Outpatient Quality Program Systems and Stakeholder Support Team

CMS Quality Reporting for ASCs: Discussing the CY 2024 OPPS/ASC Payment System Final Rule Presentation Transcript

Speakers

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Karen VanBourgondien Hi everyone. My name is Karen VanBourgondien. Thank you for accessing this webinar. In this event, CMS will be discussing the finalized proposals and the impacts on the ASC Quality Reporting Program. Later in the presentation, I will review some program-related information.

Our speaker today is Dr. Anita Bhatia. Anita is the CMS Program Lead for the ASC Quality Reporting program. Dr. Bhatia plays a crucial role in development of the 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.

The objectives for today are here on the slide. We will show how and where to locate the Final Rule in the *Federal Register*, Anita will discuss the ASC Quality Reporting Program finalized proposals included in the CY 2024 OPPS/ASC Payment System Final Rule, and finally I will review submission deadlines as they relate to the finalized proposals. Although this event is not our typical live event, if you have a question, please feel free to enter it into the QualityNet Q&A tool.

To locate the final rule, the published version is in the *Federal Register*, and you can access that by the direct link here at that first bullet. We have also included a direct link to the PDF version and the ASC-specific information begins on page 82012. We have also placed the link to a correction notice published with regard to some corrections for the program. And we placed that here for your review.

Without any further delay, let me turn things over to Dr. Anita Bhatia to discuss the final rule. Anita?

Anita Bhatia: Thank you, Karen. Today I will be covering our finalized proposals as they relate to the ASC Quality Reporting Program. We will be summarizing what is discussed in detail in the final rule. For details on these proposals and comment summaries, the full text of the finalized rule is available on the *Federal Register* at the link Karen discussed.

Let's begin with decisions made regarding proposals for measures that are currently part of the program.

We proposed to modify three previously adopted measures, the COVID-19 vaccination measure, the Colonoscopy in Average Risk Patients measure, and the Cataract Improvement in Visual Function survey measure.

For the COVID-19 vaccination coverage measure, proposals related to CDC's specification changes were made. First, we proposed to modify the term "up to date" in the Healthcare Personnel vaccination definition. The term "up to date" is defined to meet the CDC's set of criteria on the first day of the applicable reporting quarter. We also proposed to update the numerator to specify the time frames within which healthcare personnel are considered to be up to date for vaccination to begin with the calendar year 2024 reporting period which we are in now, to affect the calendar year 2026 payment determination. And we proposed that public reporting of the modified version of this measure, as calculated by CDC, would begin with the Fall 2024 Care Compare refresh, or as soon as technically feasible. As noted here, these proposals were finalized as proposed.

For the Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients measure, we proposed to amend the definition of the patients included in the measure to align with updated clinical guidelines. This update lowers the age of the patients included to begin from age 50 years to age 45 years. The complete change in the wording is on this slide and reads "all patients aged 45 years to 75 years receiving screening colonoscopy without biopsy or polypectomy" from "all patients aged 50 years to 75 years receiving screening colonoscopy without biopsy or polypectomy." As stated in the previous slide, we proposed the modification to begin with the calendar year 2024 reporting period to affect calendar year 2026 payment determinations. As noted here, these changes were finalized as proposed.

And here we have the Cataracts: Improvement in Patient's Visual Function Within 90 Days Following Cataract Surgery measure. In

response to stakeholders requesting additional guidance from CMS regarding measure specifications and survey instruments, we proposed to limit the survey instruments used to assess changes in a patient's visual function. We proposed to use the three survey instruments seen here: the National Eye Institute Visual Function Questionnaire–25, orNEI VFQ–25, the Visual Functioning Patient Questionnaire, or VF–14, and the Visual Functioning Index Patient Questionnaire, or VF–8R. The VF–8R is the most concise of the three survey instruments while still achieving adequate validity and reliability. The VF–8R consists of questions related to reading, fine handwork, writing, playing board games, and watching television. These three survey instruments are all publicly available. We proposed this survey usage to begin with the calendar year 2024 reporting period to affect calendar year 2026 payment determination. Our proposal did receive support. However, there were some comments regarding burden and concerns about limiting which surveys could be used. We acknowledge these comments but believe that more defined measure specifications improve the measure. We also note that this measure is not required. After consideration of the public comments we received, we did finalize our proposal as proposed.

This concludes our finalized proposals for existing measures. Now, on to our finalized proposals as they relate to the measures to be added to the program.

This year, we proposed to adopt two new measures into the ASC Quality Reporting Program: a procedures volume measure and a patient related outcome measure for Total Hip Arthroplasty, or THA, and/or Total Knee Arthroplasty, or TKA. Let's discuss each of these proposals and their outcomes.

So, we are not finalizing our proposal to re-adopt with modification the ASC Surgical Procedure volume measure. Based on comments received, we are reassessing the measures methodology and reconsidering how such data may be publicly displayed. CMS continues to believe there is significant evidence linking volume to quality of care. And that volume serves as an indicator of which facilities have experience with certain

outpatient procedures and can assist consumers in making informed decisions about where they receive care. We note that recently procedure volume information has been included for clinicians on the Care Compare site.

Next, we proposed the THA/TKA PRO–PM. PRO-PM meaning Patient Reported Outcome,beginning with voluntary reporting during the calendar years 2025 and 2026 reporting periods, followed by mandatory reporting, beginning with the calendar year 2027 reporting period which would affect calendar year 2030 payment determination. The goal of this measure is to capture the patient's self-assessment of their pain and function following these procedures and measure their improvement. Because this proposed measure requires collection of data during the three-month pre-operative period and the greater than one-year post-operative period to allow for complete assessment of procedure outcome, there is some time between when the elective procedures occur and the survey to assess improvement is done. Therefore, we proposed a three-year gap between the reporting period and the payment determination year. For example, the calendar year 2027 reporting period would affect the calendar year 2030 payment determinations.

Here we note a few important aspects of this measure. Clinical improvement is measured by a pre-defined score on one of two joint-specific Patient Reported Outcome instruments which depend on the procedures that were done. The HOOS, JR is used for completion by THA recipients and the KOOS, JR for completion by TKA recipients.

Improvement is measured from the pre-operative assessment and data will be collected 90 to 0 days before surgery to the post-operative assessment when data will be collected 300 to 425 days following surgery. Improvement scores are risk-adjusted to account for differences in patient case-mix. The measure, as proposed, accounts for potential non-response bias in measure scores through inverse probability weighting based on likelihood of response. We proposed that ASCs would be required to submit data for 45 percent of eligible procedures, which includes complete

pre-operative data with matching eligible, complete post-operative data as a minimum amount of data for mandatory reporting.

The THA/TKA PRO–PM uses four sources of data for the calculation of the measure: Patient Reported Outcome data; claims data; Medicare enrollment and beneficiary data; and U.S. Census Bureau survey data. The measure uses Patient Reported Outcome data directly reported by the patient regarding their health, quality of life, or functional status associated with their health care or treatment. These patient-reported data are collected by facilities pre-operatively and post-operatively, and limited patient-level risk factor data are collected with Patient Reported Outcome data and identified in claims. For risk-adjustment by pre-operative mental health score, ASCs would submit one of two additional Patient Reported Outcome instruments, all the items in either the Patient Reported Outcomes Measurement Information System, or PROMIS, Global Mental Health subscale, or the Veterans RAND 12-Item Health Survey (VR–12) Mental Health subscale. We proposed that both ASCs and vendors would use the HQR, the Hospital Quality Reporting system, for data submission for the THA/TKA PRO-PM.

As noted here, this proposal was finalized with modification to the reporting periods. We are delaying implementation of mandatory reporting by one year, such that voluntary reporting would begin with the calendar year 2025 reporting period and continue through the calendar year 2027 reporting period, and mandatory reporting would begin with the calendar year 2028 reporting period for calendar year 2031 payment determinations.

Here is a summary of our finalized Reporting Dates. This information is also available in the final rule. We will provide ASCs with their results for this measure in calendar year 2031 before publicly reporting results on the Compare website. We would provide confidential feedback reports during the voluntary period. This concludes my discussion on the finalized proposals for the ASC Quality Reporting Program. This has been an overview. Reading the actual rule language is encouraged in order to

obtain a more comprehensive overview of the finalized proposals. Now, let me turn things back over to Karen.

Karen VanBourgondien Thank you, Anita. Appreciate you explaining all of the finalized proposals. So, now I am just going to take a few minutes to go over the measures for this program and how they are impacted specifically related to the finalized proposals that Anita just discussed.

So, let's start with the web-based measures which are entered into HQR. Here you can see the current reporting period and the submission period for the 2025 payment determination. The reporting period (or patient encounters) are from January 1st through December 31st, 2023, and you will enter those data any time between January 1st through May 15th, 2024. Remember, you will also be submitting data for ASC-1 through ASC-4 in the HQR system this year. That's why you are seeing them here on this slide. So, again, those will be entered along with all of your other web-based measures in HQR. So, that's for this current time frame.

The same measures for next year will be the same but the modifications that Anita spoke about regarding ASC-9 and ASC-11 will begin. Nothing else has changed in terms of submitting the data. However, the amended language to the denominator for ASC-9 and the changes to the survey instrument for ASC-11 will apply to the reporting period (or patient encounters) beginning with January 1st, 2024. And again, those data you will enter next year by May 15th, 2025. So, we are talking about the next submission period next year. And just to remind you that ASC-11 is still voluntary. If your ASC does choose to submit data for ASC-11, it will be publicly displayed. If you choose not to submit, that's perfectly fine. It will not impact your payment.

Just a few quick notes on the ASC-1 through ASC-4 measures; the denominator for these measures is "All ASC Admissions." So, every patient that is admitted into your ASC will be included in the measure denominator. The definition of Admission is "Completion of registration

upon entry into the facility." For more information on each of these measure's specifications, including what patients should or should not be included in the numerators and the denominators of these measures, we do refer you to the specifications manual which is located on the QualityNet website. And you can just click that link there we have on this slide.

So, next, is the COVID vaccination measure, ASC-20 and that data are entered into the NHSN system, and they are submitted quarterly. This slide is showing you the reporting periods and the submission deadlines for the 2025 payment determination. For the 2025 payment determination, you have already submitted, hopefully, quarters 1, 2, and 3. That last quarter associated with the 2025 payment determination is May 15th. That's the same date that all your other web-based measures are due.

With respect to the finalized proposal to modify the definition of "Up to Date," that will take effect with the reporting period of January 1st, 2024. So, now in all actuality you should have always been reporting the COVID data in accordance with NHSN direction. There are no other changes whatsoever to the data submission deadlines. You're still going to report this data quarterly as we just talked about, as you have since the beginning of the adoption of the measure.

Moving on to the claims-based measures. For those of you that are new, data for these are collected via Medicare - paid Medicare claims. There is no manual abstraction and reporting on the part of the ASC. There were no proposals for these measures so data will be collected and reported as they have been. And you can see the reporting period, or when data are collected from claims that meet measure criteria. You can see them here on the slide.

Alright, so, survey measures, which are the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems, or OAS CAHPS. There were also no proposed changes for these measures. These measures were previously finalized to be part of this program with voluntary reporting beginning with the calendar year 2024 reporting

period, which you see here on the slide. And those encounter dates began with January 1, 2024. That first quarter will be due in July. And again, that would be voluntary.

Next year, the mandatory reporting will begin and that's for the calendar year 2025 reporting period which would be associated with the 2027 payment determination. Remember that your ASC cannot collect this data. You must use a CMS-approved vendor. If you need any further information on these measures or vendors, we do have a direct link here in the box at the bottom of the slide.

As Anita spoke to earlier, the THA and TKA measures will begin next year for voluntary reporting. And we see here a summary of the finalized reporting dates. We will be providing education on this measure way before you need to start reporting so, do not to worry about any of that right now.

A few reminders before we close out for the day. Stay tuned and stay informed by signing up for communications by subscribing to the email updates on the QualityNet website. You can just click on the "subscribe to email updates" button and it's right there on the home page of *QualityNet*. You can also just click on this link we have here on the first bullet. It is really just an easy way to stay up to date and informed on what is happening with the program and we send you notifications of deadlines and webinars; just important information to keep you in the loop, so to speak. Also, make sure you have an active HQR and NHSN account. You've got to have active and current accounts in order to submit data. I cannot stress that enough. Assign more than one person as the Security Official in HQR. Add at least two additional users besides your Facility Administrator to the NHSN system. We've had so many instances when there is no one at the ASC with an active account and then deadlines are missed. You don't want that to happen to you. If you do not submit that required data, you will not meet program requirements and that will affect your payment. Keep your accounts active for both systems. You want to be active, again, to hit those deadlines.

Alright! I think that's all we are going to be covering today. I am so glad Anita was able to join us and talk about CMS' finalized proposals. We did cover a lot of information. We do have some resources here on this slide. Also, as Anita indicated, please access the final rule yourselves, so you have a little bit more of a comprehensive overview on the finalized proposals. Thank you, again, for joining us today. We hope this was helpful.