ASC CMS Quality Reporting Update

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ASC Quality Collaboration
Executive Director

Learning Objectives

• Participants will:
  – Identify what quality reporting is required by Centers for Medicare and Medicaid Services (CMS) for ambulatory surgery centers (ASCs)
  – Define the quality measure requirements for ambulatory surgery centers
  – Understand future implications in the ambulatory surgery center quality reporting program
## ASCQR Program Measures Summary

<table>
<thead>
<tr>
<th>Number</th>
<th>Measure Title</th>
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<th>Data Collection Dates</th>
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CMS Ambulatory Surgical Center (ASC) Quality Reporting Program

- CMS ASC Quality Reporting Program Quality Measures Specifications Manual
  - Verify you have the latest versions
    - 5.1 3Q16-4Q16
    - 5.0a 1Q16-2Q16
    - 4.1 4Q15
    - 4.0a 1Q15-3Q15
  - Located @ www.qualitynet.org under ASC tab
  - Included in this manual:
    - Measure specifications
    - Data collection and submission
    - Quality Data Codes (QDCs)
CMS ASC Quality Reporting Program Measures

• ASC-1: Patient Burn
• ASC-2: Patient Fall
• ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
• ASC-4: Hospital Transfer/Admission
• ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing

Medicare Part B Fee for Service Patients
Claims Based Reporting—Quality Data Codes (QDCs)

CMS ASC Quality Reporting Program Measures

• ASC-6: Safe Surgery Checklist Use
• ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures

Data submitted is for All Patients
Web Based Reporting via QualityNet Secure Portal (www.qualitynet.org)

• Data collection: January 1 through December 31, 2015
• Data reporting: January 1 through August 15, 2016

• Data collection: January 1 through December 31, 2016
• Data reporting: January 1 through August 15, 2017
CMS ASC Quality Reporting Program Measures

• ASC- 8: Influenza Vaccination Coverage among Healthcare Personnel

Web Based Reporting Via Centers for Disease Control and Prevention (CDC) National Health Care Safety Network (NHSN) (www.cdc.gov/nhsn/index.html)

• Data collection begins with immunizations for the flu season October 1, 2015 through March 31, 2016
• Deadline for data reporting for the 2015-2016 flu season is May 15, 2016

ASC 8: Influenza Vaccination Coverage Among Healthcare Personnel (HCP)

• CDC’s NHSN website for 5 step Enrollment: www.cdc.gov/nhsn/ambulatory-surgery/enroll.html “NHSN facility administrator enrollment guide”

• Need to complete the 3 step Set-up (http://www.cdc.gov/nhsn/ambulatory-surgery/setup.html ) before reporting!

NHSN Questions

• For questions on HCP influenza vaccination summary reporting, please send an e-mail to: NHSN@cdc.gov and include “HPS Flu Summary-ASC” in the subject line

• For assistance with Secure Access Management Services (SAMS), contact the SAMS Help Desk @ 1-877-681-2901 or samshelp@cdc.gov

CMS ASC Quality Reporting Program Measures

• ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
• ASC-10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps-Avoidance of Inappropriate Use

Sample size for each measure is determined by the number of patients that meet the denominator criteria.

Web Based Reporting via QualityNet Secure Portal (www.qualitynet.org)

• Data collection: January 1 through December 31, 2015
• Data reporting: January 1 through August 15, 2016

• Data collection: January 1 through December 31, 2016
• Data reporting: January 1 through August 15, 2017
Sample Size (ASC 9, 10, {11 voluntary})

Each measures volume will determine the sample size:

Population Per Year 0-900
Yearly Sample Size 63

Population Per Year ≥901
Yearly Sample Size 96

If you performed 950 Screening Endoscopies
Sample size would be 96

If you performed 43 Screening Endoscopies
Sample size would be 43

If you performed 800 Biopsy or Polypectomy Endo
Sample size would be 63

If you performed 1200 Cataracts
Sample size would be 96

How Your Data Is Reported

• Claims Based Reporting—Quality Data Codes (QDCs)
  – Patient Burn
  – Patient Fall
  – Wrong Site, Side, Patient, Procedure, Implant
  – Hospital Admission/Transfer
  – Prophylactic IV Antibiotic Timing

• Web Based Reporting via QualityNet Secure Portal
  (www.qualitynet.org)
  – Safe Surgery Checklist Use
  – ASC Volume of Selected Procedures for all-patients
  – Endoscopy Surveillance: Appropriate follow-up for Normal Colonoscopy
  – Endoscopy Surveillance: Colonoscopy Interval for History Adenomatous Polyps

• Web Based Reporting Via Centers for Disease Control and Prevention (CDC)
  National Health Care Safety Network (NHSN)
  (www.cdc.gov/nhsn/index.html)
  – Influenza Vaccination Coverage Among Health Care Personnel
ASC Program Measurement Set for CY 2018 Payment Determination

• ASC-12: Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

  Data is pulled by CMS from the Medicare Fee for Service claims that were submitted by the center

• No data submission or reporting required from the ASC

• Planned data collection: January 1 through December 31, 2016

• Data will be publicly reported

Key Points To Remember

• ASC 6, 7, 9 & 10:
  – Active Security Administrator to access QualityNet Secure Portal
  – Recommended to have two Security Administrators if possible
  – Sign in to QualityNet secure portal frequently (every 60 days) to keep the account active

• ASC 7 (volume data measure):
  – need to fill in all procedure categories listed in QualityNet even if your volume is zero
Key Points To Remember

• ASC 8 (influenza vaccination):
  – need to enroll with CDC NHSN, complete set up and report; **Need CCN field completed and not N/A**

  – NHSN status listing @
    : Insert the CMS Certification Number (CCN) for a display of your facility’s enrollment and facility’s report submission status

Key Points To Remember

• ASC 8 (influenza vaccination):
  – A users Secure Access Management Services (SAMS) account will be deactivated if they do not log in at all within a 12 month period (1 year).

  • SAMS sends 2 email notifications to users that have not been active approaching a year:
    – 30 days before the account is removed from SAMS
    – 10 days before the account is removed from SAMS

  • If an account is deactivated they will have to re-register with SAMS.
Key Points To Remember

• ASC 9 and 10 (colonoscopy measures):
  – sample size for each measure is determined by the number of cases that meet the denominator criteria
  – if you do not perform endoscopy procedures you STILL need to log into www.qualitynet.org secure portal and enter zero

Key Points To Remember

• ASC-11 (cataract visual function):
  – is a voluntary measure
  – if you elect to collect the information (Jan 1- Dec 31, 2015) and report (January 1- August 15, 2016)
  – if you elect to collect the information (Jan 1- Dec 31, 2016) and report (January 1- August 15, 2017)
  – any data submitted will be publicly reported
  – if you elect to not collect the information or report the data, recommend enter “0” in order for data entry to say “complete”
Key Points To Remember

• ASC-12:
  – no additional data submission from ASCs
  – administrative Claims based measure utilizing paid Medicare Fee for Service (FFS) claims from January 1-December 31, 2016
  – confidential reports included patient level data that could identify potential gaps for quality improvement efforts on QualityNet Secure Portal:
    • patient
    • type of visit
    • admitting facility
    • discharge diagnosis

Key Points To Remember

• Each facility should have at least two people signed up for the QualityNet email notifications
  – Go to www.qualitynet.org; click on ambulatory surgery center and click on email notification
Status Listing Look Up Tools
http://www.qualityreportingcenter.com/asc/asc-status-listing-lookup-tools/

• CCN Lookup Tool
In order to find your facility’s CMS Certification Number (CCN) enter your facility’s National Provider Identifier (NPI)
• **Web-Based Status Listing**
  For information on your facility’s web-based measures data submission for ASC 6, 7, 9 and 10.
  - *For example:*
    - ASC-6 Submitted: yes (or no)
    - ASC-7 Submitted: yes (or no)
    - ASC-9 Submitted: yes (or no)
    - ASC-10 Submitted: yes (or no)

• **NHSN Status Listing**
  To see if your facility has completed the National Healthcare Safety Network (NHSN) enrollment and submission of data for ASC-8 (Influenza Vaccination Coverage Among Healthcare Providers)
  - *NHSN enrolled: yes (or no)*
  - *Flu data submitted: yes (or no)*
  - *Does not appear in the NHSN status listing*
QualityNet Reports

- Webinar presented on October 22, 2014 “Secure File Transfer and QualityNet Reports”
- Slides and transcript can be accessed at http://www.qualityreportingcenter.com/events/archive/asc/

- Active Secure Administrator
- Log on to secure portal
- Go to ‘My Tasks’ page and the ‘My Reports’

- Two types of reports:
  - Claims Detail report
  - Provider Participation report

Running Reports in Quality Net Secure Portal
Claims Detail and Participation Reports

Claims Detail

• Provide a list of claims submitted with and without Quality Data Codes (QDCs)
• Lists claims that have been successfully submitted to the Medicare Administrative Contractor (MAC) in accordance with program requirements

Claims Detail Reports

Select parameters (dates) for your report
## Participation Reports:
Select parameters (dates) for your report

**Participation**
- Security Administrator (active: yes or no)
- Participation Status (participating or withdrawn)
- CMS Threshold (%)
ASCQR Program:
Public Reporting of Facility Specific Data

- ASC 6-7 Facility Specific Data submitted for calendar year 2012 was publicly reported on October 9, 2015

- ASC 1-5 (2013 & 2014), ASC 6-10 (2014) Facility Specific Data submitted for calendar year 2013 and 2014 is scheduled to be publicly reported in April 2016

- CMS is reporting ASC data on Hospital Compare, the CMS website for Medicare beneficiaries and the general public
Hospital Compare
www.medicare.gov/hospitalcompare

https://www.medicare.gov/hospitalcompare/search.html

Hospital Compare: Spotlight

http://www.medicare.gov/hospitalcompare/search.html
Hospital Compare
www.medicare.gov/hospitalcompare

Hospital Compare
www.medicare.gov/hospitalcompare

https://www.medicare.gov/hospitalcompare/asc-ambulatory-surgical-measures.html#stateASC

Hospital Compare
www.medicare.gov/hospitalcompare

https://www.medicare.gov/hospitalcompare/asc-ambulatory-surgical-measures.html#nationalASC
Additional Questions

Contact HSAG (formerly FMQAI) for Program Questions at https://cms-ocsq.custhelp.com/
or via phone (866) 800-8756
Monday through Friday,
7 a.m. to 6 p.m. Eastern Time

Contact the QualityNet Help Desk for Technical Issues at qnetsupport@hcqis.org
or via phone (866) 288-8912
Monday through Friday,
7 a.m. to 7 p.m. Central Time

CMS/Health Services Advisory Group (HSAG) Webinars (Archived)

-March 24, 2016: “Pieces of the Puzzle – Understanding Quality Data Codes”
-February 24, 2016: “Making it Work: A Quality Reporting Toolkit for the ASCQR Program”

-December 9, 2015: “Final Rule”
-October 28, 2015: “Public Reporting Presentation”
-September 30, 2015: “The ASCQR Program: Recipe for Success” {This presentation is a tutorial for those new to the ASCQR program}

Handouts and recorded transcripts are posted at www.qualityreportingcenter.com ; click on ASC; archived events
CMS/Health Services Advisory Group (HSAG) Webinars (Upcoming)

-April 27, 2016: Pieces of the Puzzle (part 2)
-May 25, 2016: Data and Quality Improvement for the ASCQR Program

Registration and handouts are posted at www.qualityreportingcenter.com
Click on ASC; upcoming events

2016 Medicare Hospital Outpatient Prospective Payment System (OPPS)/ASC Payment Final Rule

- Released on October 30, 2015

- ASC Quality Reporting Program begins on page 553: Section XIV. Requirements for the ASC Quality Reporting
- Previous measures ASC 1-ASC 12
- No new measures
- Web based measure submission is August 15, 2016 for Quality Net data submission
- NHSN data submission remains May 15, 2016 for ASC 8
Measures Under Consideration

• 2014
  – Outpatient and Ambulatory Patient Experience of Care Survey Instrument
  – Normothermia
  – Unplanned anterior vitrectomy

• 2015
  – Toxic Anterior Segment Syndrome

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

The Centers for Medicare & Medicaid Services (CMS) awarded contract to Research Triangle Institute (RTI) to develop an outpatient surgery patient experience of care and patient reported outcomes survey instrument for patients who had surgery or a procedure at an ambulatory surgery centers (ASCs) and Hospital Outpatient Departments (HOPDs) in 2012.
Patient Satisfaction Surveys

• Measure patients’ perceptions of how well health care is delivered

• Satisfaction surveys’ focus on how services meet or exceed patient’s expectations

• Response choices are focused on ratings, impressions
  How well are we doing in the following areas:
  – Answering questions
  – Convenience

Patient rates:
  – Excellent  Good  Average  Fair  Poor

Patient Experience of Care Surveys

• Collects information from patients about their actual experiences of care

• Experience of care surveys’ focus on key things happening during patient’s health care

• Response choices are focused on how much/how often events occurred:
  Did the doctors, nurses and other staff explain things about your procedure in a way that was easy for you to understand?
  1 Yes, definitely  2 Yes, somewhat  3 No
Patient Experience of Care Surveys

• Using any number from 0 to 10, where 0 is the worst facility possible and 10 is the best facility possible, what number would you use to rate this facility?
  Zero to Ten Scale: 0 = Worst facility possible
  10 = Best facility possible

• Would you recommend this facility to your friends and family?
  1 Definitely no
  2 Probably no
  3 Probably yes
  4 Definitely yes

Outpatient/Ambulatory Surgery Consumer Assessment of Healthcare Personnel and Services (OAS CAHPS)

The final survey has 37 questions that measures patients’ experiences on topics that are important when choosing a place for their surgery or procedure, such as:
• communication and care provided by health
• care providers and office staff,
• preparation for the surgery or procedure,
• post-surgical care coordination, and
• patient-reported outcomes.
Outpatient/Ambulatory Surgery
Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS)

- Official OAS CAHPS website https://oascahps.org/
  (This is the official website for news, training and information about the OAS CAHPS survey.)
- The survey instrument was available for voluntary use in January 2016
- A list of approved OAS CAHPS vendors can be found at the OAS CAHPS website
- Toll-free number: 1-866-590-7468 for questions

2016 Medicare Hospital Outpatient Prospective Payment System (OPPS)/ASC Payment Final Rule

CMS requested feedback on two new measures for future consideration:

- **Normothermia** –  
  *Intent*: To capture whether patients having surgical procedures under general or neuraxial anesthesia of 60 minutes or more in duration are normothermic within 15 minutes of arrival in PACU

- **Unplanned Anterior Vitrectomy** –  
  *Intent*: To determine the number of cataract surgery patients who have an unplanned anterior vitrectomy
Normothermia Outcome

**Description:** This measure is used to assess the percentage of patients having surgical procedures under general or neuraxial anesthesia of 60 minutes or more in duration are normothermic within 15 minutes of arrival in PACU.

**Numerator:** Surgery patients with a body temperature equal to or greater than 96.8 Fahrenheit/36 Celsius recorded within fifteen minutes of Arrival in PACU

**Denominator:** All patients, regardless of age, undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes duration

**Numerator Exclusions:** None

**Denominator Exclusions:** Patients who did not have general or neuraxial anesthesia; patients whose length of anesthesia was less than 60 minutes; patients with physician/APN/PA documentation of intentional hypothermia for the procedure performed

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**Definitions:**

- **Anesthesia duration:** the difference, in minutes, between the time associated with the start of anesthesia for the principal procedure and the time associated with the end of anesthesia for the principal procedure

- **Arrival in PACU:** Time of patient arrival in PACU

- **Intentional hypothermia:** A deliberate, documented effort to lower the patient's body temperature in the perioperative period

- **Neuraxial anesthesia:** Epidural or spinal anesthesia

- **Temperature:** A measure in either Fahrenheit or Celsius of the warmth of a patient's body. Axillary, bladder, core, esophageal, oral, rectal, skin surface, temporal artery, or tympanic temperature measurements may be used.
Unplanned Anterior Vitrectomy

**Description:** This measure is used to assess the percentage of cataract surgery patients who have an unplanned anterior vitrectomy.

**Numerator:** All cataract surgery patients who had an unplanned anterior vitrectomy

**Denominator:** All cataract surgery patients

**Numerator Exclusions:** None

**Denominator Exclusions:** None

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**Definitions:**

**Cataract surgery:** for purposes of this measure, CPT code 66982 (Cataract surgery, complex), CPT code 66983 (Cataract surgery w/IOL, 1 stage) and CPT code 66984 (Cataract surgery w/IOL, 1 stage)

**Unplanned anterior vitrectomy:** an anterior vitrectomy that was not scheduled at the time of the patient's admission to the ASC
Toxic Anterior Segment Syndrome (TASS) Outcome

Description: This measure is used to assess the number of ophthalmic anterior segment surgery patients diagnosed with TASS within 2 days of surgery.

Numerator: All anterior segment surgery patients diagnosed with TASS within 2 days of surgery
Denominator: All anterior segment surgery patients

Numerator Exclusions: None
Denominator Exclusions: None

Definitions:

Anterior segment surgery: for purposes of this measure, CPT codes 65400-65756, 65760-66986, and 66999

Toxic Anterior Segment Syndrome (TASS): an acute, sterile post-operative anterior segment inflammation that develops following anterior segment surgery

Within 2 days of surgery: within 2 days of surgery, where the day of surgery is day 0
Measures for *Future* Consideration

- All cause hospital admission within 1 day of discharge
- All cause emergency department visit within 1 day of discharge
- Postoperative nausea and vomiting
- Surgical Site Infection (SSI) after breast procedures
- Culture of safety survey
Websites with Additional Information

- ASC Quality Collaboration website (measure summary and implementation guide)
  http://ascquality.org/qualitymeasures.cfm

- Ambulatory Surgery Center Association (ASCA) website
  http://www.ascassociation.org

- QualityNet website
  (CMS Specifications Manual & Email Notifications)
  http://qualitynet.org

- Quality Reporting Center FMQAI/HSAG (CMS national support contractor)
  http://www.qualityreportingcenter.com/

Questions?

➢ For ASC Quality Reporting Program Questions:
  Contact Health Services Advisory Group (HSAG) (formerly FMQAI) at https://cms-ocsq.custhelp.com/
  or via phone (866) 800-8756 Monday through Friday, 7 a.m. to 6 p.m. Eastern Time

➢ For Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Influenza Vaccination Questions:
  Contact NHSN@cdc.gov and include “HPS Flu Summary-ASC” in the subject line

For assistance with SAMS, contact the SAMS Help Desk @ 1-877-681-2901 or samshelp@cdc.gov
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References

- National Healthcare Safety Network www.cdc.gov/nhsn/
Contact Information

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