCs That Fail to Meet Program Requirements

- 2% reduction to any annual increase provided under the revised ASC payment system for such year
- Reduction will not be taken into account in computing any annual increase factor for a subsequent year
- Reduction will apply to only 1 calendar year

Validation of Claims-Based and Web-Based Measures

- Number of events reported for QDC measures is expected to be small (rare, isolated events)
- Accuracy for reported events is expected to be high
- Will not require a data validation process at this time, as would be excessively burdensome
- Reassess the need for any measure validation process in the future



Special Requests: Extensions or Exemptions

Extraordinary Circumstances Process

- The process will now be referred to as the Extraordinary Circumstances Extensions or Exemptions Process
- The process was established in the FY 2013 IPPS/LTCH PPS final rule (77 FR 53642 – 53643)
- CMS may grant a waiver or extension to ASCs for data submission requirements if determined that a systematic problem with a data collection system directly or indirectly affected the ability to enter data
- The form is available on the QualityNet website

Reconsideration Process

- Process was established in the FY 2013 IPPS/LTCH PPS final rule (77 FR 53643 – 53644).
- Reconsideration request form must be submitted by March 17 of the affected payment year.
- The form is available on the QualityNet website.

Reconsideration Process: Clarifications

- CMS intends to complete any reconsideration reviews and communicate results within 90 days following the deadline (March 17 of the affected payment year)
- For those ASCs that submit a request, the reconsideration request would be the final ASCQR Program payment determination
- There will be no appeals of any final ASCQR
 Program payment determination

Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professions:
 - Florida Board of Nursing
 - 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
- Professionals licensed in other states will receive a certificate of completion to submit to their licensing boards.

CE Credit Process

- Complete the WebEx survey you will receive by email within the next 48 hours.
- The survey will ask you to log in or register to access your personal account in the Learning Management Center.
 - A one-time registration process is required.
- Additional details are available at
 <u>www.qualityreportingcenter.com/asc/education</u>

Thank You for Participating!

- Please contact the ASCQR Support Contractor if you have any questions:
 - Submit questions online through the QualityNet Question & Answer Tool at <u>www.qualitynet.org</u>

Or

 Call the ASCQR Support Contractor at 866-800-8756

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