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- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab, and the echo will clear up.



Example of two browsers/tabs open in same event

Submitting Questions

Type questions in the "Chat with Presenter" section located on the bottomleft corner of your screen.





Wednesday October 24, 2018

> Ambulatory Surgical Center Quality Reporting Program (ASCQR) Program Support Contractor

Learning Objectives

- At the conclusion of this program, attendees will be able to:
- Access and interpret the facility's Preview Report.
- ✓ Find the facility's data on the Hospital Compare website.
- Describe how to download and filter publicly displayed data.

mber...Specifications Manual version 11.0b now available...OQR/IQR Quarterly Timeline posted...Tampa, FL- 190°



Why Data Are Displayed

- Compare facility performance
 - Drive quality improvement
- Empower consumers
 - Make informed decisions
- Present your hard work for public reference



Preview Report

ASC Hospital Compare Preview Report

- Redesigned format
- Sent via Secure File Transfer in the QualityNet Secure Portal prior to display on Hospital Compare
- Available for approximately 30 days
- Accessible by your ASC's Security Administrator only
- Does not serve as a correction period

ListServe Preview Report Notice

From: Sent: To: Subject:	Quality Reporting Notification Friday 11/16/18 2:30 PM ASCQR Initiative Discussions January 2019 ASC Hospital Compare Preview Reports Now Available
January 2019 through the Q	Ambulatory Surgical Center Public (ASC) Reporting Preview Reports are available <i>QualityNet Secure Portal</i> for participating facilities.
The preview	reports are available from November 9 through December 8, 2018.
The data in th Medicaid Ser (https://www	ne preview reports will be reported on <i>Hospital Compare</i> , the Centers for Medicare & vices (CMS) website for Medicare beneficiaries and the general public <u>medicare.gov/hospitalcompare/asc-ambulatory-surgical-measures.html</u>).
Preview Repo Acces Select Enteri Readi	orts can be accessed by: using the public website for <i>QualityNet</i> at <u>www.qualitynet.org</u> . ting [Login] under the "Log in to QualityNet Secure Portal" header. ing your <i>QualityNet</i> User ID, Password, and Security Code and selecting [Submit]. ng the Terms and Conditions statement and selecting [I Accept] to proceed.
The Preview Select Select Select Select Select Savin	Report can be downloaded by: ting "Secure File Transfer" in the blue ribbon at the top of the screen; ting "AutoRoute_Inbox" in the left-side menu; ting "ASC Preview Report" also identified by your facility's NPI; ting "Download"; ting "Save" in the pop-up box; and g and opening the report.
Please do not contained in t	respond directly to this email. For further assistance regarding the information his message, please contact ASCQR Program Support through the Outpatient Questions

contained in this message, please contact ASCQR Program Support through the Outpatient Questions and Answers tool at <u>https://cms-ocsq.custhelp.com/</u>, or by calling, toll-free, 866.800.8756 weekdays from 7 a.m. to 6 p.m. ET.

Access Secure File Transfer

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Quality Program To access your Hospital Quality Re End Stage Renal D Quality Improveme QMARS - Quality M Quality Improveme	ms program use the menu abo porting: IQR, OQR, ASCQR, IPFo bisease Quality Reporting System nt Organizations Anagement and Review System at and Evaluation System	ve or links below: QR, PCHQR				Quality/ The upc hoss resp date pan Qua

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Preview Report Example

		ABC Ambul (NPI 123456	atory 9 5789/C	Surgical CN 010	Center)					
		Claims-Based (Measure	s (per 1.0	00 Claims)						
		Reporting Period: First Qu	arter 201	7 through	Fourth Qua	rter 2017					
	Me	asure	Num	erator	Denomi	nator	Facility Rate	St	ate Rate	Ni	ational Rate
ASC-1 Patient Burn			1	0	1,02	3	0.000		0.111		0.012
ASC-2 Patient Fall					1,02	3	0.000		0.001		0.022
ASC-3 Wrong Site, Wro	ASC-3 Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant					(1)	0.978(1)		0.011		0.012
ASC-4 All-Cause Hosp	ital Transfer/Adm	ission	3	(1)	1,023	(1)	2.933 (1)		0.101		0.221
		NHSN V	Web-Bas	ed Meas	ure						
		Reporting Period: Fourth (Quarter 2	017 throu	gh First Qua	rter 2018					
Measure				Reported	l Adherence age	ce State Reported Adherence National Reported Adherence Percentage			d Adherence age		
ASC-8 Influenza Vacci	nation Coverage a	mong Healthcare Personnel	[90%			89%			97%	
		QualityNe	t Web-B	ased Mea	asures						
		Reporting Period: First Qu	arter 201	7 through	Fourth Qua	rter 2017					
		Measure			Numerator Denominator				late State	Rate	National Rat
ASC-9 Endoscopy/Poly Patients	p Surveillance: Aj	ppropriate Follow-up Interval for Normal Col	onoscopy	in Averaş	ge Risk	10	10	100.00	% 95.	10%	80.00%
ASC-10 Endoscopy/Po Avoidance of Inapprop	lyp Surveillance: (riate Use	Colonoscopy Interval for Patients with a Histo	vry of Ade	enomatous	s Polyps –	555	1,000	55.509	% 94.	10%	81.00%
ASC-11 Cataracts: Imp	rovement in Patier	nt's Visual Function within 90 Days Following	g Catarac	ct Surgery ((Voluntary)	N/A (5)	N/A (5)	N/A (5	j) 93.	10%	82.00%
		ASC-12 Facility 7-Day Risk Standardize	d Hospit	tal Visit R	ate after O	utpatien	t Colonoscopy				
		Reporting Period: First Qu	arter 201	7 through	Fourth Qua	rter 2017					
Facility Performance	Number of Eligible Medicare Cases	Risk-Standardized Unplanned Hospital Visit Your Facility Per 1,000 Colonoscopies (Low Upper Limit of 95% Confidence Interv	Rate for er Limit, val)	National Rate	Numb Facilit	er of ies	Better than National Rate	No Differ than Natio Rate	ent Wors onal Nat Ri	e than ional ate	Number of Cases Too Small
No Different than the	99	9.0 (18.0, 12.0)		13.0	In the Sta Perform	ate that ned	0	50		0	20
National Rate		5.0 (20.0, 22.0)			In the Nat	tion that	1	2,000		2	222

(1) The number of cases/patients is too few to report (denominators will display on the Preview Report, but will not be reported on Hospital Compare).

(5) Results are not available for this reporting period (applied when no data are available for display for the measure).

(7) No cases met the criteria for this measure.

(23) The data are based on claims that the hospital or facility submitted to CMS. The hospital or facility has reported discrepancies in their claims data.

Page 1 of 1

ASC-1 Through ASC-4

Claims-Based I	Measures (per 1,0	00 Claims)			
Reporting Period: First Qu	arter 2017 through	Fourth Quarter 201	7		
Measure	Numerator	Denominator	Facility Rate	State Rate	National Rate
ASC-1 Patient Burn	0	1,023	0.000	0.111	0.012
ASC-2 Patient Fall	0	1,023	0.000	0.001	0.022
ASC-3 Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	1 (1)	1,023 (1)	0.978(1)	0.011	0.012
ASC-4 All-Cause Hospital Transfer/Admission	3 (1)	1,023 (1)	2.933 (1)	0.101	0.221

Facility Rate

- Rate is per 1,000 claims
- Lower rates are better
- Rounding rules are applied
- Numerator is the number of patients with a reported incident
- Denominator is the number of Medicare claims submitted with Quality Data Codes (QDCs) applied
- Provider Participation Report shows how many QDCs were applied

Web-Based Measures



NHSN	Web-Based Measure									
Reporting Period: Fourth (Quarter 2017 through First Qua	rter 2018								
Measure	sure Facility Reported Adherence State Reported Adherence Percentage Percentage					National Reported Adherence Percentage				
ASC-8 Influenza Vaccination Coverage among Healthcare Personnel		89%		97%						
QualityNet Web-Based Measures										
Reporting Period: First Qu	arter 2017 through Fourth Qua	arter 2017								
Measure		Numerator	Denominator	Facility Rate	State Rate	National Rate				
ASC-9 Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Co Patients	lonoscopy in Average Risk	10	10	100.00%	95.10%	80.00%				
ASC-10 Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a Hist Avoidance of Inappropriate Use	ory of Adenomatous Polyps –	555	1,000	55.5 <mark>0%</mark>	94.10%	81.00%				
ASC-11 Cataracts: Improvement in Patient's Visual Function within 90 Days Followin	ng Cataract Surgery (Voluntary)	N/A (5)	N/A (5)	N/A (5)	93.10%	82.00%				

ASC-12

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			111
-		and the second second	

		ASC-12 Facility 7-Day Risk Standardized Hospit	al Visit Ra	ate after Outpatient	Colonoscopy			
		Reporting Period: First Quarter 201	7 through	Fourth Quarter 2017	,			
	Number of	Risk-Standardized Unplanned Hospital Visit Rate for Your Facility Per 1,000 Colonoscopies (Lower Limit, es Upper Limit of 95% Confidence Interval)		Number of	Better than	No Different	Worse than	Number of
Facility Performance	Eligible Medicare Cases			Facilities	National Rate	than National Rate	National Rate	Cases Too Small
No Different than the	00	0.0 (18.0, 12.0)	12.0	In the State that Performed	0	50	0	20
National Rate	33	9.0 (18.0, 12.0)	13.0	In the Nation that Performed	1	2,000	2	222

ASC-12 Release Dates

CY 2019 Payment Determination

Measure	Performance Period	CDR Releases	FSR Release	Public Display	Questions
Colonoscopy (ASC-12)	Jan 1 – Dec 31, 2017	Sep 2017 Dec 2017 Mar 2018	October 2018 (anticipated)	January 2019	<u>Q&A Tool</u>

For additional information, please visit <u>www.qualitynet.org</u> > Ambulatory Surgical Centers > Measures > Colonoscopy Measure > Measure Methodology

Footnotes

- Footnote 1 (FN1): The number of cases/patients is too few to report.
- Footnote 5 (FN5): Results are not available for this reporting period.
- Footnote 7 (FN7): No cases met the criteria for this measure.
- Footnote 23 (FN23): The data are based on claims that the facility submitted to CMS. The facility has reported discrepancies in their claims data.

QualityNet

www.qualitynet.org

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 ASCS Cancer Hospitals ESRD Facilities Inpatient Psychiatric Facilities 	Surgical Center (AS available for public (PDF). Proposed ch 37175 of the Feder Reporting (ASCQR)	Specifications Manuals Measures Resources	ear (CY) 2019 led in the CY uality Reportin E. Proposed ch he Federal Re	have been pub 2019 Proposed ng (OQR) Progra nanges affecting gister and page	 Download Symantec ID (<i>required</i> for login) Portal Resources Secure File Transfer Resources 			
Getting Started with QualityNet • Registration	For a synopsis of th Full Article » Headlines	Data Submission Registration		able at <u>www.cm</u>	<u>s.gov</u> .	Secure Portal Enrollment Training, WMV		
 Sign-In Instructions Security Statement Password Rules QualityNet System Security Policy, PDF 	 <u>Hospital VBP Presentation</u> <u>CMS releases O</u> <u>CY 2019 OPPS//</u> <u>FY 2019 HSRs free released</u> 	Webinars Outpatient and Ambulat Surgery Consumer Assessment of Healthca Providers and Systems	t Summary Re view reports tory <u>for comment</u> are <u>Calculations R</u>	eport now avail Review and Corr	<u>able</u> rections Period	Ques • Ami Cen • End Dise	tions & Answers bulatory Surgical ters -Stage Renal ease (ESRD) QIP	
Join Listserves Sign up for Notifications and Discussions.	 <u>CMS will not up</u> <u>MSPB, CEBP, ar</u> <u>FY 2020 IQR Pro</u> 	(OAS CAHPS) Training gram Targeted Hospitals	pital Quality S ISRs Now Avai Selected for Validation	itar Ratings Dati ilable	<u>a in July 2018.</u>	 Hos Hos Inp Fac 	pitals - Inpatient pitals - Outpatient atient Psychiatric lities	

Reference Document

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Hospitals - Inpatient	Hospitals - Outpatient	Physician Offices	Ambulatory Surgical Centers	PPS-Exempt Cancer Hospitals	ESRD Facilities	Inpatient Psychiatric Facilities
Public Repo	Derting PL An The on and am we Ho	Iblic Report nbulatory Surger e Centers for Mea the quality of ca d to encourage h ubulatory surgical Il as state and na ospital Compan	dicare & Medicaid Service re provided to patients; ealthcare facilities to ma centers (ASCs) are upon ational rates for each of re Preview Period	Reporting Program es' (CMS') <u>Hospital Com</u> this information is made ake continued improveme lated annually in January the measures.	<u>pare</u> website pu available to inf ents in care qua and include fac	blishes information form consumers lity. Data for cility-level data as
	Pre Ho Pre	eview period app spital Compare. ² e Ambulatory S eview reports are	roximately two months i This preview period d urgical Center Quality available via the <i>Qualit</i>	n advance of being made oes not serve as a rev Reporting (ASCQR) P Whet Secure Portal in the	e available to provi e available to th iew and correct rogram. e AutoRoute Inb	ox. A ListServe is
	ser Ho The and	e following refere d interpreting the <u>ASC Hospital Co</u>	Preview Report Refe ence document, updated ir Ambulatory Surgical (mpare Preview Report (period opens. rence Documents annually, is made availa Center (ASC) Hospital Co Quick Reference Guide, (1)	able to assist fac ompare preview PDF-635 KB)	cilities in accessing reports:
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	AS fou Co	Cs that wish to w ind on QualityNe mpare site until t	ithdraw from the ASCQ t. Facilities that submit a the facility begins submit	R Program must submit a a withdrawal form will no tting data for the subseq	a withdrawal for It be searchable Juent payment y	rm that can be on the Hospital year.

Support Contractor Site

www.qualityreportingcenter.com

QUALITY REPORTING CENTER		Change Text Size: <u>A A</u> Search this s	ite Search
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Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outrea facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers w Reference and training materials Educational presentations Timelines and catendars	ach and Education Support Programs. Here you will find resource ith quality data reporting. Through these sites, you can access.	PROGRAM RULE HISTORY	22, 2018 Design Update
Data collection tools Contact information		UPCOMING EVENTS	e amouncements
Helpful links to resources Question and answer tools The national Support Contractor for the Hospital Inpatient Value. Incentive	s and Quality Reporting (VIOR). Quitratient Quality Reporting (Q	ARCHIVED EVENTS	
 is dedicated to improving quality care delivery and health outcomes by coll Hospital Inpatient Value, Incentives, and Quality Reporting Outreach 	aborating with healthcare providers.	DATA DASHBOARD	
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Quick Reference Guide



ASC Public Reporting Preview Report Quick Reference Guide

January 2019 Release

Preview Period November 9 through December 8, 2018

Preview Report Access

Preview Period

Preview Reports will be available to participating ASC facilities via the QualityNet Secure Portal from November 9, 2018 through December 8, 2018.

Preview Reports can be viewed by:

- Accessing the public website for QualityNet at <u>https://www.qualitynet.org</u> and selecting [Login] under the "Log in to QualityNet Secure Portal" header.
- Entering your QualityNet User ID, Password, and Security Code, and selecting [Submit].
- Reading the Terms and Conditions statement and selecting [I Accept] to proceed.

Preview Reports can be downloaded by:

- 1. Selecting "Secure File Transfer" in the blue ribbon at the top of the screen.
- 2. Selecting "AutoRoute_Inbox" in the left-side menu.
- Selecting "ASC Preview Report" also identified by your facility's NPI.
- 4. Selecting "Download."
- 5. Selecting "Save" in the pop-up box.
- 6. Saving and opening the report.

Security Administrator (SA) Required

An active QualityNet Security Administrator (SA) is required to access your Preview Report. It is highly recommended that each organization designate two people as QualityNet SAs.

November 2018

Data Highlights

- Claims-based Measures (per 1,000 Claims)

 Measures include: ASC-1. ASC-2. ASC-3.
- Measures include: ASC-1, ASC-2, ASC-5, and ASC-4
- Claims submitted for services furnished from January 1, 2017 through December 31, 2017

Web-based Measure (NHSN)

- Measure includes: ASC-8
- Data based on flu season beginning October 1, 2017 through March 31, 2018
- Submission period October 1, 2017 through May 15, 2018

Web-based Measures (QualityNet)

- Measures include: ASC-9, ASC-10, ASC-11 (voluntary measure)
- Data collection period January 1, 2017 through December 31, 2017
- Submission period from January 1, 2018 through May 15, 2018

ASC-12 Facility 7-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy

 Claims submitted for services furnished from January 1, 2017 through December 31, 2017

Footnotes (FN)

- FN 1 The number of cases/patients is too few to report.
- FN 5 Results are not available for this reporting period.
- FN 7 No cases met the inclusion criteria for this measure.
- FN 23 The data are based on claims that the hospital or facility submitted to CMS. The hospital or facility has reported discrepancies in their claims data.

Questions

For further assistance regarding your Preview Report, questions may be submitted to ASCQR Support through the Outpatient Ouestions and Answers tool at

https://cms-ocsq.custhelp.com, or by calling, toll-free, 866.800.8756 weekdays from 7 a.m. to 6 p.m. ET.

Page 1 of 1

mber...Specifications Manual version 11.0b now available...OQR/IQR Quarterly Timeline posted...Tampa, FL- 190°







Joining us in the studio today: Dale E. Buzz Hospital Compare Website Specialist

Begin Your Search

https://www.medicare.gov/hospitalcompare/search.html

Find a hospital

Updated December 2017



- Hospital Compare data last updated: July 25, 2018. Explore and download Hospital Compare data and view a list

 For general questions regarding Hospital Compare and the data, email

Select Your Program

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Medicare.gov Hospital Compare Home Close window

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The Official U.S. Government Site for Medicare

Ambulatory surgical centers (ASCs)

ASC Quality Reporting Program

Ambulatory surgical centers

Hospital Compare is publicly reporting quality information on ambulatory surgical centers (ASCs). There are two categories of data available:

- Ambulatory Surgical Center Quality Reporting (ASCQR) Program. The ASCQR Program reports information about the quality of care provided in ASCs, and is implemented by the Centers for Medicare & Medicaid Services (CMS).
- Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey data. The OAS CAHPS Survey asks patients about important parts of their experience at hospital outpatient departments and ASCs. This data comes from a Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey and is not part of the ASCQR Program.

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Ambulatory surgical centers (ASCs)

ASC Quality Reporting Program

Data details

Ambulatory Surgical Center Quality Reporting Program

About The Program

The Ambulatory Surgical Center Quality Reporting (ASCQR) Program is a quality reporting program implemented by the Centers for Medicare & Medicaid Services (CMS). For this program, ambulatory surgical centers (ASCs) providing care to Medicare beneficiaries must report data on certain measures of clinical quality. These quality measures track to CMS priorities including safety, readmissions, and patient experience of care to align with National Quality Strategy and CMS Quality Strategy priorities.

Data collected through the ASCQR Program is publicly reported. Publishing this data allows Medicare beneficiaries and other consumers to find and compare the quality of care provided at ambulatory surgical centers and inform consumers' decisions on where to get care. Publishing this data can foster facility performance improvement by providing benchmarks for selected clinical areas and public view of facility data.

Measuring Quaility
 Data Details
 Ambulatory surgical measure data – by facility
 Ambulatory surgical measure data – by state
 Ambulatory surgical measure data – national

Your Options Display

Ambulatory surgical centers (ASCs)

ASC Quality Reporting Program

Data details

Ambulatory Surgical Center Quality Reporting Program

About The Program

The Ambulatory Surgical Center Quality Reporting (ASCQR) Program is a quality reporting program implemented by the Centers for Medicare & Medicaid Services (CMS). For this program, ambulatory surgical centers (ASCs) providing care to Medicare beneficiaries must report data on certain measures of clinical quality. These quality measures track to CMS priorities including safety, readmissions, and patient experience of care to align with National Quality Strategy and CMS Quality Strategy priorities.

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Measuring Quaility

The following measures are included in the ASCQR Program data:

Measure #	Measure Title	Applicable Notes
ASC-1	Patient Burn	Lower rates are better.
ASC-2	Patient Fall	Lower rates are better.
ASC-3	Wrong Site, Side, Patient, Procedure, Implant	Lower rates are better.
ASC-4	Hospital Transfer/Admission	Lower rates are better.

Data Details

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The Official U.S. Government Site for Medicare

Ambulatory surgical centers (ASCs)

ASC Quality Reporting Program

Data details

Ambulatory Surgical Center Quality Reporting Program

About The Program

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To Download Data

Data Details

- Data for these measures are from CY 2016 (January 1, 2016-December 31, 2016) except where noted.
- In July 2018, the facility-level dataset was updated to remove closed providers and reflect updates to facility information for a small group of providers. No facility-level measure data were changed.
- If you are unable to find data for an ASC as identified by a specific facility identifier, this facility has not reported data for these measures.
- Visit data.medicare.gov to download these datasets in csv format
- Review the measures specifications on QualityNext.org (click "Accept" at the bottom of the page to proceed to the Specifications Manuals).
- Additional information on procedures used in data collection for the ASCQR Program can be found by downloading this Frequently Asked Questions document.

Accessing Archived Data

Need help downloading data?

Get supporting documents

Hospital Compare datasets

These are the official datasets used on the Medicare.gov Hospital Compare Website provided by the Centers for Medicare & Medicaid Services. These data allow you to compare the quality of care at over 4,000 Medicare-certified hospitals across the country.

Hospital Compare data was last updated on Jul 25, 2018.

Announcements:

See less

- CMS did not update Hospital Compare Overall Hospital Quality Star Rating data in July 2018. Visit QualityNet for more information. Please submit questions to cmsstarratings@lantanagroup.com.
- In July, CMS added two new measures to Hospital Compare: Hospital return days for pneumonia patients (EDAC-30_PN) and Percentage of
 patients who received appropriate care for severe sepsis and septic shock (SEP-1). The following measure was added to the downloadable
 database only: Average time patients spent in the emergency department before being sent home (OP-18c).
- CMS is no longer reporting the HCAHPS pain measure from Hospital Compare and the downloadable databases, and has excluded it from the calculation of the HCAHPS Summary Star Rating.
- Diagnosis coding switched from ICD-9 to ICD-10 in 2015. Data for the FY 2018 recalibrated Patient Safety Indicator (PSI) measures only represent the 21-month performance period of ICD-9 claims (10/1/2015 – 6/30/2017).
- VA outcomes data have been incorporated into the workflow. Please note data collection periods are different for VA hospitals for the following measure groups: PSIs, 30-day readmission rates, and 30-day death (mortality) rates. Visit Hospital Compare for details on the data collection periods.
- · For questions about the Hospital Compare data, contact hospitalcompare@hsag.com.
- · Get help using Data.Medicare.gov.
- · Get the latest updates on the data.

DOWNLOAD CSV FLAT FILES (REVISED) NOW

GET ARCHIVED DATA

Showing: Hospital Compare
in category: All Categories

Choose Your Archive

Hospital Compare data archive

2018 Annual Files

- HOSArchive_Revised_FlatFiles_20180523.zip (05/23/2018, Zip File, 15720 KB)
- HOSArchive_Revised_FlatFiles_20180126.zip (01/26/2018, Zip File, 16276 KB)

2017 Annual Files

- HOSArchive_Revised_FlatFiles_20171024.zip (10/24/2017, Zip File, 16002 KB)
- HOSArchive_Revised_FlatFiles_20170726.zip (07/26/2017, Zip File, 15222 KB)
- HOSArchive_20170428.zip (04/28/2017, Zip File, 50684 KB)
- HOSArchive_Revised_Flatfiles_20170428.zip (04/28/2017, Zip File, 14930 KB)

2016 Annual Files

- HOSArchive_20161219.zip (12/19/2016, Zip File, 41114 KB)
- HOSArchive_Revised_Flatfiles_20161219.zip (12/19/2016, Zip File, 14920 KB)
- Hospital_20161110.zip (11/10/2016, Zip File, 52138 KB)
- Hospital_Revised_FlatFiles_20161110 (11/10/2016, Zip File, 15473 KB)
- VA_Data_10.19.2016 (10/19/2016, Zip File, 342 KB)
- HOSArchive_20160810.zip (08/10/2016, Zip File, 43096 KB)
- HOSArchive_Revised_FlatFiles_20160810.zip (08/10/2016, Zip File, 14900 KB)
- HOSArchive_20160504.zip (05/04/2016, Zip File, 41767 KB)
- HOSArchive_Revised_FlatFiles_20160504.zip (05/04/2016, Zip File, 14377 KB)

https://data.medicare.gov/data/archives/hospital-compare

Search Options

Measuring Quaility

Data Details

Ambulatory surgical measure data – by facility

If you would like to sort or filter these data, select the three-line menu icon for that particular column header.

Data.Medicare.gov

O Monthead Ambulatory Surgical Quality Measures - Facility

ASC	Provi	NPI	City	State	Z ip	Year	^
ROXBUR	05C0001	1003001	BEVERL	CA	90210	2016	
THE SUR	05C0001	1003015	VACAVIL	CA	95687	2016	
CARLSB	05C0001	1003017	CARLSBAD	CA	92011	2016	
MIDWES	14C0001	1003036	NAPERVI	IL	60540	2016	
YORK C	42C0001	1003058	ROCK HILL	SC	29732	2016	

MENU

Sorting Options

If you would like to sort or filter these data, select the three-line menu icon for that particular column header.

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ASC Provi	NPI	City	State	Z ip	Year	^
Sort Ascending		BEVERL	CA	90210	2016	
Sort Descending		VACAVIL	CA	95687	2016	
		CARLSBAD	CA	92011	2016	
Description		NAPERVI	IL	60540	2016	
No description provid	led	ROCK HILL	SC	29732	2016	
ADVANC 19C0001	1003062	BATON	LA	70808	2016	

Formats and Downloads

If you would li column heade	ke to sort or f er.	ilter these da	ta, select the	three	-line menu icon for that particular
Data.	Medio	care.g	ov	_	✓ MENU
🔎 🚺 Ambulato	ory Surgical Quality	/ Measures - Facil	ity		More Views
ASC	Provi	NPI	City	St	Download
ROXBUR	05C0001	1003001	BEVERL	СА	Download in various formats
THE SUR	05C0001	1003015	VACAVIL	СА	Embed Embed this player on your site
CARLSB	05C0001	1003017	CARLSBAD	СА	API Access this Detectuie SODA
MIDWES	14C0001	1003036	NAPERVI	IL	Access this Dataset Via SODA
YORK C	42C0001	1003058	ROCK HILL	sc	Access this Dataset via OData
ADVANC	19C0001	1003062	BATON	LA	Help with file formats & plugs-ins
SPECIAL	29C0001	1003064	LAS VEG	NV	About the Socrata Open Data Platform
WASC LLC	36C0001	1003079	WOOSTER	OH_	

Download Format

Data.Medicare.gov	✓ ME	NU
		# K.R
Download		• • • • ×
Download As	A	
CSV		
CSV for Excel		
CSV for Excel (Europe)		
JSON		
RDF		
RSS		
TSV for Excel		

Another Option

HOME	EVENTS CALENDAR INPATIENT > OUTPAT		
Inpatient Quick Links	Outpatient Quick Links	PROGRAM INFORMATION	
• <u>Overview</u>	Tools and Resources	ASC 101	
<u>Jools and Resources</u> come to the Hospital Inpatient and Outpatient Quality Report When DDD superstance benefits and extended and the second	LOOKUP_LOOIS ting Outreach and Education Support Programs. Here you will find re	PROGRAM RULE SOURCES HISTORY	Announcements
Reference and training materials	i centers with quality data reporting. Through these sites, you can act	UPCOMING EVENTS	January 22, 2018 Website Design Update
 Educational presentations Timelines and calendars Data collection tools 		ARCHIVED EVENTS	See more announcements
Contact information Helpful links to resources Question and answer tools	(DATA DASHBOARD	
he national Support Contractor for the Hospital Inpatient Value dedicated to improving quality care delivery and health outcor	, Incentives, and Quality Reporting (VIQR), Outpatient Quality Report of the second state of the second sec	ASC Facility Compare Tool	
Hospital Inpatient Value. Incentives. and Quality Reportin Outpatient Quality Reporting Outreach and Education Su Ambulatory Surgical Center Quality Reporting	g Outreach and Education Support Program oport Program	AGENT (VENDOR) AUTHORIZATION FORMS	
Jpcoming Events		TOOLS AND RESOURCES	
arch 13, 2018 ospital Improvement Innovation Networks and Hospitals Collat Dimprove Quality of Care: 30 Day Mortality Measures 1.0	poration	DATA SUBMISSION	
<u>- Improve quality of Care, 30-Day Mortality Measures — 10</u>	<u>L.</u>	QUALIT-E-QUIPS	

Using Your Data

What to do with your facility's data:

- Quality Improvement and Performance
 - Best Practices
 - Evidence-Based Practices
- Trending Data
- Better Patient Outcomes
 - Patient-Centered Care

Summary

- Evaluate your preview report
- Access your publicly displayed data
- Compare your data to other ASCs
 - Utilize all of the tools to evaluate, implement changes, and improve quality
- Continue in your successful path

mber...Specifications Manual version 11.0b now available...OQR/IQR Quarterly Timeline posted...Tampa, FL- 190°



Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

CE Credit Process

- Complete the ReadyTalk[®] survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click "Done" at the bottom of the screen.
- Another page will open that asks you to register in HSAG's Learning Management Center.
 - This is separate from registering for the webinar. If you have not registered at the Learning Management Center, you will not receive your certificate.
 - Please use your **personal** email so you can receive your certificate.
 - Healthcare facilities have firewalls that block our certificates.

CE Certificate Problems?

- If you do not immediately receive a response to the email you used to register in the Learning Management Center, a firewall is blocking the survey link.
- Please go back to the New User link and register your personal email account.
- If you continue to have problems, please contact Deb Price at <u>dprice@hsag.com</u>.

CE Credit Process: Survey

lease provide any additional comments	
^	
~	
). What is your overall level of satisfaction with this pre	esentation?
Very satisfied	
Somewhat satisfied	
Neutral	
Somewhat dissatisfied	
Very dissatisfied	
you answered "very dissatisfied", please explain	
^	
\checkmark	
1. What topics would be of interest to you for future pre	esentations?
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I. What topics would be of interest to you for future productions I. What topics would be of interest to you for future productions I. If you have questions or concerns, please feel free to I. If you have questions or concerns, please feel free to	esentations?

CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:

https://imc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae

Existing User Link:

https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21- 2015
First Name: Last Name: Email: Phone: Register

CE Credit Process: Existing User

HEALTH SERVICES AUNSORY GROUP		this is a secure site please provide credentials to continue
	Secure Login User Name: Password: Log In	

Thank You for Participating!

Please contact the Support Contractor if you have any questions:

 Submit questions online through the QualityNet Question & Answer Tool at <u>www.qualitynet.org</u>

Or

• Call the Support Contractor at 866.800.8756.