



# **CY 2022 OPPS Final Rule: How to Succeed in ASC Quality Reporting**

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Centers for Medicare & Medicaid Services  
(CMS)

## You will be able to:

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- Locate the Calendar Year (CY) 2022 Hospital Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Payment System Final Rule in the *Federal Register*
- List the finalized changes to the ASCQR Program in the CY 2022 OPPS/ASC Final Rule
- State the impact the finalized changes will have on the program



## HARP and HQR Are Not the Same

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HCQIS Access Roles  
and Profile (HARP) is  
the key that gives you  
access to the Hospital  
Quality Reporting  
(HQR) System.

## System Insider Tips


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- Log into the HQR System every 90 days to avoid account activity issues
  - If you have one ASC, you can simply log into **My Profile**
  - If you have multiple ASCs, you will select the desired ASC from the **My Organizations** tab in **My Profile**
- It is highly recommended that you always have more than one active Security Officials (SO)

## Program Insider Tips

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- Have the appropriate roles in the HQR System to receive reports and enter data
  - Helpful [tutorials](#) are available
- Receive important program information by signing up for the [QualityNet Email Updates](#)
- Review the [Specifications Manual](#) found on *QualityNet*
- Join us for our coming webinar on reviewing the program



I am having trouble understanding the rule!

## Discussing the Final Rule

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Letting you know what you need to know when you need to know it

# Finding the Final Rule

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- The rule is located on the [\*Federal Register\*](#).
  - [PDF version](#)
  - ASC-specific information, pages 418-454
- Addenda related to the ASC payment system can be found on the CMS website:
  - <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices>

A stylized illustration of a classroom. In the center, a black chalkboard with a white border contains the text "Finalized Proposal for a New Measure" written in white, casual handwriting. To the left of the chalkboard, a portion of a red clock is visible, showing numbers 1, 2, 3, 4, and 5. To the right, a brown wooden door is open, revealing a doorway. In the foreground, there are several grey rectangular blocks representing desks or tables, arranged in a row. The background wall is light blue, and the floor is a darker blue. The entire scene is framed by a white border.

Finalized Proposal  
for a New Measure



## ASC-20: COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)

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- The reporting begins with the CY 2022 reporting period/CY 2024 payment determination
- Only the most recent quarter of data will be publicly reported
- Data will be available for preview for 30 days prior to becoming public

## Measure Specifics

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The percentage of an ASC's workforce that has been fully vaccinated

- 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: Cumulative number of HCP in the denominator who received a complete vaccination course
- All HCP working in all facilities that share the same CMS Certification Number (CCN) would be counted

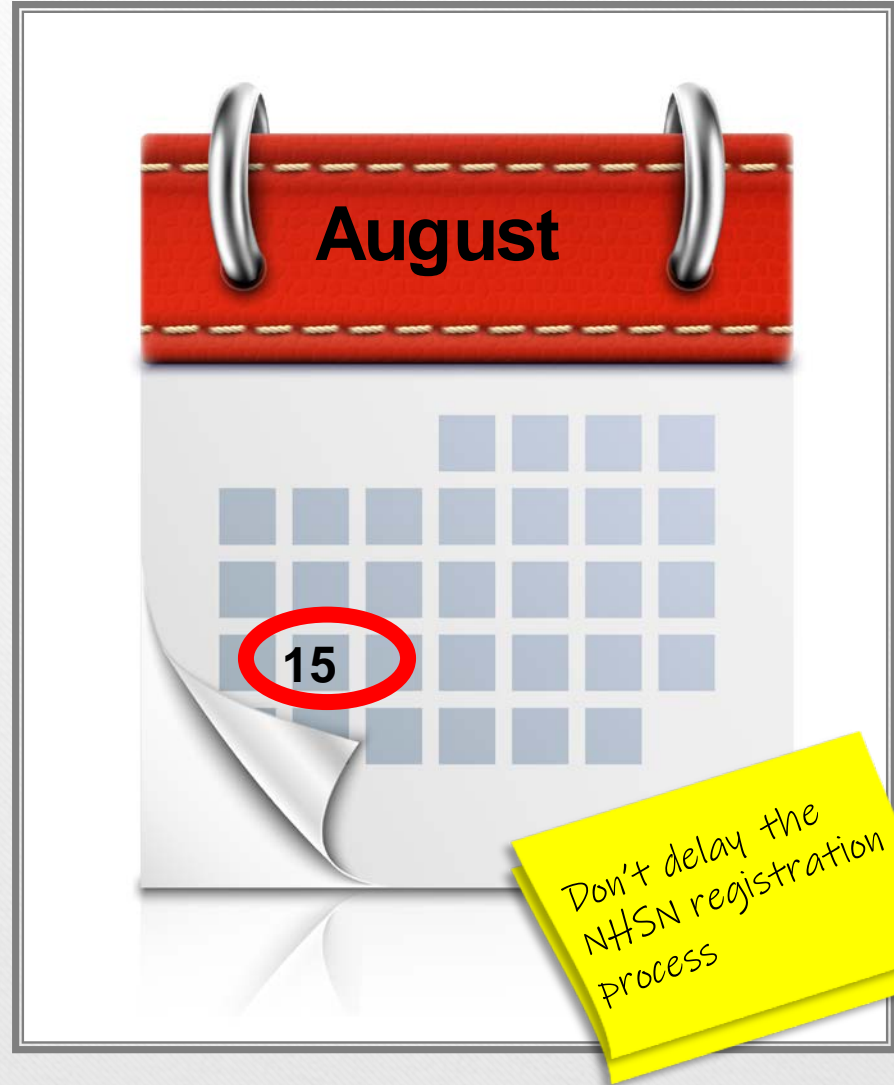
# How to Report

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- Report through the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) web-based surveillance system
- Collect data for at least one, self-selected week during each month of the reporting quarter
- Report data by the quarterly deadline
- Calculated single quarterly rate by taking the average from the three submission periods submitted for the quarter. CMS will publicly report the most current data
  - Specifications are available here: [National Quality Forum \(NQF\) | NHSN | CDC](#)

## Reporting Begins CY 2022

- Use January 1–March 31, 2022, as the reporting period.
- Collect data for at least one, self-selected week during each month of the quarter.
- Submit your data by the quarterly deadline of August 15, 2022.



## Quarterly Deadlines: Payment Year 2024

Encounter Quarter	Reporting Period	Submission Deadline
Q1 2022*	Jan 1–Mar 31, 2022	August 15, 2022
Q2 2022	Apr 1–Jun 30, 2022	November 15, 2022
Q3 2022	Jul 1–Sep 30, 2022	February 15, 2023
Q4 2022	Oct 1–Dec 31, 2022	May 15, 2023

\*Your first submission will be due no later than August 15, 2022, using the January 1 through March 31, 2022, reporting period

A stylized illustration of a classroom. In the center, a black chalkboard with a white border displays the text "Finalized Proposals to Previously Adopted Measures" in white, handwritten-style font. To the left of the chalkboard, a portion of a red clock is visible, showing numbers 1 through 5. To the right, a brown wooden door is open, revealing a doorway. In the foreground, there are several grey, rectangular desks or tables arranged in rows. The background wall is light blue, and the floor is a darker blue. The entire scene is framed by a white border.

Finalized Proposals to  
Previously Adopted  
Measures

# Resume Four Patient Safety Measures

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- 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

Previous reporting was through Quality Data Codes (QDCs) on your Medicare Fee-For-Service claim forms.

# How to Report

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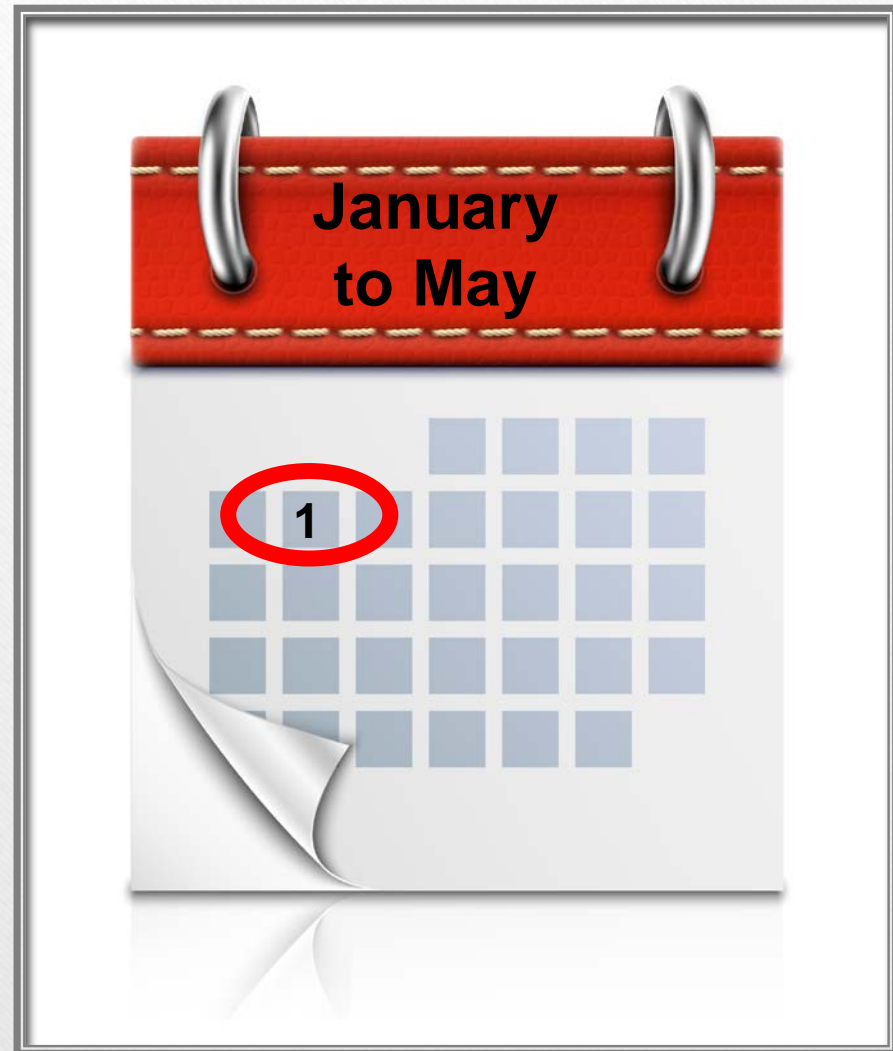
- Data collection begins with the CY 2023 reporting period/CY 2025 payment determination and subsequent years
- Data submission will be web-based via HQR

You will not  
apply QDCs  
to your claims



## Reporting Begins CY 2023

- Use the CY 2023 reporting period (patient encounters) from January 1–December 31, 2023.
- Enter data in HQR anytime from January 1, 2024–May 15, 2024.



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

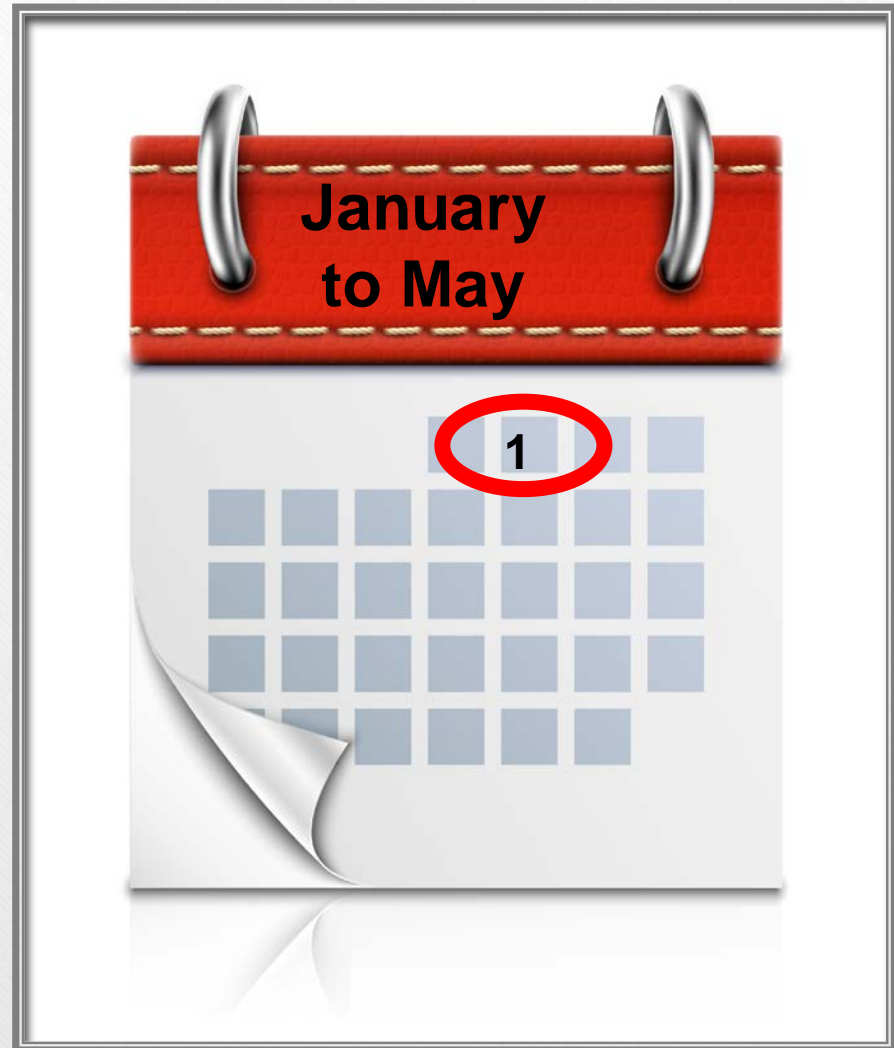
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- Mandatory reporting begins with data collection for CY 2025 reporting period/CY 2027 payment determination and subsequent years
- Submit data via HQR

You may still  
submit data  
Voluntarily until  
CY 2025

## Reporting Begins CY 2025

- Use the CY 2025 reporting period (patient encounters) from January – December 31, 2025.
- Enter data in HQR anytime from January 1, 2026 – May 16, 2026.
- Submit data voluntarily until mandatory reporting begins.



## 15a-e: OAS CAHPS

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### Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems

- Voluntary reporting begins with the CY 2024 reporting period/CY 2026 payment determination
- Mandatory reporting begins with CY 2025 reporting period/CY 2027 payment determination

## Measure Specifics

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- National OAS CAHPS Survey voluntary reporting is independent, and the process remains unchanged
- Surveys will be administered to all eligible patients who had at least one surgery/procedure during the applicable month
  - The Guidelines Manual can be found at [Survey Materials \(oascahps.org\)](http://oascahps.org)
- Data will be publicly reported by CCN

# Survey Administration Modes

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Finalized administrative modes:

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

# How to Report

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- Submit data through CMS-approved vendors authorized by the ASC
  - Vendors list available at <https://oascahps.org/>
- Submit data for eligible patients by the quarterly deadlines for each data collection period
- Initiate surveys no later than 21 days after the surgery or procedure and completed within 6 weeks (42 days) following the invitation to complete the survey

## Reporting Specifics

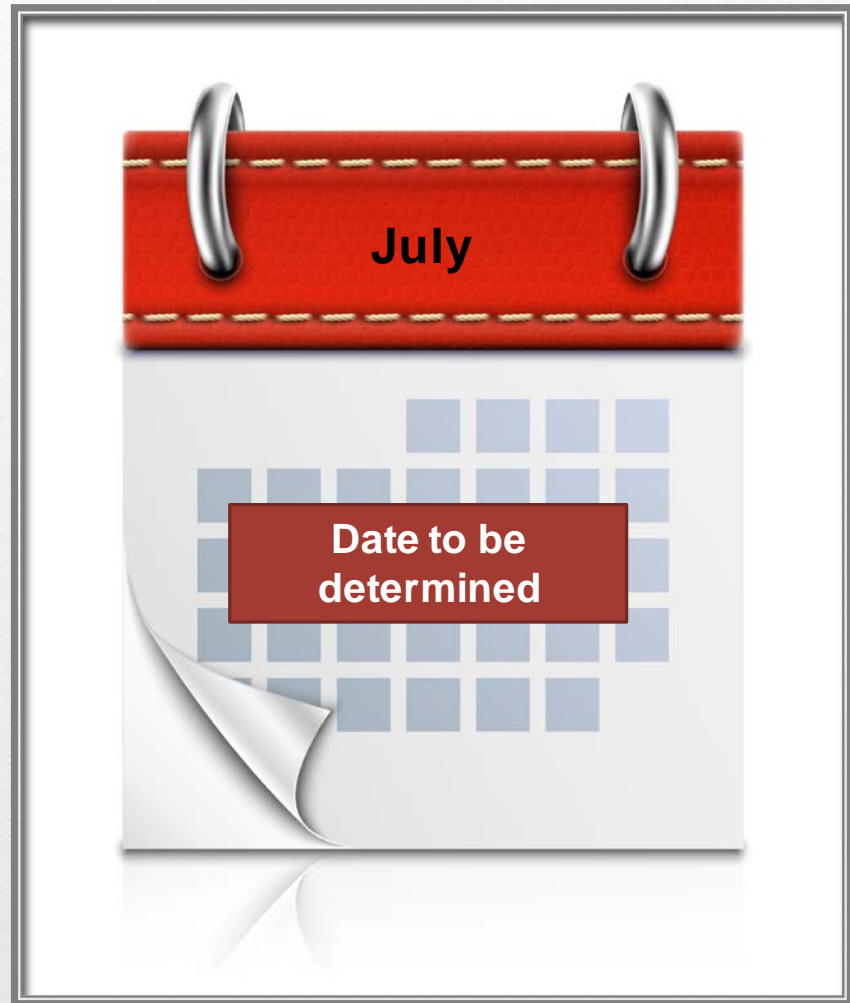
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- A revised target number to **200** completed surveys annually are required
- Facilities with < 60 survey-eligible patients during the “eligibility period” should submit the participation exemption request form on or before May 15 of the data collection calendar year.
  - ASCs that do not meet the claims threshold for the ASCQR Program will not be required to submit the exemption request form
- Protocols and guidelines can be found at:  
[Survey Materials \(oascahps.org\)](http://oascahps.org)



## Mandatory Reporting Begins CY 2025

- Use Q1 2025 data per data submission guidelines.
- First submission deadline July 2025.
- Report data quarterly.
- Submit the data by the specified deadlines via vendors.



# Deadlines

## Data Submission for CY 2025 Reporting Period for the CY 2027 Payment Determination

<b>Encounter Quarter</b>	<b>Reporting Period</b>	<b>Submission Deadline</b>
Q1 2025	Jan 1–Mar 31, 2025	July 2025
Q2 2025	Apr 1–Jun 30, 2025	October 2025
Q3 2025	Jul 1–Sep 30, 2025	January 2026
Q4 2025	Oct 1–Dec 31, 2025	April 2026

Deadlines are published on the OAS CAHPS site at  
<https://oascahps.org/Data-Submission/Data-Submission-Deadlines>

An illustration of a classroom. In the center is a black chalkboard with a white border containing the text 'Measures and Topics for Future Consideration'. To the left of the chalkboard is a round clock with numbers 1 through 5 visible. To the right is an open wooden door. In the foreground, there are several grey desks with white tops. The background wall is light blue, and the floor is dark blue.

Measures and  
Topics for Future  
Consideration

# Requests for Public Comment

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CMS requested feedback on future considerations of:

- The potential adoption of future measures that transition procedures from inpatient to outpatient
- A respecified version of the patient-reported outcome-based performance measure (PRO-PM)
- Potential future adoption and inclusion of an ASC-Level, Risk-Standardized Patient Reporting Outcomes Measure Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA)
- The development and adoption of a measure assessing quality of pain management procedures in ASCs

## Requests for Public Comment (cont.)

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CMS also requested comment on:

- Rural Emergency Hospitals (new provider type)
- Health equity
- Digital Quality Measurement (dQM)
  - Leveraging Fast Healthcare Interoperability Resources (FHIR<sup>®</sup>) and Application Programming Interface (APIs) to access and electronically transmit interoperable data for dQMs



THINGS YOU SHOULD KNOW!

## Reported Via CMS Web-Based Tool

Measure Name	Reporting Period
ASC-1: Patient Burn	Begins with CY 2023
ASC-2: Patient Fall	
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	
ASC-4: All-Cause Hospital Transfer/Admission	
ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	Continues as before
ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	Mandatory Reporting begins with CY 2025
ASC-13: Normothermia Outcome	Continues as before
ASC-14: Unplanned Anterior Vitrectomy	Continues as before

# Claims-Based Measures

Measure Name	Reporting Period
ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Continues as before
ASC-17: Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures	Continues as before
ASC-18: Hospital Visits after Urology Ambulatory Surgical Center Procedures	Continues as before
ASC-19: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers	Begins with CY 2022



# Survey Measures

Measure Name	Reporting Period
ASC-15a: About Facilities and Staff	Mandatory reporting begins with CY 2025
ASC-15b: Communication About Procedure	
ASC-15c: Preparation for Discharge and Recovery	
ASC-15d: Overall Rating of Facility	
ASC-15e: Recommendation of Facility	

## Reported via NHSN

Measure Name	Reporting Period
ASC-20: COVID-19 Vaccination Coverage Among Health Care Personnel	Begins CY 2022

# Successful Reporting

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- Have at least one active SO (two recommended) to report data and access reports
  - The submission deadline for the web-based measures is May 16, 2022
  - The first submission deadline for the COVID-19 measure is August 15, 2022
- Claims-based data are collected via paid Medicare claims; no manual abstraction or reporting required

# Upcoming Deadlines

Measure	Reporting Period	Submission Deadline
ASC-9	January 1–December 31, 2021	May 16, 2022
ASC-11 (voluntary)		
ASC-13		
ASC-14		
ASC-9		
ASC-13		
ASC-14	January 1–March 31, 2022	August 15, 2022
ASC-20		

# Successful Reporting for COVID-19

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- NHSN registration and enrollment processes
  - Complete the SAMS identification verification process
  - Enroll your facility, if necessary
  - Begin now as this process can take up to six weeks
  - Necessary in order to report your data for the COVID-19 vaccination measure
- For details on the registration process, refer to the [NHSN website](#)
- For assistance, email NHSN at [NHSN@cdc.gov](mailto:NHSN@cdc.gov)

# NHSN Webinar

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- Join us for a webinar on the new COVID-19 HCP vaccination measure on February 2, 2022.
  - Information is available on [QualityReportingCenter.com](https://www.qualityreportingcenter.com)
- Additional resources can be found at:  
<https://www.cdc.gov/nhsn/ambulatory-surgery/index.html>

# Facility Compare Dashboard

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- A new data base has been created for exploring your data
  - <https://www.qualityreportingcenter.com/en/facility-compare-dashboard/>
- Individual facility, state, and national data are available
- A comprehensive review will be presented in an upcoming webinar

# Clearing the Path For Your ASC Quality Reporting Success

## Q&A



# **Need Assistance?**

Call our help desk  
at 866.800.8756





# Continuing Education Approval

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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

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

## Acronyms

<b>API</b>	Application Programming Interface	<b>HQR</b>	Hospital Quality Reporting
<b>ASC</b>	Ambulatory surgical center	<b>NHSN</b>	National Healthcare Safety Network
<b>ASCQR</b>	Ambulatory Surgical Center Quality Reporting	<b>NQF</b>	National Quality Forum
<b>CCN</b>	CMS Certification Number	<b>OAS CAHPS</b>	Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems
<b>CDC</b>	Centers for Disease Control and Prevention	<b>OPPS</b>	Outpatient Prospective Payment System
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>PRO-PM</b>	patient-reported outcome-based performance measure
<b>CY</b>	Calendar year	<b>Q</b>	quarter
<b>dQM</b>	Digital Quality Measurement	<b>QDC</b>	Quality Data Codes
<b>FHIR</b>	Fast Healthcare Interoperability Resources	<b>SO</b>	Security Officials
<b>HARP</b>	HCQIS Access Roles and Profile	<b>THA/TKA</b>	Total Hip and/or Total Knee Arthroplasty
<b>HCP</b>	health care personnel		

# Disclaimer

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