



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

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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.

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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 www.qualityreportingcenter.com.

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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

- www.gpo.gov/fdsys/pkg/FR-2014-11-10/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”

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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

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ASCQR Program Participation (Previously Finalized)

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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 www.qualitynet.org.
- 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.

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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 www.qualitynet.org, access reports, and assign roles to basic users
- Allow 4 to 6 weeks for the SA process to be completed

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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

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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.

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Measures

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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

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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.

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Topped-Out Measures

- Finalized 2 criteria for removal of topped-out measures:
 1. 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

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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

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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

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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

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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

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Data Submission and Deadlines

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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

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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

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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

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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: www.qualityreportingcenter.com/asc/ccn
- CDC's NHSN website for enrollment: www.cdc.gov/nhsn/ambulatory-surgery/enroll.html.
- Data are due by May 15 of the year in which the influenza season ends for all subsequent years

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Annual Payment Determination (Previously Finalized)

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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

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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

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Special Requests: Extensions or Exemptions

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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

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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.

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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

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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.

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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 www.qualityreportingcenter.com/asc/education

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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 www.qualitynet.org
 - Or
 - Call the ASCQR Support Contractor at 866-800-8756

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