



Exploring Quality Provisions of the CY 2022 OPPS/ASC Proposed Rule



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**Proposed Changes to the
Ambulatory Surgical Center Quality Reporting
(ASCQR) Program Measure Set**



**Proposed Adoption of One
New Measure**



**COVID-19 Vaccination Coverage
Among Health Care Personnel
(HCP) Measure**

Proposal: Adopt COVID-19 Vaccination Coverage Among HCP

This measure would:

- Begin data collection with CY 2022 reporting period/CY 2024 payment determination
- Assess the percentage of an ASC's healthcare workforce that has been fully vaccinated

Rationale

- Publicly available vaccination status information can inform patient and consumer healthcare choices
- Vaccination is viewed as critical in countering the spread of COVID-19
- CMS believes it is important to propose the measure as quickly as possible to address the urgency of the COVID-19 public health emergency and its impact on vulnerable populations

Measure Specifics

- Measure developed by the Centers for Disease Control and Prevention (CDC)
- Denominator: Number of HCP eligible to work in the ASC for at least one day during the reporting period, excluding persons with any contraindications
- Numerator: Number of HCP in the denominator who received a complete vaccination course against COVID-19 using a Food and Drug Administration (FDA)-authorized vaccine

Measure Specifics (cont.)

- Vaccination coverage is defined as the estimated percentage of HCP eligible to work at the ASC (CCN*) for at least one day who received a COVID-19 vaccine
- All HCP working in all facilities that share the same CCN would be counted
- Complete specifications are available on the CDC website: <https://www.cdc.gov/nhsn/nqf/index.html>

*CCN: CMS Certification Number

Reporting Specifics

- The reporting would be through the CDC National Healthcare Safety Network (NHSN) web-based surveillance system
- Numerator and denominator data for at least one, self-selected week during each month of the reporting quarter would be collected and submitted by the quarterly deadline
- CDC would calculate a single quarterly rate for each CCN by taking the average from the three submission periods for that quarter

We invite public comment on our proposal.



**Proposed Modifications to Previously
Adopted Measures**



**Previously Suspended Measures
ASC-1 through ASC-4**

Measure Information

Rare Adverse Event, Patient Safety Measures

- ASC-1: Patient Burn
- ASC-2: Patient Fall
- ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
- ASC-4: All-Cause Hospital Transfer/Admission

Proposal: Require & Resume Reporting

Propose to require and resume data collection for the previously suspended ASC-1, ASC-2, ASC-3, and ASC-4 outcome measures

- Data would be submitted via the Hospital Quality Reporting (HQR) System
- Data collection would begin with the CY 2023 reporting period/CY 2025 payment determination and then for subsequent years

Rationale

- Web-based data submission will be more efficient and allow a review and correction period
 - ASCs can change any data during the reporting period up until the submission deadline
 - After the submission deadline, no data can be edited
- This proposal responds to public desire to monitor these types of events

We invite public comment on our proposal



**Cataracts: Improvement in Patient's
Visual Function within 90 Days
Following Cataract Surgery Measure**

Measure Specifics

- Assesses the percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery
- Consists of pre-operative and post-operative visual function data from several allowable, comparable surveys

Rationale

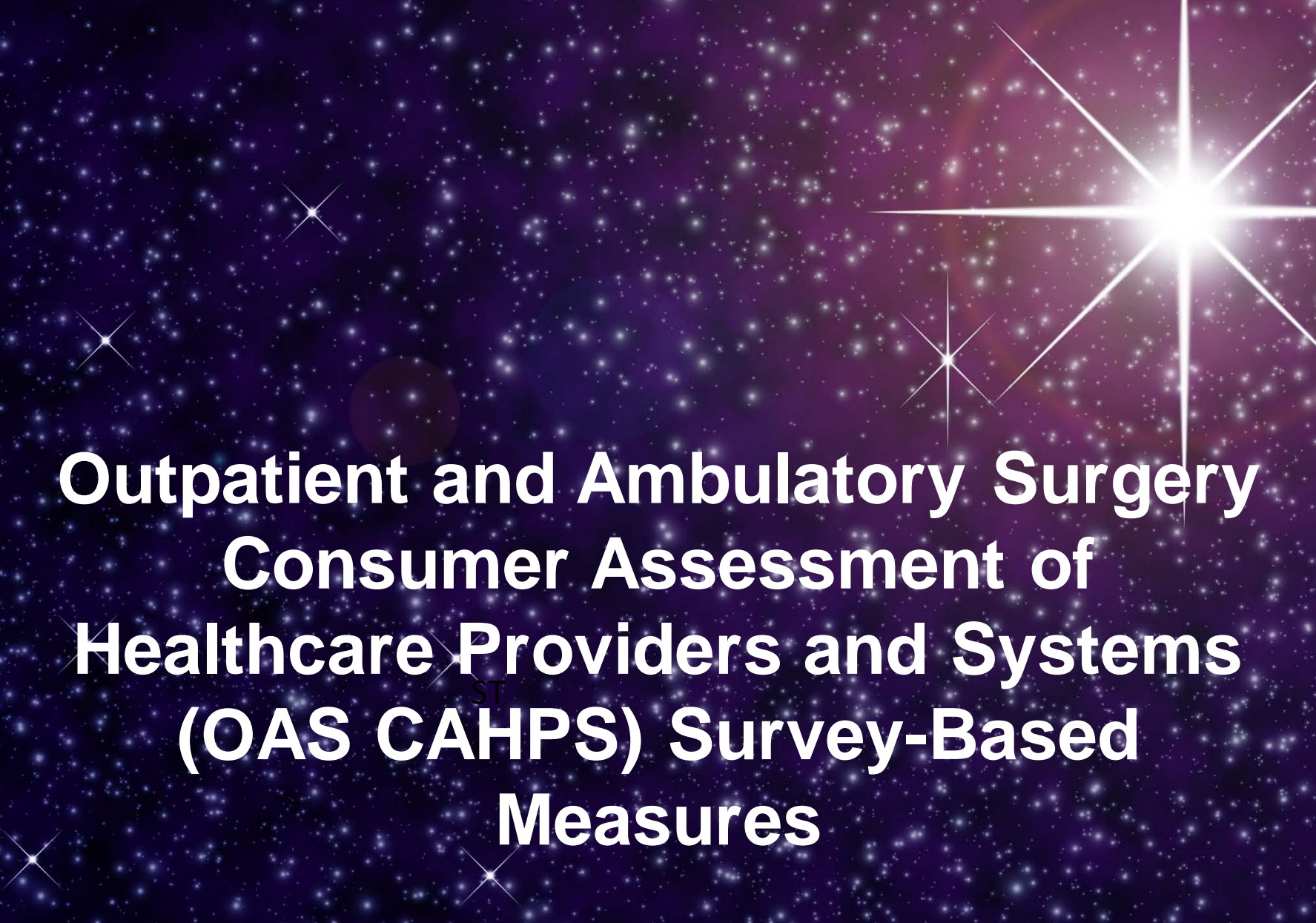
- Addresses a high-impact condition (visual function)
- Serves to improve patient-centered care as an important patient reported outcome
- Provides opportunities for care coordination and direct patient feedback

Proposal: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery Measure

This proposal:

- Requires mandatory data submission via a CMS web-based tool
- Begins data collection with CY 2023 reporting period/ CY 2025 payment determination and subsequent years

We invite public comment on our proposal.



**Outpatient and Ambulatory Surgery
Consumer Assessment of
Healthcare Providers and Systems
(OAS CAHPS) Survey-Based
Measures**

Proposal: OAS CAHPS Survey

Propose to resume reporting for the ASC 15a-e
OAS CAHPS Survey-Based Measure

- The voluntary, national OAS CAHPS reporting is independent of the ASCQR Program
- Voluntary reporting begins with the CY 2023 reporting period
- Mandatory reporting begins with CY 2024 reporting period/CY 2026 payment determination

Rationale

- Assesses important aspects of care where the patient is the best or only source of the information
- Benefits of the measure outweigh the burdens
- Implementation will enable objective comparisons between ASCs and patient experience ratings

Survey Administration Modes

Current administrative modes:

- Mail-only
- Telephone-only
- Mixed-mode (mail with telephone follow-up)

Proposed, additional administrative modes

- Web with mail follow-up
- Web with a telephone follow-up

Vendor Requirements

A CMS-approved survey vendor would be required for survey administration

- ASCs would authorize and register a CMS-approved vendor on the survey website, <https://oascahps.org>
- Vendors would need to submit data by the specified submission deadlines
- Collection of data and submission would be reported at the CCN level

Data Collection

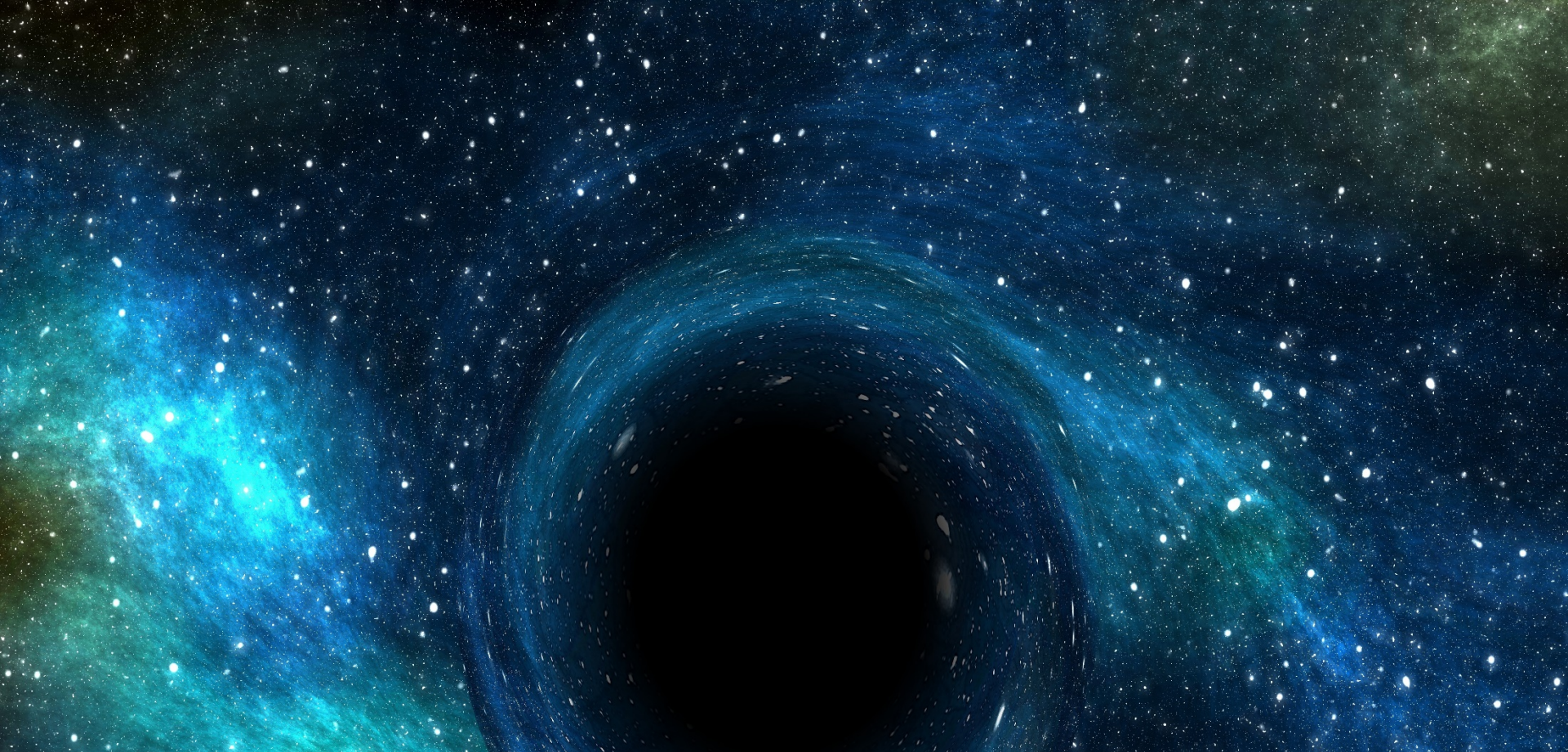
CMS-approved vendors would be required to:

- Initiate data collection no later than 21 days after the month in which a patient has a surgery or procedure at a facility and completed within 6 weeks (42 days) after initial contact of eligible patients begins
- Make multiple attempts to contact eligible patients unless the patient refuses or the vendor learns that the patient is ineligible to participate in the survey

Data Collection (cont.)

- Collect survey data for eligible patients by the established quarterly deadlines for each data collection period unless the facility has been exempted from the OAS CAP Survey requirements under the low volume exemption
 - Facilities with < 60 survey-eligible patients during the “eligibility period” submit the participation exemption request form on or before May 15 of the data collection calendar year
- Option for random sampling if > 300 completed surveys anticipated

We invite public comment on our proposal.



Request for Comment and Information



Request for Comment: Future Consideration

CMS invites comment on the following:

- Potential future adoption of measures considering potential transition of procedures from inpatient to outpatient
- A respecified version of patient-reported outcome-based performance measure (PRO-PM)
- ASC-Level, Risk Standardized Patient Reported Outcomes Measure Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)
- For details, visit <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology>

Request for Comment: Future Considerations

Comment invited on the potential development and adoption of a measure assessing quality of pain management procedures performed in ASCs

- Pain management services have seen rapid growth as a form of early intervention and more procedures are being performed in ASCs
- Such procedures are the third most commonly performed in ASCs for Medicare beneficiaries

Rural Emergency Hospitals & Health Equity Requests for Information

Rural Emergency Hospitals – A new provider type

- For details see page 268 of the PDF version of the proposed rule in the [*Federal Register*](#)

Health Equity

- Address health equity through stratified confidential reporting by variables such as people with disabilities, people of LGBTQ community, religious minorities, rural population, overall people adversely affected by persistent inequality and other applicable variables

CMS Seeks Input

CMS seeks input on:

- The possibility of providing equity reporting in the ASCQR Program in a way that maximally supports facilities in improving the quality of care for all Medicare beneficiaries, regardless of risk factors
- Measurement approaches or social risk factors for illuminating social-based disparities in facilities which have relatively few individuals with social risk factors

Specific to ASCs

Specifically for ASCs, what are/is:

- Ways to address the unique challenges of measuring disparities, e.g., small sample sizes, ASC specialization, the smaller proportion of patients with social risk factors
- Utility of neighborhood-level socio-economic factors toward measuring disparities in quality-of-care outcomes
- Ways social risk factors influence access to care, quality of care, and outcomes for specific ASC services or in general

Future of Digital Quality Measurement (dQM)

CMS plans to modernize its quality measurement enterprise. Input is first requested on:

- The potential definition of dQMs
- How leveraging advance in technology such as Fast Healthcare Interoperability Resources (FHIR[®]) and Application Programming Interface (APIs) to access and electronically transmit interoperable data for dQMs could reinforce other activities to support quality measurement and improvement

Future of dQM

Then request comment on four potential future actions that would enable transformation to a fully digital quality measurement enterprise by 2025

1. Leveraging and Advancing Standards for Digital Data and Obtaining All EHR Data Required for Quality Measures via Provider FHIR-Based APIs
2. Redesigning Quality Measures To Be Self-Contained Tools
3. Building a Pathway to Data Aggregation in Support of Quality Measurement
4. Potential Future Alignment of Measures Across Reporting Programs, Federal and State Agencies, and the Private Sector.

Summary

Our proposals include:

- Adoption of one new measure
 - COVID-19 Vaccination Coverage Among HCP
- Changes to previously adopted measures
 - Reporting resumption for ASC-1, ASC-2, ASC-3, and ASC-4
 - Mandatory reporting of ASC-11
 - Mandatory reporting of 15a-e OAS CAHPS survey measures after a period of voluntary reporting
- Requests for information/comment
 - Potential adoption of the THA/TKA measure
 - Potential adoption of a pain management measure
 - Health equity
 - Future of dQMs



Commenting

Submitting Comments

- Comments must be received by September 17, 2021
- CMS encourages submission of electronic comments
 - Comments may also be submitted by regular mail, express mail, or overnight mail to the designated addresses provided
- Responses to comments will be in the final rule

Locating the Rule

Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Price Transparency of Hospital Standard Charges; Radiation Oncology Model; Request for Information on Rural Emergency Hospitals

A Proposed Rule by the Centers for Medicare & Medicaid Services on 08/04/2021

Comments on this document are being accepted at Regulations.gov.

SUBMIT A FORMAL COMMENT
Read the 1 public comment

PUBLISHED DOCUMENT

Start Printed Page 42018

AGENCY:
Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS).

ACTION:
Proposed rule.

SUMMARY:
This proposed rule would revise the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) payment system for Calendar Year (CY) 2022 based on our continuing experience with these systems. In this proposed rule, we describe the proposed changes to the amounts and factors used to determine the payment rates for Medicare services paid under the OPPS and those paid under the ASC payment system. Also, this proposed rule would update and refine the requirements for the Hospital Outpatient Quality Reporting (OQR) Program and the ASC Quality Reporting (ASCQR) Program, update Hospital Price Transparency requirements, and update and refine the design of the Radiation Oncology Model. Finally, this proposed rule includes a Request for Information (RFI) focusing on the health

DOCUMENT DETAILS

Printed version:
PDF

Publication Date:
08/04/2021

Agencies:
Centers for Medicare & Medicaid Services
Office of the Secretary

Dates:
To be assured consideration, comments must be received at one of

Document Type:
Proposed Rule

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86 FR 42018

Page:
42018-42360 (343 pages)

CFR:
42 CFR 412
42 CFR 416
42 CFR 419
42 CFR 512
45 CFR 180

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- Select the **Submit Comment** box

References

- Proposed Rule in the [*Federal Register*](#)
 - PDF version, pages 249-268
- For program-related questions, contact the support help desk at 866.800.5756

The background of the image is a deep space scene featuring a central, glowing nebula or galaxy core. This central region is characterized by a dense concentration of stars and interstellar dust, appearing in shades of orange, yellow, and blue. The core is surrounded by a vast field of individual stars, many of which are bright and distinct against the dark cosmic background. The overall composition is centered and symmetrical, creating a sense of depth and grandeur.

Thank You!

Continuing Education Approval

This program has been approved for one 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

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