



# Ambulatory Surgical Center Quality Reporting Program

---

## Support Contractor

### ASC: Checking All the Boxes: Ensuring a Successful Submission

#### Questions & Answers

**Speaker:**

Pam Rutherford, RN, BSN, Project Manager  
Ambulatory Surgical Center Quality Reporting (ASCQR) Program

**April 24, 2019**  
**2:00 p.m. ET**

- Question:** I thought Quality Data Codes (QDCs) for 2019 were discontinued?
- Answer:** Yes; in the Calendar Year (CY) 2019 Final Rule, the ASC-1 through ASC-4 measures were suspended beginning with Payment Determination Year 2021. This means for claims beginning on January 1, 2019, QDCs do not need to be applied. ASCs are currently reporting for Payment Determination Year 2020, which would include the QDCs on claims from January 1, 2018 through December 31, 2018.
- Question:** All Medicare claims had to be filed already for 2018 dates of service for timely filing, right?
- Answer:** Correct; so beginning January 1, 2019, QDCs do not have to be applied.
- Question:** For ASC-13, would Total Intravenous (IV) Anesthesia be considered as general anesthesia for reporting purposes?
- Answer:** The denominator for ASC-13 is all patients, regardless of age, undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes duration. The definitions for general anesthesia and neuraxial anesthesia are found in the Specifications Manual under Data Element definitions. General anesthesia is defined as a drug-induced loss of consciousness during which the patient is not arousable, even by painful stimulation. For further measure-specific questions, you may enter your question in the Questions and Answers Tool in QualityNet. The measure writers will respond directly to you.



## Ambulatory Surgical Center Quality Reporting Program

---

### Support Contractor

- Question:** Just to clarify, for the reporting of measures ASC-1 through ASC-4, are we to be reporting these measures in 2019?
- Answer:** No; in the CY 2019 Final Rule, the ASC-1 through ASC-4 measures were suspended beginning with Payment Determination Year 2021. This means for claims beginning on January 1, 2019, QDCs do not need to be applied. ASCs are currently reporting for Payment Determination Year 2020, which would include the QDCs on claims from January 1, 2018 through December 31, 2018.
- Question:** Our outside billing company is telling us we don't need to submit G codes any longer. Is this true?
- Answer:** Yes; all claims beginning January 1, 2019 do not require the application of QDCs. These measures have been suspended from this program pending further rulemaking.
- Question:** Can you give us the website address again, please?
- Answer:** If you are referring to the Lookup Tool, this can be found on our website, [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com). The direct link is: <https://www.qualityreportingcenter.com/en/ascqr-program/data-dashboard/cn/>.
- Question:** Regarding ASC-13, Normothermia, does conscious anesthesia fall under general anesthesia? I am trying to figure out if this measure applies to our facilities.
- Answer:** The definitions for general anesthesia or neuraxial anesthesia are found in the Specifications Manual under Data Element definitions. General anesthesia is defined as a drug-induced loss of consciousness during which the patient is not arousable, even by painful stimulation. For further measure-specific questions, you may enter your question in the Questions and Answers Tool in QualityNet. The measure writers will respond directly to you.
- Question:** Where exactly on the website can the slides for this presentation be found?
- Answer:** You can find the slides for today's event at: <https://www.qualityreportingcenter.com/globalassets/2019/04/asc/asc-webinar-april-revised-508.pdf>.



## Ambulatory Surgical Center Quality Reporting Program

---

### Support Contractor

- Question:** If we did not meet the 240 rule for Medicare patients in 2018, are we exempt from reporting this data?
- Answer:** Yes. If your ASC did not meet the 240 threshold in 2018, you will not be required to submit 2019 encounter data for the CY 2021 Payment Determination.
- Question:** Can you repeat how to access the Provider Participation Report (PPR)?
- Answer:** These reports are run on the Secure Portal on QualityNet. If you need assistance, please feel free to call us at 866.800-8756. We will be glad to walk you through this.
- Question:** For the QDCs, do we need to make sure that the 50% is met during this calendar year?
- Answer:** For Payment Year 2020, you will need to meet this 50% threshold. This would be for encounters from January 1, 2018 through December 31, 2018. QDCs do not have to be applied beginning January 1, 2019.
- Question:** Can we see the forms for ASC-3, -4, and -5 so we know what we have to answer?
- Answer:** We are unclear as to your question. Please call our help desk number at 866.800.8756.
- Question:** We are a new center. We received a CMS number in March 2018. I have been told we do not have to report this year.
- Answer:** If you are a new facility opening March 2018, you would not have Medicare claims in 2017. Therefore, you are not required to report for this current submission period. Please call our help desk at 866.600-8756 so that we can get specifics on your facility and guide you appropriately.
- Question:** No flu vaccine reporting?
- Answer:** That is correct. For the ASCQR Program the ASC-8 measure has been removed. Please be advised that your ASC may be required to report these data for other programs and/or state mandates.
- Question:** For ASC-9 and -10, the "total population" is not referencing the total hospital population? You mentioned it is only the total that meets the criteria; which is it, as it reads differently?



## Ambulatory Surgical Center Quality Reporting Program

---

### Support Contractor

- Answer:** The population is the number of cases that meet the measure criteria. So, if you have 1,000 cases that meet the denominator criteria, your population would be 1,000, but your sample size would be 96. You can access the sampling table in the Specifications Manual to determine your sample size. If you need further assistance, please call our help desk at 866.800.8756; we will be glad to explain further.
- Question:** If QDCs are not on at least 50% of claims, can there be corrective steps taken now?
- Answer:** If the claims have been adjudicated, you cannot resubmit these claims for the sole purpose of QDC application.
- Question:** I am the new Security Administrator (SA) for our facility. The last SA did not submit data for the last web-based measure submission period in 2018. Is it too late for me to submit this info?
- Answer:** Yes; it is too late to submit data for the last submission period that ended May 15, 2018. Once the data submission deadline passes, the warehouse closes. No further edits can be made. The data for this current reporting period are due May 15, 2019 via the online submission tool in QualityNet.
- Question:** For an ambulatory surgery department within a Critical Access Hospital (CAH), are these measures required for submission? If so, where do I find within QualityNet if these measures have to be submitted?
- Answer:** If your ASC bills under the hospital's CMS Certification Number (CCN), you will not be required to submit data, as CAHs are not required to submit data, although CMS does encourage it. If you are a free-standing ASC, operating as an ASC and billing under the ASC's National Provider Identifier (NPI), you may be required to submit data. Certainly, call our help desk so that we can assist you directly at 866.800.8756.
- Question:** If we do not do colonoscopies, do we enter zero for the sample size?
- Answer:** No; you do not have to complete the other boxes, only the boxes with an asterisk. You only have to enter a zero in the numerator and denominator box if your facility does not perform colonoscopies.
- Question:** Is the sample size for Normothermia for one year?
- Answer:** Yes; this measure is reported annually.



## Ambulatory Surgical Center Quality Reporting Program

---

### Support Contractor

- Question:** As a newly licensed facility in May 2018, is the facility required to report the 2018 data for the 2019 submission year? Or, do we just register, then report 2019 data in the year 2020?
- Answer:** If you are a new facility opening in May 2018, you would not have Medicare claims in 2017. Therefore, you are not required to report for this current submission period. Please call our help desk at 866.600-8756 so that we can get specifics on your facility and guide you appropriately.
- Question:** For the ASC-13 measure, if our facility does not use general anesthesia or have cases lasting longer than 60 minutes, do we still have to report?
- Answer:** Yes. If your ASC does not have cases that meet the measure criteria, you will report zeros for the numerator and denominator in QualityNet. Do not leave the submission tool blank.
- Question:** If you made a mistake in your submission, can you correct it before May 15, 2019?
- Answer:** Yes. You are able to edit or make any changes up until the submission deadline.
- Question:** The former SA left abruptly, and we are finding many things that weren't completed. Would it be possible to file a grievance and possibly correct this?
- Answer:** The Request for Reconsideration deadline for the 2019 Payment Determination Year has passed. However, the reconsideration process is for system-related issues. Staffing issues are not considered grounds for reconsideration.
- Question:** Since ASC-17 and -18 include data from calendar years 2019 and 2020, should we be including these on current claims?
- Answer:** Measures ASC-17 and ASC-18 are finalized for the CY 2022 Payment Determination Year and subsequent years. These are claims-based measures and do not require any manual abstraction on the part of the ASC. CMS will use qualifying orthopedic or urology procedures performed between January 1, 2019 and December 31, 2020 to calculate measure performance for the CY 2022 payment determination.
- Question:** We are an eye center, and we do over 5,000 cases per year. Would our denominator for ASC-14 be 96?



## Ambulatory Surgical Center Quality Reporting Program

---

### Support Contractor

**Answer:** No. The denominator in the Specifications Manual is defined as “All cataract surgery patients.” The numerator is “All cataract surgery patients who had an unplanned anterior vitrectomy.” Sampling is not an option for this measure.

**Question:** How can I see how my facility is doing on measures ASC-17 and ASC-18 now, before we have to report?

**Answer:** A dry run for these measures was conducted from August 1 through August 30, 2018. Facility-Specific Reports (FSRs) were distributed via the QualityNet Secure Portal at that time. For more information, you can access the Measures area on QualityNet or use this direct link:  
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228775182443>.