QualityNet Reports and Utilization of the Secure File Transfer: PM Questions and Answers

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Question 1: Thank you. I would like to know what progress CMS has made on allowing ASCs to make corrective actions to the reports the way it does hospitals?

Answer 1: Currently, the data has not been publicly reported.

Question 1: I understand.

Answer 1: So it will – you will have a preview report.

Question 1: Right, but that's not my question.

Answer 1: All right.

Answer 1: Hi there, this is Anita from CMS. Regarding a review and corrections period, with quality data code submission it's not possible to change those codes, because it's not possible to resubmit claims. So we have thought about ways to produce a way to do that, and we don't – we are not, have not, devised a way as of yet. Regarding web-based measure data, ASCs would have the same review and correction possibilities as hospitals do with their
data in that they can update, change that information, up until the date of the submission time period closes.

So, I realize that this, this is the same – this is similar to, this is the kind of issue that will always happen when you have a claims-based measure data collection mode such as readmission measures on the hospital side. Once those claim time periods end, there's no changing that information.

Now, if there was a severe data entry issue problem that happened, we can take a look at that, but right now we do not have a formal process for changing quality data codes, because the way the Medicare Administrative Contractors process that kind of information, it's not possible.

Answer 1: Thank you, Anita.

Question 2: I have three parts. First of all, the reporting on the claims, when do we – or should we have been reporting them for the Medicare Advantage Plans? The second question I have – or I just want to affirm that there is no reporting for 2014 other than what we report on our claims. And the third thing is, I am having problems getting back in. I have already registered, but for some reason my log-in isn't working. Would I use the – call the ASCQR Support Contractor then to help, for help with that, or what? Who do I call?

Answer 2: Okay. To answer your first question on reporting claims for Medicare Advantage, these are – the reporting on, of the quality data codes, is for your Medicare Fee-for-Service only, to include railroad and primary and secondary. And to your second question, no reporting of anything except for QDCs for the year of 2014 is your claims; that is true. You did not have data that needed to be submitted in 2014 through the web-based measure application on QualityNet. And then, for your third question, problems getting back in, logging in to QualityNet, the Secure Portal, due to possibly
being inactive for a period of time, you would need to call the QualityNet Help Desk, and that number is 866-288-8912.

Question 2: Thank you.

Answer 2: You’re welcome.

Question 3: Good morning. Regarding ASC-9 and -10, do we need to continue monitoring after December 31, 2014?

Answer 3: Yes, ma'am. Those measures will continue, and you will collect your data from your chart abstractions, and then you will enter the data for 2014 during the submission period that begins January 1 through August 15. But then concurrent to that of entering [those] web-based measures, you will continue to abstract and collect the data for the calendar year 2015 and enter that data during the submission period of 2016.

Question 3: Perfect, thank you very much.

Answer 3: You’re welcome.

Question 4: Yes, my question has to do with the NHSN reporting that we need to do – two questions. One is, does the data need to be – do we have to go in and submit something monthly, whether we do anything or not, or is it just a one-time thing with, like, towards the end in the spring? The second question I have is, when reports are submitted, I understand we have to keep track of what we've done, but when we submit them, do we add – like say, I've already submitted September's report, which I know we didn't have to do, but anyway – and then submit October on top of that? Do we add the numbers together, or do we submit each month individually? Does that make sense?

Answer 4: I think you're asking to – if you are submitting through NHSN on a monthly basis, that is correct that you would add those numerical values, they
overwrite each other. So they're actually looking for a total, and we – although we are supporting that, NHSN is the one that has developed that software and all, so please feel free to send them an email. But it's my understanding that each time you go in and you enter your next month, it overwrites the previous month. So they are actually looking for your totals during the October 1 through March 31 time frame.

Question 4: Okay, so like if I had 10 in October and I get 10 in November, then I want to put 20 for November's numbers?

Answer 4: Correct.

Question 4: Okay, thank you.

Answer 4: You're welcome.

Question 5: Yes, I was wondering if you can explain what the purpose is that the government is collecting all this information, and what they were actually doing with the collection, all of it, with all of it – and also, why would we be displaying this information publicly?

Answer 5: Hi, this is Anita from CMS. The – well, the first is, one of the major reasons we are collecting this information is because Congress told us to implement a program to collect quality care information from ambulatory surgical centers, so that was one. They told us to. But the reason they told us to is because we are interested in increasing information about quality of care at these facilities and increasing transparency regarding the care at these facilities. This is an effort that is supported by entities such as ASCA because it is a way for ASCs to let the public know what great quality of care they do put forth. So that's why we're collecting that information, and it is with the idea of increasing information about quality of care and increasing quality improvement in that setting.
Why we make this available, publicly available, again follows the same line. One, it says so in the statute that if we collect quality of care information we are to make that information publicly available, and in making it publicly available, we increase transparency and knowledge out to the public. I think this is a great way for the public to learn about ambulatory surgical centers. A lot of people don't realize this kind of facility exists, so – and that helps in that regard, as well.

Question 5: Thank you.

Question 6: Hi, thank you. Really my question is just about another webinar, and one place – well, it says here at the beginning, November 19, but I also read November 26. I just want to make sure I am –

Answer 6: Yes ma'am, there was a typo on the – the next webinar for the ASC final rule will be on November 26, and the OQR was, it's scheduled, that final rule is scheduled for the 19th.

Question 6: Okay thank you, so those are two different ones that we can sign up for?

Answer 6: Yes, ma’am, two different ones.

Question 6: Okay, thank you.

Question 7: Yeah, if we're participating in the PQRS cataract measures group, do we have to do this program as well?

Answer 7: Hi, it's Anita from CMS. Could you repeat that question? I lost part of it. Are you asking – I'm just confused exactly what you're asking.

Question 7: If we're collecting quality data, like for the cataract measures group for PQRS, do we have to submit information for this program also?
Answer 7: Okay, so I don't know what kind of facility you are. The PQRS is the Physician Quality Reporting Program – Reporting System, I'm sorry – and it collects measures for physicians. Now physicians, obviously, you can own ASCs, but the ASC Quality Reporting Program applies to the facility billing. So, if you are a facility billing as a facility, you would be – that bills Medicare and is paid under the ASC fee schedule, then this program would apply to you. Regarding whether or not the – you would collect measures on the cataract measure, we are currently in rule-making on that measure. We had deferred that measure, and in the calendar year 2015 OPPS/ASC proposed rule, we had put forth a proposal to make reporting on that measure voluntary. So you may want to stay tuned to what we finalize on that. Did that answer your question for now?

Question 7: Yeah, thank you.

Answer 7: Okay.

Question 8: As far as the influenza reporting, if we did it last year and – honestly things have changed – it seems like these websites and everything is changing so much. Do I need to go back in and register all over again, or am I able to just go log in and put in our data for this year? Do I need to re-register, and is it a different – has the website changed, I guess? Because it seems like there's always some kind of change going on.

Answer 8: If you were registered and are not due to, I guess, have a verification update, I don't know if you were through the SAM system or not, but you can certainly go on and should be able to re-enter your data with the current registration for the facility that you have.

Question 8: Okay. Thank you.

Answer 8: You're welcome.
Question 9: Yeah, I was wondering on ASC-8, the influenza measure, do we have to report that on a monthly basis, or is that something that can just be reported after the October through March period, or does it have to be reported during that period? I'm not really sure of the submission period. I got confused on that.

Answer 9: Amy, the submission period, you can submit it monthly if you choose, or you can submit a cumulative number at the end of the reporting period. The submission date hasn't been decided. That will be published in the final rule in November, and it's proposed to be May 15. So you can either submit your data monthly or a cumulative total at the end, whichever you prefer.

Question 9: Okay, thank you.

Question 10: Thank you. Hello. We basically are an actual Indian Health Service Unit, and I'm trying to understand exactly the deadline dates that you have proposed for the November signing up for the ASC program. However, we don't have a CCN number, which you know, I have been in touch with Reneé Parks about our facility being assigned a number. Do we go ahead and still try? Do we still go ahead and enroll during the November period, or do we wait for our CCN number before we sign up?

Answer 10: I'm sorry, this is Reneé. Are you specifically talking about the NHSN website, or are you speaking for QualityNet? Because both need your CCN, and currently there is not a mechanism that registers the CCN that you currently have because it is affiliated to your acute care facility. So that is being worked on, and at this point in time, there is no way for you to do that. So we will be sending something out specifically to the Indian Health System once a process and a means becomes available for you to report separately from your acute care facility.
Question 10: Okay, Reneé, a second question then. Do we need to go ahead and keep track of the data that's necessary for the time periods, or do we just wait until we actually are told to participate?

Answer 10: I would say that once you are told to participate, unless Anita thinks otherwise or may have anything to add to that, because currently you don't have a way to report that.

Question 10: Okay.

Answer 10: Hi, this is Anita. I'm a little confused about the question. Are you talking about – are you still talking about Indian Health Service reporting web-based measures?

Question 10: Yes. We do know that we participate in the web-based measure, part of reporting our claims information. We do that currently, however, we don't participate in the ASC part of the QualityNet program in addition to the NHS, or the NHSN, website. We don't do that, either.

Answer 10: Okay, so in regard – okay, so you're doing your quality data codes and submitting your claims, so that's wonderful. Okay, regarding your web-based measures, the system was not set up with this particular situation in mind with you guys with the Indian Health Service facilities billing as ASCs, so there is no way for you to report your web-based measures at this time. So we will be sending you a letter that tells you that you are not required to do that, and you are not going to be held to have any payment implications for not entering that information. We are fully aware that even if you wanted to submit that information, you cannot do that.

We are working to update the system to allow you to do that, and we will let you know when that happens. We will notify you by letter. The NHSN is a separate system.
Question 10: Okay.

Answer 10: So we apologize that the system wasn’t able to handle you for web-based measures. You’re a special case in terms of the billing world.

Question 10: Exactly. Okay, thank you.

Question 11: Hi, I was wondering if you’re experiencing or heard of problems with the logging in aspect of this, by website. I have had numerous problems, and it was somewhat resolved just a couple of days ago, but I’m still having problems. It would never log in on the first attempt. Have you heard of problems with that, or is it just me?

Answer 11: Which website are you referring to? The QualityNet or the NHSN?


Answer 11: No, we haven’t heard of any problems lately, but usually what happens is it’s due to volume a lot of times. If there’s a lot of people trying to log in or run reports at once, it slows the system down. So I think it just happens to be if you’re logging in with a lot of other folks at the same time.

Question 11: And do you know which browser is the ideal browser to use?

Answer 11: No. I don’t know that information, but you can certainly call QualityNet at their help desk. They could probably give you that information, and that number is 866-288-8912.

Question 11: All right, thank you very much.

Mollie Carpenter: You’re welcome. This concludes our program for today, so I’d like to thank Reneé for the information she shared with us today. We hope you have heard useful information that will help you with your quality reporting. If we did not get to your question, please use the Question-and-Answer tool.
located at www.QualityNet.org. An ASC subject matter expert will send you a timely response. Thank you again, and enjoy the rest of your day.

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