



Outpatient Quality Program Systems and Stakeholder Support Team

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

Question & Answer Summary Document

Speakers

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



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Question 1: **How will the Patient Burn; Patient Fall; Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant; and All-Cause Hospital Transfer/Admission measures be reported?**

To report these web-based measures, Ambulatory Surgical Centers (ASCs) will submit a numerator and denominator for each measure into the Hospital Quality Reporting (HQR) system. Data can be submitted any time during the submission period of January 1, 2024, through May 15, 2024.

Question 2: **What is meant by “all cause” for the ASC-4: All-Cause Hospital Transfer/Admission measure?**

“All-cause” means that any transfer/admission from an ASC directly to an acute care hospital, including an emergency department, is included in the measure case count; no transfer/admission patients are excluded. Additional measure details can be found in the program *Specifications Manual* on the CMS [QualityNet](#) website.

Question 3: **If our facility does not require COVID vaccination at the current time, what data should we report?**

To meet program requirements, your ASC must report data for the COVID-19 Vaccination Among Healthcare Personnel (HCP) measure through the Center for Disease Control and Prevention’s (CDC) National Healthcare Safety Network for at least one week per month. The data entered should reflect the vaccination status of the individuals included in the measure specifications. As a pay-for-reporting program, an ASC will not be penalized for the rate of vaccinations reported.

Question 4: **Is there discussion around decreasing the frequency of reporting the COVID-19 Vaccination Among HCP measure?**

There was no proposal to change the reporting frequency for this measure. We continue to assess the measure specifications and the impact of COVID-19, and any modification to the measure would go through a future rulemaking cycle.

Question 5: **For the ASC Facility Volume Data on Selected ASC Surgical Procedures measure, is CMS proposing that ASCs submit volume totals for each Current Procedural Terminology (CPT®) code in each category?**



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CMS proposed that ASCs would submit aggregate-level data through the HQR system for each of the eight categories outlined in the proposed rule (Cardiovascular, Eye, Gastrointestinal, Genitourinary, Musculoskeletal, Nervous System, Respiratory, and Skin), similar to the requirements of the measure's previous adoption ([76 FR 74508](#)). If adopted, additional information will be provided in the *Specifications Manual*.

Question 6: What is CMS proposing to publicly display for the ASC Facility Volume Data on Selected ASC Surgical Procedures measure? Would CMS publicly report the volume totals for each CPT code in each category?

CMS proposed that data collection will cover the eight categories: Cardiovascular, Eye, Gastrointestinal, Genitourinary, Musculoskeletal, Nervous System, Respiratory, and Skin. However, CMS would collect and publicly display data reported for the top five most frequently performed procedures among ASCs within each category.

Question 7: For the ASC Facility Volume Data on Selected ASC Surgical Procedures measure, will data submission be web-based? Will there be a list of procedures or CPT codes to use?

Yes. If this proposal is finalized and the measure adopted, ASCs would submit aggregate-level data through the HQR system. ASCs would submit these data during the time period of January 1 through May 15 in the year prior to the affected payment determination year. The program *Specifications Manual* will have measure-specific information for the purpose of abstraction and submission of data including any applicable CPT codes.

Question 8: For the Risk-Standardized Patient-Reported Outcome-Based Performance Measure Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA/TKA PRO-PM) measure, if our facility does not perform the THA/TKA procedures, what is required of the facility to meet program requirements?

If your ASC has no data to submit for the measure, you must check the attestation box or submit zeros in the HQR system.

Question 9: For the THA/TKA PRO-PM measure, is CMS proposing to require that ASCs submit pre-operative and post-operative PRO data elements even if the patient does not answer all the questions?

No. Incomplete assessments will not be included. The proposal for this measure requires complete assessments on at least 45 percent of the eligible procedures to be submitted to meet program requirements.



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Question 10: Does the THA/THA PRO-PM apply to ASCs and/or the Hospital Outpatient Quality Reporting (OQR) Program?

This measure was proposed for both the ASCQR and Hospital OQR Programs.

Question 11: Is there any discussion about the Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery measure being mandatory?

There was no proposal to change the status from voluntary to mandatory reporting in this rulemaking cycle. Any further modification to the cataract measure would go through a future rulemaking cycle.

Question 12: Will the modification for the Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients measure to “all patients aged 45 years to 75 years receiving screening colonoscopy without biopsy or polypectomy” begin for data collected for January 2024?

Yes, if that proposal is finalized, that modification would begin with the calendar year (CY) 2024 reporting period/CY 2026 payment determination and subsequent years.

Question 13: How will we report data for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) measure? Our very small center performs ophthalmology cases. Can we use our own vendor for the OAS CAHPS?

Data must be submitted via CMS-approved survey vendors. The ASC can choose their vendor from the approved vendor list on the [OAS CAHPS](#) website; an ASC cannot use a vendor that is not approved through CMS.

Question 14: Will any measures be retired as the new ones are phased in?

There were no proposals for measure removal in this rulemaking cycle. CMS continues to assess measures for its quality reporting programs, and any change or removal to the ASCQR measure-set would go through a future rulemaking cycle.