CY 2022 OPPS Final Rule:
How to Succeed in ASC Quality Reporting

Presentation Transcript

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Karen VanBourgondien: Hello everyone. Welcome and thank you for joining us. My name is Karen VanBourgondien. Our speaker today is Dr. Anita Bhatia. Anita is the CMS Program Lead for the ASC Quality Reporting Program. She received her PhD from the University of Massachusetts, Amherst, and her master's degree in Public Health from Johns Hopkins University. Dr. Bhatia plays a crucial role in the development of the OPPS/ASC proposed and final rulings. We're very fortunate to have Dr. Bhatia here today to discuss the finalized proposals as they relate to the ASC Quality Reporting Program.

We will be covering quite a bit today and by the end of the presentation you'll be able to locate the final rule, know what the changes to the ASC Quality Reporting Program in the final rule are, and how those changes will impact the ASC Quality Reporting Program. We will also have the chat box available for any questions that you may have. Later in the presentation, we hope to share some questions and answers with you, if time allows.

Before I hand things over to Anita to discuss the final rule, let me just take care of a few house-keeping items. So, this topic isn't related to the final rule, but it is most certainly related to reporting, and we run into this frequently. HARP is not synonymous with HQR. HARP is a secure identity management portal provided by CMS. Creating an account via HARP provides users with user identification and password that can be used to sign into multiple CMS applications. Hospital Quality Reporting, or HQR, is the system you will use to report data and run reports. So, with your HARP credentials you can access HQR as well as Managed File Transfer, or other CMS applications.

Recently, CMS announced an update to the status classifications for Security Officials in the HQR system. Anyone that does not log into their HQR account within 90 days will be listed as inactive. You need to be active in order to receive reports and enter your data.

If you report data for a single ASC, you will simply log into My Profile from the landing page. You really don't need to do anything else, just log in. If you are the SO for multiple organizations, you will need to log into each of those organizations to remain in an ACTIVE status. You would have to sign into the My Profile for each ASC you report. So, please keep your login capability current. You do not want to be locked out, or worse, have your account dismantled. If that occurs, then you're going to have to go through the whole process again.

Also, make sure you have the appropriate roles you need to receive reports. All this can be done within the HQR System. There are also tutorials that are helpful as well. The direct link is found here on the slide by clicking on the word Tutorials.

We send a lot of communications out through email, QualityNet Email services. You can sign up from the home page of QualityNet, or by using the link here on the slide. It takes about five minutes to sign up. It's a no cost way to stay in the loop and be current with program-related information, such as education, deadlines, and certainly a whole lot more.

Make sure you have the Specifications Manual available. This manual will ensure you are collecting and reporting accurate data as specified in the manual. We will be conducting a webinar and reviewing the program requirements, tools, and resources in the near future. We will send out notices announcing that presentation. So, back to the QualityNet email service we just talked about, if you're signed up for that, you will get these notifications about webinars.

The calendar year 2022 rule is very lengthy. We went into quite a bit of detail during the proposed rule webinar. So today, we will not be focusing on details, rather we will let you know what you need to know to report successfully for this program. We do encourage you to read the rule for points of clarification and details.

The final rule is published annually and can be found in the *Federal Register*. For the finalized proposals specific to the ASC Quality Reporting Program, you will refer to pages 418 through 454 of the PDF version. The links to the *Federal Register* and the PDF versions are here on the slide. There are also addenda related to the ASC payment system and they are located online at CMS.gov and we do have the link here as well on the slide. So, without further delay, let's begin our discussion of the final rule. Let me turn things over to Dr. Anita Bhatia. Anita?

Anita Bhatia: Thank you, Karen. Hello to everyone and thank you for joining us today. Yes, we covered an enormous amount of detailed information in the rule. To home in on what needs to be done by when to meet program requirements, we are going to discuss the finalized proposals in brief, but if you want more detailed information, we encourage you to refer to the full rule text.

As you may be aware, we proposed to add a new measure, COVID-19 Vaccination Coverage Among Healthcare Personnel, which assesses the percentage of personnel working in a facility who have been vaccinated for COVID-19. After consideration on the public comments we received, we finalized this proposal to adopt this measure which is designated as ASC-20 for the ASC Quality Reporting Program. This measure will be required beginning with the calendar year 2022 reporting period for the calendar year 2024 payment determination.

For public reporting of this measure, the policy finalized is that only the most recent quarter of data will be publicly displayed. The purpose of this approach is to have more meaningful information as it is the most up to date available. Data for this measure will be available for preview by ASCs for 30 days prior to being made publicly available.

Here is what the ASC-20 measure assesses as the percentage of healthcare personnel that are fully vaccinated for COVID-19.

The measure denominator is the number of healthcare personnel eligible to work in the ASC for at least one day during the reporting period, excluding persons with contraindications to the vaccination.

The measure numerator is the cumulative number of healthcare personnel eligible to work in the ASC for at least one day during the reporting period and who received a complete vaccination course.

Vaccination coverage for purposes of this measure is defined as the estimated percentage (given the potential for week-to-week variation) of healthcare personnel eligible to work at the ASC for at least one day who received a complete COVID-19 vaccination course. For reporting, facilities would count healthcare personnel working in all facilities that share the same CMS Certification Number. Reporting for ASC-20 is through the CDC's National Healthcare Safety Network, known as the NHSN, web-based surveillance system.

While it would be ideal to have healthcare personnel vaccination data for every week of every month for surveillance purposes, we want to be mindful of the time and resources this would require. Thus, to reduce burden to what is the minimum necessary, our finalized policy is that ASCs will collect the data for at least one, self-selected week during each month of the reporting quarter by the data submission deadline. These data need only be reported quarterly by the specified deadline. Also, while our initial proposal was to add one additional quarter of data during each advancing refresh until the point that four full quarters of data are reached and then report the measure using four rolling quarters of data, we instead will only publicly report the most current quarter of data.

To clarify when you will begin reporting for the ASC-20 measure, we finalized that reporting would begin with the calendar year 2022 reporting period which we are in right now. The time period for the first quarter of required data is from January 1 through March 31, 2022.

As we discussed, you will collect data for at least one, self-selected week during each month in that quarter. Again, that would be for January, February, and March 2022. The submission deadline to submit that first quarter's worth of data is August 15, 2022. So, that's for the first quarter, but what about the rest of the quarters?

This slide provides the submission deadlines moving forward for the first year of required reporting which will be applied to payment year 2024. At the top line in the body of this table, we start with Quarter 1 of 2022 under the Encounter Quarter. Quarter 1 of 2022 uses the reporting period of January 1 through March 31, 2022, with the submission deadline of August 15, 2022, as we just discussed on the previous slide. Following the timeline, Encounter Quarter 2's deadline will be November 15, 2022, using the reporting period of April 1 through June 30, 2022, and so on for Quarters 3 and 4 of 2022.

In this rulemaking cycle we also finalized proposals for some previously adopted measures. We previously adopted rare, adverse event, patient safety measures ASC-1 through 4, listed here on this slide. These measures count sentinel events that should be rare and should remain rare. When these types of events occur, it is vital to learn from them to prevent their further occurrence and to ensure that they remain rare. These measures were previously reported through Quality Data Codes placed on Medicare fee-for-service claim forms. This approach limited reporting for only fee for service Medicare beneficiaries who had billed services; this approach was discontinued for these measures.

We finalized our proposal in this rulemaking to resume reporting for these measures revising the data submission method to be through a web-based tool instead of claim forms. Because of this change in data submission method, as will be described in the Specifications Manual, data are to be reported for all patients. We realize the change in data submission methods can be confusing, but we believe this change will make data submission less burdensome for facilities and will provide the public more meaningful information as more types of patients will be included in the counts.

Data collection for the ASC-1 to 4 measures will begin with the calendar year 2023 reporting period for the calendar year 2025 payment determination and then is to continue for subsequent years. Many ASCs are familiar with reporting for these measures, and we believe it is appropriate to include these measures in the ASC Quality Reporting Program beginning with the calendar year 2023 reporting period. Data submission for these measures is to be done using a web-based data collection tool located in the Hospital Quality Reporting System along with the other web-based measures.

Along with making reporting easier and more efficient for ASCs, reporting via the Hospital Quality Reporting System allows ASCs to make corrections during the data submission time period which was not possible in the past if an ASC identified an erroneous or missing Quality Data Code on a claim that had already been submitted and processed and this method simplifies the requirements of the ASC Quality Reporting Program by streamlining the number of methods required for quality measure data submission.

To map reporting out, for ASC-1 through 4, data collection begins with the calendar year 2023 reporting period; this is next year. You will use data from that encounter period (January 1 through December 31, 2023). You will then enter that data anytime during the submission period, which is from January 1st through May 15, 2024. Next is ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery. This measure has been available for voluntary reporting since the calendar year 2015 reporting period. We emphasize the value of this measure and continue to believe that ASC-11 addresses a high-impact condition and that it provides opportunities for care coordination and direct patient feedback. We finalized a two-year extension from our originally proposed timeline of the calendar year 2023 reporting period for the calendar year 2025 payment determination to provide ASCs with additional time to implement coordination strategies and to operationalize the measure for successful reporting in the ASCQR Program.

Thus, mandatory data collection will begin with calendar year 2025 (which is January 1 to December 31, 2025 encounters) for calendar year 2027 payment determination. This is a web-based measure and data will be submitted via the web-based tool on the Hospital Quality Reporting System. Data for ASC-11 can currently be submitted voluntarily; the measure will continue to reside in the web-based tool.

Here we provide the reporting schedule for ASC-11 for when it becomes required on its own slide for your reference. Mandatory reporting begins with the calendar year 2025 reporting period. Aggregate data would be entered into the web-based tool during the submission period, which is anytime from January 1 through May 16, 2026.

The Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems Survey assesses patient experience of care. We initially considered a two-year voluntary period, beginning with the calendar year 2023 and calendar year 2024 reporting periods. Due to the ongoing, extensive impact of the COVID-19 pandemic, voluntary reporting as part of the ASC Quality Reporting Program is to instead begin in calendar year 2024. Mandatory reporting was modified to begin in the 2025 reporting period for the calendar year 2027 payment determination.

Implementing the OAS CAHPS Survey-based measures in the ASC Quality Reporting Program will enable patients to compare patient experience of care data across multiple ASCs as part of their healthcare decision-making. In addition, we believe implementing these measures in the ASCQR Program will incentivize ASCs to factor patient experience of care into their quality improvement efforts more proactively.

The National OAS CAHPS Survey voluntary reporting program, that is currently in place, is independent of the ASC Quality Reporting Program, but the reporting process for ASCs to submit OAS CAHPS Survey data would remain unchanged. The OAS CAHPS Survey is to be administered to all patients or a random sample of eligible patients who had at least one outpatient surgery or procedure during the applicable month. The guidelines manual for these measures can be found via the link on this slide.

All data collection and submission for the OAS CAHPS Survey measures are to be reported at the CMS Certification Number, or CCN level. OAS CAHPS Survey results will be made publicly available along with other ASC Quality Reporting measure data (currently located on the CMS Provider Data Catalog). So, regarding survey administration modes; we believe that these survey-based measures will be useful to assess aspects of care where the patient is the best or only source of information and to enable objective and meaningful comparisons between ASCs. There are multiple survey administration modes including two using a web-based module. These are web with mail follow-up of non-respondents and web with telephone follow-up of non-respondents.

While we did not propose solely digital modes of conducting the OAS CAHPS Survey, we are analyzing whether a web-only or digital-only format would be appropriate for the OAS CAHPS Survey-based measures as this could further reduce the costs of administering the survey. ASCs, via their CMS-approved- survey vendor, must initiate data collection no later than 21 calendar days after the month in which a patient has a surgery or procedure at the ASC.

Survey data for eligible patients would be collected and reported to CMS using the established quarterly deadlines for each data collection period. Surveys can be completed up to 42 days following the invitation to complete the survey. We originally proposed a target number of 300 completed surveys annually. Given the smaller size of ASCs and specialization of services, we revised the target number of completed surveys, reducing it to 200 annually.

We now believe that the 200 surveys will provide the appropriate balance of ensuring sufficient confidence in the results of the OAS CAHPS Survey. With the burden required to collect the data, we believe that this burden reduction is important as ASCs continue to respond to the COVID-19 pandemic. While we expect this reduction from 300 to 200 completed surveys to be permanent, we will continue to assess whether the 200 completed surveys ensures appropriate levels of confidence in the OAS CAHPS Survey results.

Note that an ASC can be exempted from the OAS CAHPS Survey requirements under the OAS CAHPS low-volume exemption policy, which exempts ACS that treat fewer than 60 survey-eligible patients during the eligibility period, or under the ASC Quality Reporting Program low Medicare claim volume exemption. The Medicare claims volume threshold is applied automatically; these ASCs are not required to submit a participation exemption request form for the OAS CAHPS Survey for the same time period. Please review the final rule as well as the links provided for the OAS CAHPS website for more detailed information on the survey.

Finalized voluntary reporting begins with the calendar year 2024 reporting period for the calendar year 2026 payment determination and mandatory reporting begins with calendar year 2025 reporting period for the calendar year 2027 payment determination. So, for the mandatory reporting, your CMS-approved vendor will use Quarter 1 2025 data and you will ensure that your vendor submits that data by July 2025. As this time point comes closer, we will provide further information regarding deadlines.

This slide represents the deadlines for the calendar year 2025 reporting period. ASCs should check-in regularly with survey vendors to ensure they are properly submitting survey data in a timely manner. Data cannot be altered after the data submission deadline but can be reviewed prior to the submission deadline.

So, for measures and topics for future consideration, we requested feedback and comment on various aspects of information related to the future of quality reporting. I will not be going into details on this as our focus today is on ASC Quality Reporting Program requirements and how to be successful in meeting those requirements. However, we are going to provide a listing of our requests for comment that cover two slides.

These items indicate CMS areas of interest for future policy and program directions for quality measures.

We also requested comment on some larger issues: these are the establishment of a new provider type, Rural Emergency Hospitals, including consideration of quality measurement for this setting, equity, and the future of Digital Quality Measurement, or dQMs for quality reporting programs. We thank all the commenters for their valuable input.

That covers the final rule content for the ASC Quality Reporting Program. Now, let me hand things back over to Karen. Thank you.

Karen VanBourgondien: Thank you Anita. So, Anita provided a lot of information. There is much going on, but don't worry, you've got this. Let's review what's necessary to meet the program requirements.

Let's begin with the web-based measures. For the newly finalized mandatory reporting for ASC-1 through ASC-4, reporting begins with the calendar year 2023 reporting period. So, as Anita discussed, you will not be entering the data into HQR until the year 2024. Remember, the submission period for web-based measures is from January 1 through May 15, annually. Of course, as a reminder if May 15 falls on a non-workday, it will be the following day. So, the first time you submit data for ASC-1 through ASC-4 will be by May 15, 2024.

So, web-based measures 9, 11, 13, and 14 will continue as they always have. However, for ASC-11 you can voluntarily report until the calendar year 2025 reporting period which then, at that point, it becomes mandatory.

Next, claims-based measures. So, ASC-12, -17, -18, and -19 are all claims-based measures. These measures do not require manual abstraction and reporting on the part of the ASCs. Data are collected via paid Medicare claims for cases that meet measure criteria. ASC-19 begins with the calendar year 2022 reporting period. And I've just placed that here on the slide in case some of you had forgotten when that measure begins.

All right, survey measures, ASC-15a through e. Mandatory reporting does not begin until the calendar year 2025 reporting period and that will be for the calendar year 2027 payment determination and subsequent years.

You have time to get your vendors and become familiar with the nuances of these measures.

The new ASC-20 measure, the COVID-19 measure, begins with the calendar year 2022 reporting period. So, as Anita instructed, you will begin collecting data from January first 2022 through March 31, 2022. The deadline to submit that data, that first quarter data, is August 15, 2022.

Now, you're ready to report. So, let's just offer a few reminders. You need to have a Security Official in order to submit data and receive reports. We highly recommend you have two. If you only have one Security Official and something were to happen, you know winning the lottery, family leave, whatever then that leaves the ASC with no one available to submit data. The next deadline for web-based measures is this coming May the 16, 2022. As I said a few minutes ago there is no manual abstraction for the claims-based measures.

This is just another view reminding you of the submission deadlines coming up.

Web-based measures are submitted as they always have. The submission period is open you can submit that data anytime from now until the deadline of May 16. The mandatory reporting for ASC-11 begins with 2025 reporting period, and again, you can certainly report this data voluntarily if you choose to do so until that time.

The new COVID-19 measure began with 2022 reporting period, which means it began with January 1, 2022, encounters. You need to report the data, for the first time, no later than August 15, 2022. For the COVID-19 measure, you are reporting that into the National Health Safety Network, or NHSN. This is a completely separate system from the HQR System where you submit your other web-based measures. There is a lengthy enrollment and registration process. So, if you have not, please begin that process now. You will not be able to report your data if you do not have the appropriate access and roles.

Please access the NHSN website for details on this process. The link is here on the slide. Additionally, we do have the NHSN help email address available here as well.

Also, with regard to the COVID-19 measure, we all know this is new. Stated before on the previous slide, there is a lengthy enrollment and registration process. We have collaborated with NHSN and will be presenting a webinar on this measure in detail. We're going to be presenting that in February. Information about the event is available on our website, QualityReportingCenter.com.

There are also additional resources as it relates to this new measure which you can access by the link here on this slide.

Lastly, we do have a new interactive tool for you. This is a data base tableau on our website, QualityReportingCenter.com. Of course, we have the direct link here. You can use this tool to access your own facility's data, compare your ASC to others by location, state, nationally. It's the same publicly displayed data that you have access to through Hospital Compare and the CDC, but it is in a very interactive format and easy to use. We will also be including this new resource in our upcoming webinar and we'll go over how to use it in detail. So, hopefully again you're signed up for the QualityNet email notification services so that you get these emails. Anita? We have a few minutes. Can we just take some questions from the chat box?

Anita Bhatia: Yeah, Karen. That would be great.

Karen VanBourgondien: Okay, so here's a good question. The question is: If a participation exemption was previously granted to an ASC, do they need to submit another exemption request for the new survey measures?

Anita Bhatia: Okay, Karen. That's a great question. If your ASC bills less than 240 Medicare claims annually, your facility will not be required to meet the ASC Quality Reporting Program requirements, though you can voluntarily participate.

	This ASC Quality Reporting Program exemption applies to the OAS CAHPS survey measures. In addition, for the OAS CAHPS survey measures, facilities with fewer than 60 survey-eligible patients during the "eligibility period" may submit a participation exemption request form that will be available on the OAS CAHPS website. This is an online form and would be submitted on or before May 15 of the data collection calendar year.
Karen VanBourgondien:	Thank you, Anita. So, we got another question about the survey measures. The question is: Why can't we just administer the OAS CAHPS surveys ourselves? Why do we have to use third party vendors?
Anita Bhatia:	Okay, Karen. This is a very important question. As for other care setting surveys, for example HCAHPS for hospitals, the OAS CAHPS Survey requires administration by an approved survey vendor to ensure that patients respond to the survey in a way that reflects their actual experiences with outpatient surgical care. If vendors were removed as neutral third parties, there could be concerns of objectivity and bias.
Karen VanBourgondien:	Thank you, Anita. Here's one about the ASC-1 through ASC-4 measures. We get this one a lot actually. The question is: The ASC-1 through ASC-4 measures were previously reported on Medicare claim forms. Can we still report the measures that way?
Anita Bhatia:	Okay, Karen. It is correct that the ASC-1 through 4 measures were previously reported on Medicare claims forms and applied to only Medicare fee-for-service patients. The program will no longer collect this measure information through that method. These measures have been reintroduced as web-based and will apply to all ASC patients that meet measure criteria. So, to reiterate, to meet ASC Quality Reporting Program requirements, these data to be reported in the web-based tool, not on Medicare claim forms.

Karen VanBourgondien: Thank you, Anita. Let's see. Here's one about ASC-11. I am concerned about the ASC-11 measure being mandatory. We have never reported this measure and we are concerned about the operational complexity of collection and sharing data for the measure across physician and ASC settings. This would be burdensome.

Anita Bhatia: Well, Karen, I can acknowledge the concern. We do have some ASCs that have reported on this measure while it's been in voluntary status. One of our main goals for the ASC–11 measure is to encourage the coordination of care across health care settings, providers, and suppliers as frequently as possible. We aim to see ASCs, ophthalmologists, and other clinicians, such as optometrists, actively and routinely engaged in exchanging information to better communicate and coordinate the care of patients to understand their patient outcomes. We emphasize the value of this patient-reported outcome measure and continue to believe that ASC–11 addresses a high-impact condition and that it provides opportunities for care coordination and direct patient feedback.

Karen VanBourgondien: Thank you, Anita. Well, I think we have time for one more question. Again, this is about the survey measures. We got a lot of questions about those. The question is: We're concerned about the financial and administrative burden for reporting the OAS CAHPS Survey-based measures. It seems like the cost of implementing the survey-based measures would exceed the two-percent penalty for failing to meet the ASCQR Program requirements. Anita, what do you think?

Anita Bhatia: Well, Karen, we understand that there are administrative and financial burdens associated with implementing the OAS CAHPS survey-based measures. However, this survey provides ASCs the opportunity to showcase patient experience of care data for their facility using a standardized, national, data collection instrument. ASCs as a care setting have lagged behind other care settings in implementing such a survey, and we believe the OAS CAHPS Survey-based measures are a vital source of this type of information for ASCs.

As previously mentioned, while we did not propose solely digital modes of conducting the OAS CAHPS survey, we are analyzing whether a web-only or digital only format would be appropriate. This could potentially reduce the costs of administrating the survey. In addition, the number of required surveys was reduced.

Karen VanBourgondien: Thank you, Anita. That was a great answer. I think that's all the time we have for questions.

Again, thanks to everyone for joining us. Anita, thank you for your time reviewing the final rule with us. Our number is here on the slide if anybody needs assistance. We're always glad to hear from you.

Thanks again for joining us. Have a great day everyone.