

Making the Case: ASCQR in the CY 2024 OPPS/ASC Proposed Rule

Speakers

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Objectives

Attendees will be able to:

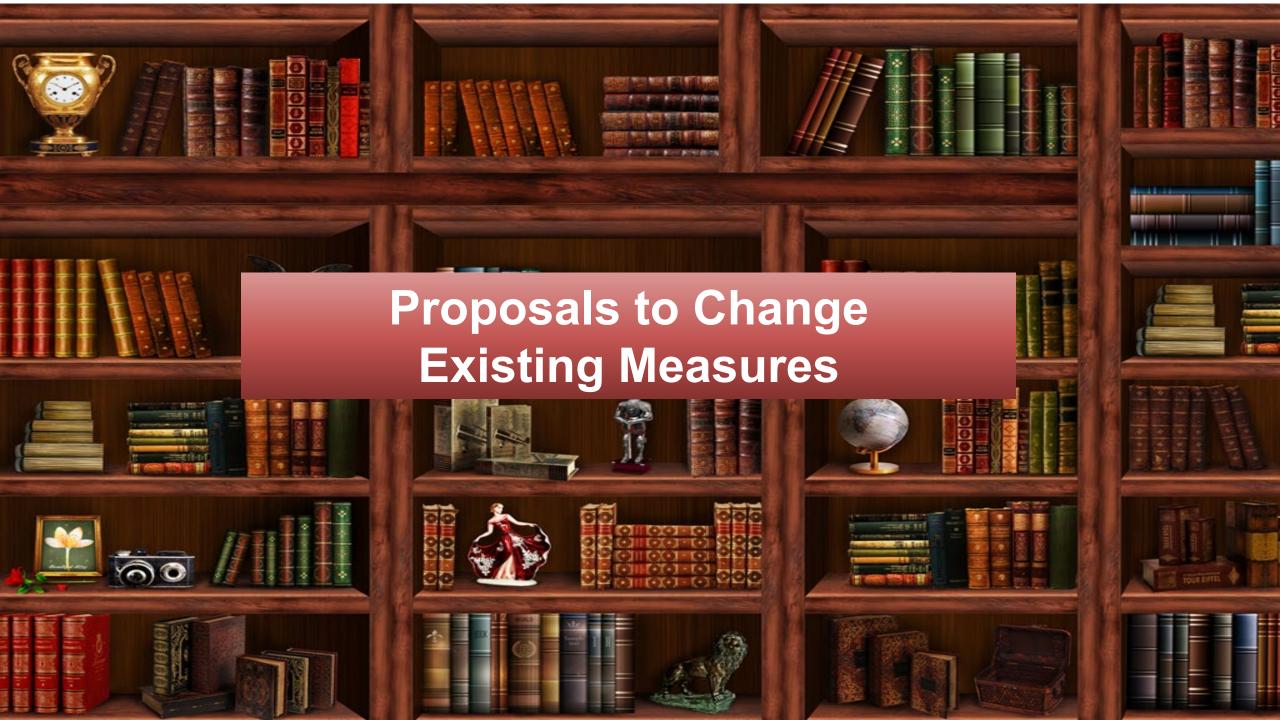
- Locate the Calendar Year (CY) 2024 Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Payment System Proposed Rule in the *Federal Register*.
- List the ASCQR Program proposals included in the CY 2024 OPPS/ASC Payment System Proposed Rule.
- Recall the steps to submit comments.
- State the upcoming program deadlines.

Guidance

- We will discuss the proposed updates for the ASCQR Program in the CY 2024 OPPS Proposed Rule, published on July 31, 2023.
- The information provided is offered as an informal reference and does not constitute official CMS guidance.
- CMS encourages interested parties to refer to the proposed rule, located in the Federal Register.



Ambulatory Surgical Center Quality Reporting (ASCQR) Proposals



Proposed Modifications to Existing Measures

- COVID–19 Vaccination Coverage Among Healthcare Personnel (HCP) measure to align with updated specifications.
- Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients measure to align with updated clinical guidelines.
- Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery measure to further standardize data collection and reduce facility burden.

COVID–19 Vaccination Coverage Among HCP

Propose to modify the definition of "Up to Date":

- Begin with the CY 2024 reporting period/CY 2026 payment determination.
- Display of the modified version in Fall 2024 refresh or as soon as feasible.
- Update the numerator to specify time frames which HCP are considered up to date.
 - Guidance on up to date can be found on the on the <u>CDC's National</u> Healthcare Safety Network (NHSN) website.

Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

Propose to modify to align with current guidelines:

- Begin with the CY 2024 reporting period/CY 2026 Payment determination.
- Amend the measure's denominator language by replacing the phrase "aged 50 years" with the phrase "aged 45 years" to read "all patients aged 45 years to 75 years receiving screening colonoscopy without biopsy or polypectomy."

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

Propose to modify survey instrument usage:

- Begin with the CY 2024 reporting period/CY 2026 payment determination.
- Limit the allowable survey instruments to the:
 - National Eye Institute Visual Function Questionnaire-25 (NEI VFQ-25)
 - Visual Functioning Patient Questionnaire (VF-14)
 - Visual Functioning Index Patient Questionnaire (VF-8R)
- Administration of the questionnaires can be conducted by the patient.

This measure remains voluntary



Proposed Measures for Adoption: Summary

- ASC Facility Volume Data on Selected ASC Surgical Procedures measure
- Risk-Standardized Patient Reported Outcome-Based Performance Measure (PRO-PM) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) in the ASC Setting (THA/TKA PRO-PM)

ASC Facility Volume Data on Selected ASC Surgical Procedures

Propose re-adoption with modification:

- Voluntary reporting begins with the CY 2025 reporting period.
- Mandatory reporting with the CY 2026 reporting period/CY 2028 payment determination.

Data Collection and Submission Modifications

- Data collection with eight categories; the data publicly displayed would be for the top five most frequently performed procedures within each category.
- Data submission via the Hospital Quality Reporting (HQR) system during the submission period from January 1 to May 15.
- Data will be publicly displayed after a preview period, typically 30 days.

THA/TKA PRO-PM

Propose to adopt

- Voluntary reporting beginning with CYs 2025 and CY 2026 reporting periods
- Mandatory reporting beginning with CY 2027 reporting period/CY 2030 payment determination.

	Reporting Period	Eligible Elective Procedures Between Dates
First Voluntary Reporting Period	CY 2025 reporting period	Jan 1, 2025 - Dec 31, 2025
Second Voluntary Reporting Period	CY 2026 reporting period	Jan 1, 2026 - Dec 31, 2026
Mandatory Reporting Period	CY 2027 reporting period/CY 2030 payment determination	Jan 1, 2027 - Dec 31, 2027

Measure Overview

- Reports facility-level risk standardized improvement rate in PROs for Medicare Fee-for-Service beneficiaries aged 65 years and older enrolled in Part A and B for 12 months prior to the procedure.
- Includes only elective primary outpatient THA/TKA procedures performed at an ASC.
- Excludes patients with staged procedures that occur during the measurement period, and discontinued procedures.

Data Sources

- Data sources for calculation: (1) PRO data, (2) claims data, (3)
 Medicare enrollment and beneficiary data, and (4) United States (U.S.) Census Bureau survey data.
- Pre-operative mental health scores from 1 of 2 instruments:
 - Patient-Reported Outcomes Measurement Information System (PROMIS)-Global Mental Health subscale
 - Veterans RAND 12-Item Health Survey (VR-12) Mental Health subscale
- Access additional specifications on <u>CMS.gov</u>.

Data Collection

- Clinical improvement is measured by a pre-defined score on one of two validated joint-specific PRO instruments:
 - HOOS, JR for completion by THA recipients
 - KOOS, JR for TKA recipients
- Clinical improvement is measured assessments preoperatively (90-0 days prior to surgery) to postoperatively (300-425 days after surgery).
 - The measure requires these assessments for at least 45 percent of eligible procedures.

Pre- and Post-Operative Reporting

ASCs and their percent of completed assessments would be publicly displayed in the voluntary period. Results will also display during mandatory reporting periods.

Reporting Cycle	Reporting Period	Pre-Procedure Data Collection	Pre-Procedure Data Submission	Post-Procedure Data Collection	Post-Procedure Data Submission	Preview and Public Reporting
Voluntary Reporting						
CY 2025	Jan 1, 2025- Dec 31, 2025	Oct 3, 2024- Dec 31, 2025	May 15, 2026	Oct 28, 2025- Feb 28, 2027	May 15, 2027	CY 2028*
CY 2026	Jan 1, 2026- Dec 31, 2026	Oct 3, 2025- Dec 31, 2026	May 15, 2027	Oct 28, 2026- Feb 28, 2028	May 15, 2028	CY 2029*
Mandatory Reporting						
CY 2027	Jan 1, 2027- Dec 31, 2027	Oct 3, 2026- Dec 31, 2027	May 15, 2028	Oct 28, 2027- Feb 28, 2029	May 15, 2029	CY 2030*

^{*}Public reporting of information on facility participation in the voluntary reporting periods would occur in CY 2028 for the CYs 2025 and 2026 reporting periods.

Administrative Change

Propose to amend regulatory text across the program:

 Replace "QualityNet" with "CMS-designated information system" or "CMS website."



From the Operations Desk: Commenting

Comment Period

- Comments must be received or postmarked by September 11, 2023.
- CMS encourages electronic submission of comments.
 - Comments may also be submitted by regular mail, express mail, or overnight mail to the designated addresses provided.
- Comment responses will be in the final rule.

Accessing the Federal Register

The proposed rule can be found:

- In the <u>Federal Register</u>.
- As a <u>PDF</u>. The ASC Quality Reporting Program begins at section XV, beginning on page 253.

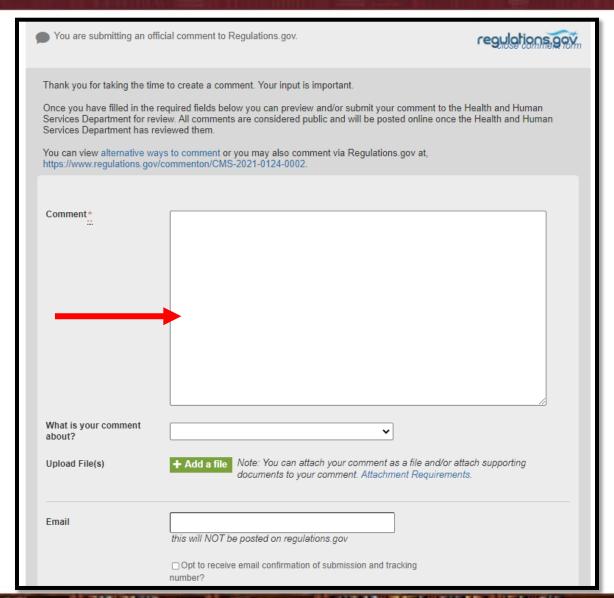
Accessing the Rule

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

Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Payment for Intensive Outpatient Services in Rural Health Clinics, Federally Qualified Health Centers, and Opioid Treatment Programs; Hospital Price Transparency; Changes to Community Mental Health Centers Conditions of Participation, Proposed Changes to the Inpatient Prospective Payment System Medicare Code Editor: **Rural Emergency Hospital Conditions of Participation Technical Correction** A Proposed Rule by the Centers for Medicare & Medicaid Services on 07/31/2023 SUBMIT A FORMAL COMMENT This document has a comment period that ends in 21 days. (09/11/2023) 510 comments received. View posted comments OCUMENT DETAILS Start Printed Page 49552 Printed version: AGENCY: Publication Date: Centers for Medicare & Medicaid Services (CMS), Department of Health and 07/31/2023 Human Services (HHS) Agencies: Centers for Medicare & Medicaid Services ACTION: Office of the Secretary Proposed rule. SUMMARY: one of the addresses provided below, by September 11, 2023. This proposed rule would revise the Medicare hospital outpatient prospective payment system (OPPS) and the Medicare ambulatory surgical center (ASC) Comments Close: payment system for calendar year 2024 based on our continuing experience with these systems. In this proposed rule, we describe the changes to the amounts and Document Type: Proposed Rule factors used to determine the payment rates for Medicare services paid under th

Entering Your Comment

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

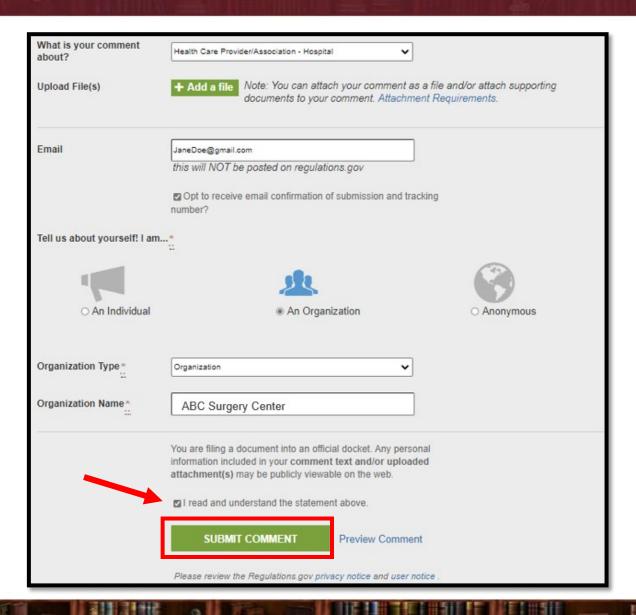


Submitting Your Comment

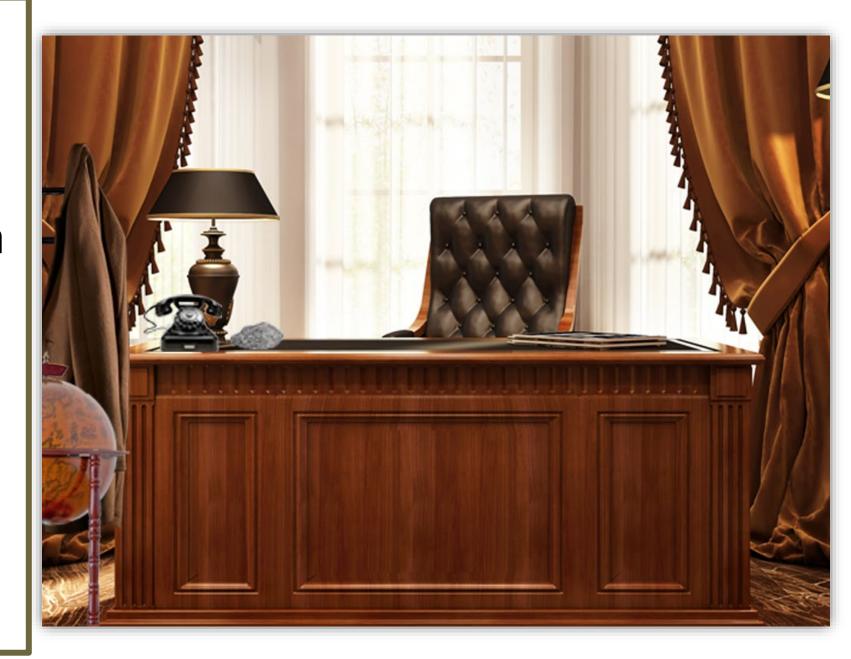
Enter the rest of your information.

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

Select the **Submit Comment** box.



Reviewing Program Requirements



Program Requirements

Security Official (SO)

- Necessary to enter data into the HQR system
 - Recommend having at least two SOs

Facility Administrator (FA)

- Necessary to enter data into the NHSN
 - Only one FA is permitted

Web-Based Measures: HQR

Calendar Year 2025 Payment Determination

Measure 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		
ASC-4: All Cause Hospital Transfer/Admission		
ASC-9*: Endoscopy/Polyp Surveillance: 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 (Voluntary)		
ASC-13: Normothermia Outcome		
ASC-14: Unplanned Anterior Vitrectomy		

^{*}Proposed modifications begin with CY 2024 reporting period/2026 payment determination

Web-Based Measures: NHSN

Calendar Year 2025 Payment Determination

Measure	Reporting Period	Submission Deadline
ASC-20: COVID-19 Vaccination Coverage Among Healthcare Personnel	Jan 1 – Mar 31, 2023	August 15, 2023
	Apr 1 – Jun 30, 2023	November 15, 2023
	Jul 1 – Sept 30, 2023	February 15, 2024
	Oct 1 – Dec 31, 2023	May 15, 2024

Proposed modifications begin with CY 2024 reporting period/2026 payment determination

Guidance on up to date can be found on the NHSN website

Claims-Based Measures

Calendar Year 2025 Payment Determination

Measure	Reporting Period
ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Jan 1, 2021 – Dec 31, 2023
ASC-17: Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures	Jan 1, 2022 – Dec 31, 2023
ASC-18: Hospital Visits after Urology Ambulatory Surgical Center Procedures	Jan 1, 2022 – Dec 31, 2023
ASC-19: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers	Jan 1, 2022 – Dec 31, 2023



Survey Measures: Coming Soon

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

Mandatory Reporting begins with CY 2027 Payment Determination

Measure	Reporting Period	Submission Deadline
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	Jan 1 – Mar 31, 2025	July 2025
	Apr 1 – Jun 30, 2025	October 2025
	Jul 1 – Sep 30, 2025	January 2026
	Oct 1 – Dec 31, 2025	April 2026
	Jan 1 – Mar 31, 2025	July 2025



Voluntary reporting begins with the CY 2024 reporting period.

Proposed Additions In the Near Future

ASC Facility Volume Data on Selected ASC Surgical Procedures measure

- Voluntary reporting for CY 2025 reporting period
- Mandatory reporting for CY 2026 reporting period/CY 2028 payment determination

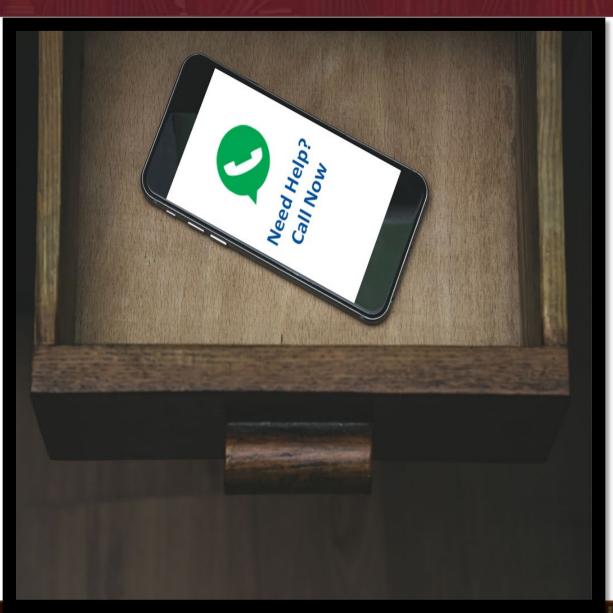
THA/TKA PRO-PM

- Voluntary reporting for CYs 2025 and 2026 reporting periods
- Mandatory reporting beginning for CY 2027 reporting period/CY 2030 payment determination

CMS Addresses Your Questions



Resources



ASCQR Program Support Team

Phone:866.800.8756

QualityNet QA Tool: <u>Customer Service Portal</u> - QualityNet (servicenowservices.com)

Center for Clinical Standards and Quality (CCSQ) Services

Phone: 866.288.8912

Email: qnetsupport@cms.hhs.gov

SAMS Help Desk

Phone: 877.681.2901

NHSN

Email: nhsn@cdc.gov

Acronyms

ASC	Ambulatory Surgical Center	NQF	National Quality Forum
ASCQR	Ambulatory Surgical Center Quality Reporting	OAS CAHPS	Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery
CCN	CMS Certification Number	OPPS	Outpatient Perspective Payment System
CMS	Centers for Medicare & Medicaid Service	OQR	Outpatient Quality Reporting
CT	Computed Tomography	PPS	Prospective Payment System
CY	Calendar Year	Q	Quarter
ECE	Extraordinary Circumstances Exception	SAMS	Secure Access Management Services
FR	Federal Register	SO	Security Official
IQR	Inpatient Quality Reporting	THA	Total Hip Arthroplasty
NHSN	National Healthcare Safety Network	TKA	Total Knee Arthroplasty

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

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

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