



Outpatient Quality Program Systems and Stakeholder Support Team

CMS Quality Reporting for ASCs: Discussing the CY 2023 OPPTS/ASC Payment System Final Rule Question and Answer Summary Document

Speakers

Anita J. Bhatia, PhD, MPH
Program Lead, Ambulatory Surgical Center Quality Reporting (ASCQR) Program
Centers for Medicare & Medicaid Services (CMS)

Karen VanBourgondien, RN, BSN
Outpatient Quality Program Systems and Stakeholder Support Team

**January 25, 2023
2 p.m. Eastern Time (ET)**

DISCLAIMER: This presentation question-and-answer summary document was current at the time of publication and/or upload onto the [Quality Reporting Center](#) and [QualityNet](#) websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; given that they will remain as an archived copy, they will not be updated. The written responses to the questions asked during the presentation were prepared as a service to the public and are not intended to grant rights or impose obligations.

Any references or links to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the question-and-answer session and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

Subject-matter experts researched and answered the following questions during the live webinar. The questions and responses may have been edited for conciseness and clarity.



Outpatient Quality Program Systems and Stakeholder Support Team

Question 1: Is the ASC-7: ASC Volume on Selected ASC Surgical Procedures Measure returning? How will we report the data?

During the calendar year (CY) 2023 rulemaking cycle, CMS put forth a Request For Comment (RFC) on the potential future implementation of the ASC-7 measure or other volume indicator. CMS will use this feedback for future decision making. CMS would follow the rulemaking process to adopt ASC-7, or other volume indicator measure, into the ASCQR Program.

Question 2: Would the specialty center approach be measures like the Merit-Based Incentive Payment System (MIPS) reporting in the office setting areas, or will they be claims-based?

Any 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 would benefit by receiving more relevant information on the quality and safety of care provided in ASCs that are primarily focused on specific procedures or areas of care. During the CY 2023 rulemaking cycle, CMS put forth a Request For Comment (RFC) on a specialty centered approach to quality reporting. CMS will use the feedback to determine the nature and feasibility of this approach as part of the ASCQR Program in future rulemaking; any considerations of such an approach will be first proposed.

Question 3: Is Healthcare Personnel (HCP) Influenza Immunization measure data reporting voluntary?

Currently, reporting influenza data are not required for the purposes of the ASCQR Program but can be voluntarily reported.

Question 4: Would the ASC-4* transfer/admission requirement also include patients who go to the emergency room (ER) for any reason after they were discharged from a procedure, even if not admitted to the hospital?

This measure is an all-cause transfer/admission measure and is the percentage of ASC admissions (patients) who are directly transferred or admitted to a hospital upon discharge from the ASC (any transfer/admission from an ASC directly to an acute care hospital including the emergency room). A patient would be included if they were transferred, even if they were not admitted to the hospital. If the patient went home and then went to the ER, they would not be included. Details can be found in the program Specifications Manual on [QualityNet](#).



Outpatient Quality Program Systems and Stakeholder Support Team

Question 5: When will the COVID-19 Vaccination Coverage Among Healthcare Personnel Measure's Cumulative Summary Tracking Worksheet with the definition change as of September 26, 2022, be available?

The Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN) has recently posted the updated Excel Data Tracking Worksheet. This version is dated October 2022. Updated Tracking sheets can be found at <https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html>.

Question 6: How can facilities review their ASC-12* data?

CMS will collect ASC-12 data and notify facilities when these data are available to download from the Hospital Quality Reporting (HQR) system. We will provide instructions to download your facility's report. More information on the report schedule can be found on the [QualityNet website](#).

Question 7: When will we know the submission dates for 2023 ASC-20* data?

The submission deadlines for the ASC-20 measure have remained the same since the measure was finalized for adoption into the ASCQR Program in the [CY 2022 OPPS final rule](#). We have a document outlining important submission deadlines on the [QualityReportingCenter.com website](#).

Question 8: How do you recommend that we track the ASC-1 through ASC-4* measures if not by applying the data quality codes on the Medicare claims forms?

You will submit data through the HQR system along with your other HQR system web-based measures. Facilities are free to develop their own tracking methodologies as they do for other web-based measure data. We will provide outreach and education in the near future on the data entry format.

Question 9: Are patients of all ages included in the reporting of the ASC-4 measure?

Yes, ASC-4 will include all ASC admissions. An admission is defined as having completed the registration upon entry into the facility.



Outpatient Quality Program Systems and Stakeholder Support Team

Question 10: Can you provide a list of approved vendors for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey measure?

Yes. A list of approved vendors is on the [oascahps.org website](https://oascahps.org).

Question 11: Can you provide insight on how CMS will compare the OAS CAHPS survey results?

All OAS CAHPS survey data submitted for facilities will be publicly displayed. The survey measures address the experience received in both hospital outpatient departments (HOPDs), as well as ASCs. CMS believes the survey-based measures will be useful to assess aspects of care where the patient is the best source of information and would encourage healthcare facilities to make continued improvements in care quality. Facilities will have the option to compare their data against other facilities once data are displayed in the [Provider Data Catalog](#) (PDC).

Question 12: For the ASC-20 measure, do we report one week per month or one week for the quarter?

To meet program requirements for the ASC-20 measure, ASCs must report one self-selected week per month and submit these data by the designated submission deadline. The day the selected week ends will determine the month the data will be applied. For example, if your self-selected week begins in December but ends in January, those data will be applied to the month of January.

*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; ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy; ASC-20: Covid-19 Vaccination Coverage Among Healthcare Personnel.