Reference #: 2016-06-ASC

From: Quality Reporting Notification
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ASCQR Initiative Discussions

Subject: Quality Reporting Center's Biweekly News Blast



Are you ready for web-based measure reporting success? Here are some things to know:

- 1. **ASC-11** (Cataracts Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery) **is voluntary this year.** If you click on the measure while you're in the web-based measure tool in the Secure Portal of QualityNet, you must enter data (you can enter zero if you'd like) or the measure status will display as incomplete. Don't be concerned a status of incomplete for ASC-11 has no effect on your calendar year 2017 payment determination. Any numeric value entered for ASC-11, however, will be publicly reported.
- 2. You can change data entered via a web-based tool as long as the data submission period is open. The submission period for web-based measures is now open in QualityNet or in the National Healthcare Safety Network (NHSN), so you can review and correct any data entry errors until the submission period closes. It is the responsibility of each ASC to ensure that its data, as reported to the Centers for Medicare & Medicaid Services (CMS) or NHSN for the ASCOR Program, are accurate.
- 3. The CMS web-based measure data submission period ends on August 15, 2016; the deadline is May 15, 2016 for the CDC NHSN measure. You have until August 15 this year to enter ASC-6, 7, 9, and 10, but ASC-8 is submitted into the NHSN and must be entered by May 15, 2016.*

We are here to help you with any data entry questions (or just about any other ASCQR question) you have. Contact us at 866.800.8756 or at ogrsupport@hsag.com.

*ASC-6: Safe Surgery Checklist Use; ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures; ASC-8: Influenza Vaccination Coverage among Healthcare Personnel; ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients; ASC-10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use