WHAT YOU NEED TO KNOW: ASC QUALITY REPORTING PROGRAM

- The Medicare Ambulatory Surgical Center (ASC) Quality Reporting Program will begin on October 1, 2012.
- ASCs that do not successfully report during the 2012 reporting period (October 1, 2012 – December 31, 2012) will receive a 2 percent payment penalty that will be applied to 2014 ASC payments.
- For the 2012 reporting period, ASCs will need to report on five measures.
- ASCs must use a safe surgery check list beginning January 1, 2012 for the entire year for the 2015 payment determination.
- Measure specifications and reporting details (data validation and completeness) will not be available from the Centers for Medicare and Medicaid Services (CMS) until 2012.

BACKGROUND

In this final rule, CMS is asserting its statutory authority to implement an ASC Quality Reporting Program beginning with the calendar year (CY) 2014 payment determination. Data collection will begin at the start of the first reporting period – October 1, 2012. An ASC that does not submit quality measures will incur a 2 percent reduction in any annual ASC payment increase.

ASC QUALITY REPORTING MEASURES

In the final rule, CMS has adopted measures for the CYs 2014, 2015 and 2016 payment determinations. CMS is not precluded, however, from proposing to adopt additional measures or changing the list of measures for future payment determinations through future rulemaking.

ASC Quality Measures for the CY2014 Payment Determination
For the 2014 payment determination, all ASCs are required to report on five National Quality Forum (NQF)-endorsed claims-based measures.

1. Patient Burn
2. Patient Fall
3. Wrong Site, Side, Patient, Procedure, Implant
4. Hospital Admission / Transfer
5. Prophylactic IV Antibiotic Timing

ASC Quality Measures for the CY2015 Payment Determination
For the 2015 payment determination, CMS will retain the five measures used for the 2014 payment determination and add two structural measures.
1. Patient Burn
2. Patient Fall
3. Wrong Site, Side, Patient, Procedure, Implant
4. Hospital Admission / Transfer
5. Prophylactic IV Antibiotic Timing
6. Safe Surgery Check List Use
7. ASC Facility Volume Data on Selected ASC Surgical Procedures

**ASC Quality Measures for the CY2016 Payment Determination**

For the 2016 payment determination, CMS will retain the five claims-based measures, and will add one additional structure measure, for a total of eight measures.

1. Patient Burn
2. Patient Fall
3. Wrong Site, Side, Patient, Procedure, Implant
4. Hospital Admission / Transfer
5. Prophylactic IV Antibiotic Timing
6. Safe Surgery Check List Use
7. ASC Facility Volume Data on Selected ASC Surgical Procedures
8. Influenza Vaccination Coverage Among Health Care Workers

**Measure Use and Reporting Periods**

The following table details the reporting period for each of the eight measures. **It is important to note that the measure use period for the safe surgery check list is CY2012.**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Reporting Period</th>
<th>Year Payments are Affected</th>
</tr>
</thead>
</table>

**Measure Reporting Mechanisms**

**Claims-Based Reporting**

The following measures will be reportable through a claims-based reporting mechanism:

- Patient Burn
- Patient Fall
- Wrong Site, Side, Patient, Procedure, Implant
- Hospital Admission / Transfer
- Prophylactic IV Antibiotic Timing

CMS will collect these measures via “quality data codes” (QDCs) to be placed on Part B claims submitted by ASCs for Medicare fee-for-service (FFS) patients beginning October 1, 2012. ASCs will need to add the QDCs to any claim involving a claims-based quality measure.

CMS will publish details about the QDCs in the ASC Quality Reporting Program Specifications Manual. Release of that manual is expected in the second quarter of 2012. CMS will determine data completeness for
claims-based measures by comparing the number of claims meeting measure specifications that contain the appropriate QDCs with the number of claims that would meet measure specifications, but did not have the appropriate QDCs on the submitted claim. CMS will publish details on reporting completeness and data validation in 2012, prior to October 1, 2012.

**QualityNet Reporting**

QualityNet ([http://www.qualitynet.org](http://www.qualitynet.org)) is an online Web-based tool that will be made available to ASCs. This collection mechanism is also used to collect similar types of structural measures and other information for hospital quality reporting programs.

The following measures will be reported via QualityNet:

- Safe Surgery Check List Use
- ASC Facility Volume Data on Selected ASC Surgical Procedures

**CDC’s National Health Care Safety Network**

The following measure will be reported via the Centers for Disease Control and Prevention’s (CDC) National Health Care Safety Network (NHCSN):

- Influenza Vaccination Coverage Among Health Care Workers

Details for submission of this measure will be proposed in future rulemaking.

**Publication of ASC Quality Reporting Program Data**

Under current law, the Secretary of Health and Human Services must establish procedures to make data collected under the Hospital Outpatient Quality Reporting Program available to the public. It also states that such procedures must ensure that a hospital has the opportunity to review the data that are to be made public with respect to the hospital prior to such data being made public. These sections also apply to the ASC Quality Reporting Program. CMS is required to make data submitted under the ASC Quality Reporting Program available to the public. It is also required to provide facilities with the opportunity to review their data. CMS intends to propose details on the publication of data, as well as reconsideration and appeals processes, in future rulemaking.

**Measure Details**

CMS intends to make measure information available in the second quarter of 2012. In the meantime, ASCs can begin preparing for the October 1 reporting start date by referring to the measure specifications available through the ASC Quality Collaboration ([http://ascquality.org/documents/ASCQualityCollaborationImplementationGuide.1.6.pdf](http://ascquality.org/documents/ASCQualityCollaborationImplementationGuide.1.6.pdf)). When referring to the specifications in the ASC Quality Collaboration’s Implementation Guide, the denominator for these measures is all ASC admissions. For the CMS ASC Quality Reporting Program, the measure denominator will be Medicare FFS beneficiaries, unless otherwise specified.
<table>
<thead>
<tr>
<th>Measure</th>
<th>Measure Intent</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Key Definitions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Burn</td>
<td>Assesses the percentage of ASC admissions experiencing a burn prior to discharge.</td>
<td>Medicare ASC admissions experiencing a burn prior to discharge.</td>
<td>All Medicare ASC admissions.</td>
<td>Burn: Unintended tissue injury caused by any of the six recognized mechanisms: scalds, contact, fire, chemical, electrical or radiation (e.g. warming devices, prep solutions, and electrosurgical unit or laser).</td>
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<tr>
<td>Patient Fall</td>
<td>Assesses the percentage of ASC admissions experiencing a fall in the ASC.</td>
<td>Medicare ASC admissions experiencing a fall within the confines of the ASC.</td>
<td>All Medicare ASC admissions.</td>
<td>Fall: a sudden, uncontrolled, unintentional, downward displacement of the body to the ground or other object, excluding falls resulting from violent blows or other purposeful actions.</td>
</tr>
<tr>
<td>Wrong Site, Side, Patient, Procedure, Implant</td>
<td>Assesses the percentage of ASC admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure or wrong implant.</td>
<td>Medicare ASC admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant.</td>
<td>All Medicare ASC admissions.</td>
<td>Wrong: not in accordance with intended site, side, patient, procedure or implant.</td>
</tr>
<tr>
<td>Hospital Transfer / Admission</td>
<td>Assesses the rate of ASC admissions requiring a hospital transfer or hospital admission upon discharge from the ASC.</td>
<td>Medicare ASC admissions requiring a hospital transfer or hospital admission upon discharge from the ASC.</td>
<td>All Medicare ASC admissions.</td>
<td>Hospital Transfer / Admission: any transfer/admission from an ASC directly to an acute care hospital, including hospital emergency room. Discharge: occurs when the patient leaves the confines of the ASC.</td>
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<tr>
<td>Prophylactic IV Antibiotic Timing</td>
<td>Assesses the rate of ASC patients who received IV antibiotics ordered for surgical site infection prophylaxis on time.</td>
<td>Number of Medicare ASC admissions with an order for a prophylactic IV antibiotic for prevention of surgical site infection who received the prophylactic on time.</td>
<td>All Medicare ASC admissions with a preoperative order for a prophylactic IV antibiotic for prevention of surgical site infection.</td>
<td>Antibiotic Administered on Time: antibiotic infusion initiated within one hour prior to the time of the initial surgical incision or the beginning of the procedure (e.g., introduction of endoscope, insertion of needle, inflation of tourniquet), or two hours prior if vancomycin or fluoroquinolones are administered. Order: a written order, verbal order, standing order or standing protocol. Prophylactic Antibiotic: an antibiotic prescribed with the intent of reducing the probability of an infection related to an invasive procedure.</td>
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</table>
For purposes of this measure, the following antibiotics are considered prophylaxis for surgical site infections:
Ampicillin/sulbactam, Aztreonam, Cefazolin, Cefmetazole, Cefotetan, Cefoxitin, Cefuroxime, Ciprofloxacin, Clindamycin, Ertapenem, Erythromycin, Gatifloxacin, Gentamicin, Levofloxacin, Metronidazole, Moxifloxacin, Neomycin, and Vancomycin.

| Safe Surgery Check list Use | Assesses whether ASCs are using a safe surgery check list that covers effective communication and helps ensure that safe practices are being performed at three critical perioperative periods: prior to administration of anesthesia, prior to incision, and prior to the patient leaving the operating room. | Reporting would require one yes/no response for this measure. The measure would not be used to assess whether a safe surgery check list is used for each Medicare Part B patient. | Safe Surgery Check list Resources:  
World Health Organization [www.who.int](http://www.who.int)  
SafeSurg.org [www.safesurg.org](http://www.safesurg.org)  
AORN [www.aorn.org](http://www.aorn.org)  
ASGE [www.asge.org](http://www.asge.org) |
| ASC Volume of Selected Procedures | Measure all patient volume (not just Medicare patient volume) of procedures performed in various service categories. | Volume would be reported for the following GI procedures: 40000-49999, G0104, G0105, G0121, C9716, C9724, C9725, 0170T  
CMS will further group the codes into procedure types so they are more meaningful to consumers. Specifications on these subcategories will be provided in the upcoming Specifications Manual release. |