

September 17, 2021

Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD. 21244-1850

Re: CMS-1753-P; Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Price Transparency of Hospital Standard Charges; Radiation Oncology Model; Request for Information on Rural Emergency Hospitals.

Dear Administrator Brooks-LaSure,

MarsdenAdvisors (MA) is submitting our comments on the Centers for Medicare & Medicaid Services (CMS) proposed rule regarding the 2022 Ambulatory Surgical Center Quality Reporting Program (ASCQR). MA is an EHR consulting and software company that helps small to medium sized specialty practices implement and manage EHR technology and comply with quality reporting requirements. We support over 1,000 clinicians in quality compliance and reporting nationwide.

Provided below is a summary of the key points from our comments on the ASCQR portion of the proposed rule. These comments are more fully developed in the body of this letter along with other issues and comments not highlighted in our summary.

Ambulatory Surgical Center Quality Reporting Program Executive Summary

Changes to 2023 ASCQR Measures

MA urges CMS not to finalize the proposal to make mandatory ASC-11 Cataracts – Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery. This is a burdensome and inappropriate measure for ASCs to complete.

Changes to 2024 ASCQR Measures

MA strongly encourages CMS to allow ASC-15a-e: OAS CAHPS Survey to remain optional in 2024 and all future years. This measure is burdensome both for providers and for patients.

COVID-19 HCP Vaccination Measure

MA agrees with CMS that this is a time sensitive and important measure and support finalizing the measure for the 2022 ASCQR reporting period.

Detailed Comments of MarsdenAdvisors: Contents

Specific Issues on the Ambulatory Surgical Center Quality Reporting Program

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- B. [2023 Reporting](#) page 4
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SPECIFIC ISSUES ON THE ASC QUALITY REPORTING PROGRAM

A. 2022 Reporting: COVID-19 Vaccination Coverage Among HCP

MA agrees with CMS that this is a time sensitive and important measure and support finalizing the measure for the 2022 ASCQR reporting period. The risk of COVID-19 transmission is high for both HCPs and patients given the close contact between HCP and patients in ASCs. We recommend reevaluating the burden of reporting this measure after one year in use.

B. 2023 Reporting

i. ASC-11: Cataracts – Improvement in Patient’s Visual Function

MA strongly encourages CMS not to finalize the proposal to make ASC-11 mandatory. Ophthalmic specialty societies have opposed this for years due to the inappropriate nature of these surveys being attributed to the ASC facility rather than to the individual surgeon and the burdensome nature of patient surveys, particularly in this context. This would require the ASC to report on data that is located in the surgeon's office and, thus, inaccessible by the ASC as, per Medicare ASC Conditions for Coverage, the two entities must be physically, administratively, and financially separate from one another.

Moreover, any improvement in visual function is attributable to the individual surgeon, not to the facility in which the procedure was performed. ASCs are neither licensed nor qualified to evaluate the cataract patient and make these assessments. ASCs should not be involved in the professional decision-making intended by this measure. This measure will not result in improved patient outcomes and is more inappropriate for facility measurement as facilities do not contribute to the skill of the cataract surgeon.

ii. Resuming Data Collection for ASC-1 – ASC-4

We appreciate the proposed change in measure submission for these measures; it should be an improvement over the claims reporting. However, we would note that these measures have all lost NQF endorsement. We recommend regaining NQF endorsement prior to resuming data collection on these measures.

C. 2024 Reporting: ASC-15a-e: OAS CAHPS Survey

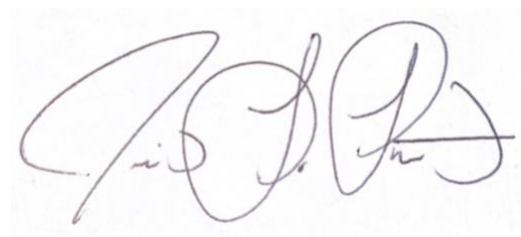
MA strongly urges CMS not to finalize the proposal to make OAS CAHPS Survey mandatory. If this measure becomes required, it will place substantial burdens on ASCs and would burden their patients as well. Many facilities struggle to convince patients to answer any questionnaires, let alone a survey that ranges from 37 to 52 questions. This issue is even more

pronounced with ophthalmology-specific ASCs as many ophthalmology patients are unable to regularly check their email due to their limited vision. Ophthalmology-specific ASCs represent approximately 22 percent of all ASCs.¹ In this context, it is easy to understand why many patients refuse to complete surveys. **MA strongly encourages CMS to allow OAS CAHPS to remain optional in all future years.**

Conclusion

We appreciate the opportunity to work with CMS to improve the Ambulatory Surgical Center Quality Reporting Program. If you have questions or need any additional information regarding any portion of these comments, please contact Dr. Jessica Peterson, VP of Health Policy at MarsdenAdvisors at jessica@marsdenadvisors.com.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jessica L. Peterson". The signature is fluid and cursive, with the first name "Jessica" being the most prominent part.

Jessica L. Peterson, MD, MPH
VP of Health Policy at Marsden Advisors

¹ MedPAC analysis of Medicare carrier file claims, 2015.