Medicare's Quality Reporting Program

Preparing GI ASCs for October 2012

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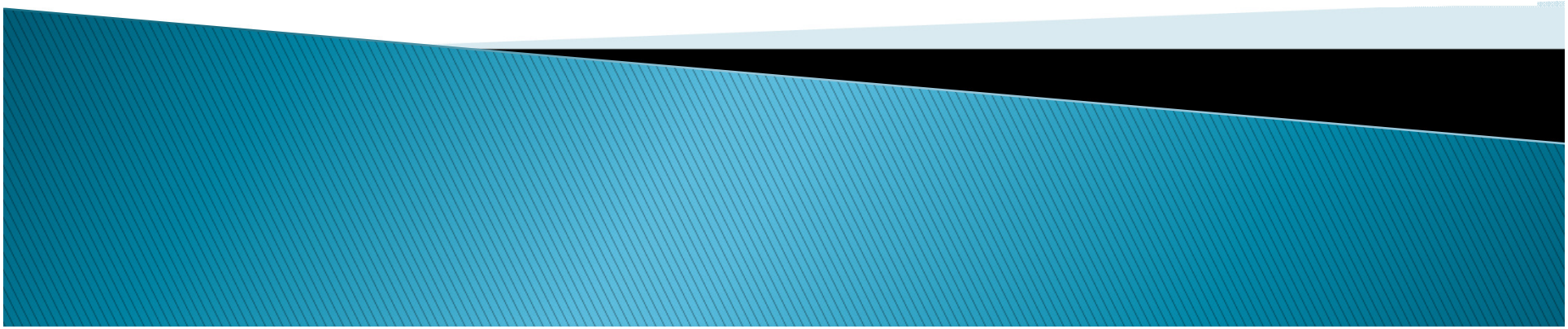

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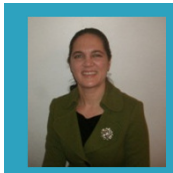
Presenters



Anita J. Bhatia, PhD, MPH, is the Centers for Medicare and Medicaid Services (CMS) Program Lead for the recently implemented Ambulatory Surgical Center Quality Reporting Program. Dr. Bhatia's doctorate and Masters of Public Health degree are from the University of Massachusetts at Amherst and the Johns Hopkins School of Public Health, respectively. Over the past 20 years, her work experience includes 12 years at CMS in quality improvement programs, public health epidemiologist, research scientist, and statistical consultant.

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Dr. Cohen's primary research focus is gastrointestinal endoscopy and he lectures throughout the world on subjects ranging from colonoscopy and colorectal cancer screening to endoscopic sedation. He has authored more than 150 book chapters, articles and abstracts and serves on the editorial board or as a scientific reviewer for seven journals. His contributions to gastroenterology and expertise in the field have been recognized by his peers who selected him to be listed in Best Doctors in America, America's Best Gastroenterologists and Top Doctors in New York

Thomas M. Deas, Jr., MD, MMM, FASGE, is the president-elect for the American Society for Gastrointestinal Endoscopy. Dr. Deas is a gastroenterologist and board member at North Texas Specialty Physicians (NTSP) and was President from 2002-2008. He is currently the Chief Medical Officer for Sandlot, a wholly-owned subsidiary of NTSP. Dr. Deas received a B.S. and M.S. in chemistry from Baylor University, followed by a Medical Degree from Louisiana State University School of Medicine and a Masters in Medical Management from UT Dallas School of Business. Dr. Deas is the Medical Director of two Forth Worth, TX ambulatory endoscopy centers and participates in the Surgical Care Affiliates Physicians Leadership Team.

Lawrence R. Kosinski, MD, MBA, AGAF, FACG, is the chair of the AGA Institute Practice Management and Economics Committee and a managing partner at Illinois Gastroenterology Group, Elgin, IL. A practicing gastroenterologist, Dr. Kosinski is a board member at Sherman Hospital and on staff at St. Joseph Hospital. He received his medical degree from Loyola Stritch School of Medicine and completed a residency in internal medicine and fellowship in gastroenterology at Loyola University. Dr. Kosinski earned his MBA from the Northwestern University Kellogg School of Business.

Introduction & Background

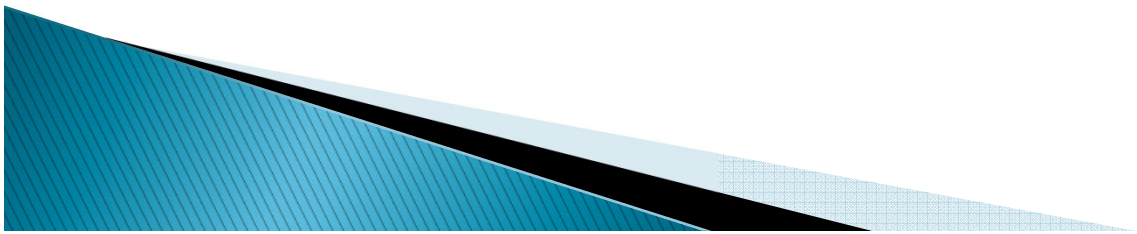
- CMS stated its plans to move forward with the Medicare ASC Quality Reporting Program in the CY2012 Medicare Hospital Outpatient Prospective Payment System (OPPS)/ ASC Payment final rule

- Beginning **Oct. 2012**, ASCs will be required to report five quality measures on Medicare claims forms.
  - Patient Burn
  - Patient Fall
  - Wrong site, side, patient, procedure, implant
  - Hospital admission/transfer
  - Prophylactic IV antibiotic timing

- ASCs that fail to successfully report these measures will face a 2% facility fee reimbursement reduction in 2014.

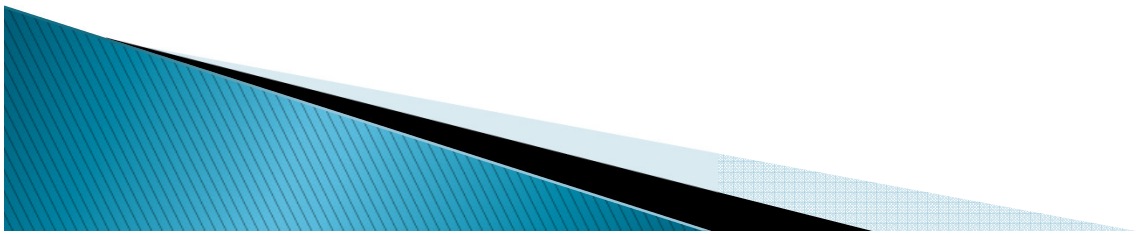
- ASCs will be required to report additional quality measures in 2013 and 2014.

- How should the GI ASC prepare?



ASC Quality Reporting Program

- Basic overview of ASC Quality Reporting Program requirements in the final rule
- General overview of measures required to be reported for the 2014, 2015, and 2016 payment determinations
- Measure details
- Ways to prepare

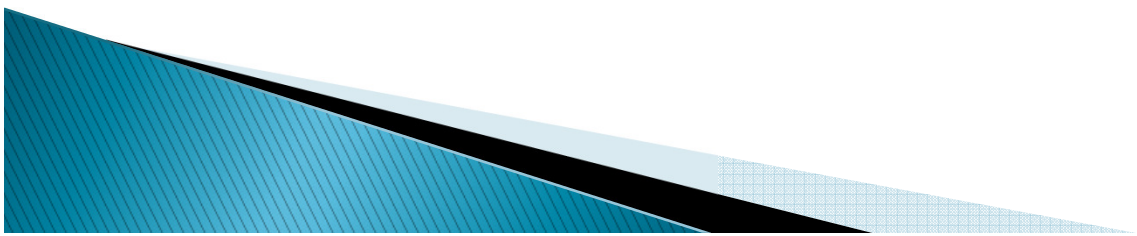


Why is ASC reporting important?

ASCs not reporting quality data in 2012 will have payments reduced by 2% in 2014.

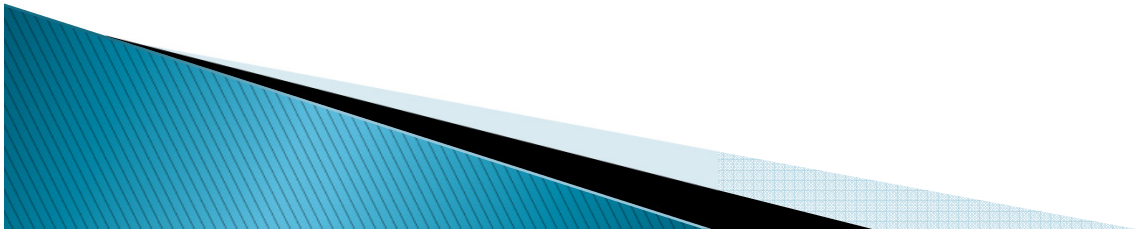
(Conversion Factor – 2%) x Relative Weight= Payment Rate

($50 -2%) = $49 x 100 = $490 Instead of $500



CMS & ASC Quality Reporting

- Initial program implementation: CY 2012 OPPS/ASC final rule (http://www.gpo.gov/fdys/pkg/FR-2011-11-30/pdf/2011-2861)
- Program authority provided under the Tax Relief and Health Care Act of 2006
- Reporting begins with October 1, 2012 services
- Pay for Reporting Only; no performance thresholds
- ASCs that fail to meet program requirements face a 2% reduction in their annual payment update
- Payment reduction application to begin with CY 2014 payment



Additional Information in 2012

- ASC Specifications Manual: March 2012
  - Measure information, data transmission guidelines, etc.
- Quality Data Codes: April 2012 ASC Change Request
  - For use beginning April 1, 2012
- Medicare Learning Network Special Edition planned
- Inpatient\Long Term Care Hospital PPS Payment Rule
  - Proposed April 2012; Final Rule August 2012
  - Program administration
  - Data validation and completeness
  - Reconsideration and appeals process
  - Process for public reporting of data
- Outpatient\ASC PPS Proposed Rule
  - Proposed July 2012; Final Rule November 2012

Medicare Claims Processing Manual: Chapter 14 – Ambulatory Surgical Centers

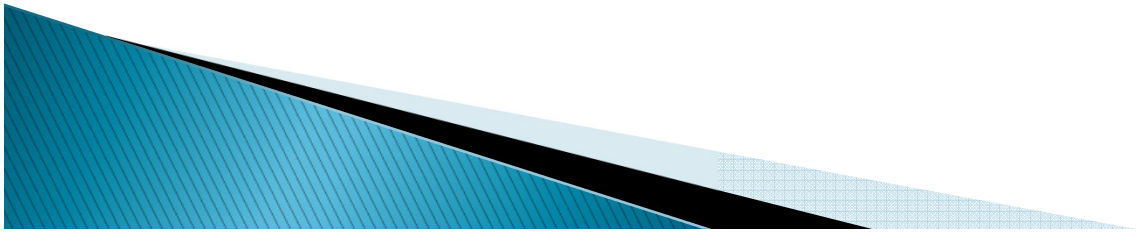
10.1 Definition of Ambulatory Surgical Center (ASC)

An ASC for Medicare purposes is a distinct entity that operates exclusively for the purpose of furnishing outpatient surgical services to patients.

The ASC must have in effect an agreement with CMS obtained in accordance with 42 CFR 416 subpart B (General Conditions and Requirements).

An ASC is either independent (i.e., not a part of a provider of services or any other facility), or operated by a hospital (i.e., under the common ownership, licensure or control of a hospital).

A hospital-operated facility has the option of being considered by Medicare either to be an ASC or to be a provider-based department of the hospital as defined in 42 CFR 413.65



Medicare Claims Processing Manual: 10.1 – Definition of Ambulatory Surgical Center (ASC) continued

To participate in Medicare as an ASC operated by a hospital, a facility:

- Elects to do so.
- Is a separately identifiable entity, physically, administratively, and financially independent and distinct from other operations of the hospital with costs for the ASC treated as a non-reimbursable cost center on the hospital's cost report;
- Meets all the requirements with regard to health and safety, and agrees to the assignment, coverage and payment rules applied to independent ASCs; and
- Is surveyed and approved as complying with the conditions for coverage for ASCs in 42 CFR 416.25-49.
- Related survey requirements are published in the State Operations Manual, Pub. 100-07, Appendix L.
- ***If a facility meets the above requirements, it bills the Medicare contractor on Form CMS-1500 or the related electronic data set and is paid the ASC payment amount (emphasis added).***

Measure Summary

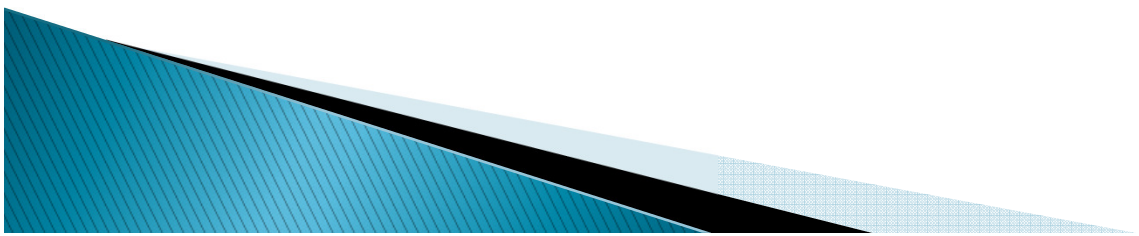
Measure	Reporting Period	Payments Affected
1. Patient Burn	Begins Oct 1, 2012	2014
2. Patient Fall	Begins Oct 1, 2012	2014
3. Wrong Site, Side, Patient, Procedure, Implant	Begins Oct 1, 2012	2014
4. Hospital Admission/Transfer	Begins Oct 1, 2012	2014
5. Prophylactic IV Antibiotic Timing	Begins Oct 1, 2012	2014
6. Safe Surgery Check List Use	July 1 thru Aug 15, 2013 (for 1/1/12-12/31/12)	2015
7. Volume of Selected Procedures	July 1 thru Aug 15, 2013 (for 1/1/12-12/31/12)	2015
8.Influenza Vaccination Coverage Among Health Care Workers	Oct 1, 2014 thru Mar 31, 2015	2016

Reporting Mechanisms

- Claims Based Reporting – Quality Data Codes
  - Patient Burn
  - Patient Fall
  - Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
  - Hospital Admission/Transfer
  - Prophylactic IV Antibiotic Timing
- Reporting via Quality Net
  - Safe Surgery Check List Use
  - ASC Facility Volume Data on Selected ASC Surgical Procedures
- Reporting Via CDC's National Health Care Safety Network (NHSN)
  - Influenza Vaccination Coverage Among Health Care Workers
    - NHSN measure data collection details to be proposed

Quality Data Codes (QDCs)

- CPT Category II codes or Level II G-codes
- Codes for presence *or* absence of event
- Minimum of 10 for the initial 5 measures (2 for each)

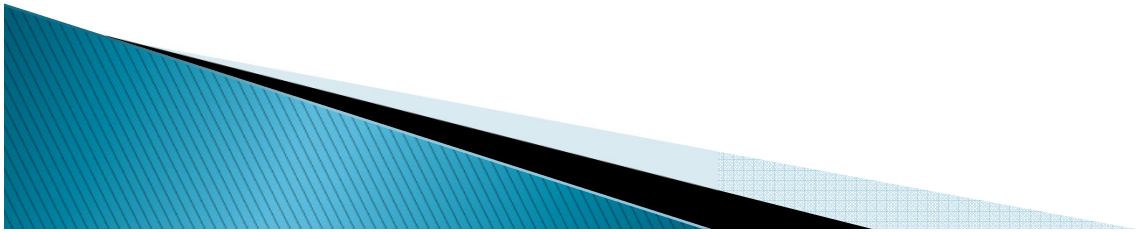


Safe Surgery Checklist Measure

- Whether the ASC employed a Safe Surgery Checklist that covers three critical perioperative periods
  - Prior to administering anesthesia
  - Prior to skin incision
  - Prior to patient leaving the operating room
- For January 1, 2012 to December 31, 2012 time period
- No specific checklist required; Purpose is to assess adoption of a best practice
- Report Yes/No response between July 1, 2013 and August 15, 2013

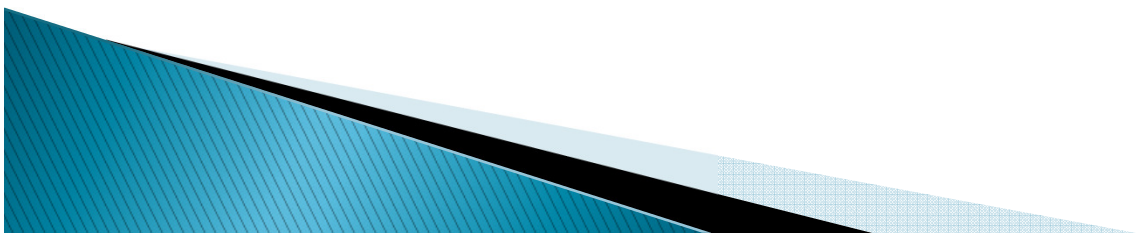
Administrative Issues

- Participation Status
  - For initial year, ASCs deemed participating if submit QDCs on claims
- QualityNet accounts
  - Sign-up available January 2013
  - Required for entry of structural measure data
  - NOT required currently
- Reports and Report Access
- Available January 2013
- QualityNet account required for access



Measurement Development

- CMS selects measures that reflect consensus among affected parties and, to the extent feasible and practicable, that these measures include measures set forth by one or more national consensus building entities.
- NQF
- ASC Quality Collaboration



Details of Measures

Patient Burn

- Denominator: All Medicare ASC admissions
- Numerator: Medicare ASCs admissions experiencing a burn prior to discharge
- Key definitions:
  - Admission: completion of registration upon entry into the facility
  - Burn: Unintended tissue injury caused by any of the six recognized mechanisms: scalds, contact, fire, chemical, electrical or radiation (for example, warming devices, prep solutions, and electrosurgical unit or laser)
- Measurement begins Oct. 1, 2012 DOS for Medicare patients
- Report using QDCs on Medicare claims for DOS on or after Oct. 1, 2012

Details of Measures

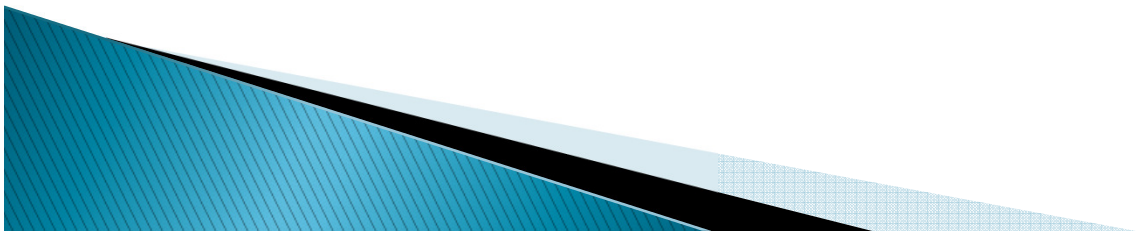
Patient Fall

- Denominator: All Medicare ASC admissions
- Numerator: Medicare ASCs admissions experiencing a fall within the confines of the ASC
- Key definitions:
  - Admission: completion of registration upon entry into the facility
  - 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
- Measurement begins Oct. 1, 2012 DOS for Medicare patients
- Report using QDCs on Medicare claims for DOS on or after Oct. 1, 2012

Details of Measures

Wrong Site, Side, Patient, Procedure, Implant

- Denominator: All Medicare ASC admissions
- Numerator: All Medicare ASCs admissions experiencing a wrong site, wrong side, wrong patient, wrong procedure or wrong implant
- Key definitions:
  - Admission: completion of registration upon entry into the facility
  - Wrong: not in accordance with intended site, side, patient, procedure or implant
- Measurement begins Oct. 1, 2012 DOS for Medicare patients
- Report using QDCs on Medicare claims for DOS on or after Oct. 1, 2012



Details of Measures

Prophylactic IV Antibiotic Timing

- Denominator: All Medicare ASC admissions with a preoperative order for a prophylactic IV antibiotic for prevention of surgical site infection
- Numerator: Number of Medicare ASC admissions with an order for a prophylactic IV antibiotic for prevention of surgical site infection who received the prophylactic antibiotic on time
- Key definitions:
  - On time: antibiotic infusion initiated within one hour prior to the time of the initial surgical incision or the beginning of the procedure, or two hours prior if vancomycin or fluoroquinolones are administered

Details of Measures

Prophylactic IV Antibiotic Timing

- Key definitions:
  - Prophylactic antibiotic: an antibiotic prescribed with the intent of reducing the probability of an infection related to an invasive procedure. 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
- Measurement begins Oct. 1, 2012 DOS for Medicare patients
- Report using QDCs on Medicare claims for DOS on or after Oct. 1, 2012

Details of Measures

Safe Surgery Checklist Use

- Intent: Assess whether an ASC uses a safe surgery checklist
- May employ any checklist as long as it addresses effective communication and safe surgery practices in each of three peri-operative periods: prior to administering anesthesia, prior to incision, and prior to the patient leaving the operating room
- Applies to all ASCs, including GI endoscopy centers
- Measure must be in use Jan. 1, 2012-Dec. 31, 2012 to report "yes"
- Report "Yes" or "No" for the entire calendar year on the QualityNet web site July 1-Aug. 15, 2013

Details of Measures

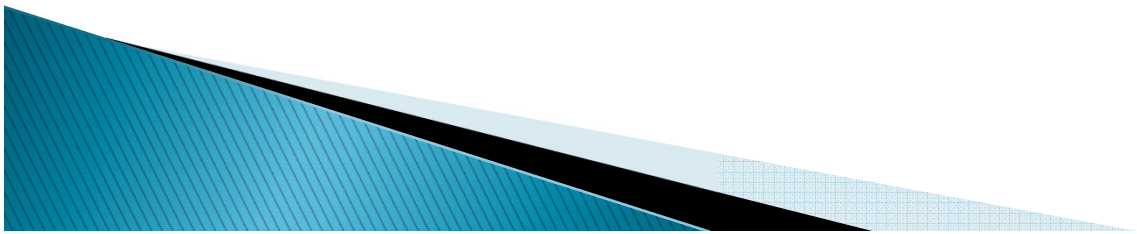
Safe Surgery Checklist Resources

- GI Societies
  - Elements to Consider When Developing a Safe Surgery Checklist for GI ASCs: www.asge.org/practice
  - Recommended GI ASC Safe Surgery Checklist Items: http://gi.org/practice-management/
  - Recommended Items for GI Safe Surgery Checklist for ASCs http://www.gastro.org/practice/resource-library/GI_Safe_Surgery_Checklist_for_ASCs.pdf
- World Health Organization (WHO)
  - http://www.who.int/patientsafety/safesurgery/ss_checklist/en/
- SafeSurg.org
  - For a modifiable template: http://www.safesurg.org/template-checklist.html
  - For examples, including for endoscopy centers: http://www.safesurg.org/modified-checklists.html
- AORN (combines WHO checklist and JC universal protocol)
  - http://www.aorn.org/PracticeResources/ToolKits/CorrectSiteSurgeryToolKit/Comprehensivechecklist/

Details of Measures

ASC Volume of Selected Procedures

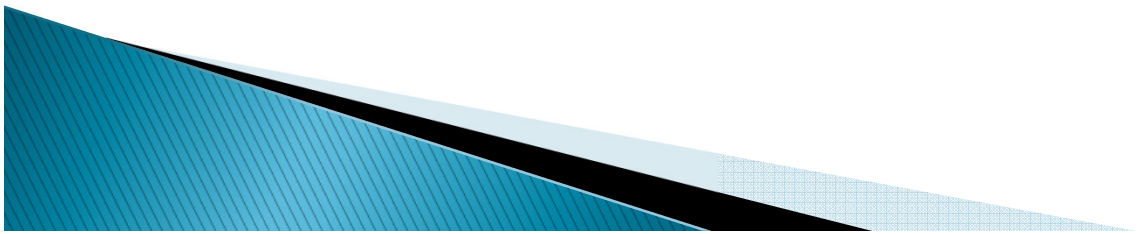
- Intent: Measure all patient volume of procedures performed in various categories
  - Gastrointestinal 40000 – 49999, G0104, G0105,G0121,C9716, C9724, C9725, 0170T
- Specifications and subcategories pending



Details of Measures

ASC Volume of Selected Procedures

- Measurement period Jan. 1, 2012–Dec. 31, 2012
- Report volumes for entire 2012 calendar year on the QualityNet web site July 1–Aug. 15, 2013



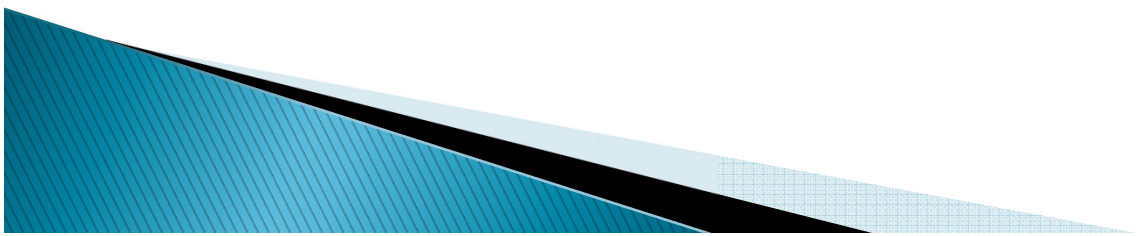
Details of Measures

Influenza Vaccination Coverage among Healthcare Personnel (HCP)

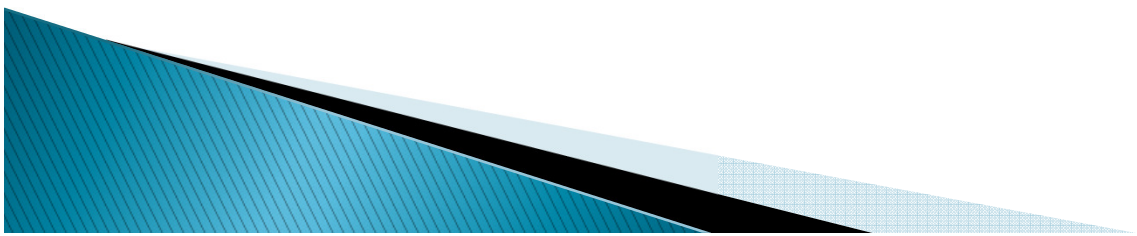
- Intent: assess the percentage of HCP immunized for influenza during the flu season
- CDC in the process of revising measure specifications
- Definitions pending, but appears HCP will include:
  - Staff on facility payroll
  - Licensed independent practitioners, e.g. physicians, advance practice nurses and physician assistants
  - Student trainees and adult volunteers
- Measurement begins with immunizations for the flu season in fall of 2014
- Report to CDC's NHSN Oct. 1, 2014–March 31, 2015

Ways to Prepare

- Designate a point person
- Review measure specifications
- Process for recording occurrences
- Begin conversation with IT provider
- Be aware! January 1, 2012 volume data collection and Safe Surgery Checklist
- Look for future ACG, AGA, ASGE webinars



Questions?



Additional Questions

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