



Ambulatory Surgical Center Quality Reporting (ASCQR) Program 2015 Specifications Manual, Version 4.0a

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ASC Announcements

- The requirement for reporting the claims-based measures is 50 percent or greater for quality data code (QDC) submission via Medicare Fee for Service (FFS) claims.
- The submission period for the web-based measures for CY 2016 opened January 1, 2015.
 - There is a system delay affecting the submission of ASC-9 and ASC-10.
- ASC-8 will be submitted to the National Healthcare Safety Network (NHSN) at www.CDC.gov/NHSN.

Save the Date

- Next ASCQR Program educational webinar:
 - April 22, 2015: Web-Based Measures with a focus on ASC-9 and ASC-10
- Registration announcements will be sent via the ASCQR ListServe.
- Registration and handouts will be posted at www.qualityreportingcenter.com.

Learning Objectives

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

- Discuss final changes for CY 2015 to the ASCQR Program measures and Specifications Manual, 4.0a, for the CY 2016 payment determination.
- Identify additional resources for the implementation of the CY 2015 OPPTS/ASC Final Rule for the ASCQR Program.



ASCQR Specifications Manual Updates



*ASCQR Program 2015
Specifications
Manual, Version 4.0a*

Specifications Manual Changes

3.0c to 4.0

- Notices and Disclaimers
 - CPT copyright changes
- Background
 - Data submission date correction
- Measure Information Form
 - Removal of code V13.89

Specifications Manual Changes

4.0 to 4.0a

- Table of Contents change to reflect updates and addition of ASC-12.
- Table 1 changes to reflect correct reporting period and payment years affected.
- Description changes for public reporting to reflect current federal regulation (79 FR 66967-66987).
- Measure Information Form (MIF) changes to reflect current time period.

Measure-Specific Changes

ASC-7 and ASC-11

ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures

- Surgical procedure codes are under review.
- If changes need to be made to the surgical procedure codes in Table 2: Categories and HCPCS for ASC-7, they will be reflected in a future addendum.

ASC-11: Cataracts – Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery

Paragraph added to the MIF (last paragraph):

- “Finalized in the CY 2015 OPPS/ASC final rule, ASCs have the option to voluntarily collect and submit data for ASC-11 for the CY 2017 payment determination and subsequent years. All data submitted voluntarily will be publicly reported as discussed in the CY 2014 OPPS/ASC proposed rule (Vol.78, No. 139 Proposed Rules, pp.43664, 43669).”

ASC-12: Measure Overview

Facility 7-Day Risk-Standardized Hospital Visit Rate after
Outpatient Colonoscopy

Colonoscopy Measure Rationale

(1 of 2)

- High volume – 1.7 million colonoscopies performed annually among Medicare FFS patients using measure cohort definition*
- Many post-colonoscopy hospital visits are currently not visible to providers performing the procedure
 - Documented that gastroenterologists are unaware of many complications [Leffler et al., 2010]
 - Technical expert panel favorably reviewed measure in development; supported by National Quality Forum Steering Committee

*Estimate based on 20% sample of Medicare FFS patients

Colonoscopy Measure Rationale

(2 of 2)

- Outcome is preventable
 - Leading causes of hospital visits: abdominal pain, abdominal distension, nausea, vomiting, pulmonary, and cardiovascular complications
 - Most severe causes of hospital visits: colonic perforation and gastrointestinal bleeding
- Measure shows variation in facility performance

Colonoscopy Measure Overview

(1 of 2)

- **Measure Score**

- Rate of risk-standardized, all-cause, unplanned hospital visits within 7 days of an outpatient colonoscopy
- Outpatient Departments (OPDs) and Ambulatory Surgical Centers (ASCs)

- **Cohort**

- Medicare FFS patients aged >65 years undergoing colonoscopy
- Exclusions – colonoscopies for patients with history of inflammatory bowel disease (IBD) and diverticulitis

Colonoscopy Measure Overview

(2 of 2)

- **Outcome**
 - Any emergency department (ED) visit, observation stay, or unplanned inpatient admission within 7 days
- **Data**
 - Claims
- **Risk-Adjustment Model**
 - Hierarchical logistic regression
 - 15 variables

Risk Adjustment Variables

- Concomitant Endoscopy
- Polypectomy during Procedure
- Chronic Heart Failure
- Ischemic Heart Disease
- Stroke/TIA
- Chronic Lung Disease
- Metastatic Cancer
- Liver Disease
- Iron Deficiency Anemia
- Disorders of Fluid, Electrolyte, Acid Base
- Pneumonia
- Psychiatric Disorders
- Drug and Alcohol Abuse/Dependence
- Age by Arrhythmia Interaction

2015 Dry Run

- CMS plans to hold a dry run of the measure later in 2015 (timing to be determined).
- CMS will share information related to measure scores and address questions from ASCs and other stakeholders during the dry run.

Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professional organizations:
 - 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 www.qualityreportingcenter.com/asc/edu.

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

This material was prepared by the Support Contractor for the Ambulatory Surgical Center Quality Reporting program, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). The contents presented do not necessarily reflect CMS policy. HHSM-500-2013-130071, FL-OQR/ASC-Ch8-01282015-01

