ASC CMS Quality Reporting Update

Donna Slosburg, RN, BSN, LHRM, CASC
ASC Quality Collaboration
Executive Director

1

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

2

ASCQR Program Measures Summary

Number	Measure Title	Type of Measure	Data Collection Dates	Data Reporting Dates	Payment Determination Year	Affected Groups
ASC-1	Patient Burn	Claims-Based	January 1 - December 31, 2015	January 1 - December 31, 2015	CY 2017	Medicare Part B fee for service patients
			January 1 - December 31, **2016**	January 1 - December 31, **2016**	CY 2018	
ASC-2	Patient Fall	Claims-Based	January 1 - December 31, 2015	January 1 - December 31, 2015	CY 2017	Medicare Part B fee for service patients
			January 1 - December 31, **2016**	January 1 - December 31, **2016**	CY 2018	
ASC-3	Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Claims-Based	January 1 - December 31, 2015	January 1 - December 31, 2015	CY 2017	Medicare Part B fee for service patients
			January 1 - December 31, **2016**	January 1 - December 31, **2016**	CY 2018	
ASC-4	Hospital Transfer/ Admission	Claims-Based	January 1 - December 31, 2015	January 1 - December 31, 2015	CY 2017	Medicare Part B fee for service patients
			January 1 - December 31, **2016**	January 1 - December 31, **2016**	CY 2018	
ASC-5	Prophylactic Intravenous (IV) Antibiotic Timing	Claims-Based	January 1 - December 31, 2015	January 1 - December 31, 2015	CY 2017	Medicare Part B fee for service patients
			January 1 - December 31, **2016**	January 1 - December 31, **2016**	CY 2018	

3

ASCQR Program Measures Summary

Number	Measure Title	Type of Measure	Data Collection Dates	Data Reporting Dates	Payment Determination Year	Affected Groups
ASC-6	Safe Surgery Checklist Use	Web-Based via QualityNet secure portal	January 1 - December 31, 2015	January 1 - August 15, 2016	CY 2017	All patients
			January 1 - December 31, **2016**	January 1 - August 15, **2017**	CY 2018	
ASC-7	ASC Facility Volume Data on Selected ASC Surgical Procedures	Web-Based via QualityNet secure portal	January 1 - December 31, 2015	January 1 - August 15, 2016	CY 2017	All patients
			January 1 - December 31, **2016**	January 1 - August 15, **2017**	CY 2018	
ASC-8	Influenza Vaccination Coverage among Healthcare Personnel	Web-Based via National Healthcare Safety Network (NHSN)	October 1, 2015- March 31, 2016	Through May 15, 2016	CY 2017	Health Care Personnel
			October 1, 2016- March 31, **2017**	Through May 15, **2017**	CY 2018	

4

ASCQR Program Measures Summary

Number	Measure Title	Type of Measure	Data Collection Dates	Data Reporting Dates	Payment Determination Year	Affected Groups
ASC-9	Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Web-Based via QualityNet secure portal	January 1- December 31, 2015	January 1-August 15, 2016	CY 2017	Sampling
			January 1- December 31, **2016**	January 1-August 15, **2017**	CY 2018	
ASC-10	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	Web-Based via QualityNet secure portal	January 1- December 31, 2015	January 1-August 15, 2016	CY 2017	Sampling
			January 1- December 31, **2016**	January 1-August 15, **2017**	CY 2018	
ASC-11 Voluntary	Cataracts-Improvement in Patient's Visual Function within 90 days following Cataract Surgery	Web-Based via QualityNet secure portal	January 1- December 31, 2015	January 1- August 15, 2016	Will not affect payment; voluntary	Sampling
			January 1- December 31, **2016**	January 1-August 15, **2017**	CY 2018	
ASC-12	Facility Seven-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy	Administrative Claims-Based	Paid Medicare Fee for Service Claims January 1- December 31, 2016	Paid Medicare Fee for Service Claims Dry Run was July 1, 2011 through June 30, 2014	CY 2018	Paid Medicare Fee for Service Claims

5

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)

6

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)

7

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

8

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

9

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!

- *Report* data to CDC's National Healthcare Safety Network (NHSN): https:// sams.cdc.gov

10

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

11

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

12

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

13

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

14

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**

15

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

16

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 @ http://www.qualityreportingcenter.com/asc/nhsn-listing/ : Insert the CMS Certification Number (CCN) for a display of your facility's enrollment and facility's report submission status

17

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.

18

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

19

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
  20 "complete"

Key Points To Remember

- ASC-12:
  - <u>no</u> 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

21

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

22

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)

23

Status Listing Look Up Tools

http://www.qualityreportingcenter.com/asc/asc-status-listing-lookup-tools/

Status Listing Look Up Tools
http://www.qualityreportingcenter.com/asc/asc-status-listing-lookup-tools/

- **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)

25

Status Listing Look Up Tools
http://www.qualityreportingcenter.com/asc/asc-status-listing-lookup-tools/

- **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)
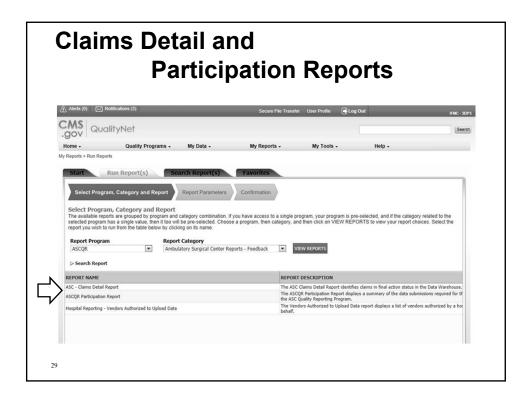
  - Does not appear in the NHSN status listing

26

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

27

Running Reports in Quality Net Secure Portal

28

Claims Detail and
Participation Reports

Claims Detail Reports
Select parameters (dates) for your report

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 Report from QualityNet Secure Portal

Report Run Date: 06/23/2015   Page: 1 of 33

ASC Claims Detail Report
Date of Service Range: 04/01/2015 - 06/23/2015

Data As Of: 06/03/2015

Patient's Medicare Health Insurance Claim Number (HICN)	Claim Receipt Date	Date of Service	Quality Data Codes	Last Name	First Name	Date of Birth	Claim Control Number (ICN)
	04/06/2015	04/01/2015	G8907, G8918			11/20/1935	
	04/06/2015	04/01/2015	G8907, G8918			09/29/1930	
	04/06/2015	04/01/2015	G8907, G8918			10/25/1937	
	04/06/2015	04/01/2015	G8907, G8918			10/28/1937	
	04/06/2015	04/01/2015	G8907, G8918			03/08/1941	
	04/06/2015	04/01/2015	G8907, G8918			08/15/1937	
	04/06/2015	04/01/2015	G8907, G8918			02/09/1947	
	04/06/2015	04/01/2015	G8907, G8918			11/08/1943	
	04/06/2015	04/01/2015	G8907, G8918			03/13/1956	
	04/06/2015	04/01/2015	G8907, G8918			05/20/1945	

31

Participation Reports:
Select parameters (dates) for your report

Participation
- Security Administrator (active: yes or no)
- Participation Status (participating or withdrawn)
- CMS Threshold (%)

32

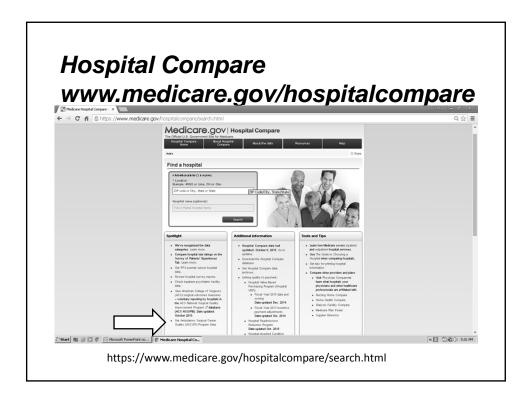## Participation Report from QualityNet Secure Portal

ASCQR Participation Report (Payment Year: 2016) table showing State: MD, Active QualityNet Security Administrator: Yes, Total Number of Claims with QDC: 460, Total Number of Claims: 476, Data Completeness: 97%, CMS Required Threshold: 50%, and claims-based and web-based measures data.

33

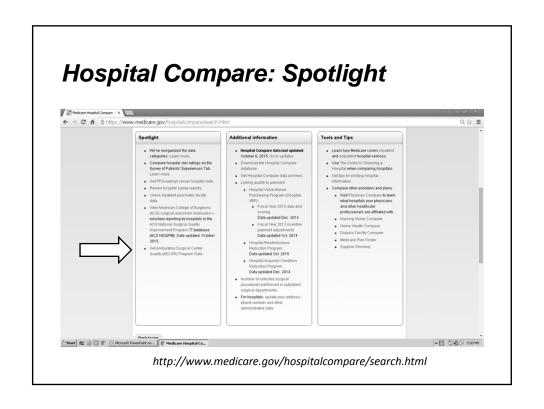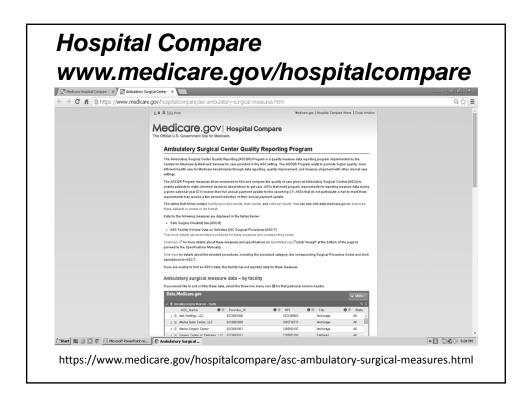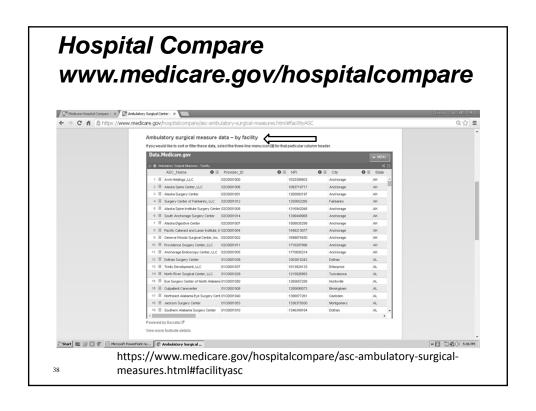
ASCQR Program:
Public Reporting of Facility Specific Data
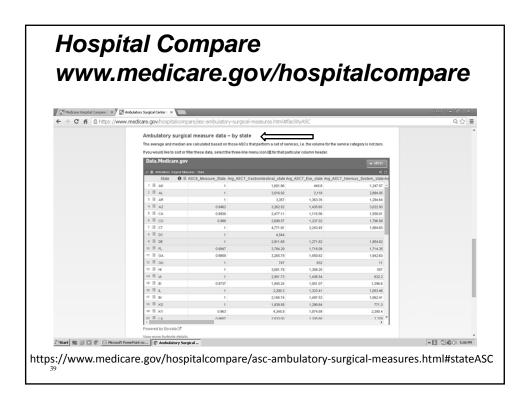
- ASC 6-7 Facility Specific Data submitted for calendar year 2012 was publicly reported on October 9, 2015

- 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

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

Hospital Compare
www.medicare.gov/hospitalcompare

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

Hospital Compare
www.medicare.gov/hospitalcompare

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

39

Hospital Compare
www.medicare.gov/hospitalcompare

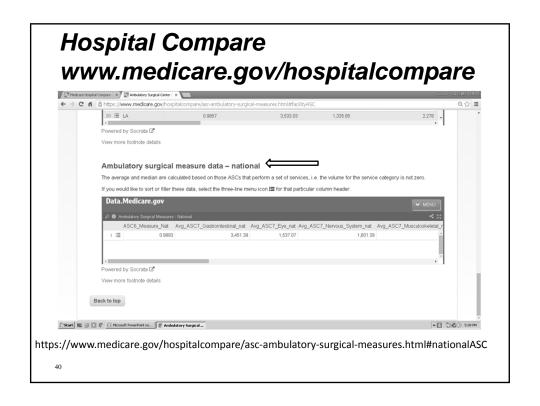https://www.medicare.gov/hospitalcompare/asc-ambulatory-surgical-measures.html#nationalASC

40

Additional Questions

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

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

41

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"
-January 27, 2016: "2016 Specifications Manual Update"

-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

42

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

43

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

- Released on October 30, 2015
https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-27943.pdf

- 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

44

Measures Under Consideration

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

- 2015
  - Toxic Anterior Segment Syndrome

45

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 <u>Satisfaction</u> 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

47

Patient <u>Experience</u> 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

48

Patient <u>Experience</u> 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

49

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.

50

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

51

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

53

Normothermia Outcome

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.

54

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

55

Unplanned Anterior Vitrectomy

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

56

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
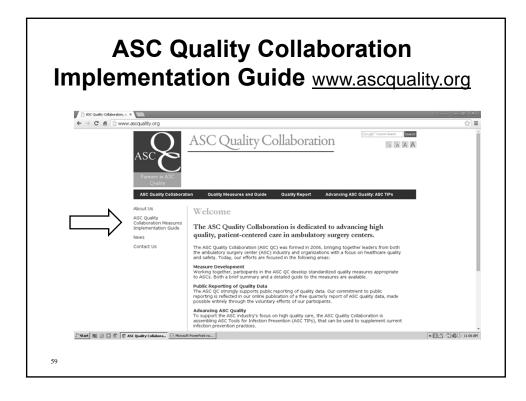
Numerator Exclusions: None
Denominator Exclusions: None

57

Toxic Anterior Segment Syndrome (TASS) Outcome

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

58

ASC Quality Collaboration
Implementation Guide www.ascquality.org

59

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

60

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/

61

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

62

References

- Federal Register / Vol. 76, No. 230 / Wednesday, November 30, 2011 / Rules and Regulations. Available at http://www.gpo.gov/fdsys/pkg/FR-2011-11-30/pdf/2011-28612.pdf
- Federal Register / Vol. 77, No. 221 / Thursday, November 15, 2012 / Rules and Regulations. Available at http://www.gpo.gov/fdsys/pkg/FR-2012-11-15/pdf/2012-26902.pdf.
- Federal Register / Vol. 78, No. 237 / Tuesday, December 10, 2013/ Rules and Regulations. Available at http://www.gpo.gov/fdsys/pkg/FR-2013-12-10/pdf/2013-28737.pdf
- Federal Register / Vol. 79, No. 217 / Monday, November 10, 2014/ Rules and Regulations. Available at http://ww.gpo.gov/fdsys/pkg/FR-2014-11-10/pdf/2014-26146.pdf
- Federal register/ Vol. 80, No. 219/ Friday, November 13, 2015/ Rules and Regulations. Available at http://www.gpo.gov/fdsys/pkg/FR-2015-11-13/pdf/FR-2015-11-13.pdf
- CMS 1633 FC / Friday, October 31, 2015/ Rules and Regulations. Available at https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-27943.pdf

63

References

- ASC Quality Collaboration Implementation Guide, Version 3.2, October 2015. Available at http://ascquality.org/documents/ASC-QC-Implementation-Guide-3.2-October-2015.pdf
- CMS ASC Quality Reporting Program Quality Measures Specifications Manual, Version 5.1, (updated 1/15/16). Available at www.qualitynet.org
- CMS ASC Quality Reporting Program Quality Measures Specifications Manual, Version 5.0a, (updated 1/15/16). Available at www.qualitynet.org
- CMS ASC Quality Reporting Program Quality Measures Specifications Manual, Version 4.1, March 2015. Available at www.qualitynet.org
- CMS ASC Quality Reporting Program Quality Measures Specifications Manual, Version 4.0a, December 2014. Available at www.qualitynet.org
- QualityNet at www.qualitynet.org
- QualityReportingCenter at www.qualityreportingcenter.com
- National Healthcare Safety Network www.cdc.gov/nhsn/

64

Contact Information

Donna Slosburg, RN, BSN, LHRM, CASC
ASC Quality Collaboration (ASC QC)
Executive Director
donnaslosburg@ascquality.org

65

QUESTIONS?

66