
CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

# Ambulatory Surgical Center Quality Reporting (ASCQR) Program

# Speakers

**Anita J. Bhatia, PhD, MPH**
ASCQR Program Lead
Centers for Medicare & Medicaid Services (CMS)

**Karen VanBourgondien, RN, BSN**
Outpatient Quality Reporting Support Team

# Objectives

At the end of the presentation, participants will be able to:

- Locate the CY 2025 OPPS/ASC Payment System proposed rule in the *Federal Register*.
- State the ASCQR Program proposals and requests for information (RFI) included in the CY 2025 OPPS/ASC Payment System proposed rule.
- List the steps to submit comment to CMS.

# Guidance

- CMS will discuss the proposed updates for the ASCQR Program in the CY 2025 OPPS proposed rule, published on July 22, 2024.
- The information provided is offered as an informal reference and does not constitute official CMS guidance.
- CMS encourages interested parties to refer to the proposed rule.

# Locating the Proposed Rule

- Publication in the *Federal Register* (89 FR 59437)
- PDF version
- Addenda are available on the CMS.gov website.

# ASCQR Program Proposals

**Anita J. Bhatia, PhD, MPH**
ASCQR Program Lead, CMS

# Proposed Modification

CMS proposes to modify the immediate measure **removal** policy to the immediate measure **suspension** policy beginning with CY 2025.

- For cases when there is evidence that collection and reporting raises potential patient safety concerns, CMS would suspend the measure until removal can go through rulemaking.
- CMS would notify facilities and the public of the suspension decision through standard communication channels.

# Proposals to Adopt New Measures

# Advancing Health Equity

- Inequities related to the social drivers of health may affect health-related social needs (HRSNs) and impact an individual's healthcare needs and outcomes.
- The assessment of HRSNs is essential for capturing interactions and factors associated with health outcomes.
- Health equity quality measurement supports CMS' National Quality Strategy goal of advancing health equity and whole-person care.

# Proposed Adoptions

CMS proposes adoption of three new health equity measures:

- Facility Commitment to Health Equity (FCHE)
- Screening for Social Drivers of Health (SDOH)
- Screen Positive Rate for SDOH

These measures align with other quality programs across multiple care settings and incentivize facilities to use data to identify equity gaps and implement plans to address these gaps.

# FCHE Measure Overview

Assesses a facility's commitment to health equity using these five attestation domains:

- Domain 1 – Equity is a Strategic Priority
- Domain 2 – Data Collection
- Domain 3 – Data Analysis
- Domain 4 – Quality Improvement
- Domain 5 – Leadership Engagement

Would begin with the CY 2025 reporting period/CY 2027 payment determination. Domains and associated elements are found in Table 87, page 59441, of the proposed rule

# FCHE Measure Calculation

Calculated on points achieved in the five attestation-based domains.

- **Numerator:** The total number of domains the facility can attest affirmatively, up to a maximum of five domains
  - One point would be given only if the facility attests “Yes” to all elements within the domain.
- **Denominator:** Total of five points (one point per domain)

# Health-Related Social Needs

Five core domains would be used to screen for HRSNs:

- Food Insecurity
- Housing Instability
- Transportation Needs
- Utility Difficulties
- Interpersonal Safety

Domains and their descriptions are found in Table 88, page 59445, of the proposed rule.

# Screening for SDOH Measure Overview

Assesses the total number of patients, 18 years or older, screened for the five HRSNs.

- Would begin with voluntary reporting for the CY 2025 reporting period followed by mandatory reporting beginning with the CY 2026 reporting period/CY 2028 payment determination.
- Screening consistently could support quality improvement initiatives and patient outcomes.

# Screening for SDOH Data Sources

For data collection, facilities can:

- Use a self-selected screening tool to collect data to reduce burden since some facilities already screen for HRSNs.
- Confirm the **current** status of previously reported HRSNs in lieu of re-screening within the reporting period.
- Visit the Social Interventions Research and Evaluation Network (SIREN) website for information on HRSN screening tools.
- Visit CMS.gov for the Accountable Health Communities screening tool.

# Screening for SDOH Measure Calculation

Calculated as a percentage equal to the numerator over the denominator.

- **Numerator**: Number of admitted patients,18 years or older, who are screened for all five HRSNs
- **Denominator:** Number of patients,18 years or older, who are admitted into the ASC
- **Exclusions** include patients who:
  - Opt out of screening; or
  - Are unable to complete the screening and have no legal guardian or caregiver who can complete the screening on their behalf.

# Screening for SDOH Data Reporting

- Allow submission of aggregate data for the numerator and denominator.
  - Patient-level data would not be required.
  - Aggregate data is not necessary and will reduce burden.
- Use of patient-level information may be considered in the future.
- Starting with voluntary reporting will allow facilities a transition period to select and integrate screening tools into processes.

# Screen Positive Rate for SDOH Measure Overview

Provides information on the percent of patients who screened positive for each of the five HRSNs and would:

- Begin with **voluntary** reporting for the CY 2025 reporting period followed by **mandatory** reporting beginning with the CY 2026 reporting period/CY 2028 payment determination
- Allow facilities to capture the degree of patient need for those who screened positive for each of the five core HRSNs
- Capture HRSNs and estimates the impact on healthcare utilization and quality of care
- Enable the development of individual patient action plans and improves patient outcomes for those who screen positive for one or more HRSNs

# Screen Positive Rate for SDOH Measure Calculation

Calculated with a numerator and denominator and the results are reported as five separate rates, one for each core HRSN.

- **Numerator:** Number of patients,18 years or older, receiving care who screened positive for one or more of the HRSNs
- **Denominator:** Number of patients receiving care, 18 years or older, and are screened for all five HRSNs
- **Denominator Exclusions** include patients who:
  - Opt out of screening; or
  - Are unable to complete the screening and have no legal guardian or caregiver who can complete the screening on their behalf.

# Screen Positive Rate for SDOH Data Reporting

- Facilities would be required to submit aggregated data.
  - This includes data results for the total number of patients who screened positive for each of the five HRSNs.
  - Aggregate data will reduce burden.
- Use of patient-level information may be considered in the future.
- Starting with voluntary reporting will allow facilities a transition period to select and integrate screening tools into processes.

# Data Submission

For all three proposed measures (FCHE, Screening for SDOH, and Screen Positive Rate for SDOH):

- The reporting period would be January 1 through December 31 (two years prior to the applicable payment determination year).
- Data would be submitted annually via the Hospital Quality Reporting (HQR) system starting January 1 through May 15 the following year (one year prior to the appliable payment determination year).
- ASCs would be able to enter, review, and correct data during the submission period.

# Request for Information

# Request for Information (RFI)

- We are requesting comment on two potential frameworks:
  - Specialty-Select Framework
  - Specialty Threshold Framework
- These two potential frameworks would:
  - Add case minimums for specialty measure reporting.
  - Remove the zero-case attestation.
  - Verify individual measure case counts using claims data to determine which specialty measures would be potentially required for reporting.

# Considerations For Both Frameworks

CMS is considering:

- Revising reporting requirements so ASCs report on measures related to their interventions or can be assessed from claims.
- Requiring ASCs to report measures applicable to all program participants and specialty-specific measures.

# Measures For Both Frameworks

- The current seven generally applicable measures for required reporting in **both** frameworks for **all** ASCs are:
  - Four patient safety measures (Patient Burn; Patient Fall; Wrong Site, Wrong Patient, Wrong Procedure, Wrong Implant; All-Cause Hospital Transfer Admission)
  - One general surgery measure (Facility-Level 7-Day Hospital Visits After General Surgery Procedures Performed at Ambulatory Surgical Centers)
  - One vaccination measure (COVID-19 Vaccination Coverage Among Health Care Personnel)
  - One patient experience of care survey measure (Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems)
- In addition, the three new proposed measures (FCHE, Screening for SDOH, and Screen Positive Rate for SDOH) would also be required, if finalized.

# Current Specialty-Specific Measures

| Measure | Reporting Requirement | Data Source |
|---|---|---|
| Unplanned Anterior Vitrectomy | Mandatory | Patient Medical Records |
| Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery | Voluntary | Patient Reported Data and Surveys |
| Normothermia Outcome | Mandatory | Patient Medical Records |
| Risk-Standardized Patient-Reported Outcome-Based Performance Measure Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty in ASC Setting | Voluntary through CY 2027 reporting period; Mandatory beginning with CY 2028 reporting period | Patient Reported Data and Surveys |
| Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients | Mandatory | Patient Medical Records |
| Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures | Mandatory | Medicare Claims |
| Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy | Mandatory | Medicare Claims |
| Hospital Visits after Urology Ambulatory Surgical Center Procedures | Mandatory | Medicare Claims |

# Specialty-Select Framework

All ASCs would be required to:

- Report all specialty-specific, claims-based measures
- Select a specified number of the remaining non-claims-based specialty-specific measures (if applicable)
  - To determine if applicable, CMS is considering the implementation of a case threshold minimum (the number of cases for a specific measure that must be met or exceeded)
  - The case threshold minimum would be independent from the "Minimum case volume for program participation" policy.

# Specialty-Select Framework Case Thresholds

- If the ASC surpasses the case threshold minimum for:
  - Three of the five non-claims-based measures, the ASC would choose three measures to report.
  - Only one or two non-claims-based measures, the ASC would report all measures meeting the case threshold minimum.
- If the ASC does not meet the case threshold minimum for any non-claims-based measures, reporting for any of the measures would be voluntary.

ASCs could not utilize the claims-based measures to meet Specialty-Select reporting requirements and could not opt out of reporting.

# Specialty-Threshold Framework

- All specialty-specific measures would be reported in case counts reached in the case threshold minimum and would not apply to claims-based measures.
  - For example, an ASC with fewer than 30 patients for the measure would not be required to report data for that measure, but may report data voluntarily.

# Commenting

# Comment Period

- Comments must be received or postmarked no later than September 9, 2024.
- CMS encourages electronic submission of comments.
  - Comments may also be submitted by regular mail, express mail, or overnight mail to the designated addresses provided.
- Comment responses will be included in the final rule.

# Accessing the Rule

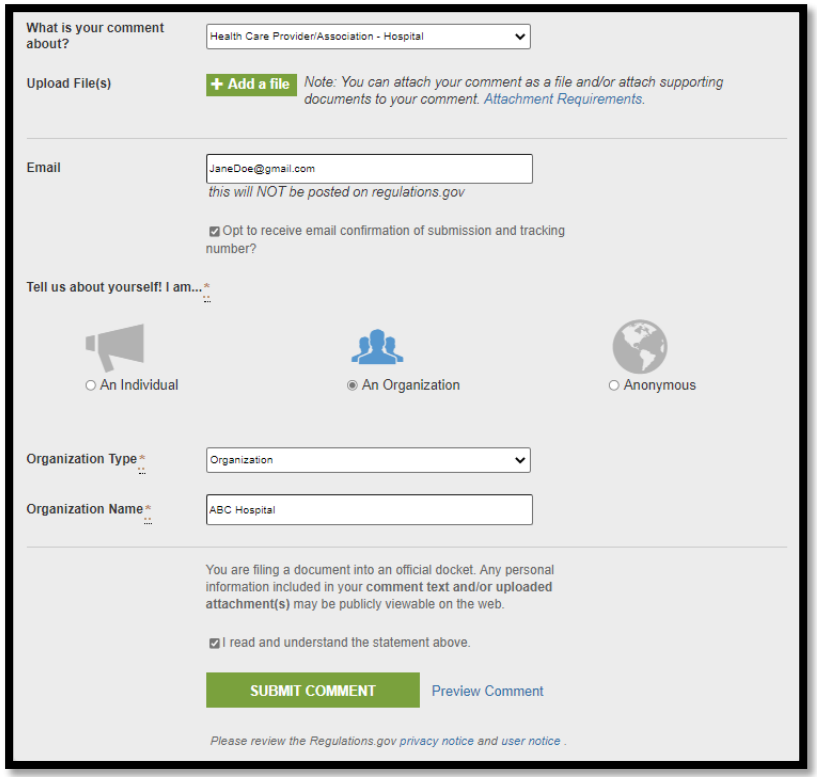
From the *Federal Register*, select the green **Submit A Formal Comment** box.

# Entering Your Comment

Enter your comment in the **Comment** field. You can also attach files.

# Submitting Your Comment

- Enter the rest of your information.
- Select the box:
  "I read and understand
  the statement above."
- Select the **Submit Comment** box.



# Rule Information

# Rule Information

Rule Information in the proposed rule includes:

- Addresses for commenting
- Important CMS contact information
- Access links to addenda
- Table of Contents for the entire rule
- Summary and background (this includes an executive summary of the proposed rule)

# Program Reminders

- To keep your HQR and NHSN accounts active, sign in once every 60 days.
- For the safety measures ASC-1 through ASC-4, enter the numerator and denominator into the system. Do **not** check: “Please enter zeros for I have no data to submit.”
- When reporting data in NHSN, always use the second or third week in the month.
  - The weeks in NHSN begin on a Monday and end on a Sunday.
- All this and more is covered in the Open House 2024 webinar found on the QualityReportingCenter.com website.

# Program Resources

- **Outpatient Quality Reporting Support Team**
  866.800.8756
- **Center for Clinical Standards and Quality (CCSQ) Service Center**
  866.288.8912
  qnetsupport@cms.hhs.gov
- **Secure Access Management Services (SAMS) Help Desk**
  877.681.2901
- **National Healthcare Safety Network (NHSN)**
  nhsn@cdc.gov

# Acronyms

| | | | |
|---|---|---|---|
| **ASC** | Ambulatory Surgical Center | **HRSN** | Health-Related Social Needs |
| **ASCQR** | Ambulatory Surgical Center Quality Reporting | **NHSN** | National Healthcare Safety Network |
| **CCN** | CMS Certification Number | **NPI** | National Provider Identifier |
| **CCSQ** | Center for Clinical Standards and Quality | **OPPS** | Outpatient Perspective Payment System |
| **CMS** | Centers for Medicare & Medicaid Services | **RFI** | Request for Information |
| **CY** | Calendar Year | **SAMS** | Secure Access Management Services |
| **FCHE** | Facility Commitment to Health Equity | **SDOH** | Social Drivers of Health |
| **HQR** | Hospital Quality Reporting | **SIREN** | Social Interventions Research and Evaluation Network |

# Continuing Education Approval

This program has been approved for one credit for the following boards:

- **National credit**
  - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
  - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
  - Board of Registered Nursing
  - Board of Nursing Home Administrators
  - Board of Dietetics and Nutrition Practice Council
  - Board of Pharmacy

**Note:** To verify approval for any other state, license, or certification, please check with your licensing or certification board.

# Disclaimer

This presentation was current at the time of publication and/or upload to the Quality Reporting Center or QualityNet websites. If Medicare policy, requirements, or guidance changes following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials are provided as summary information. No material contained herein is intended to replace either written laws or regulations. In the event of any discrepancy between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules or regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.