



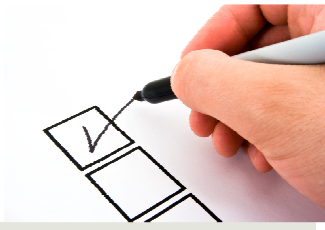
Emerging CMS Mandates with Reimbursement and Quality Reporting

Improving Profitability and Business and Legal Issues
October 25, 2013
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Agenda

- Benefits of outcomes reporting
- Current quality reporting requirements
- Proposed quality reporting requirements



Benefits of quality reporting

- Hospitals engaged in both public reporting and pay for performance achieved modestly greater improvements in quality than did hospitals engaged only in public reporting
 - Started in 2006; not much research done yet; conflicting results



Benefits of quality reporting

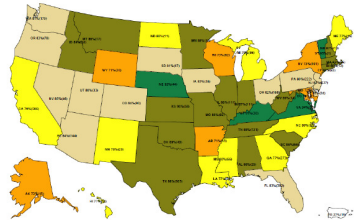
- Compliance and reimbursement
 - 2012 IPPS Final Rule Quality Reporting Program
 - ASC Quality Reporting program implemented beginning with the CY 2014 payment determination with data collection beginning in CY 2012
 - ASCs that fail to report will see a 2% facility fee reduction beginning in 2014
 - ASCs will be considered successful in reporting if 50% of relevant claims contain quality data codes; this % requirement is expected to increase in future years



National ASC Participation Data

ASC QDC Use by State

Data Source: Medicare FFS Claims 10/01/2012 - 12/31/2012



The % (#) in the map represent the ASC QDC use and number of ASCs in the state. PMQAI, Mar 2013



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ASC Quality Reporting

- Claims based measures
 - 4 outcomes measures
 - 1 process of care measure
- Structural Measures
 - Use of safe surgery checklist
 - Volume for specific procedures
- Influenza vaccination coverage among healthcare workers



Structural Measures

- Web based reporting for all patients effective 2013
 - <http://qualitynet.org/>
 - Safe surgical checklist use
 - ASC facility volume for selected surgical procedures
- To remain an active administrator on qualitynet.org, be sure to sign in at least every 60 days
- 2015 reimbursement rates will be decreased 2.0% if an ASC failed to report data



Safe Surgical Checklist

- Do you use a safe surgical checklist?
- Facility to determine checklist format
- Resources
 - WHO, AORN, SafeSurg.org, ASCA
- Show safe surgery practices
 - Prior to administering anesthesia
 - Prior to incision
 - Prior to patient leaving the OR



CMS's Examples of Safe Surgery Practices		
First Critical Point prior to administering anesthesia	Second Critical Point prior to skin incision	Third Critical Point during closure of incision and prior to patient leaving the operating room
<ul style="list-style-type: none"> • Verbal confirmation of patient identity • Mark surgical site • Check anesthesia machine/medication • Assessment of allergies, airway and aspiration risk 	<ul style="list-style-type: none"> • Confirm surgical team members and roles • Confirm patient identity, procedure and surgical incision site • Administration of antibiotic prophylaxis within 60 minutes before incision • Communication among surgical team members of anticipated critical events • Display of essential imaging as appropriate 	<ul style="list-style-type: none"> • Confirm the procedure • Complete count of surgical instruments and accessories • Identify key patient concerns for recovery and management of the patient

CMS ASC Quality Reporting Program Quality Measures Specification Manual (Version 1.0)

ASC-7 Categories and HCPCS Table

Procedure Category	Corresponding HCPCS Codes
Gastrointestinal	40000 through 49999, G0104, G0105, G0121, C9716, C9724, C9725, and 0170T
Eye	65000 through 68999, G0186, 0124T, 0099T, 0017T, 0016T, 0123T, 0100T, 0176T, 0177T, 0186T, 0190T, 0191T, 0192T, 76510, and 0099T
Nervous System	61000 through 64999, G0260, 0027T, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, and 0062T
Musculoskeletal	20000 through 29999, 0101T, 0102T, 0062T, 0200T, and 0201T
Skin	10000 through 19999, G0247, 0046T, 0268T, G0127, C9726, and C9727
Genitourinary	50000 through 58999, 0193T, and 58805

Source: CY 2014 OPPI/ASC Final Rule, http://www.gsa.gov/files/pka/FR_2012_11_15.pdf#2012-3992.pdf

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Structural Measures

- Effective 2014
 - Safe surgery checklist and specific volume information 2014
 - Safe surgery checklist question changes to ask if you use the checklist on ALL patients during the year
 - ASC facility volume for selected surgical procedures
- Proposed data submission period will be from January 1, 2015 to August 15, 2015 for 2014 data
- 2016 reimbursement rates will be decreased 2.0% if an ASC fails to report data

Influenza vaccination

- Influenza vaccination coverage among healthcare personnel
 - Reported via CDC's National Health Safety Network
 - Data collection period October 2014 – March 2015
 - <http://www.cdc.gov/nhsn/>
- The following categories of HCP will be measured
 - Employees
 - LIPs (Licensed Independent Practitioners)
 - Students/trainees and volunteers
 - Contract Personnel (optional)

Influenza vaccination

- For each category of HCP, measure the following:
 - Received vaccine
 - Declared a medical contraindication of severe allergic reaction to eggs or other component of the vaccine, a hx of Guillain-Barre Syndrome within 6 weeks after a previous vaccination
 - Were offered but declined vaccine
 - Had an unknown vaccination status or did not meet any of the above definitions
- 2016 reimbursement rates will be decreased 2.0% if an ASC fails to report data

AMBULATORY SURGICAL CENTER MEASURE REPORTING START DATES

The chart below summarizes the Ambulatory Surgical Center Measure Reporting start dates as outlined in the Specifications Manual V.2.0.

CLAIMS-BASED MEASURES			
Number	Measures for CY 2015 Payment Year	Date Submission Dates for CY 2015 Payment	
ASC-1	Patient Burn	Claims submitted for services furnished between January 1, 2013 and December 31, 2013	
ASC-2	Patient Fall in the ASC	Claims submitted for services furnished between January 1, 2013 and December 31, 2013	
ASC-3	Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Claims submitted for services furnished between January 1, 2013 and December 31, 2013	
ASC-4	Hospital Transfer/Admission	Claims submitted for services furnished between January 1, 2013 and December 31, 2013	
ASC-5	Prophylactic Intravenous (IV) Antibiotic Timing	Claims submitted for services furnished between January 1, 2013 and December 31, 2013	
STRUCTURAL (WEB-BASED) MEASURES			
Number	Measures for CY 2015 Payment Year	Reference Period	Submission Period
ASC-6	Safe Surgery Checklist Use	January 1, 2012 – December 31, 2012	July 1, 2013 – August 15, 2013
ASC-7	ASC Facility Volume Data on Selected ASC Surgical Procedures*	January 1, 2012 – December 31, 2012	July 1, 2013 – August 15, 2013
Number	Measures for CY 2016 Payment Year	Reference Period	Submission Period
ASC-8	Influenza Vaccination Coverage among Healthcare Personnel**	TBA	October 1, 2014 – March 31, 2015

* See www.cms.gov for selected procedures and corresponding codes.
 **Data collection for this measure will be submitted to the National Healthcare Safety Network.

This material was prepared by FMQAI, the Support Center for the Ambulatory Surgical Center Quality Reporting program, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). The contents presented do not necessarily reflect CMS policy. FL-165208-2015/04/11-5-086



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2014 OPPS/ASC Proposed Rule

- Public comment opportunity ended September 6, 2013
- Final notice expected November 2013
- Four additional measures
- Begin reporting January 1, 2014



Proposed New ASC Measures for CY 2016 and Subsequent Payment Determination Years

NQF #	Measure Name
0564	Complications within 30 days following Cataract Surgery Requiring Additional Surgical Procedures
0658	Endoscopy/Poly Surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients
0659	Endoscopy/Poly surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use
1536	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery



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FAQs from Quality Net

QUESTION	ANSWER
If the incision start time and the prophylactic antibiotic start time are the same, is the antibiotic in compliance?	No. An antibiotic is considered administered on time if the infusion is initiated within one hour prior to the time of the initial surgical incision (within two hours prior for vancomycin or fluoroquinolones)

FAQs from Quality Net

QUESTION	ANSWER
How should the prophylactic antibiotic timing work if the patient has received more than one prophylactic antibiotic?	All antibiotics must be initiated with the appropriate time frame in order for the case to meet criteria

FAQs from Quality Net

QUESTION	ANSWER
Can we submit claims to correct a G-code?	No. Resubmission of claims should occur only to collect the payment from the original date of service.

Remember.....

- Currently paid for reporting
- Will emerge into paid for performance
- Add measure results/benchmarking into your QAPI program to look for improvement opportunities
- Measures will always evolve and change
- You must stay informed and involved
- Final 2014 OPPS/ASC Rule out in November 2013



How to stay informed

- www.qualitynet.org
 - Specifications Manual (s) – check for updates
 - List serve
 - Regulatory updates
- <http://www.oqrsupport.com>
 - FMQAI (Florida Medical Quality Association Inc)
 - Education/Webinars
 - List Serve
 - Support



How to stay informed

- www.ascassociation.org
 - Regulatory Updates, including advocacy on behalf of the ASC industry
 - ASCA Connect
 - Quality Reporting Information
- <http://www.ascquality.org>
 - Claims based information
 - Measure development for ASCs
- CY2014 OPPS/ASC Proposed Rule:
<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/ASC-Regulations-and-Notices-Items/CMS-1601-P.html>

Sources

- N Engl J Med. 2007 Feb 1;356(5):486-96. Epub 2007 Jan 26. Public reporting and pay for performance in hospital quality improvement.
- www.ascassociation.org
 - ASCAssociation.org_Medicare_Quality Reporting
- FMQAI (www.oqrsupport.org)
- www.qualitynet.org

Questions?

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