2021 CMS QUALITY REPORTING FOR ASCS

Gina Throneberry, RN, MBA, CASC, CNOR Director of Education and Clinical Affairs Ambulatory Surgery Center Association (ASCA)



Learning Objectives

Participants will be able to:



DEFINE the quality reporting that is required by Centers for Medicare and Medicaid Services (CMS) for ambulatory surgery centers (ASCs)

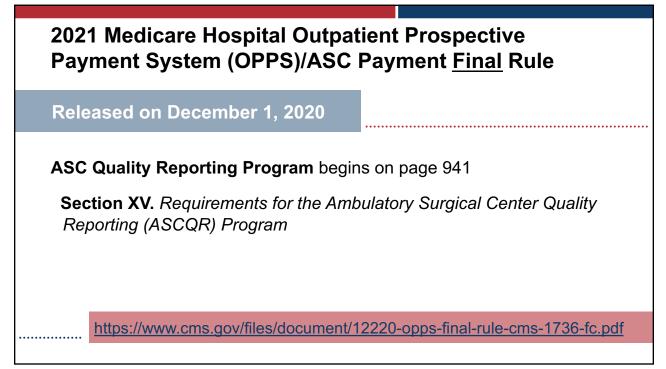


IDENTIFY the different reports and look-up tools available for participants to utilize



DISCUSS future implications in the ambulatory surgery center quality reporting (ASCQR) program

| CMS Ambulatory Surgical Center Quality Reporting Program |
|---|
| CMS ASC Quality Reporting Program Quality Measures Specifications Manual |
| ^{10.0} VERIFY LATEST VERSION >>>> 10.0 1Q21 – 4Q21 |
| Included in this Manual: |
| ✓ Measure specifications ✓ Data collection and submission |
| Located on <u>www.qualitynet.org</u> |
| |
| |



| Payment System (Of | PPS)/ASC Payment <u>Final</u> Rule |
|------------------------|------------------------------------|
| NO new quality mea | sures |
| TERMINOLOGY CHANC | GES |
| NEW TERMINOLOGY | PREVIOUS TERMINOLOGY |
| Security Official | Security Administrator |
| | |
| Data Collection Period | Data Collection Time Period |

2021 Medicare Hospital Outpatient Prospective Payment System (OPPS)/ASC Payment <u>Final</u> Rule

Program Submission Deadlines

May 15, 2021 is a Saturday

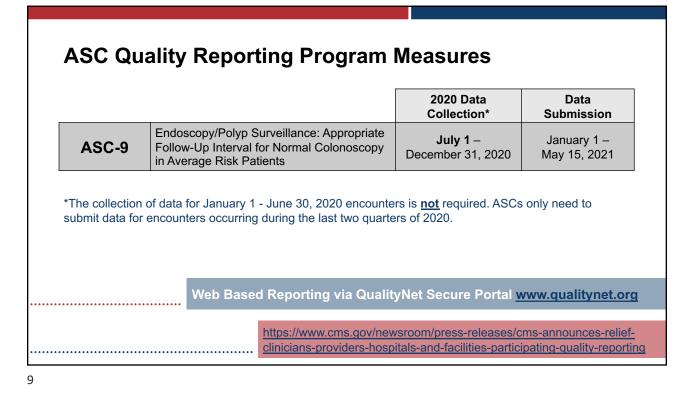


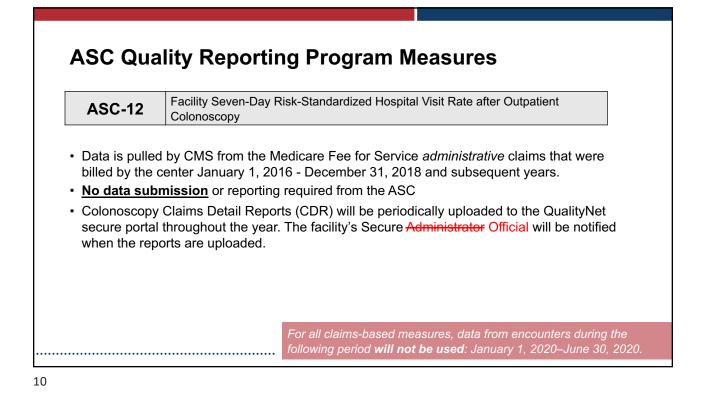
All program deadlines occurring on a Saturday, Sunday, legal holiday or nonwork day for federal employees shall be extended to the first day that is not a Saturday, Sunday, legal holiday or nonwork day for federal employees.

ASC Quality Reporting Program Measures

The data collection for ASC-1, ASC-2, ASC-3, ASC-4 remains suspended starting January 1, 2019

| ASC-1 | Patient Burn |
|-------|--|
| ASC-2 | Patient Fall |
| ASC-3 | Wrong Site, Wrong Side, Wrong Procedure, Wrong Implant |
| ASC-4 | All-Cause Hospital Transfers/Admissions |



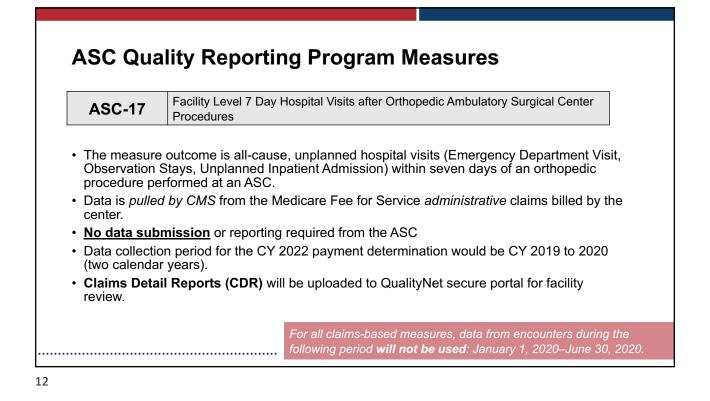


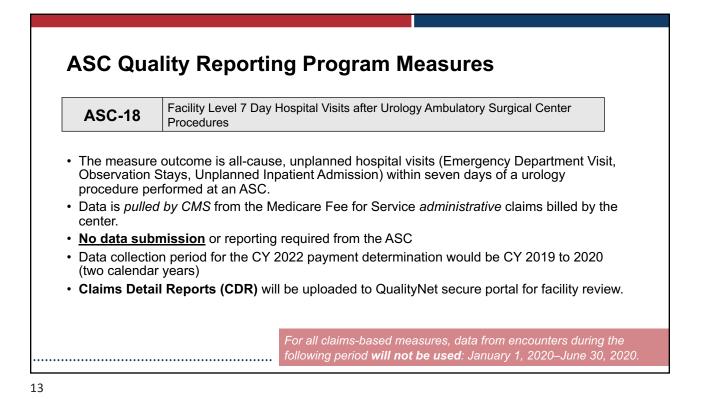
ASC Quality Reporting Program Measures

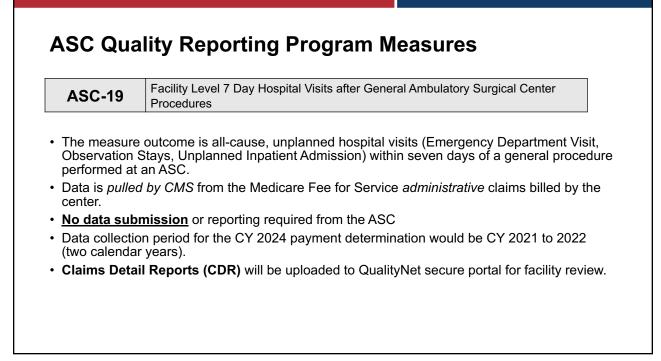
| | | 2020 Data Collection* | Data Submission |
|--------|--|-------------------------------|-----------------------------|
| ASC-13 | Normothermia Outcome Data submitted for a Sampling that meet the denominator criteria. | July 1 – December 31, 2020 | January 1 – May 15, 2021 |
| ASC-14 | Unplanned Anterior Vitrectomy Data submitted for <i>All Patients</i> that meet the denominator criteria. | July 1 – December 31, 2020 | January 1 – May 15, 2021 |

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

https://www.cms.gov/newsroom/press-releases/cms-announces-reliefclinicians-providers-hospitals-and-facilities-participating-guality-reporting





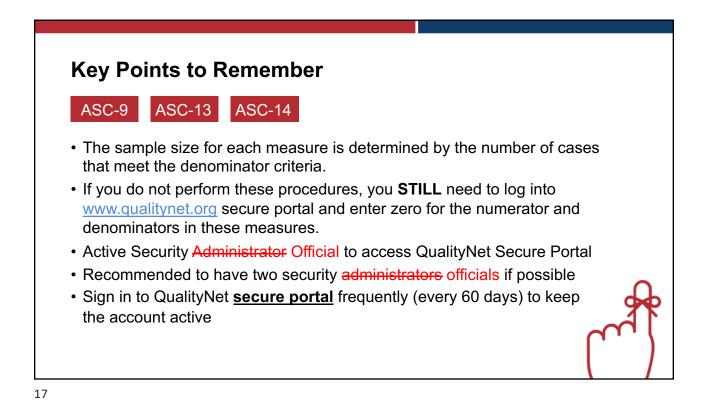


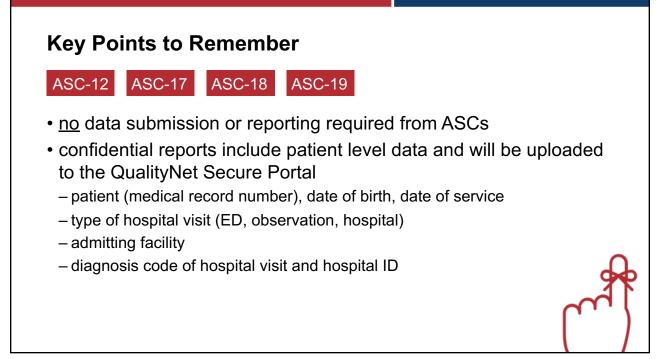


ASC - 12, 17, 18 and 19

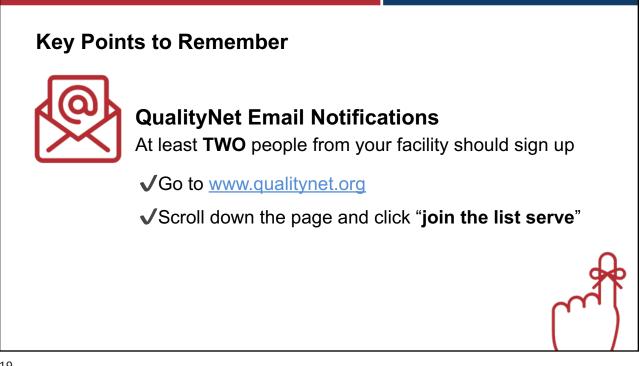
- Reports will be uploaded to QualityNet secure portal for ASCs to review and will include:
 - patient-level data for each hospital visit
 - the type of visit (emergency department visit, observation stay, or unplanned inpatient admission),
 - the admitting facility, and
 - the principal discharge diagnosis.
- These reports enable ASCs to see their facility specific data.
- General information about the confidential facility-specific reports will be available at: <u>http://www.qualitynet.org</u>
- Again, because CMS uses paid, final action Medicare claims, ASCs would not need to submit any additional data.

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Measure Summary Last Time You Report the Below Measures

| Measure | Last Time You Report |
|--|--|
| 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 | 12/31/18 (suspended until further rule making) |
| ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing ASC-6: Safe Surgery Checklist Use ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures ASC-8: Influenza Vaccination Coverage among Healthcare Personnel | No longer report |
| ASC-10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps–Avoidance of Inappropriate Use | 5/15/19 |

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ASCQR Program Measures Summary

| Number | Measure Title | Type of Measure | Data Collection Dates | Data Repo | orting Dates | Payment Determination Year | Measure Applies To |
|--------|--|--|--|---|---|----------------------------------|---|
| ASC-9 | Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients | Web-Based via QualityNet secure portal | 7/1/2020 - 12/31/2020 It is still acceptable for the ASC to collect data from 1/1/20 - 12/31/20 | 1/1/21 | 5/15/21 | CY 2022 | Sampling |
| ASC-12 | Facility Seven-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy | Administrative Claims-Based | Paid Medicare Fee for Service Claims 1/1/2016 - 12/31/2018 and subsequent years | Service Ad Cla Data from during 1/1/ | care Fee for ministrative aims encounters 20 - 6/30/20 be used | CY 2023 | Paid Medicare Fee for Service Claims |

| AS | SCQR Progra | m Measu | res Summa | ary | | |
|--------|---------------|--|--|-----------|--------------|----------------------------------|
| Number | Measure Title | Type of Measure | Data Collection Dates | Data Repo | orting Dates | Payment Determination Year |
| ASC-13 | Normothermia | Web-based via QualityNet secure portal | 7/1/2020 - 12/31/2020 It is still acceptable for the ASC to collect data from 1/1/20 - 12/31/20 | 1/1/21 | 5/15/21 | CY 2022 |

7/1/2020 - 12/31/2020

It is still acceptable for the ASC to collect data from 1/1/20 - 12/31/20

1/1/21

5/15/21

CY 2022

22

ASC-14

Unplanned Anterior

Vitrectomy

ASCQR Program Measures Summary

Web-based via

QualityNet secure portal

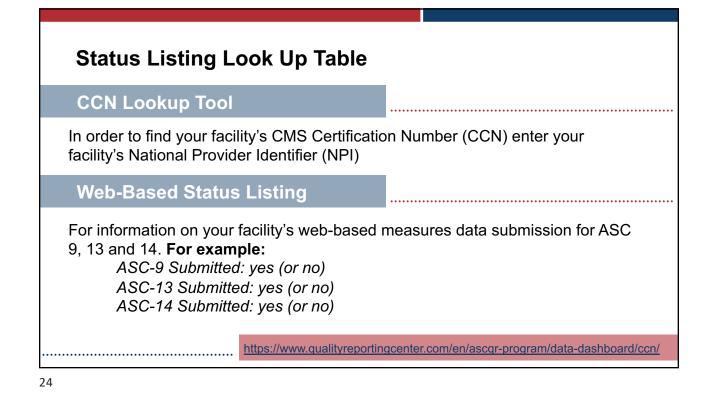
| Number | Measure Title | Type of Measure | Data Collection Dates | Data Reporting Dates | Payment Determination Year | Measure Applies To |
|----------|---|--------------------------------|--|--|----------------------------------|---|
| ASC-17 | Hospital Visit After Orthopedic Ambulatory Surgery Procedures | Administrative Claims-Based | Paid Medicare Fee for Service Claims 1/1/2019 - 12/31/2020 and subsequent years | Paid Medicare Fee for Service Administrative Claims Data from encounters during 1/1/20 - 6/30/20 will not be used | CY 2022 | Paid Medicare Fee for Service Claims |
| ASC-18 | Hospital Visit After Urology Ambulatory Surgery Procedures | Administrative Claims-Based | Paid Medicare Fee for Service Claims 1/1/2019 - 12/31/2020 and subsequent years | Paid Medicare Fee for Service Administrative Claims Data from encounters during 1/1/20 - 6/30/20 will not be used | CY 2022 | Paid Medicare Fee for Service Claims |
| ASC - 19 | Hospital Visit After General Ambulatory Surgery Procedures | Administrative Claims-Based | Paid Medicare Fee for Service Claims 1/1/2021 - 12/31/2022 and subsequent years | Paid Medicare Fee for Service Administrative Claims | CY 2024 | Paid Medicare Fee for Service Claims |

Measure Applies To

Sampling

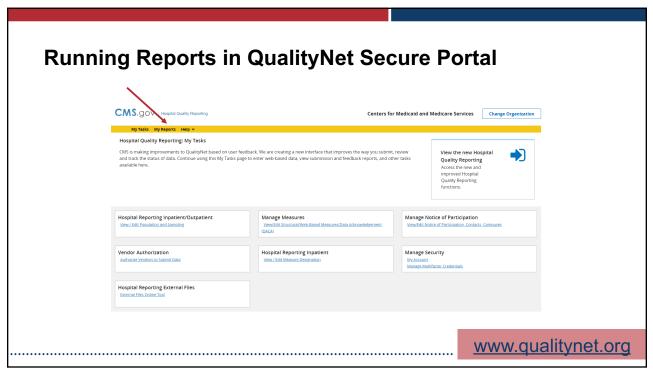
All Patients

Meeting Criteria

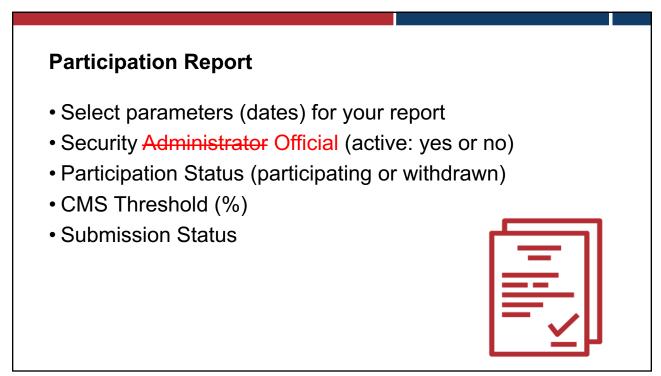




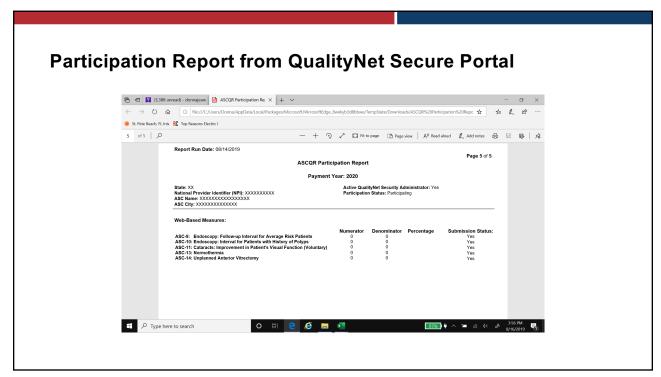
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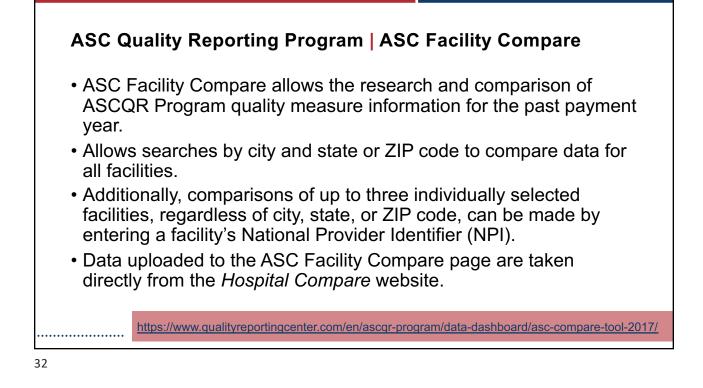


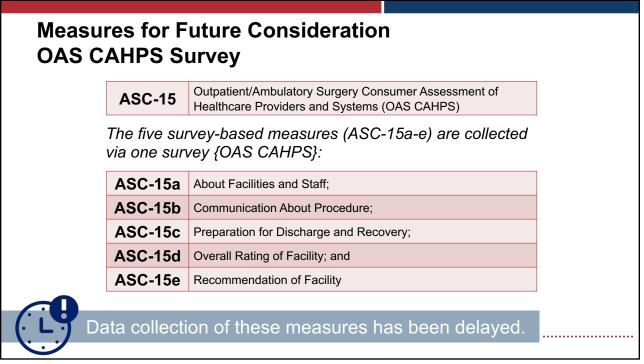
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| Select Program, Category and Report Report Parameters Confirmation | |
| Select Program, Category and Report The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the c | ategory related to the |
| selected program has a single value, then it too will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your rep report you wish to run from the table below by clicking on its name. | |
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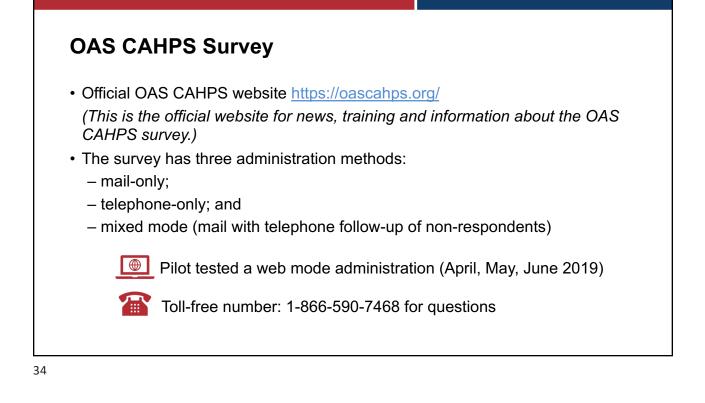


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| | | ASCQR Partici | pation Report | | | |
| | | Payment Y | ear: 2020 | | | |
| | State: XX National Provider Identifier (NPI): XXXXXXXXXX ASC Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | Active QualityNet Participation State | Security Administrato s: Participating | r: Yes | |
| | Quality Data Code Submission | | | | | |
| | Total Number of Claims with QDC1: 437 Total Number of Claims: 679 Data Completeness: 64% CMS Required Threshold: 50% | | | | | |
| | | Quarter 1 - 2018 [| Dates of Service | | | |
| | Claims-Based Measures | Numerator | Denominator | Measure Value | | |
| | ASC-1: Patient Burn | 0 | 157 | 0.000 | Per 1000 Admissions | |
| | ASC-2: Patient Fall | 0 | 157 | 0.000 | Per 1000 Admissions | |
| | ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant | 0 | 157 | 0.000 | Per 1000 Admissions | |
| | ASC-4: All-Cause Hospital Transfer/Admission | 0 | 157 | 0.000 | Per 1000 Admissions | |
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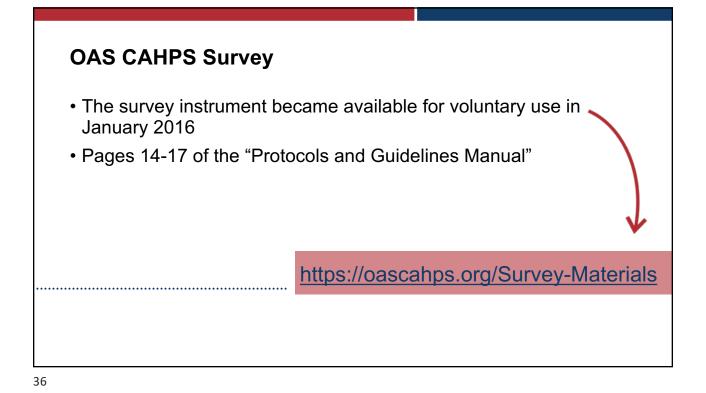




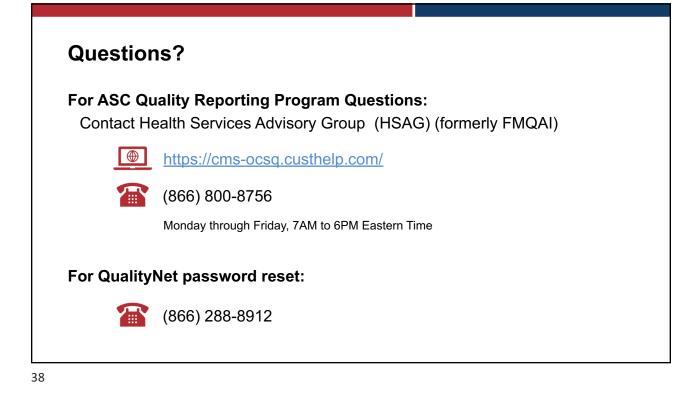
OAS CAHPS Survey Mode Experiment 2019

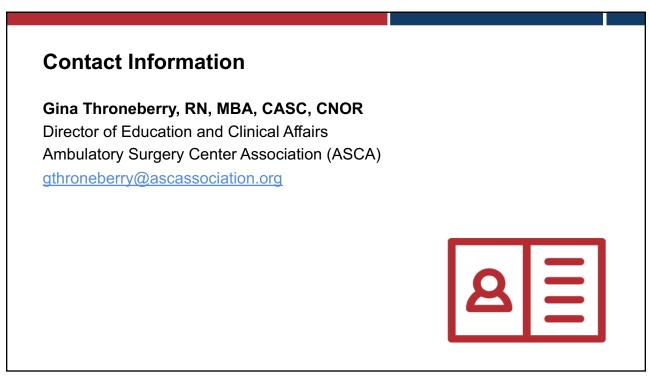
- A random sample of approximately 145 Medicare-certified ASCs and 145 Medicare-certified HOPDs were selected
- 43 ASCs and 56 HOPDs participated

| Surveys | Mail Only | Phone Only | Web Only | Web + Mail | Web + Phone | All Modes |
|---|-----------|------------|----------|------------|-------------|-----------|
| Number of Surveys | 4,897 | 5,516 | 5,278 | 4,227 | 4,202 | 24,120 |
| Number Completed | 1,722 | 1,055 | 1,542 | 1,627 | 1,439 | 7,385 |
| Number Ineligible | 11 | 100 | 24 | 12 | 76 | 223 |
| Number Not Completed | 3,164 | 4,361 | 3,712 | 2,588 | 2,687 | 16,512 |
| Response Rate (Completes/Completes + Non-completes) | 35% | 19% | 29% | 39% | 35% | 31% |
| | | | | | | |



 Websites with Additional Information
 Ambulatory Surgery Center Association (ASCA) website http://www.ascassociation.org
 QualityNet website (CMS Specifications Manual & Email Notifications) http://qualitynet.org
 Quality Reporting Center HSAG (CMS national support contractor) http://www.qualityreportingcenter.com/







| Available on eSupport | Compliance/Quality Reporting/Data Reporting |
|--------------------------|--|
| | QUALITY REPORTING: DATA REPORTING ASC QUALITY REPORTING MEASURES SUMMARY C ASCQR Program Measures Summary 2020 Resources |
| | |
| | ASC9 is for all patients (per the sampling specifications). Data must be reported by all Medicare certified ASCs, regardless of specify or case mix. If your center does not perform colonoscopies, for ASC-9 you will enter "0" in the numerator and the denominator. |





| The 2021 Webinar Line Up! | | | | | | | |
|---|--------|----------------------|--|----------------------------------|--|--|--|
| DATE | ٩ | CE | WEBINAR TOPIC | SPEAKER | | | |
| January 27 | 20 min | | ASC Quality Reporting Update | Gina Throneberry | | | |
| February 26 | 60 min | RN, CASC | Accounts Receivable Benchmarking Summary | Nancy Stephens, Mike Venard | | | |
| March 29 | 20 min | | How to Rightsize Your Anesthesia Team Efficiency and Functionality in Staffing | Chris Caldwell | | | |
| April 30 | 60 min | RN, CASC, CAIP | Infection Investigation A Case Study | Crissy Benze, Vanessa Sindell | | | |
| May 24 | 20 min | | Customer Service in the ASC Enhancing the Patient Experience | Laurie Brown | | | |
| June 18 | 60 min | RN, CASC | Life Safety Risk Assessment What is it and What is Required | John Crowder, Jr. | | | |
| July 26 | 20 min | | How to Make a Performance Appraisal Effective | Regina Boore | | | |
| August 27 | 60 min | RN, CASC | Problem Employees How to Manage, How to Win | Abtin Mehdizadegan | | | |
| September 27 | 20 min | | How to Run a Governance/QAPI Meeting | Debra Stinchcmob | | | |
| October 29 | 60 min | RN, CASC | Credentialing Review | Crissy Benze | | | |
| November 29 | 20 min | | Annual Survey Watch Report | Vanessa Sindell | | | |
| December 17 | 60 min | RN, CASC | TBD | | | | |
| www.ProgressiveSurgicalSolutions.com/webinars | | | | | | | |

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