

# Welcome!

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# Troubleshooting Audio

Audio from computer speakers breaking up?

Audio suddenly stop?

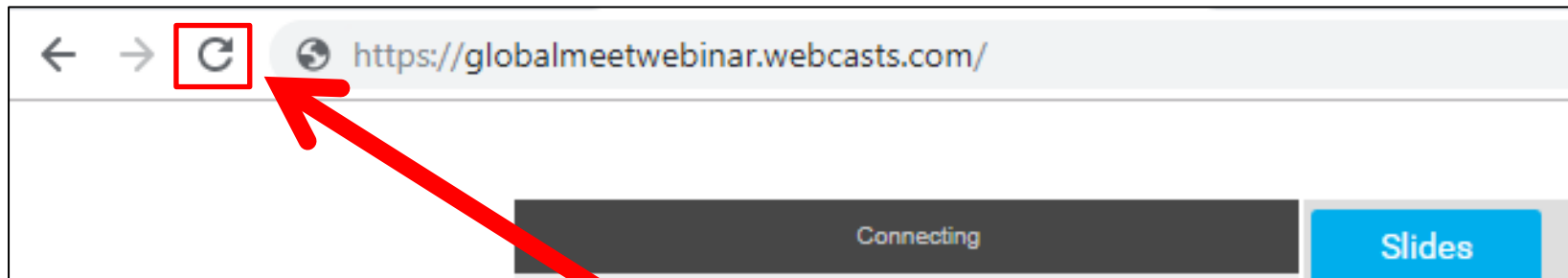
Click Refresh

– or –

Press F5



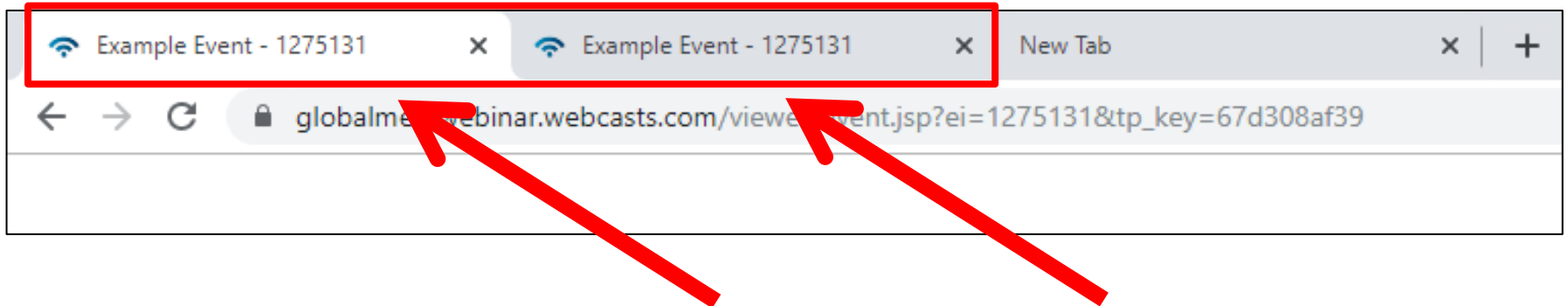
F5 Key  
Top Row of Keyboard



Refresh

# Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab and the echo will clear.



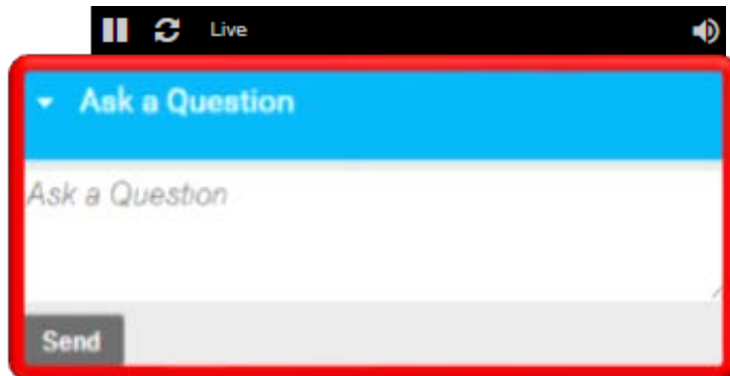
Example of Two Browsers/Tabs Open in Same Event

# Submitting Questions

Type questions in the “Ask a Question” section, located on the left-hand side of your screen.



## Outpatient Quality Program Systems and Stakeholder Support Team



Today's Presentation





A wooden bookshelf filled with books and various decorative objects like a clock, a globe, and a camera.

# The Escape Room: The Search for Clues in Your Data Abstraction

Outpatient Quality Program Systems and  
Stakeholder Support Team

# Acronym List

<b>ADVS</b>	Activities of Daily Vision Scale	<b>HQR</b>	Hospital Quality Reporting
<b>ASC</b>	Ambulatory Surgical Center	<b>MIF</b>	Measure Information Form
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>PACU</b>	Post Anesthesia Care Unit
<b>CY</b>	Calendar Year	<b>Pre-op</b>	Preoperative
<b>ED</b>	Emergency Department	<b>PRN</b>	Pro re nata (when necessary)
<b>FIT</b>	Fecal Immunochemical Test	<b>VF</b>	Visual Function
<b>FSR</b>	Facility-Specific Report		



# Learning Objectives

Attendees will be able to:

- Use the specifications manual to assist in abstracting measures for this program.
- Recognize some common difficulties with chart-abstracted measures.
- Describe tips for resolving issues.
- Locate online resources available to assist with successful reporting.



# Program Announcements

- The Calendar Year (CY) 2022 proposed rule will be published soon.
  - A webinar to discuss proposals for this program will be presented once the rule is published.
- Today's slides can be found on our website at: [QualityReportingCenter.com](https://QualityReportingCenter.com).







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I am looking for quality information associated with...



Hospitals - Inpatient



Hospitals - Outpatient



Ambulatory Surgical Centers



PPS-Exempt Cancer Hospitals



ESRD Facilities



Inpatient Psychiatric Facilities



# Locate the Specifications Manual

Home /

## Ambulatory Surgical Centers

**Overview**

Measures

Public Reporting

Data Submission

Resources

Notifications

### Ambulatory Surgical Center Overview

The Ambulatory Surgical Center (ASC) Program is a pay-for-reporting, quality data program finalized by the Centers for Medicare & Medicaid Services (CMS). Under this program, ASCs report quality of care data for standardized measures to receive the full annual update to their ASC annual payment rate.

[Read more](#)

Participating in the ASCQR Program?

[Download 2021 Specifications Manual](#)

[Download 2020 Specifications Manual](#)



[View all Specifications Manuals](#)

# Web-Based Measures

Measures Submitted via a web-based tool include:

- **ASC-9:** Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
- **ASC-11:** Cataracts - Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery **(voluntary)**
- **ASC-13:** Normothermia
- **ASC-14:** Unplanned Anterior Vitrectomy

# Scenario

## **ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients**

A 70-year-old patient had a colonoscopy done at our hospital. Other than “return PRN,” there is no documentation of a recommended follow-up colonoscopy.

*Would this case be excluded from the denominator?*

# Review and Answer

## Denominator Exclusions:

- “..... Documentation indicating no follow-up colonoscopy is needed or recommended is only acceptable if the patient’s age is documented as  $\geq 66$  years old, or life expectancy  $< 10$  years.....”

*This case would be excluded from the denominator because no follow-up colonoscopy is needed or recommended is acceptable if the patient’s age is greater than or equal to 66 years old.*



# Scenario

## **ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients**

The patient's age is 66 years old. The physician documents in the colonoscopy report: "Repeat colonoscopy PRN for screening purposes."

*Is this acceptable documentation to exclude the case?*

# Review

## Denominator Exclusions:

- “.... Documentation indicating no follow-up colonoscopy is needed or recommended is only acceptable if the patient’s age is documented as  $\geq 66$  years old, or life expectancy  $< 10$  years....”

# Answer

*This case would be excluded from the denominator because of the patient's age and guidance that specifies documentation indicating no follow-up colonoscopy is needed or recommended is acceptable if the patient's age is greater than or equal to 66 years old.*

# Scenario

## **ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients**

A patient arrived for a screening colonoscopy and there is the following documentation in the medical record:

“Diverticulosis in the sigmoid colon and in the descending colon. The examination was otherwise normal. No specimens collected. Recommendation: Discharge patient to home. Consider FIT testing for non-invasive means of screening for polyps and lesions as we were unable to reach the cecum.”

*Would this case be excluded based on a medical reason?*



# Review and Answer

## Denominator Exclusions:

- “Documentation of medical reason(s) for not recommending at least a 10-year follow-up interval ..... Documentation of a medical condition or finding can be used as a medical reason(s) for denominator exclusion purposes only if the documented recommended follow-up interval is less than 10 years.”

*No. This case will not be excluded. You cannot exclude a case from the measure based on a medical reason if there is no documentation recommending a follow-up interval of less than 10 years.*



# ASC-9 Numerator

**Numerator Statement:** Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

- All cases that meet the numerator statement will be the numerator.

# ASC-9 Denominator

**Denominator Statement:** All patients aged 50 to 75 years of age receiving screening colonoscopy without biopsy or polypectomy.

- To determine the denominator, you will refer to the Measure Information Form (MIF) using the denominator statement, denominator criteria, and denominator exclusions.
- All cases that meet these criteria will be your total population.



# Sampling Specifications

## Sampling Specifications

**ASC-9, ASC-11\*, and ASC-13** – The sampling size specifications for ASC-9, ASC-11\*, and ASC-13 have been established and are specified in the table below.

**Table 3: Sample size requirements per year per ASC for Endoscopy/Polyp Surveillance (ASC-9) or Cataracts (ASC-11\*) measures, or Normothermia Outcome (ASC-13).\*\***

<b>Population Per Year</b>	<b>0-900</b>
Yearly Sample Size	63
Quarterly Sample Size	16
Monthly Sample Size	6
<b>Population Per Year</b>	<b>≥ 901</b>
Yearly Sample Size	96
Quarterly Sample Size	24
Monthly Sample Size	8

\*Submission of data for ASC-11 is voluntary.

\*\*For ASCs with fewer than 63 cases, the total population of cases is required.

# Summary

If the total annual measure population is 786:

- Sample size is 63.

Denominator

- The denominator is 63, the number of your minimum sample size.

Numerator

- The numerator is 60 (from the 63 cases that met the numerator criteria).

# Example Submission

Please enter zeros for this measure as I have no data to submit

**Numerator**

▪ Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

60

**Denominator**

▪ All patients aged 50 to 75 years of age receiving screening colonoscopy without biopsy or polypectomy

63

**Population**

What was your hospital's Total Population?

786

What was your hospital's sample size?

63

What was your hospital's sampling frequency?

Monthly

Quarterly

Not Sampled

N/A

Our example case is described as having the following:

- Total population of 786
- Sample size of 63, according to Table 3 in the manual
- Denominator of 63
- Numerator of 60, as 60 cases out of the sample size of 63 cases met the numerator criteria.

# What do you think?







# Scenario

## **ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery**

*Can a provider make their own Visual Function Assessment Tool and/or are they required to use one that is “appropriately validated” such as National Eye Institute Visual Function Questionnaire, the Visual Function (VF-14), the modified VF-8, the Activities of Daily Vision Scale (ADVS), the Catquest, or the modified Catquest-9?*

# Review

## **Additional Instructions:**

Definition for Survey: An appropriate data collection instrument is an assessment tool that has been validated for the population for which it is being used; this measure utilizes a visual function survey. While it is recommended that the facility obtain the survey results from the appropriate physician or optometrist, the surveys can be administered by the facility via phone, mail, email, or during clinician follow-up. For this measure, the same data collection instrument (i.e., survey) must be used preoperatively and post-operatively.

# Answer

*While a provider is not limited to using the data collection instruments listed in the Specifications Manual, the instrument must be “appropriate” and “validated for the population for which it is being used.”*



# Scenario

## **ASC-13: Normothermia**

The patient arrived in the PACU at 0700. His temperature was 95° Fahrenheit. At 7:10 a.m., his temperature was re-taken and was 96.8 degrees Fahrenheit.

*Is it true that if multiple temperatures were taken within 15 minutes of arrival to the PACU, if one of them is 96.8 or greater, the patient belongs in the numerator?*

# Review

## **Description:**

This measure is used to assess the percentage of patients having surgical procedures under general or neuraxial anesthesia of 60 minutes or more in duration are normothermic within 15 minutes of arrival in PACU.

## **Numerator:**

Surgery patients with a body temperature equal to or greater than 96.8 Fahrenheit/36 Celsius recorded within fifteen minutes of arrival in PACU.

## **Denominator:**

All patients, regardless of age, undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes duration.

# Answer

*Yes, it is true that it does not matter if there were multiple temperatures recorded, as long as one of the temperatures taken is 96.8 Fahrenheit/36 Celsius or greater within 15 minutes of arrival to PACU. In this case, there was a temperature of 96.8°Fahrenheit within 15 minutes of arrival to PACU.*

# Scenario

## **ASC-13: Normothermia**

On occasion we have colonoscopy cases that last longer than 60 minutes.

*How would we abstract for patients who did not enter a PACU after surgery?*



# Review and Answer

## Description:

This measure is used to assess the percentage of patients having surgical procedures under general or neuraxial anesthesia of 60 minutes or more in duration are normothermic within 15 minutes of arrival in PACU.

*If general anesthesia is used with a colonoscopy case lasting longer than 60 minutes, this would require the patient's body temperature to be recorded within 15 minutes of PACU arrival (or pre-op room for post-anesthesia care). If the case did not meet these criteria, it would be excluded from the measure.*





# Scenario

## **ASC-14: Unplanned Anterior Vitrectomy**

A patient is brought to our ASC for a cataract surgery, but there was no mention of an unplanned anterior vitrectomy noted on that cataract visit. Two days later an anterior vitrectomy is noted in the medical record.

*Should this secondary visit for the anterior vitrectomy be ignored due to the fact it was completed on a separate visit?*

# Review

## **Description:**

This measure is used to assess the percentage of cataract surgeries that have an unplanned anterior vitrectomy.

## **Numerator:**

All cataract surgeries that had an unplanned anterior vitrectomy.

## **Denominator:**

All cataract surgeries.

## **Definitions:**

Unplanned anterior vitrectomy: an anterior vitrectomy that was not scheduled at the time of the patient's admission to the ASC.



# Answer

This measure only includes an anterior vitrectomy that was not scheduled at the time of the patient's admission to the ASC.

*This case would not be included.*

*The vitrectomy would have had to be performed during the cataract surgery and would not include a vitrectomy done on a different encounter date.*

# Scenario

## **ASC-14: Unplanned Anterior Vitrectomy**

It is not unusual to have an anterior vitrectomy performed due to bag rupture during the cataract surgery.

*Do we submit only those who come in for a separate procedure?*

# Review and Answer

## Description:

This measure is used to assess the percentage of cataract surgeries that have an unplanned anterior vitrectomy.

*The vitrectomy would have to be performed during the cataract surgery encounter and would not include a vitrectomy done outside of the cataract surgery admission date. Any unplanned anterior vitrectomy that was not scheduled at the time of the patient's admission to the ASC would be included. This case is unplanned and would be included in the measure.*







# COVID-19 Impact

**Question:** How does COVID-19 impact reporting for ASC-9, ASC-11, ASC-13, and ASC-14?

**Answer:** Under the COVID-19 exception, CMS did not require facilities to report data for the web-based measures from January 1 through June 30, 2020. However, providers could voluntarily report data from this period. If facilities opted to include data for the entire 12 months, the results reported for calendar year 2022 payment determination will include data for all 12 months (January 1, 2020–December 31, 2020).

**Additional information can be found at:**

<https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting>.

# Claims-Based Measures

- **ASC-12:** Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- **ASC-17:** Hospital Visits After Orthopedic Ambulatory Surgery Center Procedures
- **ASC-18:** Hospital Visits After Urology Ambulatory Surgery Center Procedures
- **ASC-19\*:** Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers

\*ASC-19 begins with payment year 2024.

# Reports

**Question:** What is my Facility-Specific Report (FSR)?

**Answer:** FSRs include information such as facility-level measure results, state and national results, Medicare claims data to calculate measure results, measure performance information, and a summary of each facility's case mix. The FSRs released in spring 2021 covered public reporting period 2021 for the ASC-12, ASC-17, and ASC-18 measures.



# What do you think?





**Need Help?  
Call Now**

# Resources

- Today's presentation can be found on [www.QualityReportingCenter.com](http://www.QualityReportingCenter.com).
- For measure-specific questions, use the *QualityNet Quality Question and Answer Tool*.
- For program-related questions, call the support team help desk.
  - Phone: 866.800.8756





**Thank You!**



# Continuing Education Approval

This program has been approved for one continuing education credit for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

**Note:** To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

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