



Ambulatory Surgical Center Quality Reporting Program

Support Contractor

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

Questions & Answers

Moderator:

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Speakers:

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Question: What is the proposed source for the numerator data for the ASC-13 measure? Would it be the anesthesia record? Does it require chart review?

Answer: The documentation would be that used by the ASC for the PACU. The numerator is the number of general or neuraxial anesthesia of 60 minutes or more surgery patients with a body temperature equal to or greater than 96.8 degrees Fahrenheit recorded within 15 minutes of arrival in the PACU. This is chart-abstracted. The documentation used for abstraction would be that from the PACU at the ASC.

Question: Do you have to do this for year 2017 and it affects payment in 2020, or will the measure start to be in effect in 2020?

Answer: The data collection period for the ASC-13 and ASC-14 measures would be the calendar years two years prior to the payment determination year. This data collection period would be CY 2018 for the payment determination year 2020.

Question: So ASC-13 is the first ASC measure that requires a chart abstraction system to comply with... I'm sure this will receive a lot of comment in the rule proposal.

Answer: CMS seeks comments regarding the proposed measures.

Question: Is the OAS CAHPS survey currently available?

Answer: Yes, on a voluntary basis.

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- Question:** Is contracting with a vendor a requirement?
- Answer:** Yes, the proposal is that contracting with an approved vendor is a requirement.
- Question:** What will the deadline be for CY 2018 reporting of the new ASC measures? Will it be the standard August deadline?
- Answer:** Proposed changes in submission deadlines will be discussed shortly.
- Question:** For the survey-based measures, is this done every month, or is there a certain month that the data will be submitted?
- Answer:** Patients are surveyed every month, and data are submitted quarterly.
- Question:** Will Press-Ganey be one of the vendors that will be used to survey the patients?
- Answer:** Yes.
- Question:** Did I hear correctly that ASCs will need to engage a third party vendor for the OAS CAHPS survey?
- Answer:** Yes.
- Question:** For ASC-13, is the case excluded if the temperature is not recorded within the 15 minutes of arrival? What if the data is not in the chart?
- Answer:** The case meets the denominator inclusion criteria if the patient had a surgical procedure under general or neuraxial anesthesia of greater than or equal to 60 minutes. If a temperature is not recorded within 15 minutes of arrival to the PACU, then the case would be in the denominator but not in the numerator.
- Question:** Are the survey-eligible patients only Medicare patients or all patients?
- Answer:** All patients.
- Question:** The OAS CAHPS Survey is completely voluntary at this time, correct? We shouldn't need to file for an exemption if it's voluntary.
- Answer:** At this time, the survey is voluntary. It is proposed to become a program requirement.
- Question:** For the ASC normothermia measure, is that proposed to begin collecting data in 2018?
- Answer:** The data collection period for the ASC-13 and ASC-14 measures would be the calendar year two years prior to the payment determination year. This

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would be the data collection period of CY 2018 for the payment determination year 2020.

Question: For the 60 survey-eligible patients, is this counting only Medicare patients or the total ASC facility population?

Answer: The survey-based measures will include all patients that meet the inclusion criteria.

Question: Are Indian Health facilities included or excluded from the ASCQR Program?

Answer: Indian Health Services facilities are excluded from the ASCQR Program. This was finalized in previous rulemaking. Should you need additional information on this, please contact the Program at 866-800-8756.

Question: Is this recording going to be available on demand later? How would I access it later?

Answer: The recorded version of this webinar, along with the written word-for-word transcript and the presentation slides, will be posted to www.qualityreportingcenter.com at a later date.

Question: Is there a list of approved vendors for the ASC surveys?

Answer: Yes. Please go to <https://oascahps.org> for a list of approved vendors.

Question: Would ASC-13 and ASC-14 be based on sampled data or the entire population?

Answer: It is being proposed as the entire population.

Question: Who is responsible for the cost of paying the CMS-approved vendor for data collection on the OAS CAHPS?

Answer: The facility.

Question: For those of us not familiar with CPT codes, are the surveys for all patients or Medicare cases?

Answer: The survey-based measures will include all patients that meet the inclusion criteria.

Question: We've had a vendor contact our facility about the OAS CAHPS survey. This vendor states that the patient will never have to answer more than 10 questions. Would this be acceptable, or will this survey need to ask all 37 questions?

Answer: All 37 questions.

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- Question:** Please define "anterior segment surgery."
- Answer:** The anterior segment is the front third of the eye that includes the structures in front of the vitreous: the cornea, iris, ciliary body, and lens. For the TASS measure, the major procedure to which this would apply is cataract surgery.
- Question:** Is this reporting mandatory?
- Answer:** The ASC Quality Reporting Program is voluntary. If your facility does not choose to participate, Medicare can withhold 2 percent of the facility's payment update.
- Question:** Our facility is located in the United States Virgin Islands, so would this exclude us from this regulation?
- Answer:** Are you referencing the ASCQR Program or specifically the OAS CAHPS? If your facility has less than 240 Medicare Fee-for-Service claims in a calendar year, then your facility would be exempt from the entire ASCQR Program. Please contact the Program at 866-800-8756.
- Question:** Yes. I was asking about the OAS CAHPS program because our patients do not have a domestic address. We are currently participating in the other measures; we were wondering about that one in particular.
- Answer:** Patients who have a domestic U.S. mailing address only.
- Question:** Can you go over which facilities would be exempt?
- Answer:** Previously finalized policy remains in place; if an ASC has less than 240 Medicare claims (primary and secondary payer), the facility is exempt from all ASCQR Program requirements. To reiterate, the 240 claim threshold remains in place; such facilities are exempt from all program requirements.
- Question:** Will email surveys also be an option for obtaining the survey data?
- Answer:** Not at this time. CMS is looking at the feasibility of this in the future.
- Question:** Our current surveys are all handled by email. Why is that method excluded?
- Answer:** CMS is looking at this option. Please provide your ideas. CMS seeks your comments.
- Question:** Can we report the entire year of 2016 quality measures at once, or do we need to be reporting each quarter?
- Answer:** For the proposed survey-based measures, patients are surveyed every month, and data are to be submitted quarterly.

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Question: How are practices supposed to continue to pay additional third party vendors for various reporting requirements and stay afloat?

Answer: 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.

Question: Please explain how CMS proposes and believes that ASCs will have the ability to pay for a required contract service for fulfilling the OAS CAHPS requirements.

Answer: CMS highly encourages facilities to submit their comments via the regulations.gov website. This will be your opportunity to voice any comments or concerns regarding any proposals for this program. The direct link for comment is:
https://www.regulations.gov/comment?D=CMS_FRDOC_0001-1994

Question: For the 37 questions, I read in the proposed rule the composite survey-based questions should have 6 or more questions, the two global questions have 1 question each, and then the 2 pain management questions. Where do the remaining questions come from if the 15 supplemental ones aren't submitted to CMS?

Answer: The survey contains a total of 37 questions covering numerous topics. These questions are divided into three composite measures (ASC-15a, 15b, and 15c) and two global measures (ASC-15d and 15e). The facility can elect to add up to 15 additional questions if they choose. For more information on the survey-based measures, please go to: <https://oascahps.org/Survey-Materials>.

Question: If ASCs request a size exemption for OAS CAHPS and it is denied, will ASCs be considered out of compliance because of no data collection between January and the denial date?

Answer: If these measures are finalized, they will become part of the ASCQR Program and will be required to be reported for the ASCQR Program.

Question: We're not exempt from participating, but the idea of relying on patient participation to meet the measure makes me nervous. We currently administer this survey in our provider clinic and participation is low. What happens if we are required to participate but cannot get enough patient participation to meet the measure?

Answer: The target average is 25 completed surveys per month. For more information and specifics, please use the link: <https://oascahps.org/Survey-Materials>. Those ASCs with less than 240 Medicare claims would be exempt from collecting OAS CAHPS data if these measures are adopted.

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- Question:** By using a third party patient survey, is there a patient privacy concern?
- Answer:** Vendors that submit data on behalf of a facility are required to adhere to patient privacy and HIPAA guidelines. CMS has proposed only approved vendors are to be used. For more information on these measures and a list of the approved vendors, please visit: <https://oascahps.org>.
- Question:** Please re-clarify the 240+ Medicare claims vs 60+ for CAHPS eligibility. The response I got from Dr. Bhatia differs from the response Memurna Ifedrah was given in the comments.
- Answer:** The previously finalized policy remains in place; if an ASC has less than 240 Medicare claims (primary and secondary payer), the facility is exempt from all ASCQR Program requirements. To reiterate, the 240 claim threshold remains in place; such facilities are exempt from all program requirements. If you have 240 or more Medicare claims and are required to report for this program, then you would be required to collect the target minimum for the survey-based measures.
- Question:** So, ASCs will be required to pay for a vendor to conduct these surveys?
- Answer:** Yes, that is correct.
- Question:** Where is the CMS web-based data site?
- Answer:** If you are referring to web-based measures that are entered through QualityNet, that website is www.qualitynet.org.
- Question:** How much does a CMS-approved vendor cost ASCs?
- Answer:** This would be an agreement between your facility and the vendor you choose to use.
- Question:** I doubt that many of us will qualify for the exemption. As a single specialty provider with an ASC, we cannot continue to afford to pay for more third party vendors. I have submitted my concerns via the website, and I hope others take the time to do so as well. The length of the survey is also overwhelming, and I can't imagine a large patient response.
- Answer:** We thank you for your input and appreciate your time in submitting your comments to CMS. CMS does read each comment.