

Quality Measure Reporting Update for ASCs

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ASC Quality Reporting Program (ASCQR) Requirements

<https://qualitynet.cms.gov/asc/ascqr/apu>

The Ambulatory Surgical Center Quality Reporting (ASCQR) Program payment determinations are now available from the Centers for Medicare & Medicaid Services (CMS). For 5,485 National Provider Identifiers (NPIs) that can to date be used to bill Medicare under the ASC payment system:

- 5,124, or **93.4%**, ASC facility NPIs will receive the full ASCQR payment update for CY 2024.

96.4% received the full ASCQR payment update for 2023

94.6% received the full ASCQR payment update for CY 2022.

- 361 ASCs, or **6.6%** did not meet all ASCQR Program requirements. These facility NPIs will receive a 2.0 percentage point reduction of the CY 2024 ASC annual payment update.

3.6% (194 ASCs) did not meet all ASCQR Program requirements (2.0 percentage point reduction of the CY 2023 ASC annual payment update)

5.4% (290 ASCs) did not meet all ASCQR Program requirements (2.0 percentage point reduction of the CY 2022 ASC annual payment update)

QualityNet

- Website address- <https://qualitynet.cms.gov>
- Two parts of QualityNet- “non-secure” and “secure”
 - Non-secure:
 - Subscribe to email updates and listserve: Each facility should have at least two people signed up for the QualityNet email notifications.
 - Download the Specifications Manual
 - Information about the measures, public reporting, data submission and other resources

CMS Ambulatory Surgical Center Quality Reporting Program

- Ambulatory Surgical Center Quality Reporting Specifications Manual
 - **Verify you are using the correct version**
 - 13.0 1Q24-4Q24
 - Located @ <https://qualitynet.cms.gov>
 - Scroll down and click “Ambulatory Surgical Centers” box
 - Included in this manual:
 - Background and requirements
 - Measure information
 - Sampling specifications
 - Tools and resources

ASC Quality Reporting Program (ASCQR) Requirements

In 2024 there will be twelve measures reported for facilities to avoid a reduction in the following year's Medicare reimbursement.

Seven Web Based Measures:

- ASC-1
- ASC-2
- ASC-3
- ASC-4
- ASC-9
- ASC-13
- ASC-14

Four Claims Based Measures:

- ASC-12
- ASC-17
- ASC-18
- ASC-19

Reported through National Healthcare Safety Network (NHSN):

- ASC-20

ASC Quality Reporting Program (ASCQR) Requirements

** ASCs that have fewer than 240 Medicare claims (primary plus secondary payer) per year during a reporting period for a payment determination year are not required to participate in the ASCQR Program for the subsequent reporting period for that subsequent payment determination year. This includes all program requirements, both claims-based measures and measure data entered via a web-based tool.

For example, an ASC with fewer than 240 Medicare claims in 2022 would not be required to submit 2023 data in 2024 which impacts the calendar year (CY) 2025 payment determination.

2024 Medicare Hospital Outpatient Prospective Payment System (OPPS/ASC) Final Rule

- Released on November 2, 2023

<https://www.govinfo.gov/content/pkg/FR-2023-11-22/pdf/2023-24293.pdf>

- ASC Quality Reporting Program begins on page 473 Section XV. *Requirements for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program*

2024 Medicare Hospital Outpatient Prospective Payment System (OPPS/ASC) Final Rule

- Quality Measures
 - Modification of the denominator for ASC-9: *Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients*
 - Modification of the Survey Instrument Used for ASC-11: *Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery*
 - Modification of ASC-20: *COVID-19 Vaccination Coverage Among Health Care Personnel (HCP)*
 - Adoption of ASC-21: *Risk Standardized Patient-Reported Outcome- Based Performance Measure (PRO-PM) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) in the ASC Setting*

WEB BASED MEASURES

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: All-Cause Hospital Transfer/Admission

- Web Based Reporting via HQR Secure Portal
(<https://hqr.cms.gov/hqrng/login>)
- **These measures now apply to ALL ASC PATIENTS, not just Medicare Fee-For-Service patients.**

Data collection: January 1-December 31, 2023

Data submission: January 1-May 15, 2024

ASC Quality Reporting Program Measures

ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

- Web Based Reporting via HQR Secure Portal (<https://hqr.cms.gov/hqrng/login>)
- The numerator and denominator must be completed.
- If an ASC does not perform colonoscopies, select the box under the measure name and description that states, *"Please enter zeros for this measure as I have no data to submit."*
- CMS has modified the denominator to align with current clinical guidelines beginning with the CY 2024 reporting period / 2026 payment determination.

ASC Quality Reporting Program Measures

ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

- Numerator: Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.
- Denominator: All patients aged ~~50~~ 45 to 75 years of age receiving screening colonoscopy without biopsy or polypectomy.

Data collection for this modification: January 1-December 31, 2024

Data submission for this modification: January 1-May 15, 2025

ASC Quality Reporting Program Measures

ASC-11 Cataracts- Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery

- Assesses the percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery
- Administration of two visual function patient questionnaires- one completed by the patient prior to surgery and the other completed by the patient during the 90-day period after surgery
- **Voluntarily reported since 2015;**
- **In the CY 2023 OPPS/ASC final rule, it was finalized to change ASC-11 from mandatory to voluntary reporting beginning with the CY 2025 reporting period/CY 2027 payment determination.**
- Data submission via a CMS web-based tool

ASC Quality Reporting Program Measures

ASC-11 Cataracts- Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery: Modification of the Survey Instrument Used

- Beginning with the **voluntary** CY 2024 reporting period limit the survey instruments that an ASC may use to:
 1. The National Eye Institute Visual Function Questionnaire-25 (NEI VFQ-25):
 - 25 items across 12 vision-specific domains (general health, general vision, ocular pain, near activities, distance activities, social functioning, mental health, role difficulties, dependency, driving, color vision and peripheral vision)
 2. The Visual Functioning Patient Questionnaire (VF-14):
 - most commonly used; 14 items relating to daily living activities and function such as reading, writing, seeing steps, stairs or curbs and operating a motor vehicle
 3. The Visual Functioning Index Patient Questionnaire (VF-8R):
 - most concise; consists of questions related to reading, fine handwork, writing, playing board games and watching television

ASC Quality Reporting Program Measures

ASC-13: Normothermia Outcome

- Data submitted for ***a sampling*** that meets the denominator criteria
- Web Based Reporting via HQR Secure Portal (<https://hqr.cms.gov/hqrng/login>)
- The numerator and denominator must be completed.
- If an ASC does not perform procedures related to this measure, select the box under the measure name and description that states, *“Please enter zeros for this measure as I have no data to submit.”*

Data collection: January 1-December 31, 2023

Data submission: January 1-May 15, 2024

ASC Quality Reporting Program Measures

ASC-14: Unplanned Anterior Vitrectomy

- Data submitted for ***all patients*** that meet the denominator criteria
- Web Based Reporting via HQR Secure Portal (<https://hqr.cms.gov/hqrng/login>)
- The numerator and denominator must be completed.
- If an ASC does not perform procedures related to this measure, select the box under the measure name and description that states, *“Please enter zeros for this measure as I have no data to submit.”*

Data collection: January 1-December 31, 2023

Data submission: January 1-May 15, 2024

Key Points To Remember

- ASC-9, ASC-11 (presently voluntary) ASC-13 and ASC-14:
 - Active Security Official to access HQR Secure Portal
 - Recommended to have two security officials if possible
 - Sign in to HQR Secure Portal frequently (every 90 days) to keep the account “active”

CLAIMS BASED MEASURES

ASC Quality Reporting Program Measures

ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

- Data is pulled by CMS from the Medicare Fee for Service claims previously submitted by the hospital that the patient visits within seven days of the colonoscopy for January 1, 2016-December 31, 2018, and subsequent years.
- **No data submission** or reporting required from the ASC
- Claims Detail Reports (CDR) and Facility-Specific Reports (FSR) will be made available to facilities via the HQR Secure Portal prior to public reporting.
- Information regarding this measure and timelines for the CDRs and FSRs is located at <https://qualitynet.cms.gov/asc/measures>.
- Data is updated periodically on Care Compare.

ASC Quality Reporting Program Measures

ASC-17: Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures

- The measure outcome is all-cause, unplanned hospital visits (Emergency Department Visit, Observation Stays, Unplanned Inpatient Admission) within seven days of an orthopedic procedure performed at an ASC.
- Data is pulled by CMS from the Medicare Fee for Service claims previously submitted by the hospital that the patient visits within seven days of the orthopedic procedure.
- **No data submission** or reporting required from the ASC
- Claims Detail Reports (CDR) and Facility-Specific Reports (FSR) will be made available to facilities via the HQR Secure Portal prior to public reporting.
- Information regarding this measure and timelines for the CDRs and FSRs is located at <https://qualitynet.cms.gov/asc/measures>.
- Data is updated periodically on Care Compare.

ASC Quality Reporting Program Measures

ASC-18: Hospital Visits after Urology Ambulatory Surgical Center Procedures

- The measure outcome is all-cause, unplanned hospital visits (Emergency Department Visit, Observation Stays, Unplanned Inpatient Admission) within seven days of a urology procedure performed at an ASC.
- Data is pulled by CMS from the Medicare Fee for Service claims previously submitted by the hospital that the patient visits within seven days of the urology procedure.
- **No data submission** or reporting required from the ASC
- Claims Detail Reports (CDR) and Facility-Specific Reports (FSR) will be made available to facilities via the HQR Secure Portal prior to public reporting.
- Information regarding this measure and timelines for the CDRs and FSRs is located at <https://qualitynet.cms.gov/asc/measures>.
- Data is periodically updated on Care Compare.

ASC Quality Reporting Program Measures

ASC-19: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers

- The measure outcome is all-cause, unplanned hospital visits (Emergency Department Visit, Observation Stays, Unplanned Inpatient Admission) within seven days of a general procedure performed at an ASC.
- Data is pulled by CMS from the Medicare Fee for Service claims previously submitted by the hospital that the patient visits within seven days of the general surgery procedure.
- **No data submission** or reporting required from the ASC
- Claims Detail Reports (CDR) and Facility-Specific Reports (FSR) will be made available to facilities via the HQR Secure Portal prior to public reporting.
- Information regarding this measure and timelines for the CDRs and FSRs is located at <https://qualitynet.cms.gov/asc/measures>.

OAS CAHPS SURVEY

ASC Quality Reporting Program Measures

ASC-15 (a-e) Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey

- **Voluntary** reporting for CY 2024 reporting period.
- **Mandatory** reporting begins with CY 2025 reporting period/CY 2027 payment determination.
- The survey contains 34 questions.
 - Telephone version only contains 32 questions
 - The mail survey questionnaire contains two questions that ask if anyone helped the sample member complete the survey.

ASC Quality Reporting Program Measures

ASC-15 (a-e) Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey

The five measures (ASC-15a-e) are collected via one Survey (OAS CAHPS):

- ASC-15a: About Facilities and Staff;
- ASC-15b: Communication About Procedure;
- ASC-15c: Preparation for Discharge and Recovery
- ASC-15d: Overall Rating of Facility; and
- ASC-15e: Recommendation of Facility

- **Official OAS CAHPS website <https://oascahps.org/>**
(This is the official website for news, training and information about the OAS CAHPS survey.)

ASC Quality Reporting Program Measures

ASC-15 (a-e) Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey

- 22 questions related to the patient, the facility, communication, and patient reported outcomes
- 12 demographic questions
- ASCs may add up to 15 supplemental questions
 - (These could be questions the ASC develops specific to their facility or from an existing survey. All supplemental questions must be placed after the core OAS CAHPS Survey questions (Questions 1 through 24).

- Survey is currently available in English, Spanish, Chinese and Korean

- Need to have 200 completed surveys over a 12-month period

- Smaller ASCs that cannot collect 200 completed surveys over a 12-month reporting period will be required to survey all eligible patients (that is, no sampling).

ASC Quality Reporting Program Measures

ASC-15 (a-e) Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey

Current administration methods:

- Mail-only;
- Telephone-only;
- Mixed modes:
 - Mail with telephone follow-up;
 - Web (electronic) with mail follow-up;
 - Web (electronic) with telephone follow-up

ASC Quality Reporting Program Measures

ASC-15 (a-e) Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey

- A CMS-approved survey vendor will be required for survey administration. Currently 16 vendors listed on the website- <https://oascahps.org>
- CMS-approved vendor collects survey data for eligible patients at the ASCs monthly and reports that data to CMS on the ASC's behalf by the quarterly deadlines established for each data collection period.

***ASCA has created an OAS CAHPS Survey page with a list of approved vendors and the modes they offer as well as additional information about the survey. You can find it here: www.ascassociation.org/oas-cahps*

OAS CAHPS Participation Overview:

https://oascahps.org/OAS_Part_Overview.pdf

1. Register for login credentials on the OAS CAHPS website using this link: <https://oascahps.org/For-Facilities/Register-for-Login-Credentials>
2. Log onto the website using the login credentials created when completing Step 1 above. Then, complete the Facility CCN Registration Form available from your customized dashboard or click on this link: <https://oascahps.org/For-Facilities/Facility-CCN-Registration>.
 - If unable to register, contact oascahps@rti.org or call 1-866-590-7468.
3. Contract with a CMS-approved OAS CAHPS Survey vendor to conduct the survey. A list of approved survey vendors is available at the following link: <https://oascahps.org/General-Information/Approved-Survey-Vendors>.
4. On the OAS CAHPS website, authorize your contracted survey vendor to collect and submit OAS CAHPS Survey data. Detailed steps for completing the online Vendor Authorization Form are provided in the document linked here: https://oascahps.org/OAS_Vendor_Auth_Instructions.pdf.

OAS CAHPS Participation Overview:

https://oascahps.org/OAS_Part_Overview.pdf

5. Work with your approved vendor to determine a date each month by which the vendor will need the monthly patient information file for sampling and fielding the OAS CAHPS Survey.
6. By the agreed-upon date each month, compile and deliver to the survey vendor a complete and accurate list of patients (i.e., the monthly patient information file) and information that will enable the vendor to administer the OAS CAHPS Survey. An example patient file layout can be found at <https://oascahps.org/Survey-Materials>
7. Avoid influencing patients in any way about how to answer the OAS CAHPS Survey. For example, facilities may not hand out any information to patients about how to answer the survey. (Please refer to the section Communications with Patients About the OAS CAHPS Survey in Chapter III of the OAS CAHPS Survey Protocols and Guidelines Manual found at <https://oascahps.org/Survey-Materials>

OAS CAHPS Participation Overview:

https://oascahps.org/OAS_Part_Overview.pdf

8. On the OAS CAHPS website, review the survey data submission reports to ensure the data were submitted by your survey vendor on time and without errors. To access these reports, click on the “Data Submission Reports” link under the “For Facilities” menu tab after logging into the website.
9. On the OAS CAHPS website, review OAS CAHPS Survey results prior to public reporting. To access these reports, click on the “Survey Preview Report” link under the “For Facilities” menu tab after logging into the website.
10. Monitor the OAS CAHPS website for news and updates about the OAS CAHPS Survey throughout the year. Announcements can be found here: <https://oascahps.org/General-Information/Announcements>

OAS CAHPS Participation

Step 1: Register for login credentials on the OAS CAHPS website

Step 2: Log onto the website using the login credentials created when completing Step and complete the Facility CCN Registration

	2/27/2024	3/13/2024
Total Facility CCN Registrations	1585	1618

Step 3: Contract with a CMS-approved OAS CAHPS Survey vendor to conduct the survey.

Step 4: On the OAS CAHPS website, authorize your contracted survey vendor to collect and submit OAS CAHPS Survey data.

	2/27/2024	3/13/2024
Current Vendor Authorizations	1191	1208

** 521 facilities submitted data in Quarter 3 of 2023

ASC Quality Reporting Program Measures

ASC-15 (a-e) Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey

- The designated OAS CAHPS Survey Administrator's roles and responsibilities are:
 - Designate another individual within the organization to serve as the backup OAS CAHPS Survey Administrator;
 - Remove access or approve the removal of access for users who are no longer authorized to access the private side of the web portal;
 - Serve as the main point of contact with the OAS CAHPS Survey Coordination Team; and
 - Notify the OAS CAHPS Survey Coordination Team if your role as the OAS CAHPS Survey Administrator will no longer be valid and identify a successor.

OAS CAHPS

<https://oascahps.org/Survey-Materials>

Protocols and Guidelines Manual (Version 8.1: Updated Feb 2024 (824 pages)
https://oascahps.org/Portals/0/SurveyMaterials/V8.1_OASCAHPS_ProtocolsGuidelinesManual.pdf

- Communications With Patients About the OAS CAHPS Survey- page 34 (PDF)
- Patient Eligibility Requirements- page 55 (PDF)
- Mail-Only Administration Procedures- page 91 (PDF)
- Telephone-Only Administration Procedures- page 105 (PDF)
- Mail with Telephone Follow-Up Survey Administration Procedures- page 117 (PDF)
- Web with Mail Follow-Up Administration Procedures- page 139 (PDF)
- Web with Telephone Follow-Up Administration Procedures- page 169 (PDF)
- Public Reporting- page 285 (PDF)

OAS CAHPS

Communications With Patients About the OAS CAHPS Survey

Information to patients about the survey can include the following messaging:

- The ASC is participating in the survey to learn more about the quality of health care that patients receive.
- Patients may be selected to participate in a survey about their experience at the ASC.
- Indicate the mode of the survey that the patient should anticipate receiving (telephone, mail or web).

OAS CAHPS

Communications With Patients About the OAS CAHPS Survey

It is not acceptable for ASCs to do any of the following:

- Provide a copy of the OAS CAHPS Survey questionnaire, cover letters or invitation letters/email messages to the patients.
- Ask any OAS CAHPS or similar questions of patients prior to administration of the survey or after discharge.
- Include words or phrases verbatim from the OAS CAHPS Survey in marketing or promotional materials.
- Attempt to influence their patients' answers to the OAS CAHPS Survey questions.
- Tell the patients the facility hopes or expects their patients will give them the best or highest rating or to respond in a certain way to the survey questions.

OAS CAHPS

Communications With Patients About the OAS CAHPS Survey

It is not acceptable for ASCs to do any of the following:

- Imply that the ASC or its staff will be rewarded for positive feedback from patients.
- Offer incentives of any kind to the patients for participating (or not) in the survey.
- Help the patient answer the survey questions, even if the patient asks for the provider's help.
- Ask patients why they gave a certain response or rating to any of the OAS CAHPS Survey questions.
- Include any messages or materials promoting the ASC or the services it provides in survey materials, including mail survey cover letters, questionnaires, telephone interview scripts, web survey instruments, and web survey letters or email messages.

OAS CAHPS

Patient Eligibility Requirements

A patient must meet all the 12 eligibility criteria below to be eligible for the OAS CAHPS survey.

1. Patients who had at least one eligible outpatient surgery/procedure during the sample month (including outpatient surgeries and procedures when the patient had an overnight stay for observation but was not admitted to the hospital as an inpatient);
2. Patients who were at least 18 years of age when they received their outpatient surgery or procedure;
3. Patients regardless of insurance or method of payment;
4. Patients whose outpatient surgery or procedure was given in an HOPD or ASC as defined by the project;

OAS CAHPS

Patient Eligibility Requirements

5. Patient's surgery or procedure meets project eligibility definitions, which are as follows:
 - 5a. A procedure is OAS CAHPS-eligible if it has a G-Code8 of G0104, G0105, G0121, or G0260, or
 - 5b. A surgery, diagnostic procedure, or other type of procedure is OAS CAHPS-eligible if it has a CPT-4 code in the 10004–69990 range, was performed in an outpatient surgery department or ambulatory surgery center, and if it has no accompanying modifier of 73 or 74 (discontinued procedure)¹⁰
 - 5c. Note that a facility may assign more than one code to a surgery or procedure. The presence of one eligible G-code or CPT code is all that is needed to make it OAS CAHPS-eligible.
6. Patients who have a domestic U.S. mailing address;
7. Patients who are not deceased;
8. Patients who do not reside in a nursing home;
9. Patients who were not discharged to hospice care following their surgery;

OAS CAHPS

Patient Eligibility Requirements

10. Patients who are not identified as prisoners;
11. Patients who did not request that the HOPDs or ASCs protect their identity (that is, not release their name and contact information to anyone other than facility personnel), hereafter referred to in this manual as "no publicity" patients; and
12. Some states have regulations and laws governing the release of patient information for patients with specific illnesses or conditions, and for other special patient populations, including patients with HIV/AIDS. It is the HOPD's or ASC's responsibility to identify any applicable state laws and regulations and exclude state-regulated patients from the survey as required by law or regulation.

OAS CAHPS

For all modes the **survey vendor** must:

- Initiate the survey for each monthly sample no later than 3 weeks (21 days) after the close of the sample month.
- Complete data collection six weeks (42 days) after the survey initiated.
- Submit data files to the OAS CAHPS Data Center on the second Wednesday of January, April, July and October.

Quarter and Year	Data Submission Deadline
2023 Quarter 3	January 10, 2024
2023 Quarter 4	April 10, 2024
2024 Quarter 1	July 10, 2024
2024 Quarter 2	October 09, 2024
2024 Quarter 3	January 08, 2025

OAS CAHPS

- The OAS CAHPS Survey Facility Preview Report provides ASCs with a preview of their own survey results from the voluntary reporting period approximately 2-3 weeks via the OAS CAHPS website before publicly reported. Beginning with the 2025 mandatory data collection the preview reports will be posted through the HQR secure portal.
- Data are publicly released for a facility when that facility has four consecutive quarter of data. Public reporting includes four rolling quarters of data.
- An ASC's payment determination will be based upon the successful **submission** of all required survey data and **not** their facility score.

ASC-20: COVID-19 VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Data is reported via the National Healthcare Safety
Network (NHSN)

NHSN/Secure Access Management Services (SAMS)

For the COVID 19 vaccination status measure, two things need to occur:

1. The facility must have an active NHSN account.
- AND**
2. The facility must have a NHSN Facility Administrator with a current SAMS security profile.

****To avoid your account being locked out, you must log in to NHSN once every 60 days**

ASC Quality Reporting Program Measures

ASC-20 COVID-19 Vaccination Coverage Among Health Care Personnel (HCP)

- Numerator: ~~Cumulative number of HCP eligible to work in the ASC for at least one day during the reporting period and who received a complete vaccination course against COVID-19.~~
- Cumulative number of HCP eligible to work in the ASC for at least one day during the reporting period who received a complete vaccination course and are up to date with CDC recommended COVID-19 vaccines.
- Denominator: ~~Number of All Core HCP eligible to work in the ASC for at least one day during the self-selected week, excluding persons with contraindications to COVID-19 vaccination.~~
- Number of HCP eligible to work in the ASC for at least one day during the reporting period, excluding persons with contraindications to COVID-19 vaccination as described by the CDC.

ASC Quality Reporting Program Measures

ASC-20 COVID-19 Vaccination Coverage Among Health Care Personnel (HCP)

- Required categories of HCP
1. Employee on facility payroll (regardless of clinical responsibility or patient contact)
 2. Licensed independent practitioners, e.g., physicians (MDs, DO), advance practice nurses and physician assistants who are affiliated with the facility who do not receive a direct paycheck from the facility
 3. Adult students/trainees and volunteers who do not receive a direct paycheck from the facility
 4. Other contract personnel

ASC Quality Reporting Program Measures

ASC-20 COVID-19 Vaccination Coverage Among Health Care Personnel (HCP)

- Begin reporting data beginning January 1, 2022, for the CY 2024 payment determination
- Report the measure through the CDC NHSN web-base surveillance system
- Collect the numerator and denominator for **at least one, self-selected week during each month of the reporting quarter** and submit the data before the **quarterly** deadline (The week selected needs to begin and end in that month you intend to submit. Select the second or third week of the month to avoid entering data for the wrong month.)
- The CDC would calculate a single quarterly rate for each ASC by taking the average from the three submission periods for that quarter. CMS would publicly report each quarterly rate as calculated by the CDC.
- Data collection forms, instructions, resources and FAQs are available at <https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html>

Upcoming ASC-20 Reporting Deadlines

The ASC can report any month in the quarter through 11:59pm Pacific Time of that quarterly deadline.

Quarterly Data Submission	Deadline
Quarter 4 2023 (October 1 – December 31, 2023)	May 15, 2024
Quarter 1 2024 (January 1 – March 31, 2024)	August 15, 2024
Quarter 2 2024 (April 1 – June 30, 2024)	November 15, 2024
Quarter 3 2024 (July 1 – September 30, 2024)	February 15, 2025

ASC-20 COVID-19 Vaccination Coverage Among Health Care Personnel (HCP)

Definition of “Up To Date”

- Always use the NHSN surveillance definition corresponding to the reporting week that you are reporting data for.

<https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf>

- Changes in Reporting Definitions:
 - Reporting Period: Quarter 4 of 2023 (Sept 25, 2023 – Dec 31, 2023)
 - Reporting Period: Quarter 1 of 2024 (January 1, 2024- March 31, 2024)

COVID-19 Vaccination Reporting

<https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html>

Facilities can submit COVID-19 vaccination data to NHSN in three ways:

1. Directly into the data entry screens of the COVID-19 vaccination module
2. Through .CSV Data Import of the Person-Level COVID-19 vaccination form
3. As of September 2023, by the Person-Level COVID-19 vaccination form

1. Directly into the data entry screens of the COVID-19 vaccination module:

- Data Tracking Worksheet for COVID-19 Vaccination Among Healthcare Personnel (October 2022 thru June 25, 2023)- Excel spreadsheet (**Retired**)
 - Tracking Worksheet
 - Reporting Summary
- **The October 2022 version of the Excel Data Tracking Worksheet is the latest version however it is no longer being maintained by NHSN.**

COVID-19 Vaccination Reporting

<https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html>

2. Through .CSV upload of the Person-Level COVID-19 vaccination form

New .CSV templates and example files are listed at the abovementioned website.

3. Person-Level COVID-19 vaccination form

- Helps users organize and manage their facility's data
- The application calculates and enters the weekly totals for you.
- The application determines who is up to date based on vaccination dates and reporting week. *It applies the up-to-date definition for the facility.*

– *Healthcare Personnel Safety Person-Level Vaccination Form: General Training- Sept 2023*

<https://www.cdc.gov/nhsn/pdfs/hps/covidvax/hps-nhsn-person-level-vaccination-sep-2023-508.pdf>

– *Updates to Weekly COVID-10 Vaccination Data Reporting Healthcare Personnel Safety Component- Jan 2024*

<https://www.cdc.gov/nhsn/pdfs/hps/covidvax/hps-component-covid19-updates-january-2024-508.pdf>

ASC Quality Reporting Program Measures Final

ASC-21 Risk Standardized Patient-Reported Outcome- Based Performance Measure (PRO-PM) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) in the ASC Setting

- This measure reports the facility-level risk-standardized improvement rate in patient-reported outcomes (PROs) following elective primary THA/TKA for Medicare FFS beneficiaries aged 65 years and older who were enrolled in Medicare FFS Part A and B for 12 months prior to the date of the procedure and in Medicare FFS Part A and B during the procedure.
- This measure includes only elective primary outpatient THA/TKA procedures (patients with fractures and revisions are not included) performed at ASCs and does not include any inpatient procedures.

ASC Quality Reporting Program Measures Final

ASC-21 Risk Standardized Patient-Reported Outcome- Based Performance Measure (PRO-PM) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) in the ASC Setting

- Substantial clinical improvement is measured by achieving a pre-defined improvement in score on one of the two validated joint-specific PRO instruments measuring hip or knee pain and functioning:
 - For THA recipients: The Hip Dysfunction and Osteoarthritis Outcome Score for Joint Replacement (HOOS, JR)
 - For TKA recipients: The Knee Injury and Osteoarthritis Outcome Score for Joint Replacement (KOOS, JR)
- Improvement is measured from the pre-operative assessment (data collected 90 to 0 days before surgery) to the post-operative assessment (data collected 300 to 425 days following surgery).
- Improvement scores are risk-adjusted to account for differences in patient case-mix.

ASC Quality Reporting Program Measures Final

ASC-21 Risk Standardized Patient-Reported Outcome- Based Performance Measure (PRO-PM) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) in the ASC Setting

- The THA/TKA PRO-PM uses four sources of data for the calculation of the measure:
 1. PRO data (one of the two joint-specific PRO instruments and one of the two additional PRO instruments for pre-operative mental health score: (1) Patient-Reported Outcomes Measurement Information System-Global Mental Health subscale or (2) the Veterans RAND 12-Item Health Survey Mental Health subscale
 2. claims data
 3. Medicare enrollment and beneficiary data; and
 4. U.S. Census Bureau survey data

ASC Quality Reporting Program Measures Final

ASC-21 Risk Standardized Patient-Reported Outcome- Based Performance Measure (PRO-PM) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) in the ASC Setting

- The first voluntary reporting period would begin CY 2025 for eligible outpatient procedures between January 1, 2025, through December 31, 2025; the second voluntary reporting period would begin with the CY 2026 reporting period for eligible outpatient procedures between January 1, 2026, and December 31, 2026; and the third voluntary reporting period would begin with CY 2027 for eligible procedures between January 1, 2027- December 31, 2027.
- Mandatory reporting would begin with CY 2028 reporting period for CY 2031 payment determination for eligible outpatient procedures occurring January 1, 2028, through December 31, 2028. *(This three-year gap is because of the delay when the procedure occurs, when the results are reported (greater than 1-year post-op) and payment determination.)*

ASC-20 COVID-19 Vaccination Coverage Among Health Care Personnel (HCP)

The Ambulatory Surgical Center Quality Reporting (ASCQR) Program provides a Web-Based Measure Status Listing that allows facilities to check their data submission status for web-based measures in the program.

- <https://www.qualityreportingcenter.com/en/ascqr-program/data-dashboard/ccn/>
- COVID-19 Lookup (CY 2025 Medicare Payment Update): enter your ASC's CCN to see your facility's submission status.

Please note that currently this page is only being updated monthly, so if you just submitted your data, it might not yet be displayed there.

*Data last updated on:
NHSN Submission: March 18, 2024*

ASC Lookup Tools

<https://www.qualityreportingcenter.com/en/ascqr-program/data-dashboard/ccn/>

- [Web-Based Status Listing](#) (PY 2024)

Provides a quick way to determine if your facility has completed data submission for ASC-9, ASC-11 (voluntary), ASC-13, ASC-14 and ASC-20.

Enter your facility's CMS Certification Number (CCN) or National Provider Identifier (NPI).

*Data last updated on:
Web Based Measures Submission: May 16, 2023
NHSN Submission: March 18, 2024*

Care Compare

- There are seven measures publicly reported (ASC-9, ASC-11, ASC-12, ASC-13, ASC-14, ASC-17, ASC-18 and ASC-20).
- <https://www.medicare.gov/care-compare/>
- Click "Hospitals" icon
- Click "Visit the ASC data on CMS.gov"
- Can view data by facility, state and nationally

2023 Measures Under Consideration (MUC) List

- The Screening for Social Determinants of Health (SDOH) is a process measure that assesses the total number of patients, who were 18 years or older on the date of service, screened for social risk factors (specifically, food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety). **Recommended to move forward.**
- The Screen Positive Rate for Social Determinants of Health (SDOH) is a process measure that provides information on the percent of patients who were screened for all five health-related social needs (HRSNs), and who screened positive for one or more of the above. **Not recommended to move forward.**
- Facility Commitment to Health Equity: is a structural measure that assesses facility commitment to health equity using a group of equity-focused organizational competencies (part of strategic plan, data collection, data analysis, quality improvement and leadership engagement). **Recommended to move forward.**

2023 Measures Under Consideration (MUC) List

- Other measures on the MUC list to take note of (*not currently proposed for ASC Quality Reporting Program, but it is possible that they could be in the future*):
 - Hospital Harm-Falls with Injury
 - Hospital Patient Experience of Care-addition of questions regarding restfulness (environment),care coordination among staff, information given by staff regarding symptoms to watch for after discharge
 - Patient understanding of key information related to recovery after an Outpatient Procedure
 - Patient Safety Structural Measure-an attestation-based measure that assesses whether hospitals demonstrate having a structure and culture that prioritizes patient safety
 - Age Friendly Hospital Measure- assesses hospital commitment to improving care for patients 65 years of age or older receiving services in the hospital, operating room, or emergency department

Questions?

- For ASC Quality Reporting Program Questions:
https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question
- NHSN: Instead of using nhsn@cdc.gov, nhsntrain@cdc.gov, and nhsndua@cdc.gov, NHSN-ServiceNow should be used to submit questions to the NHSN Help Desk. <https://www.cdc.gov/nhsn/about-nhsn/helpdesk.html>
- RTI International (OAS CAHPS): Contact oascahps@rti.org or call 1-866-590-7468

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