

Like a Stroll in the Park: Walking You Through Your Preview Report

Pam Rutherford, RN, BSN

Project Manager

Ambulatory Surgical Center Quality Reporting (ASCQR) Program Support Contractor

July 2019



Learning Objectives

At the conclusion of this program, attendees will be able to:

- Access and interpret their facility's Preview Report.
- ✓ Find their facility's data on the Hospital Compare website.
- Describe how to download and filter publicly displayed data.

Why Publicly Display Data?

Data are displayed to:

- 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

- Sent via AutoRoute in the QualityNet Secure Portal prior to display on Hospital Compare
 - Will expire from AutoRoute after 60 days
- Does not serve as a correction period

Recent Changes

- New Public Reporting Schedule
 - Data on Hospital Compare will be displayed sooner
 - ASC-12 will continue to refresh in January
- Preview Reports
 - All measures except ASC-12 will be released on the Preview Report in July to display on Hospital Compare in October
 - A Facility Specific Report (FSR) for ASC-12 will be released in October

Preview Report Example

Ambulatory Surgical Center (ASC) Preview Report for October 2019 Hospital Compare Release

ABC Ambulatory Surgical Center (NPI 123456789/CCN 01C0000123)

	Claims-Based Measures (per 1,000 Claims)									
		Reporting Period: F	First throu	gh Fourth	n Quarter	r 2018				
	Me	asure	Nume	rator	Deno	ominator	Facility Rate	State	Rate 🛛 🛚	lational Rate
ASC-1: Patient Burn			0)	1	,023	0.000	0.11	11	0.012
ASC-2: Patient Fall			0)	1	,023	0.000	0.00)1	0.022
ASC-3: Wrong Site, Wr	rong Side, Wrong	Patient, Wrong Procedure, Wrong Implant	1 (1)	1,0)23 (1)	0.978 (1)	0.01	11	0.012
ASC-4: All-Cause Hos	pital Transfer/Adr	nission	3 (1)	1,0)23 (1)	2.933 (1)	0.10)1	0.221
		QualityNe	t Web-Ba	ased Mea	asures					
		Reporting Period: F	First throu	gh Fourth	Quarter	r 2018				
		Measure				Numerator	Denominator	Facility Rate	State Rate	National Rate
ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients					age Risk	10 (1)	10 (1)	100.00%	95.10%	80.00%
ASC-10: Endoscopy/Pe Polyps – Avoidance of	olyp Surveillance: Inappropriate Use	Colonoscopy Interval for Patients with a Hist	tory of Ad	enomatou	IS	555	1,000	55.50%	94.10%	81.00%
ASC-11: Cataracts: Im (Voluntary)	provement in Pati	ent's Visual Function within 90 Days Followi	ing Catarac	ct Surgery	7	1,221	1,221	100.00%	96.44%	95.63%
ASC-13: Normothermi	a Outcome					114	115	99.13%	98.7%	98.9%
ASC-14: Unplanned A	nterior Vitrectomy	7				1 (1)	150(1)	0.006%	0.008%	0.009%
		ASC-12: Facility 7-Day Risk Standardize	d Hospita	al Visit R	ate afte	r Outpatien	t Colonoscopy	,		
		Reporting Period: F	irst throug	gh Fourth	Quarter	2017*				
Facility Performance	Number of Eligible Medicare Cases	Risk-Standardized Unplanned Hospital Visi Your Facility Per 1,000 Colonoscopies (Low Upper Limit of 95% Confidence Interv	it Rate for /er Limit, val)	National Rate	Nu Fac	mber of cilities	Better than National Rate	No Different than National Rate	Worse than National Rate	Number of Cases Too Small
No Different than the	58	91 (18 0 12 7)		16.4	In the Perf	e State that ormed	0	83	0	20
National Rate	00	7.1 (10.0, 12.7)		10.4	In the Perf	Nation that ormed	1	1 3,052 1		854
Please note: The numerators a	and denominators for a	ll measures will display on the Preview Report, but will 1	not be reporte	ed on Hospit	tal Compar	e.				

*ASC-12 preview data for Reporting Period CY2016-CY2018 will be provided in the Facility Specific Report via QualityNet in the Fall 2019.

Footnotes:

(1) The number of cases/patients is too few to report.

(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.



ASC-1 Through ASC-4

Ambulatory Surgical Center (ASC) Pre ABC Ambul (NPI 123456	view Report fo latory Surgica 5789/CCN 010	or January 2019 I Center 2000123)		
Reporting Period: First Qu	arter 2017 through	Fourth Quarter 2017		
Measure	Numerator		Facility Rate	National R

Claims-Based Measures	(per 1	,000 Claims	
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Reporting Period: First through Fourth Quarter 2018										
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					

Reporting Period: First Quarter 2017 through Fourth Quarter 2017									
Facility Performance	Number of Eligible Medicare Cases	Risk-Standardized Unplanned Hospital Visit Rate for Your Facility Per 1,000 Colonoscopies (Lower Limit, Upper Limit of 95% Confidence Interval)	National Rate	Number of Facilities	Better than National Rate	No Different than National Rate	Worse than National Rate	Number of Cases Too Small	
No Different than the National Rate 99 9.0 (18.0, 12.0) 13.0 In the State th Performed In the Nation t	In the State that Performed								
National Rate	29	9.0 (18.0, 12.0)		In the Nation that Performed					
Performed 1 2,000 2 2222 Please note: The numerators and denominators for all measures will display on the Preview Report, but will not be reported on Hospital Compare. Footnotes: (1) The number of cases/patiants 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).									
(23) The data are based on cle	ior this measure. ims that the hospital	or facility submitted to CMS. The hospital or facility has reported di	screpancies in	a their claims data.					

All data are fictitious.

Web-Based Measures

-		Ambulatory Surgical Center (ASC) Pre ABC Ambul (NPI 123456	view Report fo latory Surgica 5789/CCN 010	or January 2019 I Center 2000123)						
	Claims-Based Measures (per 1,000 Claims) Reporting Period: First Quarter 2017 through Fourth Quarter 2017									
		Measure	Numerator		Facility Rate		National Rate			
A										
A	ASC-2 Patient Fall									

QualityNet Web-Based Measures

Reporting Period: First through Fourth Quarter 2018										
Measure	State Rate	National Rate								
ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	10 (1)	10 (1)	100.00%	95.10%	80.00%					
ASC-10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	555	1,000	55.50%	94.10%	81.00%					
ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Voluntary)	1,221	1,221	100.00%	96.44%	95.63%					
ASC-13: Normothermia Outcome	114	115	99.13%	98.7%	98.9%					
ASC-14: Unplanned Anterior Vitrectomy	1 (1)	150 (1)	0.006%	0.008%	0.009%					

Facility Performance	Number of Eligible Medicare Cases	Risk-Standardized Unplanned Hospital Visit Rate for Your Facility Per 1,000 Colonoscopies (Lower Limit, Upper Limit of 95% Confidence Interval)	National Rate	Number of Facilities	Better than National Rate	No Different than National Rate	Worse than National Rate	Number of Cases Too Small	
No Different than the				In the State that Performed					
National Rate	29	9.0 (18.0, 12.0)		In the Nation that Performed	1			Pagel of 1	
Please note: The numerators a Footnotes: (1) The number of cases/patie (3) Results are not available f (7) No cases met the criteria f (23) The dataare based on cla	nd denominators for nts is to o few to repo or this reporting peric or this measure. ims that the hospital	all measures will display on the Preview Report, but will not berepo rt (denominators will display on the Preview Report, but will not be d (applied when no data are available for display for the measure). or facility submitted to CMS. The hospital or facility has reported di	rted on Hosp reported on H screpsncies in	ital Compare). iospital Compare). 1. their claims data.					

All data are fictitious.

ASC-12

Performance	Number of Eligible	Risk-Standardized Unplanned Hospital Vis Your Facility Per 1,000 Colonoscopies (Lo	sit Rate for wer Limit,	National Rate	Num Facili	ber of ties	Better th National I	an Rate	fferent Worse t National Nation	ian Nu al Ca
		ASC-12: Facility 7-Day Risk Standardiz Reporting Period:	ed Hospita First throug	h Visit Rat	te after (warter 20	Outpatient 117*	Colonos	сору		
ASC-11	Cataracts: Improvement	nt in Patient's Visual Function within 90 Days Following	g Cataract Surg	ery (Voluntar	y) N/A (5) N/A (5)	N/A (5) 93.10%	82.00%	
ASC-10 Avoidan	Endoscopy/Polyp Surv ce of Inappropriate Use	eillance: Colonoscopy Interval for Patients with a Histo	ory of Adenoma	tous Polyps –	555	1,000	55.509	6 94.10%	81.00%	
		llance: Appropriate Follow-up Interval for Normal Col	lonoscopy in Av	verage Risk	10	10	100.00	% 95.10%	80.00%	
		Measure			Numera		or Facility R	ate State Rate	e National Rate	
		Reporting Period: First Qu	arter 2017 thro	ough Fourth Q	uarter 2017	7				
	nfluenza Vaccination C									
	Measure Facility Reported Adherence State Reported Adherence National Reported Adherence							ted Adherence		
		Reporting Period: Fourth (Quarter 2017 tl	hrough First O	uarter 201	8				
									V LOUI A	
				1,0				0.101	0.221	
	attent Fall Vrong Site, Wrong Side	Wrong Patient Wrong Procedure Wrong Implant		1 10				0.001		
				1				0.111		
		Measure	Numerator			Facility Rat	e St		National Rate	
		Reporting Period: First Qu	arter 2017 thro	ough Fourth O	uarter 201	7				
¢.		Ambulatory Surgical Center (ASC) Prev ABC Ambul (NPI 123456	view Repor atory Surg 5789/CCN (t for Janu ical Cente)1C00012	ary 2019 er :3)					

9.1 (18.0, 12.7)

All data are fictitious.

16.4

Performed...

Performed

In the Nation that

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1

No Different than the

National Rate

58

854

1

Page 1 of 1

ASC-12 Data Release

Calendar Year (CY) 2020 Payment Determination

Claims Detail Report (CDR)

CDR Release	Reporting Period
March 2019	January 1, 2016— November 30, 2018

Facility-Specific Report (FSR)

FSR Release	Reporting Period	Public Display
October 2019	January 1, 2016— December 31, 2018	January 2020

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

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Hospitals - Inpatient Hospitals - Outpatient	CY 2019 Orrows Proposed changes t	E-mail Notifications	ve Paymer	nment nt System (OPPS) a	and Ambulatory	Login			
Cancer Hospitals ESRD Facilities	Surgical Center (AS available for public (PDF). Proposed ch	Specifications Manuals Measures	ear (CY) 2 iled in the uality Repo	ear (CY) 2019 have been published and are iled in the CY 2019 Proposed Rule, <u>CMS-1695-P</u> uality Reporting (OQR) Program begin on page					
Facilities	Inpatient Psychiatric Facilities Solution Facilities Solution Facilities Facilities		E. Propose he Federal	E. Proposed changes affecting the ASC Quality —he Federal Register and page 148 of the <u>PDF</u> . Resources Resources					
Getting Started with	For a synopsis of th Full Article »	Support Contact Data Submission	<u>ct sheet</u> av	vailable at <u>www.cm</u>	<u>s.gov</u> .	Secure Portal Enrollment Training,			
Registration	Headlines	Registration				WM	v		
Sign-In InstructionsSecurity Statement	Hospital VBP Pro CMS releases O	Webinars	it Summar view report	<u>y Report now avail</u> s	able	Ques	tions & Answers		
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Security Policy, PDF	released	Assessment of Healthca Providers and Systems	are Carculation	ns keview and Corr	ections Period	End Dise	ease (ESRD) QIP		
Join Listserves Sign up for Notifications	 <u>CMS will not up</u> <u>MSPB, CEBP, ar</u> 	(OAS CAHPS) Training	pital Qualit	pital Quality Star Ratings Data in July 2018. • Hospital ISRs Now Available • Inpatien					
and Discussions.	 FY 2020 IQR Pro 	ogram Targeted Hospitals	s Selected for Validat	tion		Facilities			

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 Pri Ar Th on an am we Ho Dri	ublic Report mbulatory Sur e Centers for Mea the quality of ca d to encourage h abulatory surgica all as state and na ospital Compa	ing gical Center Quality dicare & Medicaid Servic re provided to patients; ealthcare facilities to ma l centers (ASCs) are upo 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.	p <u>are</u> website pu available to inf ents in care qua and include fac	blishes information orm consumers lity. Data for cility-level data as
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	AS fou Co	Cs that wish to w und on QualityNe mpare site until f	vithdraw from the ASCQ t. Facilities that submit a the facility begins submi	R Program must submit a a withdrawal form will no tting data for the subseq	a withdrawal for t be searchable uent payment y	m that can be on the Hospital rear.

Quick Reference Guide



Ambulatory Surgical Center (ASC) Preview Report Quick Reference Guide for October 2019 *Hospital Compare* Release Preview Period July 16 through August 14, 2019

Data Highlights

Claims-Based Measures (per 1,000 Claims):

- Measures included: ASC-1, ASC-2, ASC-3, and ASC-4
- Reporting period: Claims submitted for services furnished in calendar year (CY) 2018

QualityNet Web-Based Measures:

- Measures included: ASC-9, ASC-10, ASC-11 (voluntary), ASC-13, ASC-14
- Reporting period: January 1 through December 31, 2018
- Submission period: January 1 through May 15, 2019

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

- Reporting period: CY 2017
- Data for the CY 2016–CY 2018 reporting period will be provided in a Facility-Specific Report via *QualityNet* in Fall 2019.

Footnotes

- 1 The number of cases/patients is too few to report.
- 5 Results are not available for this reporting period.
- 7 No cases met the inclusion 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.

Preview Report Access

Preview reports can be viewed by:

- Logging into the QualityNet Secure Portal at https://www.qualitynet.org.
- 2. Selecting "Secure File Transfer" in the blue ribbon at the top of the screen.
- 3. Selecting "AutoRoute_Inbox" in the left-side menu.
- Selecting "ASC Preview Report," identified by your facility's National Provider Identifier (NPI).
- 5. Selecting "Download."
- 6. Selecting "Save" in the pop-up box.
- 7. Saving and opening the report.

Important Tip

The deadline for requesting Footnote 23 for data discrepancies with one or more claims-based measures is 30 days after posting, or August 14. For your convenience, the preview report is available to download for 60 days after posting.

Questions

For further assistance regarding the preview report:

- Submit questions via the Outpatient Questions and Answers tool at <u>https://cms-ocsq.custhelp.com.</u>
- Call, toll-free, 866.800.8756 weekdays, 7 a.m.-6 p.m. ET.



Support Contractor www.qualityreportingcenter.com



Choose Your Program

www.qualityreportingcenter.com



Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting.

Choose Your Category

R	QUALITY REPORTING CENTER	Events Calendar	Inpatient	Outpatient	ASC	QIN-QIO
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Home / ASC

ASCQR Program

Program Information ASCQR 101 ASCQR Program Tools and Resources Upcoming Events Archived Events Data Dashboard ASC Program Rule History Qualit-e-Quips Agent (Vendor) Authorization Forms

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ASCQR Program

Welcome to the Centers for Medicare & Medicaid Services (CMS) Ambulatory Surgical Center Quality Reporting (ASCQR) Program. The ASCQR Program exists to promote higher quality, more efficient health care for Medicare beneficiaries through measurement. Under this program, quality data reporting requirements for care rendered in the ASC setting were implemented starting with claims submitted for services beginning October 1, 2012.

Data Dashboard	^	please take a moment to review our website.
ASC Compare Tool		sit the <u>ASC Program Information page</u> .
ASC Lookup Tools		visit the ASC Tools and Resources page.
Medicare Procedure Price Lookup		the team at HSAG is available to answer questions or supply any
National and State Rate Data		committed to offering quality service in a timely and effective
Lookup Tool Archives		us toil-free at 866.800.8756 from 7 a.m. to 6 p.m. ET with any

Choose Your Option

ASC Facility Compare Tool

ASC Compare Lookup Tool Information

ASCs can access measure data from other ASCs in their city and state or in their ZIP code to compare performance and set goals for improved patient care. This page contains data from <u>Medicare's Hospital Compare Site</u>. For best results, use a browser such as: Edge, Chrome, or Firefox.

Download the ASC National and State Rates

List ASCs by State

Search all ASCs in a particular state.

ASCs can download measure data by state and year across the nation to identify superior performance and encourage quality improvement.

Click to download

Measure Information

Search ASCs

Enter a city and state or ZIP code to search ASCs to compare. Results displayed within a 50 mile radius and may cross state lines.

				State		
	City	State		Select a State		~
	Tampa	Florida 🗸 🗸		(e.g., Virginia)		
	(e.g., Richmond)	(e.g., Virginia)		Search		
٦	Zip		Compa To bypass	are ASCs by NPI	ee (3) ASCs, please enter the associated NPIs.	
	Enter a ZIP Code		First NPI		Second NPI	Third NPI
	(e.g., 23221)		Enter N	21	Enter NPI	Enter N
	Search		Compa	re		

Enter NPI

Select Your Facilities

Select fa	cilities to compare:					
Compare	←					
Select all	Facility Name	NPI	CCN	Address	Year	Distance
	TAMPA SURGERY CENTER LLC	1023256187	10C0001542	TAMPA, FL 33618	2017	0 mi
	TAMPA BAY SURGERY CENTER ASSOCIATES LTD	1093766735	10C0001166	TAMPA, FL 33618	2017	0 mi
	TAMPA MINIMALLY INVASIVE SPINE SURGERY CENTER LLC	1104233014	10C0001513	TAMPA, FL 33647	2017	0 mi
	SOUTH TAMPA SURGERY CENTER LLC	1124186663	10C0001403	TAMPA, FL 33609	2017	<mark>0</mark> mi
	BIOSPINE LLC	1154747566	10C0001590	TAMPA, FL 33607	2017	0 mi
	WEST CHASE SURGERY CENTER LTD	1285874065	10C0001543	TAMPA, FL 33626	2017	0 mi
	FLORIDA SURGERY CENTER ENTERPRISES LLC	1316973050	10C0001496	TAMPA, FL 33603	2017	0 mi
	SELECT PHYSICIANS SURGERY CENTERS	1326435926	10C0001601	TAMPA, FL 33607	2017	0 mi
	TAMPA BAY CENTER FOR SPECIALIZED SURGERY INC	1366499923	10C0001072	TAMPA, FL 33607	2017	0 mi
	COLUMBIA EYE AND SPECIALTY SURGERY CENTER LTD	1376507194	10C0001055	TAMPA, FL 33607	2017	0 mi
	TAMPA BAY SURGERY CENTER LTD	1396796249	10C0001442	TAMPA, FL 33607	2017	0 mi

Facility Results

ASC Facility Compare Tool

ASC Compare Lookup Tool Information

ASCs can access measure data from other ASCs in their city and state or in their ZIP code to compare performance and set goals for improved patient care. *This page contains data from <u>Medicare's Hospital Compare Site</u>. For best results, use a browser such as: Edge, Chrome, or Firefox.*



Download the ASC National and State Rates

ASCs can download measure data by state and year across the nation to identify superior performance and encourage quality improvement.

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1 Results:

ASC 1 ASC 3 ASC 2 ASC 4 ASC 1 ASC 2 ASC 3 ASC 4 **Facility Name** NPI CCN Measure Measure Measure Address Year Measure Footnote Footnote Footnote Footnote Rate Rate Rate Rate TAMPA SURGERY 1023256187 10C0001542 TAMPA, 2017 0 0 0 0 CENTER LLC FL 33618 BIOSPINE LLC 1154747566 10C0001590 TAMPA, 2017 0 0 0 12.048 FL 33607 WEST CHASE 1285874065 10C0001543 TAMPA. 2017 0 0 0 0 SURGEF < -33626

(2)

If you would like to download these results, please click here to download a CSV file of all the results from the above table.

Start a new comparison

Compare different Locations

Measure Information

Measure Information

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.
ASC-8	Influenza Vaccination Coverage among Healthcare Personnel	Data for this measure are from the 2016/2017 flu season (October 1, 2016-March 31, 2017).
ASC-9†	Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy	All patients are included, not only Medicare patients.
ASC-10†	Percentage of patients with history of polyps receiving follow-up colonoscopy in the appropriate timeframe	All patients are included, not only Medicare patients.
ASC-11†	Percentage of patients who had cataract surgery and had improvement in visual function within 90 days following the surgery	All patients are included, not only Medicare patients; ASCs have the option to voluntarily submit data for ASC-11.
ASC-12*	Rate of unplanned hospital visits after an outpatient colonoscopy	Lower rates are better.

*Results for these measures are rates per 1,000 patients (or per 1,000 procedures).

†All patients are included, not only Medicare patients.

For information on footnotes used in the data tables, visit https://www.medicare.gov/hospitalcompare/data/Footnotes.html.

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Hospital Compare

3		

Begin Your Search

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

Find a hospital



Select Your Program

A A A A Print

Medicare.gov Hospital Compare Home Close window

Medicare.gov | Hospital Compare

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.

Select Your Options

Medicare.gov | Hospital Compare

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

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 quality
 Data details
 Ambulatory surgical measure data by facility
 Ambulatory surgical measure data by state
 Ambulatory surgical measure data national
 - View more footnote details

Your Options Display

Ambulatory surgical centers (ASCs)

ASC Quality Reporting Program

Data details

Ambulatory Surgical Center Quality Reporting Program

About The Program

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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

Medicare.gov | Hospital Compare

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Ambulatory surgical centers (ASCs)

ASC Quality Reporting Program

Data details

Ambulatory Surgical Center Quality Reporting Program

About The Program

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- Measuring quality
 Data details
- Ambulatory surgical measure data by facility
- Ambulatory surgical measure data by state
- Ambulatory surgical measure data national
- View more footnote details

To Download Data

Data details

- Data for these measures are from CY 2017 (January 1, 2017-December 31, 2017) except where noted.
- 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 QualityNet.org (click "Accept" at the bottom of the page to proceed to the Specifications Manuals).

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 Mar 21, 2019.

Announcements:

- · March 2019: We have updated several files. See Data Updates.
- CMS updated Hospital Compare Overall Hospital Quality Star Rating data in February 2019. Visit QualityNet for more information. Please submit questions to cmsstarratings@lantanagroup.com.
- · Department of Defense (DoD) hospital data have been incorporated into the workflow.
- For questions about the Hospital Compare data, contact HospitalCompare@lantanagroup.com
- · Get help using Data.Medicare.gov.
- · Get the latest updates on the data.

(REVISED) NOW

DOWNLOAD CSV FLAT FILES

GET ARCHIVED DATA

Showing: Hospital Compare
in category: All Categories

Sort by: Most Relevant -

See less

Choose Your Archive

Hospital Compare data archive

2018 Annual Files

- HOSArchive_Revised_FlatFiles_20181031.zip (10/31/2018, Zip File, 14542 KB)
- HOSArchive_Revised_FlatFiles_20180725.zip (07/25/2018, Zip File, 15825 KB)
- 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)

2015 Annual Files

- HAI_CDIFF_Revised_2015.zip (12/18/2015, Zip File, 72 KB)
- HOSArchive_20151210.zip (12/10/2015, Zip File, 35,082 KB)
- HOSArchive_Revised_FlatFiles_20151210.zip (12/10/2015, Zip File, 13,891 KB)
- HOSArchive_20151008.zip (10/08/2015, Zip File, 33,659 KB)
- HOSArchive_Revised_FlatFiles_20151008.zip (10/08/2015, Zip File, 12,942 KB)
- MSPB_archives.zip (10/08/2015, Zip File, 838 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.	Medio	care.g	ov			~ N	IENU
	Ambulatory Surg	ical Quality Mea	asures - Facility	01-1-	7:-		
ASC	Provi.	NPI	Спу	State	ZIP	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	

Sorting Options

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

	Data.	.Medio	care.g	gov			✓ ME	ENU
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	ASC	Provi	NPI	City	State	Z ip	Year	^
I	Sort	Ascending		BEVERL	CA	90210	2016	
I	Sort	Descending		VACAVIL	CA	95687	2016	
r				CARLSBAD	CA	92011	2016	
	Desc	cription		NAPERVI	IL	60540	2016	
	No descri	ption provide	d	ROCK HILL	SC	29732	2016	
	ADVANC	19C0001	1003062	BATON	LA	70808	2016	

Formats and Downloads



Download Format

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

Downlo	oad	×
Dow	nload As	
CSV	, AS	
CSV	for Excel	
CSV	′ for Excel (Europe)	
JSO	N	
RDF		
RSS		

Summary

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

Questions



Thank You

- QualityNet website: <u>www.qualitynet.org</u>
 - Email Notifications
- Support Contractor website: <u>www.qualityreportingcenter.com</u>
- Have a question? Use the Questions & Answers tool: <u>https://cms-ocsq.custhelp.com/</u>
- Support Contractor Helpline: 866.800.8756

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

Please provide any additional comme	ents
	^
	\sim
0. What is your overall level	of satisfaction with this presentation?
Very satisfied	
Somewhat satisfied	
Neutral	
) Somewhat dissatisfied	
Very dissatisfied	
you answered "very dissatisfied", p	ilease explain
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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://lmc.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:
First Name: Email: Phone: Register

CE Credit Process: Existing User

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

References

• Slide 13:

https://www.qualitynet.org/dcs/ContentServer?c=Pag e&pagename=QnetPublic%2FPage%2FQnetHomep age&cid=1120143435383.

- Accessed on: 5/15/19.
- Slides 14, 15:

https://www.qualitynet.org/dcs/ContentServer?c=Pag e&pagename=QnetPublic%2FPage%2FQnetTier2&ci d=1228776460946.

- Accessed on: 5/15/19.
- Slide 17: <u>https://www.qualityreportingcenter.com/</u>. Accessed on: 5/15/19.

References (cont.)

• Slides 18-22:

https://www.qualityreportingcenter.com/en/as cqr-program/.

Accessed on: 5/15/19.

• Slides 24-35:

https://www.medicare.gov/hospitalcompare/s earch.html.

Accessed on: 5/15/19.

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