



Quality Reporting Program

Support Contractor

Like A Stroll In The Park: Walking You Through Your Preview Report

Presentation Transcript

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Karen

VanBourgondien:

Good afternoon everyone, thank you for joining us. My name is Karen VanBourgondien, the Education Lead for the ASC Quality Reporting Program. Our speaker today is Pam Rutherford.

Today, Pam will be discussing Public Reporting in general terms as well as running us through the Preview Report. Just like a stroll through the park, she will walk you through the Preview Report.

The learning objectives for this presentation are listed here on this slide. A transcript of today's presentation including the questions and answers received in the chat box, and the audio portion of today's program will be posted on our website, www.qualityreportingcenter.com, at a later date. But, during our presentation, if you have a question please put that question in the chat box located on the left side of the screen and one of our subject matter experts will respond. Without any further delay, let me turn things over to our speaker. Pam?

Pam

Rutherford:

Thanks, Karen, and hello everyone, thanks for joining us today. There are many reasons why data for your facility is publicly displayed, so let's review a few key points. By having publicly displayed data, facilities can compare their performance against other facilities. This may encourage quality improvement within organizations.

You can also use this publicly displayed information to compare your ASC with others in your area, the same size, bigger size, smaller size; whatever you want to compare. This is a great tool to set goals towards

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improved patient care. The public can use this information to assist them in determining what ASC they want to use to have their procedure done. Making this information available to the consumer empowers them in their healthcare decisions. Now, your ASC works hard and that hard work should be displayed. So, you want to showcase your exceptional performance. That's all publicly displayed data.

Before your data are publicly displayed on Hospital Compare, ASCs are given the opportunity to preview the data that will be displayed by way of the Preview Report. The most current Preview Report is this month, July. Through the Preview Report, ASC's are given the opportunity to preview the data that is due to be displayed on Hospital Compare. The Hospital Compare preview report is sent to each facility through the QualityNet Secure Portal and are made available to providers. They will expire from AutoRoute after 60 days. This Report is for your information only. It is a preview of your data that will be publicly displayed on Hospital Compare. This Preview Period is not a correction period. The information displayed here is based on the information provided and obtained by your facility.

Now, some of you may be asking yourself, "Why am I getting a Preview Report in July and not October?" Well, that is a great question. Now, we work closely with contractors on public reporting and your feedback was heard. In order to make data on Hospital Compare more timely, CMS has moved the Preview report for measures ASC-1 through ASC-11, as well as ASC-13 and ASC-14 up to release for the October refresh on Hospital Compare, which you are seeing in July on your Preview Report. In other words, the data you see in your Preview Report in July, is what will be displayed publicly on Hospital Compare in October.

Now, as far as ASC-12 goes, because of data maturation, ASC-12 will remain on the January refresh, or update schedule. You will receive a Facility Specific Report, or FSR, in October that will serve as your preview report for this measure. So, the information you are given in your Facility Specific Report (FSR) in October is what will be publicly displayed in January.

This is an example of a preview report, and, yes, this is a completely fictitious report and all data, including the state and national rates, are fictitious. Now, I am going to first discuss this report in general terms and then I will go back to each section and provide more detail.

Beginning at the top, you will see "ASC Compare Preview Report for October 2019." This means that the data contained within this Preview Report will be displayed on Hospital Compare in October 2019. Under this statement will be your ASC name, NPI, and CCN.

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The first section listed refers to the claims-based measures ASC-1 through ASC-4. Remember, these measures were suspended in the last rulemaking cycle, so this will be the last time these measures will appear on the Preview Report and October will be the last time these measures will be publicly displayed. This is, of course, pending any further changes through the rulemaking process. The next section denotes the web-based measures: ASC-9, -10, -11 and ASC-13 and -14, which are entered through QualityNet. Recall this past May was the first time you reported data for ASC-13 and ASC-14.

Lastly, you will see data for ASC-12. This data is only updated once a year and will refresh, or update, again in January 2020, as submitted claims will need to mature prior to public reporting. There is an asterisk on this report regarding this measure stating that the preview data will be provided in a Facility Specific report via QualityNet in the fall of 2019. That Facility Specific Report will act as your preview report for this measure, ASC-12.

You will also notice there are footnotes at the bottom of this report, and I will cover those in a few minutes. But, now, let me show you these sections individually so that I can provide you with more detail.

Starting at the top section of this report, you can see the claims-based measures per one thousand claims in blue. Underneath the blue header is the Reporting Period sub-header, which is first quarter through Fourth quarter 2018 for ASC-1 through ASC-4. Now, these are the Quality Data Codes, or QDCs that were applied to your Medicare claims.

Below this area, you will see the ASC-1 through ASC-4 measures listed. These are the Quality Data Codes, displayed as a rate. This rate is your ASC's rate of incidence as it pertains to each measure. You can see your numerator, denominator, facility rate, as well as your state and national rates. The number one in the parentheses refer to the footnote number.

Now, an important fact to remember is only the facility, state, and national rates will appear on Hospital Compare for these measures. You will not see a numerator or denominator for your facility displayed on Hospital Compare, this is to protect patient confidentiality for rates.

Now, let's move on down the report to the web-based measures. For these measures, you will see the corresponding reporting period of the first quarter of 2018 through fourth quarter 2018. This means patient encounters January 1, 2018 through December 31, 2018. This is the data that you just reported by May 15, 2019. Here you see the fictitious data and the number in the parenthesis refer to the corresponding footnote. Now, what happens if your ASC does not have cases that meet the

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measure criteria for some of these measures? Well, you will always enter zeros into QualityNet, as you should not leave anything blank. So, let's say that your ASC does not do any GI procedures. Therefore, you have no cases that meet the measure criteria for ASC-9 and ASC-10. In this case, you would enter zeros into QualityNet when reporting but what you will see here on this report would be an N/A for the numerator and denominator and a footnote of 5.

Now, just as with the claims-based measures, ASC-1 through ASC-4, the numerator and denominators will not be published on the Hospital Compare website, only the facility, state and national percentage rates. Our last section for discussion of this report is ASC-12. Now, ASC -12 Facility 7-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy. The goal of this measure is to reduce adverse patient outcomes associated with preparation for colonoscopy, the procedure itself, and follow-up care by capturing all unplanned hospital visits following an outpatient colonoscopy.

This is a newer feature for the ASC Preview Report. The view here includes data from January 1, 2017 through December 31, 2017. Data are collected from paid Medicare claims, therefore, there is no manual abstraction necessary on the part of the ASC. Remember this information will be updated next January. You can see that there are three different facility performance scores, Better than National Rate, No Different than National Rate, and Worse than National Rate. Starting from the far left, the first column is your facility performance, which in this case is No Different than the National Rate, moving to the right is the number of eligible cases. These are cases that fit the measure criterion, then next is the rate. Again, this rate is per one thousand claims. In the parenthesis you will be given a lower and an upper limit of 95% confidence interval. Now, it is important to note that a lower rate indicates better performance for this measure. Moving over to the right, you will see the National Rate followed by the State and National breakout of facilities that performed better than, no different than, worse than, and finally, you will see the number of cases that were too small.

Now, let me address something here for all of you that may have noticed; the data for ASC-12 remains unchanged from your last preview report. Since this data is pulled from paid claims and requires a longer maturation period, the data for ASC-12 will not be refreshed until January 2020. As I mentioned a couple of slides back, the asterisk at the bottom of the page that indicates that the ASC-12 Facility Specific Report will act as the preview report for this measure.

Let's take a minute to review the release of information for ASC-12. For CY 2020 payment determination, measure performance results will be

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calculated based on data from January 1, 2016 – December 31, 2018 and will be publicly reported on Hospital Compare in January 2020 or shortly thereafter. Prior to public reporting of this measure, CMS plans to make available via the QualityNet Secure Portal two different types of reports to facilities: Claims-Detail Reports (CDR) and Facility-Specific Reports (FSRs).

The last ASC-12 Claims Detail Report you received was provided in March, this report used the reporting period from January 1, 2016 through November 30, 2018. The Claims Detail Reports are interim data reports. In order to generate these reports and provide them to facilities, the performance period for these reports is through November 30. They are provided in March to allow ASCs to correct their workflows and improve the rates. Facility Specific Reports are finalized reports that includes the performance period from January 1, 2016 through December 31, 2018. You will be provided a Facility Specific Report in October and that finalized data is what will be displayed in January 2020.

Ok, let's discuss the Footnotes. Now, I love footnotes, they are like little secret codes and I have the key! Now, let's look at Footnote 1: The number of cases or patients are too few to report. This footnote will be applied to the numerator, denominator and the rate and is intended to protect patient confidentiality for measures with a low case count. Again, recall the Numerators and the denominators will not be displayed on Hospital Compare, only the facility rate.

Footnote 5: Results are not available for this reporting period. This footnote is applied when there is no data to display. For example, if a facility did not enter data for ASC-11, the value on preview would be "Not Available" and a Footnote 5. The same is true if a facility enters a 0 numerator and 0 denominator. Footnote 7: There are no cases that met the criteria for this measure. So, this footnote would be used for ASC-12. For example, if your facility performs colonoscopies but none of those colonoscopies met the measure criteria, there essentially was no data to report.

Finally, Footnote 23; this is a footnote applicable only to claims-based measures, and that, of course, is ASC-1 through ASC-4 and ASC-12. The footnote states: the data are based on claims that the facility submitted to CMS. The facility has reported discrepancies in their claims data. If the facility requests the use of Footnote 23, this request must be completed within 30 days. The footnote will appear but the data will still be displayed. So, how you will keep all of this straight? Well, good thought. We have a help guide available on QualityNet, as well as our website qualityreportingcenter.com. Let me show you how to find that.

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Let's start with QualityNet, and our first step will be to go to QualityNet.org. From the home page, you will have this view. See the gray tabs at the top of the page? If you put your mouse over the Ambulatory Surgical Center's tab, this white drop-down menu will appear, click on Public Reporting.

This page will display. This is a great page to find information regarding Public Reporting but for now I will show you the ASC Hospital Compare Preview Report Quick Reference Guide; click on that blue link for the document. And this displays your ASC Preview Report Quick Reference Guide. Now this guide is an excellent source of information. So, have this Guide handy when you access your Preview Report.

Let's take a brief look at this guide. On the left side are Data Highlights. Here you will find a brief explanation of each measure sets' data which will appear on your Preview Report, including the reporting and submission periods. Lastly, you will see the Footnotes section. In this section you are provided definitions of the footnotes that you may see within the report.

In the column to the right, the Preview Report Access column, you will find the dates of the Preview Period and information about how to access and download this report. Let me point out the Important Tip. I mentioned this prior, this report will expire after 60 days, so make sure you copy, print or download this report while you have the opportunity to do so. Now, let's switch over to the Support Contractor website, qualityreportingcenter.com.

As I mentioned a moment ago, you can find the Quick Reference Checklist on this site as well-by clicking on the Tools and Resources tab under ASC. However, what I am going to be showing you today will be related to data. The data on this website is another way to view the data you have reported for this program and this is the same data posted on Hospital Compare.

To begin, you will enter the address which is seen here on the slide. From the qualityreportingcenter.com homepage, you will select ASC at the top of the page. You will see the program menu located on the left side of the page. For our purposes today, we are going to be accessing the drop-down menu for Data Dashboard. In the drop-down menu for this option, you will access the ASC Compare Tool icon. This view will open, and you can search ASCs by city, state or zip code, then click Search; if want to compare ASCs by NPI, you can do that as well.

At the top of this slide, you will also notice a *Medicare's Hospital Compare Site* link. If you were to choose this option, it would redirect you

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to the Hospital Compare website, but I am going to go over that site with you a little later.

For right now, we are going to search by the city Tampa and the state of Florida and click Search. The next page will display your options for the search criterion we just entered. This is just a partial view of this result. You would then just select the ASCs you want to compare, or you can “Select all” if you choose and then click the Compare icon in blue towards the top of the page.

Let’s say we are going to compare three ASCs; we would make the selection and click the Compare button. You will then be directed here with the three facilities you just chose being displayed under the Results area. There are several points of interest here. This is only a partial view so let me try to clarify what you are looking at. First, under the Results tab, you will have the results of the ASCs you chose to compare. You can use the scroll bar under the result to view them in their entirety.

Second, under the results box, you can access a CSV file for these facilities you want to compare by Clicking on the “click here to download CSV file icon;” that will provide information in excel format for the ASCs you are comparing.

Third, you can Download State and National information. If you click on the tab for download icon at the top right-hand side of the page, this will provide you an Excel spreadsheet from 2014 to the present.

Lastly, noted by the number 4, you can access information about the individual measures by clicking on the Measure Information icon on the light blue tool bar. Let’s assume we just did that. We are going to click on the Measure Information icon. This is a partial view of that result. It gives you a little cheat sheet of applicable notes for each measure reported. This is a very handy tool to assist you in understanding what you are reading in terms of the data reported for this program. You can also click on the link at the bottom of the slide for more information on footnotes.

This is a brief walk-through of this particular area. We are always updating this website and certainly are not going to be able to cover everything today. So, be sure to check the site out and see what is available to you.

If you are not aware, ASC Hospital Compare is where the data you report for this program are displayed publicly. To find the ASC section of Hospital Compare, start with the website www.Medicare.gov/HospitalCompare. The exact link is placed at the top of the slide for reference.

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Here is a partial view of the opening page. To find the ASC section, look under the Spotlight column on the far left. Scroll down until you see the Ambulatory Surgical Centers heading and select that link. Here on this slide, you see Updated February 2019; however, once the Preview Period is completed your data will say October 2019. This next page will open on the first option for the ASC program. You will select the link for the Ambulatory Surgical Center Quality Reporting Program which will direct you to the ASC Quality Reporting Program section.

This is the next page you will see. I want to bring to your attention the different sections in blue at the bottom of the page. Each heading that you see here has an accordion feature. When you click on a heading, the options for that section will open up below. We are going to be clicking on the Measuring Quality tab first. So, by clicking on the blue icon “Measuring Quality.”

This information will display below the selected “Measuring Quality” heading. This is only a partial view of the information available. You can view the measure number, measure title, and any applicable notes. These notes will let you know if higher or lower rates are better for the data displayed. Now, if you want to compare your current data to previous data you submitted, you can download this data from the archives.

Let me show you that. By returning to the previous page, we view the same options as before. This time, we would select the Data Details link. You will access this link to view data and access the archives.

Once you access the link, you will see the accordion feature open and display the options seen here under the Data details section. You will then select the link titled, “download these datasets in csv format.” This selection will redirect you to the Medicare.gov website. From here you can download files in csv or you can access archived data. So, who cares? Why would you want to know about Archives? Having access to data since the beginning of the program can be a very valuable asset. You can use that to compare your ASC’s progress over the time and compare other like facilities. You can then utilize this for various quality improvement initiatives.

In a moment we will show you another way to get your facility's data, but for now, let me show you how to access the archives. You can access this feature by clicking on the blue box titled “Get Archived Data.” And, again, shown here is a partial view of that page. This is where you can access the year you want to research. For those of you that may not be aware, this program has not always had all the measures it currently does and did not start publicly reporting until 2015.

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You can access, filter, arrange, and track this data. You can use this information to trend your facility's performance and set quality improvement goals. If you want to take a shortcut to the archives, the link is provided at the bottom of the slide.

Now, let's go back to the previous page and click on the icon under Data Details, which we just discussed. You can obtain and sort data by accessing the 'Ambulatory Surgical Measure data- by facility' heading. By clicking on this heading, you will see the display search options.

At the top of this display, you will see Data.Medicare.gov. This is where the information is stored. Within this displayed information, the columns are collapsed. If you would like to view the contents of what is in any single box, just hover your icon over the box and the entire contents will be displayed. There are several different ways to find your ASC's data. You can scroll down the page until you find your ASC, and then use the slide bar at the bottom to read your data. But to make it easier for you to find your facility, click on the magnifying glass at the top, enter your facility and just hit your "enter" key.

Once the data displays, you will also have the ability to sort your data. At the top of the webpage is stated, "If you would like to sort or filter these data, select the three-line menu icon for that particular column heading." This means, in order to sort in ascending or descending order, you may do so by clicking on the column header. In this example here, we are clicking on the ASC heading with the three dots, here by the arrow. Once you click on that, you will see the sorting options outlined in the box.

If you want the various filter or download options, you can access them by simply clicking on the green menu button. But for our purposes today, we are going to select the Download option.

You are now given options on how you would like to download your data. In this demonstration we will select CSV for Excel. This will give you a very large document with all of the information for participating facilities. Once you click on this download option, it will take you to the Data.Medicare.gov site. This is where you will download your data. We viewed this link earlier when we were discussing the archived data options. Take the time to familiarize yourself with the Hospital Compare and Data.Medicare.gov websites. It's a great help in keeping up with all of your data, not only yours but if you want to compare other ASC facilities as well.

Once you do that, a window will open below asking you if you want to open or save, as demonstrated here, and you will choose your option. The excel spreadsheet would then open, displaying all of the information for

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the facilities. You can sort any way that best works for you to meet your particular needs.

Ok, we covered a lot of information today. Take the time to evaluate your Preview Report and get to know the Hospital Compare website. Access the information available and utilize the tools to gather information and put them into action to implement changes when needed in order to improve quality of care for your patients. Continue to monitor your data and improve quality within your particular facility. Don't forget, be sure to copy or print your preview report.

These steps will ensure your continued success. That's all I have today. Karen, back to you.

Karen

VanBourgondien: Thank you, Pam, for all of that wonderful information. We also have Dianne Glymph with us today, a Project Coordinator for this program, and I think now would be a good time to go over some commonly asked questions and provide clarification. And maybe, Pam, you and Dianne could help with that, what do you think?

Dianne

Glymph: Sure, be glad to.

Pam

Rutherford: Absolutely.

Karen

VanBourgondien: Alright, well, as you know, we get a lot of questions about public report and the preview review report. So, Pam, let me just start with you, let me ask you this question, because we do get asked this a lot: "what happens if I did not receive my report in the auto route inbox?"

Pam

Rutherford: Ah, excellent question! Yeah if you did not receive the facility preview report just give us a call at 866-800-8756 and have your NPI number available and we will be able to upload your facility's preview report via the secure file transfer back to you.

Karen

VanBourgondien: Thank you, Pam, great. Now, I have another question, and I love this question. We get this one a lot. And here's the question: "If I enter zeros for any of the web-based measures, how will this display on my Preview Report and on Hospital Compare?" Dianne, can you take that one?

Dianne

Glymph: I would be glad to; and it is good that this question came up, it is a good question. If you entered zeros for one or more measures, because they did not relate to your facility, the measure on the Preview Report and on

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Hospital Compare will display as a Not Available with a Footnote 5. As you remember Pam talked about Footnote 5 earlier, but it states that results are not available for this reporting period. You can always find the footnote definitions on the Quick Reference Guide she showed you; they will also be on your preview report.

Karen

VanBourgondien:

Thank you, Dianne, and Dianne, here is another question for you: “When will this data become available on Hospital Compare?”

Dianne

Glymph:

Ok, the data contained within the Preview Report in July will be published on Hospital Compare and on Quality Reporting Center in October. A listserv announcement will be sent out when the data becomes available so please make sure you are signed up to receive the listserv notifications on Qualitynet.org. Remember, and Pam mentioned this during the presentation, the data for ASC-12 will remain on the January update schedule, as it has been. You will receive a Facility Specific Report in October, and that will serve as your preview report for the ASC-12 measure. The data you see on the Facility Specific Report in October will be what is displayed in January.

Karen

VanBourgondien:

Thank you, Dianne. I think we have time for a few more questions. So, Pam, a person wants to know about ASC-1 through ASC-4 and here is the question: “I see ASC-1 through ASC-4 on my Preview Report, I though these were suspended?”

Pam

Rutherford:

Well, this person is absolutely correct! ASC-1 through ASC-4 have been suspended from data collection, beginning with the calendar year 2021 payment determination. Now, the data provided in this Preview Report includes data from calendar year 2018 encounters for calendar year 2020 payment determination in which the measures were still required and, of course, this pending further rule-making.

Karen

VanBourgondien:

Thanks, Pam. Now this next question ties in with some of the information that we just talked about, but it is a great question; and the person asks: “Will the facility be notified when ASC-12 data is available for preview?” Dianne, can you respond to that?

Dianne

Glymph:

Oh, yeah, sure! In October, the security administrator for your ASC will receive a Facility Specific Report, as I mentioned before, through their auto route inbox on quality net, similar to how the Preview Report was delivered. When a report is delivered, the user will receive a notification in the email that is linked to their Security Administrator account that there is a report available for viewing. The facility can also verify if their ASC has a report available by accessing the Quality Reporting Center website and

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using the LookUp Tool in October. Anyone who is not familiar with that tool just give us a call and we would be happy to walk you through that.

Karen

VanBourgondien:

Ok, I think we have time for one more question and, Pam, this one is for you; and the person asks: "Now that I have this data, what do I do with it?"

Pam

Rutherford:

Well, good question! Well, first, and always first, save the report. Now, the report will expire out of your inbox in 60 days, so save it to your desktop or print it and save it in your quality report binders. Even if you don't view it now, save it so you don't lose it. Next, share the report with your staff and leadership. Show them how well you are performing and if the facility has a measure that needs improving, share that information as well. This report is a great tool to use for identification of a quality improvement projects.

Karen

VanBourgondien:

Thank you, Pam. All great suggestions; appreciate it. It looks like that is all the time we are going to have for questions. Thank you, Pam and Dianne, both of you, for going through some of those questions; appreciate it. Again, that is all the time we have today. We really appreciate all of you joining us. We do have some references here on the slide should you need them. As a reminder, all questions and answers received in the chat box will be posted alongside the presentation on our website qualityreportingcenter.com at a later date.