Ambulatory Surgical Center Payment System Annual Update:
CY 2015 CMS Proposed Rule

BACKGROUND
Ambulatory Surgical Centers (ASCs) reimbursed under Medicare’s ASC Payment System will receive, on average, a 1.2% payment increase in calendar year (CY) 2015 under the proposed annual ASC payment regulation released by the Centers for Medicare & Medicaid Services (CMS) in July 2014. The ASC payment system generally uses the Ambulatory Payment Classification (APC) groups and weights from the Outpatient Prospective Payment System. One significant difference is the annual update for ASCs is determined by the Consumer Price Index for all Urban Consumers (CPI-U) rather than having an ASC specific market basket like hospital inpatient and outpatient services. Payments to ASCs that fail to meet ASC Quality Reporting Program requirements will be reduced by 2%.

KEY HIGHLIGHTS
• ASCs will receive a 1.2% payment increase in CY 2014.
• Adds one new measures for the ASC Quality Reporting Program for CY 2017.
• ASCs that fail to meet ASCQR Program reporting requirements will receive a 2% reduction to their Medicare reimbursement.

PROPOSED CHANGES
Additional Quality Measures for the ASC Quality Reporting Program: The ASC Quality Reporting Program started in CY 2014 with measures previously finalized by CMS for CY 2014 as well as CY 2015 and CY 2016 as follows:

CY 2014:
1. Patient Burn (NQF #2063)
2. Patient Fall (NQF #2066)
3. Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant (NQF #0267)
4. Hospital Transfer/Admission (NQF #2065)
5. Prophylactic Intravenous Antibiotic Timing (NQF #0264)

CY 2015 added the following:
1. ASC facility volume data on certain surgical procedures such as gastrointestinal, eye, nervous system, musculoskeletal, skin, cardiovascular, respiratory, etc.

CY 2016 added the following:
1. Endoscopy/Poly Surveillance: Appropriate follow-up interval for normal colonoscopy in average risk patients (NQF #0658)
2. Endoscopy/Poly Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use (NQF #0659)
3. Cataracts – improving visual function within 90 days (NQF #1536)

CMS proposes to:
1. Make the cataract measure from CY 2016 voluntary due to concerns about the ability for ASCs to report accurately.
2. Add a Facility Seven Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy measure in CY 2017.

Penalty for Failure to Report: ASCs that do not report on the measures of the ASCQR Program will receive a 2% Medicare payment reduction.