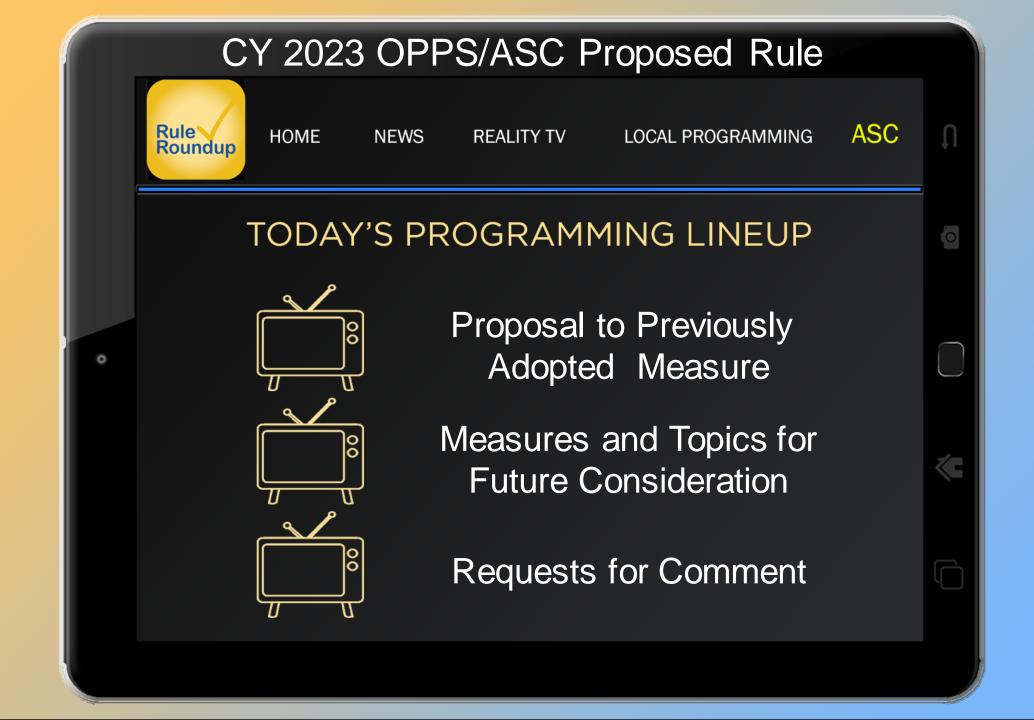# We Have a Big Show Today

From this experience, you will be able to:

- Locate the Calendar Year (CY) 2023 Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Payment System and Quality Programs Proposed Rule in the Federal Register.

- List ASCQR Program proposals and Requests for Comment (RFCs) in this rule.

- Recall or learn the steps to submit comments.

- Review deadlines for the program measures.

Guidance and Disclaimer

- We will discuss proposals for the ASCQR Program in the CY 2023 OPPS/ASC Proposed Rule, published on July 26, 2022.

- The information provided is offered as an informal reference and does not constitute official CMS guidance.

- Stakeholders, advocates, and other interested parties are encouraged to refer to the proposed rule located in the *Federal Register.*

- Comments must be received by September 13, 2022. We encourage you to provide comments by visiting http://www.regulations.gov and following the "Submit a Formal Comment" instructions.

Proposal to Previously Adopted Measure

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

Proposal: Change ASC-11 from mandatory to voluntary reporting beginning with the CY 2025 reporting period/CY 2027 payment determination.

- Facilities would not be subject to a payment reduction for failing to report during the voluntary reporting periods.

- CMS will consider mandatory reporting of this important cross-setting patient reported outcome measure of functional status in future rulemaking.

Considerations

Concerns of reporting burden due to the COVID-19 pandemic

- Ongoing staffing and medical supply shortages

- Changes in patient case volumes

- Shortages have lasted longer than expected

Program Measures and
Topics for Future Consideration

RFC: Specialty Centered Approach

A specialty centered approach to quality reporting could benefit:

- ASCs by allowing focus on practice-specific measures

- Patients through the provision of more relevant information on quality and safety

ASC Quality Reporting

ASC quality reporting could benefit from measures that:

- Consist of limited, connected and complementary sets of measures.

- Result in comparative performance data valuable to patient and caregivers.

- Promote reporting that reflects services provided.

- Use the Meaningful Measures approach.

RFC: Questions on This Approach

Request comment to the following questions if a specialty centered approach were adopted for this program:

- Is the concept for ASC quality reporting feasible and desirable?

- Should CMS require each ASC to report a subset of required quality measures that apply broadly to all ASCs?

- What would be the appropriate number and type of measures required?

With the Adoption of a Specialty Centered Approach

- What would be the appropriate number and type of measures?

- Are there minimum and maximum numbers of measures required that provide meaningful information while not being overly burdensome?

- What is the balance of measures that apply broadly and areas of specialty?

- Which area(s) of specialization would benefit? Which would not?

- Should CMS define a measure set for areas of specialization, or should measures be self-selected for the individual ASC?

Solicitation of Comments

Request comment on the examples provided as well as potential future measure sets for other specialization areas.

- Should ASCs be required to report all quality measures or a minimum number of measures from their selected measure set?
- What current measures, if any, should be retained and incorporated in such an approach?

Potential measures are available in Tables 73-75 of the proposed rule.

ASC-7: ASC Volume on Selected ASC Surgical Procedures Measure

Request comment on the potential future reimplementation of the ASC-7 measure, or other volume indicator

- Volume is an indicator for patients to know which ASCs are experienced with certain procedures

- The measure will support potential future development of a pain management measure

- Before proposal, the measure will go through pre-rulemaking process

RFC: Volume Data and Reporting

Additionally, we seek comments on the following:

- Volume data ASCs currently collect and the feasibility of submitting these data to minimize the burden of adding an alternative measure

- Use of currently collected volume data to reduce burden

- Appropriate timeline for implementing and publicly reporting data

Considerations

- Migration of procedures to outpatient setting.

- Tracking of the volume of procedures is an important component of quality.

- Supporting potential development of a pain management measure.

    - Pain management procedures were the third most common Medicare Fee For Service procedure type.

- Providing Medicare beneficiaries and other stakeholders with information on numbers and proportions of procedures.

Background: Interoperability Initiatives

- Under the Health Information Technology for Economic and Clinical Health Act (HITECH Act), financial incentives were authorized to adopt and meaningfully use certified electronic health record (EHR) technology.

- The EHR Incentive Program (Promoting Interoperability Program) was established and implemented.

- Incentives for ASCs were not included in the HITECH Act.

- Recent changes to the Promoting Interoperability Program have been proposed.

RFC: Interoperability Initiatives

Request comment on how ASCs are implementing tools toward the goal of interoperability.

- We are interested in learning more about ASC capability for reporting these measures in the future, including the following:

    ▪ Barriers to interoperability

    ▪ Health information technology impact on efficiency and quality

    ▪ Ability to participate in interoperability or EHR-based quality improvement activities

RFC: Interoperability Initiatives (continued)

Additionally, we invite comment on:

- What do ASCs perceive as the benefits or risks of interoperability?

- What improvements might be possible, including EHR utilization?

- Do ASCs see this as non-essential or detrimental to business practices?

- Promoting Interoperability measures in Table 76 of the proposed rule

Considerations

- Interoperability encourages providers to adopt and meaningfully use Certified EHR Technology (CEHRT) and improve health care quality.

- Transition to eCQMs for ASC reporting would increase alignment across reporting programs.

Comment Period

- Comments must be received by September 13, 2022.

- 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.

Accessing the *Federal Register*

The proposed rule can be found:

- In the *Federal Register.*

- As a PDF - The ASCQR Program begins at section XIII, beginning on page 239.

Addenda can be found at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices

Commenting
www.regulations.gov

Accessing the Rule

From the *Federal Register,* select the green **Submit A Formal Comment** box.

Entering Your Comment

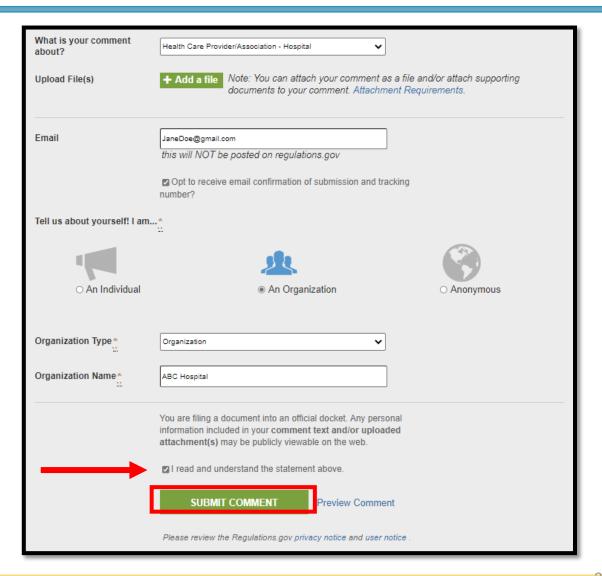Enter your comment in the **Comment** field. You can also attach files.

Submitting Your Comment

Enter the rest of your information.

Select the box next to "I read and understand the statement above."

Select the **Submit Comment** box.

HQR Web-Based Measures

CY 2023 Reporting Period/CY 2025 Payment Determination

Reporting Period:
Jan 1–Dec 31, 2023

Submission Period:
Jan 1–May 15, 2024

Payment Year:
2025

ASCQR Program Measure Set

CY 2023 Reporting Period/CY 2025 Payment Determination	
ASC-1: Patient Burn	ASC-13: Normothermia Outcome
ASC-2: Patient Fall	ASC-14: Unplanned Anterior Vitrectomy
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	ASC-17: Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures
ASC-4: All-Cause Hospital Transfer/Admission	ASC-18: Hospital Visits after Urology Ambulatory Surgical Center Procedures
ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	ASC-19: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers
ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery*	ASC-20: COVID-19 Vaccination Coverage Among Health Care Personnel (HCP)
ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	

*Proposed to be voluntarily collected

Patient Safety Measures

- The reporting of the four 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

- Data collection begins with the CY 2023 reporting period/CY 2025 payment determination.

- Data submission will be web-based via the Hospital Quality Reporting (HQR) system.

ASCQR Program Measure Set (continued)

CY 2025 Reporting Period/ CY 2027 Payment Determination	
ASC-1: Patient Burn	ASC-13: Normothermia Outcome
ASC-2: Patient Fall	ASC-14: Unplanned Anterior Vitrectomy
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	ASC-15a-e: OAS CAHPS**
ASC-4: All-Cause Hospital Transfer/Admission	ASC-17: Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures
ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	ASC-18: Hospital Visits after Urology Ambulatory Surgical Center Procedures
ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery*	ASC-19: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers
ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	ASC-20: COVID-19 Vaccination Coverage Among HCP

* Finalized as mandatory in the CY 2022 OPPS/ASC Final Rule for CY 2025 reporting period/CY 2027 payment determination. Proposed to be voluntarily collected.
** Voluntary reporting begins with CY 2024 reporting period. Mandatory reporting begins with CY 2025 reporting period/CY 2027 payment determination.

15a–e: OAS CAHPS

For Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS):

- Voluntary reporting begins with the CY 2024 reporting period.

- Mandatory reporting begins with CY 2025 reporting period/CY 2027 payment determination.

- Data submission is via CMS-approved vendors.

- Protocols and guidelines: Survey Materials (oascahps.org)

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

- 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.

  - Next deadline is **November 15, 2022**, for Q2 data (April, May, and June 2022).

NHSN Updates

For NHSN surveillance:

- Beginning with June, booster doses by vaccine manufacturer and monthly reporting plans are no longer required.

- **Completed Series** refers to the cumulative number of HCP who completed any COVID-19 vaccine series (dose 1 and dose 2 of COVID-19 vaccines requiring two doses for completion or one dose of COVID-19 vaccine requiring only one dose for completion) at the facility or elsewhere.

- **Up to date** refers to an individual who received:

  - All recommended doses in the primary vaccine series and at least one booster dose.

  - Recently all recommended doses in the primary vaccine series and is not yet eligible for a booster dose.

COVID-19: Up to Date

For NHSN surveillance purposes, individuals are up to date if:	
If Under 50 Years	**If 50 Years and Older**
They received **at least one** booster dose or received the primary series and are not eligible for a booster yet.	They received **a second booster** dose (or received the first booster dose less than four months ago) or received the primary series and are not eligible for a booster yet.
They recently received all recommended doses in the primary vaccine series and not yet eligible for a booster.	They recently received all recommended doses in the primary vaccine series and not yet eligible for a booster.

Individuals with a moderately to severely immunocompromised condition are up to date if they received the following:

1. An additional dose less than three months ago, if the primary series was Moderna or Pfizer-BioNTech.
2. An additional dose less than two months ago, if primary dose was Janssen.
3. An additional dose and one booster less than four months ago.
4. A second booster dose.

NHSN Tips and Tricks

- Temporary enrollment numbers provided by NHSN are only valid for 30 days.

    - If you use a temporary enrollment number, add your CMS Certification Number (CCN) into NHSN upon completion of NHSN Enrollment process.

- Use the same email with registering/enrolling your ASC and your SAMS access request.

- You can use your SAMS credentials from a previous ASC for your new ASC.

    - Remember to update with your current ASC facility in NHSN.

- If you have a new email, change your existing email to the new email in NHSN first and then in your SAMS profile.

Choosing Your Week

Your data will be applied to the month the day the week selected ends.

Web-Based Measure: NHSN

Payment Year 2024

The next deadline is November 15.

Measure	Reporting Period	Submission Deadline
ASC-20: COVID-19 Vaccination Coverage Among Healthcare Personnel	Jan 1—Mar 31, 2022	August 15, 2022
	Apr 1—Jun 30, 2022	November 15, 2022
	Jul 1—Sept 30, 2022	February 15, 2023
	Oct 1—Dec 31, 2022	May 15, 2023

Claims-Based Measures

Payment Year 2024

Measure	Reporting Period
ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Jan 1, 2020–Dec 31, 2022
ASC-17: Hospital Visits After Orthopedic Ambulatory Surgery Center Procedures	Jan 1, 2021–Dec 31, 2022
ASC-18: Hospital Visits After Urology Ambulatory Surgery Center Procedures	Jan 1, 2021–Dec 31, 2022

Payment Year 2024

This measure begins.

Measure	Reporting Period
ASC-19: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers	Jan 1—Dec 31, 2022

Web-Based Measures: HQR

These continue as before.

Payment Year 2025

Measure	Reporting Period	Submission Period
ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Jan 1–Dec 31, 2023	Jan 1–May 15, 2024
ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery *		
ASC-13: Normothermia Outcome		
ASC-14: Unplanned Anterior Vitrectomy		

*Proposed voluntary reporting

Web-Based Measures: New Measures

Payment Year 2025

Measure	Reporting Period	Submission Period
ASC-1: Patient Burn		
ASC-2: Patient Fall		
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Jan 1–Dec 31, 2023	Jan 1–May 15, 2024
ASC-4: All-Cause Hospital Transfer/Admission		

Survey Measures: In the Future

**ASC-15a–e: OAS CAHPS Measures
Payment Year 2026**

Coming Soon!

Measure	Reporting Period
ASC-15a: About Facilities and Staff ASC-15b: Communication About Procedure ASC-15c: Preparation for Discharge and Recovery ASC-15d: Overall Rating of Facility ASC-15e: Recommendation of Facility	**Voluntary** reporting begins with CY 2024 reporting period. **Mandatory** reporting begins with CY 2025 reporting period for the 2027 payment year.

Support

- For program-related questions, contact the support team:

  ▪ Phone: 866.800.5756

  ▪ Email via the Question & Answer Tool:
    https://cmsqualitysupport.servicenowservices.com/qnet_qa

- For NHSN-related questions, contact the support team: NHSN@cdc.gov

Continuing Program Improvement

Continuing Education Approval

- This program has been approved for one credit:
  - **National credit**
    - o Board of Registered Nursing (Provider #16578)
  - **Florida-only credit**
    - o Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
    - o Board of Registered Nursing
    - o Board of Nursing Home Administrators
    - o Board of Dietetics and Nutrition Practice Council
    - o Board of Pharmacy
- **Note:** To verify approval for any other state, license, or certification, please check with your licensing or certification board

Acronyms

ASC	ambulatory surgical center	**HCP**	healthcare personnel
ASCQR	Ambulatory Surgical Center Quality Reporting	**HHS**	US Department of Health and Human Services
CCN	CMS Certification Number	**HITECH Act**	Health Information Technology for Economic and Clinical Health Act
CDC	Centers for Disease Control and Prevention	**HQR**	Hospital Quality Reporting
CEHRT	Certified EHR Technology	**IPPS**	inpatient prospective payment system
CMS	Centers for Medicare & Medicaid Services	**LTCH**	Long-Term Care Hospital
CY	calendar year	**NHSN**	National Healthcare Safety Network
dQM	digital quality measure	**OAS CAHPS**	Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems
eCQM	electronic clinical quality measure	**OPPS**	outpatient prospective payment system
EHR	electronic health record	**PPS**	prospective payment system
ESRD	end-stage renal disease	**PY**	program year
FHIR	Fast Healthcare Interoperability Resources	**RFI**	Request for Information
FR	*Federal Register*	**SAMS**	Secure Access Management Services
FY	fiscal year		

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