



Outpatient Quality Program Systems and Stakeholder Support Team

CMS Quality Reporting for ASCs: Discussing the CY 2023 OPPTS/ASC Payment System Final Rule Presentation Transcript

Speakers

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Outpatient Quality Program Systems and Stakeholder Support Team

Karen

VanBourgondien

Hello, everyone. Thank you for joining us today. We have a solid building plan for today. Anita is the CMS Program Lead for the ASC quality reporting program. She received her Ph.D. from the University of Massachusetts, Amherst, and her Master's in Public Health from Johns Hopkins University. Dr. Bhatia plays a crucial role in development of the OPPTS/ASC proposed and final rulings. Her contributions to the rulings are essential to the continuing success of these programs. We are fortunate to have Dr. Bhatia's commitment. So, we are fortunate to have Anita with us here today. Anita will discuss the finalized proposals and requests for comments as it relates to the ASC quality reporting program. We will also have a Q&A session with Anita to address questions specific to the rule and the ASC quality reporting program. Lastly, I will review some public reporting information, as there will be a data refresh this month. I'll show you how to access your publicly displayed data, and then we are going to review program measures and deadlines.

The learning objectives are listed here, and, as usual, we have our chat box open for any additional questions you may have.

The published version of the final rule is in the *Federal Register*. You can access that by the direct link we have here on the slide. Also, we have included a direct link to the PDF version. Some of you like the PDF version a little bit better. On that version, the ASCQR-specific section begins on page 370. Without any further delay, let me turn things over to Anita to discuss the rule as it relates to the ASC quality reporting program. Anita.

Anita Bhatia:

Thank you, Karen. Welcome, everyone. I am going to cover ASC quality reporting program requirements from the latest final rule.

Please note that I am covering these topics in summary and encourage you to read the final rule for a more comprehensive understanding of the finalized proposals. Final rules for the program are available on the [Quality Reporting Center website](#).

ASC-11 is the Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery. This is a long standing measure in the program. In last year's calendar year 2022 OPSS/ASC final rule, we finalized mandatory reporting for this measure, beginning with the calendar year 2025 reporting period for the calendar year 2027 payment determination. However, after finalizing this proposal, concerns about the reporting burden of this measure, given the ongoing COVID-19 Public Health Emergency, were raised. Thus, after proposal, this year we finalized to change the reporting of the ASC-11 measure from mandatory to voluntary, beginning with the calendar year 2025 reporting period which corresponds to the calendar year 2027 payment determination. So, to be clear, there was already a finalized proposal to have reporting during calendar year 2023 and 2024 to be voluntary. So, there are no changes to this reporting for calendar year 2023 and 2024 remain voluntary. As the ASC-11 measure uniquely requires cross-setting coordination among clinicians of different specialties, we believe it appropriate to defer mandatory reporting at this time. We will consider implementation of mandatory reporting of this measure through future rulemaking because this measure addresses an area of care that is not adequately addressed in our current measure set for required measures and the measure serves to drive the coordination of care.

Here are some of the issues that were considered regarding ASC-11. Interested parties indicated that they are still recovering from the COVID-19 Public Health Emergency with ongoing national staffing and medical supply shortages coupled with unprecedented changes in patient case volumes. These burden-related concerns led us to reconsider our previously finalized timeline for mandatory reporting and to conclude that due to the continued impact of the COVID-19 Public Health Emergency, the two-year delay of mandatory reporting for this measure was no longer sufficient.

This slide restates the finalized policy moving the ASC-11 measure from required to voluntary reporting.

We sought comments on measures and topics for future consideration in the ASC quality reporting program. We recognize the importance of receiving such information from those involved with and interested in the program.

To summarize, in this rulemaking cycle, we requested comment on the reimplementation of a volume measure, a specialty center approach for measures, and interoperability and electronic health record use. We received comment, quite robust comment, on all of these requests.

Let me touch on what these topics were in a little more detail.

First, we asked for feedback on the reimplementation of a previous program measure, ASC-7, which looks at ASC Facility Volume Data, or another volume measure. Although, ASCs perform procedures under a smaller and more specialized subset of procedure codes, the volume within these services continues to increase. The ASC measure is considered to be a structural measure of facility capacity which collected surgical procedure volume data on seven categories of procedures frequently performed in the ASC setting. Many studies show that procedure volume is related to care quality, as well as patient safety, and some hospitals currently track procedure volumes and have this information available on their websites for quality transparency purposes. We believe that patients may benefit from the public reporting of facility-level volume measure data on a national level that illustrates which procedures are performed across ASCs, provides the ability to track volume changes by facility and procedure category, and can serve as an indicator for patients of which facilities are experienced with certain outpatient procedures.

We are also considering the reintroduction of a facility-level volume measure to support potential future development of a pain management procedures measure. Pain management procedures are the third most common procedure performed in ASCs in Medicare fee for service beneficiaries.

Thus, a volume measure would provide Medicare beneficiaries and other interested parties information on numbers and proportions of procedures by category performed by individual facilities, including for ASC procedures related to pain management.

We also asked for comment on a Specialty Center Approach for ASC quality reporting. ASC services for Medicare beneficiaries are concentrated in a limited number of procedures. Because of this, we asked if there could be a set of measures related to different specialties from which ASCs could choose a specified number of procedures constituting an individualized combination of individualized combination of measures. Our potential future specialty centered approach would be designed to streamline specialized measure sets, increasing the applicability of measure sets to a given specialized ASC facility. Patients could benefit through the provision of more relevant information on the quality and safety of care provided in ASCs that are primarily focused on specific procedures or areas of care. Another option could include the creation of specific specialized tracks which would standardize quality measures within a specialty area. Such a reporting structure could benefit ASCs by allowing them to focus on practice-specific measures on a specialty or multispecialty basis. Patients and other interested parties could benefit through the provision of more relevant information on quality and safety within ASCs. The potential future specialty centered approach could be an important way to assess quality measurement in the ASC setting. ASC services for Medicare beneficiaries are limited to certain commonly performed outpatient procedures. Just to be clear, we are not making any changes to the program's structure. We included this request for comment to get feedback on this potential future approach.

The last topic I will cover is with respect to interoperability initiatives. ASCs were not included in the HITECH Act and were ineligible for the financial incentives under the Promoting Interoperability Program. This differentiation may have contributed to many ASCs continuing to utilize paper-based charts while other healthcare sectors have transitioned more fully to digital records.

ASCs still face significant barriers to implementing electronic health records, as such records can be expensive to implement and update, can require many staff hours for training, and may not offer ASCs a meaningful investment given the types of services provided and levels of patient follow up. We sought comment on exploring how ASCs are implementing tools in their facilities towards the goal of interoperability, including the use of electronic health records. Specifically, we are interested in learning about any barriers to interoperability in the ASC setting, the impact of health IT on the efficiency and quality of health care, and the ability of ASCs to participate in interoperability or electronic health record based quality improvement activities, including the adoption of eCQMs. We are considering the usefulness of eCQMs in ASCs to aid in delivering effective, safe, efficient, patient-centered, equitable, and timely care. Transitioning to eCQMs would increase alignment across our quality reporting programs which look at these areas. We thank the commenters for their recommendations for all of these topics and we will take them into consideration for future rulemaking.

So, this concludes our summary of finalized proposals and requests for comment. I can now return the presentation back to Karen.

Karen

VanBourgondien

Thank you, Anita. Anita, we do have some time. Do you mind if we take some questions? We have quite a few about some of the finalized proposals you took. Can we just cover some of those?

Anita Bhatia

Yes, we can!

Karen

VanBourgondien

The first question here is about ASC-11 and the question is, and we actually get this quite frequently: Is ASC-11 changing back to voluntary?

Anita Bhatia

Yes, Karen. ASC-11 is changing back to voluntary. During last year's rulemaking cycle, we did finalize that ASC-11 would become mandatory beginning with the calendar year 2025 reporting period.

This year, it was finalized to go back to voluntary reporting, beginning with the calendar year 2025 reporting period, due to the burden of reporting the measure and the impact this additional burden would have in relation to the COVID-19 Public Health Emergency. However, we strongly encourage ASCs to gain experience with this measure. We plan to continue to evaluate this policy moving forward. Any change in ASC-11 going back to a mandatory status would be put forth in future rulemaking.

Karen

VanBourgondien Thank you, Anita. Sort of related to that is this question. The question is: What is the impact of voluntary versus mandatory reporting?

Anita Bhatia

So, Karen, I realize that sometimes this language can need some clarification. A voluntary measure means that reporting data for that measure is not required and can be done on a strictly voluntary basis. If a facility chooses to not have data submitted, there is no financial impact. However, data submitted voluntarily could still be publicly reported. For mandatory measures, if data is not reported for your facility, then the facility would be subject to a two percent payment penalty.

Karen

VanBourgondien So, thank you, Anita. Another question, and you did speak to this during your presentation. The question is: Why is a volume measure being considered for the ASC quality reporting program?

Anita Bhatia

Again, this is an important concept. Volume metrics serve as an indicator of which facilities have experience with procedures. Such information can assist consumers in making informed decisions about where they receive care. As stated in the presentation, many studies have shown that volume does serve as an indicator of quality of care.

Outpatient Quality Program Systems and Stakeholder Support Team

Karen

VanBourgondien Thank you, Anita. I have a couple of questions here that really aren't rule related, but we actually get these asked quite a bit either on our phone or in the Q&A tool. So, do you mind if I have you cover a couple different areas? Anita, is that okay with you?

Anita Bhatia That's fine. Yes, that'd be great.

Karen

VanBourgondien OK. The first question is about ASC-4, specifically. So, the questioner wants to know what kind of transfers are included in ASC-4.

Anita Bhatia Karen, for the ASC-4 measure, all transfers or admissions are included in this measure.

Karen

VanBourgondien Okay, great. Thank you, Anita. I guess another point we should bring up is the ASC-1 through ASC-4 measures. I am going to speak to this a little bit later, but these measures used to be reported on Medicare claim forms. Is that correct, Anita?

Anita Bhatia That is correct.

Karen

VanBourgondien So, Anita, I understand that some ASCs still report these, what are called Quality Data Codes, or QDC, which is fine, but when these measures are going to be required to be reported in the Hospital Quality Reporting System, or HQR, they will have to be reported there. So, in other words, if they continue to only report the data on the claim forms using the QDCs, then they will not meet program requirements. Is that true and accurate, Anita?

Anita Bhatia That is accurate. The data for the ASC 1 through 4 measures should now be reported as aggregate numbers through the Hospital Quality Reporting System.

Outpatient Quality Program Systems and Stakeholder Support Team

Karen

VanBourgondien Right. That first submission period, just for a point of clarification, will not be until May of 2024, so it is coming soon. So, really it is just sort of reminding everybody that will be the case in 2024. You're going to have to report that data through HQR.

Anita Bhatia Yes, to clarify, the data would be reported by May 15 of 2024, but it covers services that occurred during, this year, calendar year 2023.

Karen

VanBourgondien Yes. So, the reporting period is calendar year 2023. These data will be entered by May 15, 2024, for the 2025 payment determination year, and I will cover this again in just a few minutes. Another question we get, Anita, is how much longer is reporting for COVID vaccination going to be required for this program?

Anita Bhatia In the calendar year 2022 final rule, the reporting for COVID Vaccination of Healthcare Personnel, or the ASC-20 measure, became part of the program, and ASCs must report data for the ASC-20 measure to meet program requirements. Any changes to this requirement will be put forth through the rulemaking process. So, as it stands reporting continues for this measure.

Karen

VanBourgondien: Okay, so nothing in the near future is going to change. So, we all should be, ASCs should continue reporting on this ASC-20 measure until such time CMS puts forth any change to that. Okay, so Anita, we are running a little bit low on time, so we will wrap up the question and answer session. Thanks for your time. Appreciate it. Now we are going to change gears.

Okay, switching gears to using tools on hand. Let's talk about public reporting. All measures you report data on for the ASC quality reporting Program are publicly displayed. So, we are having a January refresh. So, let's start with the claims-based measures. These data are refreshed in January, the January refresh, the claims-based measures seen here are refreshed. You can see the reporting periods here on the slide as well.

As a reminder, or for those of you that are new to reporting for this program, data for these measures are calculated by paid Medicare claims. There is no manual abstraction or submission on the part of your ASC. The data are sent to CMS through those paid Medicare claims. Also included in the January refresh is the ASC-20 measure. These data are reported quarterly by your ASC. That is the vaccination measure. The January release is the first time data will be publicly displayed and these data reflect a single quarter of data in each quarterly release. So, the measure displays the percent of healthcare personnel who completed the COVID-19 primary vaccination series. The January release displays the Q1 2022 data. The rest of the web-based measures, which are reported annually, were not refreshed this month. They will not be refreshed because these data were last refreshed with the October 2022 release. The October release used the reporting period of January 1 through December 31, 2021. Again, those data were refreshed in October. By the way, we did post a document next to the slides for this event which keep you sort of in the loop and will help you keep the data refresh information straight. It's sort of like a little cheat sheet if you will. So, check it out, it is a very useful document.

Publicly displayed data for ASCs can be found in the Provider Data Catalog, or PDC. We have placed that direct link here, as well. ASC data are not on the Care Compare website like they are for hospitals; however, you can access that PDC from the Care Compare website. So, let me just show you that real quick.

From the Care Compare home page, you will select the Hospitals option that you see here boxed in red. Yes, you are not a hospital, but that is just the category that ASCs have been placed in. Once you select that Hospitals icon, you will get this box. You will select the Visit the ASC data on CMS.gov option. It is hard to see if you are not familiar with this website, but I have it boxed here in red. That is the link that you will click on that will take you to your data. Now, you can do that, or you can simply use the tool that we have on our website for one-stop shopping. So, let me show you that.

So, on our website, we have the ASC Compare tool. That, again, allows you to access your publicly reported data. So, to access this website, you're going to enter web address QualityReportingCenter.com. This would be the home page. From that home page, you're going to select the ASC icon at the top.

That ASC option will bring you to the ASC quality reporting program specific page. From the main navigation menu on the left, click the down-arrow next to Data Dashboard. That will open the Data Dashboard submenu options that you see here. You will simply click on the ASC Compare Tool.

From that selection you will be taken to the Facility Compare Dashboard page. There is a user guide available which you can access by clicking the link for the Facility Compare Tool User Guide. The down arrow next to Ambulatory Surgical Centers will provide dates of the data contained in this tool. If you just simply scroll down this same page, you will get to the CMS Quality Measures Scoreboard.

Here we are. The reports on the scorecard are easily accessible by clicking on whatever desired yellow report button you choose. There are seven reports available. In the interest of time today, though, I'm only just going to show you one reports just so you're familiar on how to access these reports. So, for now we're just going to select that top yellow button: Explore all measures reported by a single facility.

You will then be brought to this page. This report lets you select a single facility to view all corresponding measures for that facility. You can locate any facility using the search criteria at the top. That's in that boxed in area that's in light blue. Once you put in your search criteria, it will open your report, which you also see here. On this report, hovering over the blue bar graph lets you view additional information about the measure, such as national scores are higher or lower scores are better. So, let's just look at what that report looks like.

So, all the data in this tool are the same as those published on the Provider Data Catalog for the ASC program. Right here, we are looking at program year 2018, 2019, and 2020. So, on the left side, you'll see the measures are grouped into two sections, the Higher Rates are Better section and the Lower Rates are Better section. Again, you can hover over any bar graph line for more information. So, just a quick note: If data are reported for a calendar year, you'll see those measures here. That's just one example of an available reports on the scorecard. Try out it. See for yourself. It really is a great tool! We have done webinars in the past explaining this tool in detail. You can access that in our archived events, and we will probably cover this again in our March webinar. So, stay tuned.

So, before we wrap up today, let's just review some program measures and deadlines as it relates to the upcoming submission period.

So, let's begin with reviewing the claims-based measures. As I commented earlier, the data for these measures are collected via paid Medicare claims for cases that meet the measure criteria. You will not be manually abstracting and reporting data for these measures. For ASC-12, ASC-17, and the ASC-18 measures, the reporting period in which data are collected from claims are listed under the Reporting Period column. As a reminder, CMS did not use data reflecting services provided January 1, 2020, through June 30, 2020. That was Quarter 1 and Quarter 2 of 2020 dates. They didn't use that reporting period on its calculations for Medicare quality reporting, and that was related to the COVID-19 waiver that was issued.

The ASC-19 measure and data for the measure are collected for the reporting period you see here, which is January 1 through December 31, 2022. So, calendar year 2022 was the first reporting year for the ASC-19 measure. The ASC-20 measure, again that is your vaccination measure. That is a web-based measure reported through NHSN. This measure was required beginning with the calendar year 2022 reporting period.

You can see in our table here that your reporting requirement, again, started with Quarter 1 of 2022. Your next deadline is for Quarter 3, and that is due by February 15, 2023, using the reporting period of July 1 through September 30 of 2022. Please make sure you are reporting by the deadline. NHSN does not close its system at deadlines, but if you do not report your data by the deadline, NHSN does not include any late data in their files to CMS. Any late data will not meet program requirements. So, your next quarterly submission deadline, again, February 15, 2023.

So, let's move on to the measures that you're going to submit through HQR, and these are your other web-based measures that you submit once a year. So, right now, there are four measures: ASC-9, ASC-11, ASC-13, and ASC-14. Just as a reminder, ASC-11 remains voluntary for this program as Anita discussed earlier. If you do submit data for ASC-11, it will be publicly reported. So, make sure you are submitting these web-based measures: 9, 11, 13, and 14 by May 15. That is the deadline. May 15, 2023, and you can see the reporting period for these measures is January 1 through December 31, 2022.

So, now, I am going to move ahead a little in time and just remind you of the ASC-1 through ASC-4 measures, and we talked about this just a few minutes ago with Anita.

These measures will also be reported in HQR, like your ASC-9, 11, 13 and 14 measures, but not quite yet. Reporting will begin with the reporting period of January 1 through December 31, 2023, and those data will be due in May of 2024. So, since data collection begins with the calendar year 2023 reporting period, again, you're going to use the data or encounter period for January 1 through December 31, 2023. You will enter that data anytime during the submission period, which is from January 1 through May 15 in 2024. Now, that's a little bit in the future. I am just reminding you we will bring you details on the reporting screens prior, how you how to enter your data prior to that submission period. They're currently working on that behind the scenes. So, stay tuned. We will bring you information and show you how to enter that data probably in the late fall.

As a reminder, this does come up, and we did talk about this with Anita. These measures used to be reported through data quality codes, or QDCs, and they were placed on Medicare claim forms. Some ASCs are still applying these codes. Which is fine, that doesn't hurt anything, but once reporting for these measures begins, these data will need to be entered into the HQR System to meet program requirements. So, I know we talked about that with Anita. So, I'm just following up that with that now. So, you have to report these once this reporting period starts here in the HQR System, not on your Medicare claims. So, also in the future is the survey measure, the ASC-15 measure. The voluntary reporting period begins with the calendar year 2024 reporting period. That's voluntary. The mandatory reporting will begin with the calendar year 2025 reporting period, and that would be for the 2027 payment determination year. Okay, so that's our recap of measures and deadlines.

As always, if you have any program question, give us a call. Our phone number is right here on the top. We are always happy to hear from you and glad to help. You can also use the [Q&A Tool on QualityNet](#). We have the email for NHSN if you require that. They do not have a phone number. You have to communicate with NHSN via email. Also included here is the phone number for the Service Center for, you know, any technical issues, password problems. That sort of thing.

That is all the time we have today. Thank you for joining us. Thank you, again, Anita, for spending time with us today and letting us know about the final rule and the impact to the program. We look forward to seeing all of you next time. Thanks for joining us and have a great rest of your day.