A Beginner's Guide: Successful Reporting for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program

Presentation Transcript

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**Karen
VanBourgondien:**   Hi, everyone. Thank you for joining us. Today, we are going to outline the program and provide the details you need to get started in quality reporting. It will be a great tool if you are new to the program, a great review for those of you that are already familiar with this program.

The learning objectives are listed on this slide. Without any further delay, let me turn things over to our speaker; Pam Rutherford. Pam?

**Pam
Rutherford:**   Meet Spencer. He is new to reporting for this program and has no idea what he is supposed to do. So, let's fill him in on some background information for this program first.

Before we take our deep dive into the program's requirements, let me begin with a brief history of how it all got started. In 2006, the ASC community encouraged CMS to establish a uniform quality reporting system that would allow ASCs to publicly demonstrate their performance on quality measures. The ASC Quality Reporting Program is a quality measure data reporting program that was developed and then implemented in 2012 by CMS for care provided in the ASC setting.

But first, let's talk about the program requirements. Under the reporting requirements are the details for the number of submitted claims for a given year that requires the ASC to report data for the following year. Now, this is called a "claims threshold," which is ASCs that have fewer than 240 Medicare claims, that's primary plus secondary payer, per year during a reporting period for a payment determination year are not required to participate in the ASCQR Program for subsequent payment determination year. This includes all program requirements. So, what and when do you start reporting? Great question. Let me first mention the Casper system. The CMS Certification and Survey Provider Enhanced Reporting system, or CASPER, is Medicare's database for survey and certification purposes. Program requirements apply to all ASCs designated as operating in CASPER system four months prior to January 1 of the data collection period. Upon successful submission of any quality measure data, the ASC

will be deemed as participating in the ASCQR Program for the upcoming payment year determination, whether required or not. Now, if at any point you need assistance, please call our support team. We are always glad to walk you through how to get started and complications of knowing your numbers. We will answer any question that you have.

So, if your ASC is required to report, then you must have an active Security Administrator, or SA, registered through *QualityNet*. In short, you need this in order to report your data, and I will go in this in more detail in just a few minutes. You will collect and submit your data through the CMS web-based tool through *QualityNet*. The measures for the current submission period are listed here on the slide and should be submitted no later than May 15 of 2020.

For Public Reporting, any data that you report to CMS for this program will be publicly displayed. Before your data is displayed publicly, you will be sent a preview report. When you have a preview report become available, you will be notified. A preview report is just that. It is your ASC's data that you can preview before it is publicly displayed on ASC *Hospital Compare*. The last preview report for ASCs was provided in October of 2019 for display in January of 2020 on ASC *Hospital Compare*. This report was sent to the designated Security Administrator through the Secure File Transfer in *QualityNet*. This preview provided you with your data, as well as state and national data.

All requirements and any changes or modifications to this program are brought forth through the rulemaking cycle which includes the proposed and final rules. Spencer remembers hearing about a proposed and a final rule, but he is asking himself, "What is the proposed and final rule all about?"

So, let's talk about the CMS rulemaking process. Around the month of July of every year, CMS publishes proposed changes to the Hospital Outpatient Prospective Payment System, the OPPS, and the Ambulatory Surgical Center Payment System for the upcoming calendar year. Now, these changes are put forth in what is known as the proposed rule. There is

a comment period with each proposed rule cycle to provide anyone, including ASCs, an opportunity to voice their feedback on these proposals. CMS strongly urges the ASC community to participate in the comment process. Public comments are vital, and CMS reviews each comment before finalizing these changes in the final rule. Once the comment period closes, CMS collects all of the feedback and the final rule is released around November with the finalized proposals made to the ASCQR Program. It's really important to keep up with the rulemaking process so that you know what changes are made to the program.

Now, to find the most recent ASC final rule in the *Federal Register*, begin with accessing the *FederalRegister.gov* link. Now, this will be the CY 2020 final rule for both the Hospital Outpatient Quality Reporting program as well as the ASC Quality Reporting Program. The ASCQR section begins on page 61420. I have also included the direct link to the PDF version of the final rule in the *Federal Register* on the slide, and you can just click on that link.

So now, let's just take a look at what you need to do to successfully report your data. You should register with *QualityNet* before beginning to report data. You will need to identify and maintain a *QualityNet* Security Administrator. Although it is not required to have more than one Security Administrator, we highly recommend designating more than one Security Administrator for back up purposes. You will have to consider that, if you only have one Security Administrator and that person is unavailable at the time of a data deadline, your facility runs the risk of not being able to submit data on time. You need to collect data for the measures and submit them into the *QualityNet Secure Portal* by the deadline.

Now, a moment ago, it was mentioned that there are quality measures for this program. Being new, Spencer is not really sure he even knows what measures are included in this program. So, let's start with the types of measures.

There are two types of measures for this program. First, there are web-based measures, which are submitted using a CMS web-based tool through *QualityNet*. You will need to obtain appropriate access into the *QualityNet Secure Portal*. Your facility will identify a Security Administrator for this site, and I will show you how to become a Security Administrator in just a bit. These web-based measures are to be reported in *QualityNet* annually by May 15 of each year. Secondly, there are the claims-based measures. Now, data for these measures are collected from paid Medicare claims your ASC submits for payment and meet the specific measure criteria. There is no manual abstraction for these measures on the part of the ASC. So now, let's break all of this down to make things a little clearer. We will begin with the web-based measures you submit through *QualityNet*.

Listed here are the current web-based measures. You can see here the measure name and description. You will access the specifications manual to obtain details of all of the measures for this program. So, hold that thought, I will be showing you how to locate the specifications manual.

Then, we have listed the claims-based measures. As I mentioned a moment ago, you do not have to manually abstract or report this data. For those of you who are new, the ASC-17 and -18 measures are for payment determination year 2022. Now, ASC-19 was just added in this last rulemaking cycle and will begin for calendar year 2024 payment determination year. To clarify what exactly this means, let's review the various reporting periods and payment years for this program.

Now, a term that is used often, but sometimes, OK a lot of the time, causes confusion, is the term "payment determination." When we say, "payment determination year," it is referring to the year your Medicare payment will be affected as a result of the data you reported. On this slide, we are talking about the calendar year 2021 payment determination. This is the current submission period. So, the web-based measures for this program are ASC-9, ASC-11, ASC-13, and ASC-14. These are seen here in the top chart. Please note that ASC-11 is a voluntary measure. What that means is your ASC can report data on this measure or not. Either decision will not

affect your payment. You can see here the reporting period, or as some refer to it as the encounter period, is January 1 through December 31, 2019. This is the time frame that the patient is in your facility receiving care. The submission period is January 1 through May 15, 2020, and you can submit your data any time in that time period but not after that May 15 deadline. The claims-based measure for the current submission period is ASC-12. Data from claims for this measure were collected by Medicare from January 1, 2017, through December 31, 2019. There is a two-year performance period in which results will be calculated. If your ASC does not perform colonoscopies, then you will not have an ASC-12 report.

OK. Then, let's fast forward one year and look at the calendar year 2022 payment determination year. Here, we have the web-based measures for the calendar year2022, and these are the same set of measures we just looked at, but the reporting period and submission periods are one year later.

In that same period of time, there are ASC-12, ASC-17, and ASC-18 as claims-based measures. Now, we just reviewed the program timelines for calendar year 2021 and calendar year 2022 payment determinations. Remember, though, ASC-19 was just added to this program. That measure is claims-based and will not require you to manually abstract, and it will be tied to the calendar year 2024 payment determination.

Here, I have provided some measures that, as a result of the rulemaking process, are not currently active in this program. I am showing them to you, so you are aware of the current status of them, as they have not been removed from the program. ASC-1, ASC-2, ASC-3, and ASC-4 measures are currently suspended. In the calendar year 2019 rulemaking cycle, these measures were suspended, and, in the calendar year 2020 rulemaking cycle, which was the most recent cycle, CMS sought comment on seeking an alternative submission process for these measures. So, we will have to stay tuned to see what happens in the future through rulemaking for these measures. ASC-15a through ASC-15e, are survey measures that are currently delayed until further rulemaking.

Oh, now Spencer is nervous. Since he is new, he really wants to make sure he meets the program requirements, but he is thinking, "What if I don't meet the program requirements?"

There is a reconsideration process available for facilities that did not meet the program requirements and will not receive their full annual payment update. Make certain that the reconsideration form is in before the deadline, so that you have that opportunity for reconsideration, as this is the final decision process for ASCs. Once CMS makes a decision on the reconsideration, it is considered final. Statutorily, ASCs are not allowed judicial review of payment decisions, so there will be no appeals of any final ASCQR Program payment determination. The procedural rules that govern the reconsiderations are posted on the *QualityNet* website at www.*QualityNet*.org.

Ok, so I have mentioned the *QualityNet* website multiple times. The *Secure Portal* is the only CMS-approved method for the electronic transmission of private data between healthcare providers and CMS for the purposes of the ASCQR Program. Data are stored in the OPPS Clinical Warehouse. All files and data exchanged with CMS via the *Secure Portal* are encrypted during transmission and are stored in the encrypted format until the recipient downloads the data. Now, the *Secure Portal* meets all current Health Insurance Portability and Accountability Act requirements, or HIPAA, requirements. Data may be updated up until the submission deadline on May 15. After the deadline, no further updates, edits, or modifications can be accepted. So, in order to report data, you must have at least one Security Administrator, or SA. So, let's take a closer look at how you can become a Security Administrator.

Before I walk you through becoming a Security Administrator, let's talk about the two types of *QualityNet* registration available to you: Security Administrator and Basic User. The Security Administrator facilitates the data submission and registration process for other users at the organization by creating, editing, terminating, and viewing user accounts, as well as resetting basic user passwords. Another important role they have is the ability to access the Secure File Transfer File on *QualityNet*. Now, data

reports specific to your facility will be sent to this file. You will also, on occasion, upload files in certain circumstances. Now, the role of the Security Administrator is so important that we highly recommend that ASCs designate at least two people as a *QualityNet* Security Administrator, one to serve as the primary *Quality Net* Security Administrator and the other to serve as backup or designee. CMS highly encourages you have a backup in place.

Now, there is also the role of a basic user. OK. What is a basic user? Well, that is someone who has limited access to the *QualityNet* secure website, and that access is determined by the Security Administrator. It could be that you want someone just to run data reports in *QualityNet*, so the Security Administrator would then assign this basic user only the rights to download the reports. There is a registration process for the basic user, and that registration form and information is on the same *QualityNet* registration page as the registration and information for the Security Administrator. So now, let's see how you become a Security Administrator.

From the home page of *QualityNet*, you will simply click on the Register icon at the top right of the page.

This will take you to the Getting Started with *QualityNet* page. It will provide information on the registration process and other important information. Now, the menu to the right will provide you with further details. Now, if you were to just scroll down this page…

You will come to the *QualityNet* Security Administrator Registration Packet. You will click on the Download icon to access the form. Please follow the directions and fill it out completely and correctly, otherwise you will not be given access. If you need any assistance, you can call *QualityNet* directly or our support team. I will have a slide with those contact numbers at the end of the presentation.

At this point, Spencer is saying, "How do I know what I am abstracting? "Where do I find guidance?" Well, you can always refer to the specifications manual to guide you through the process. I mentioned this

manual earlier and it is a critical component of abstraction. This manual was developed to provide a uniform set of quality measures that reflect the final rule. The specifications manual is your guide to the ASC quality reporting measures, so let's take a quick look at how to find the manual.

Currently, the manual is updated annually. What happens if there are changes between the annual productions? Well, that's another good question. If there are any changes between the annual versions, they are communicated through release notes, which are also posted on *QualityNet*. It will have the name of the release notes and the version it refers to. Any changes, whether in annual production or release notes, you will find highlighted in yellow. This is a great way to easily determine any change. If you see a yellow highlighted area, pay particular attention, as this is different from a previous version and/or update.

To find the specifications manual for this program, we will once again start on the home page of *QualityNet*. You will select the Ambulatory Surgical Centers icon.

To view the most current manual, which is version 9.0 posted, you would select Download 2020 Specifications Manual. The Download 2019 Specifications Manual icon will direct you to the previous update. However, since, presumably, most of you are new, I want to illustrate a few things. So, we are going to select the View All Specifications Manual.

The reason I am showing you this view is so that you can see the way the version of the manual refers to the encounter period, or the reporting period. You can see the version boxed in at the left, and the encounter period next to the arrow. For version 9.0, the encounters will be for January 1, 2020, through December 31, 2020.

Now, if you think back when I showed you the timeline, we are currently submitting data for the 2021 payment determination year. So, you will abstract for encounters January 1, 2019, through December 31, 2019, and that's version 8.0a. As seen here, Version 8.0a is the manual for encounters January 1, 2019, through December 31, 2019.

So, Spencer knows about the proposed and final rules now, but he wants a little more clarification on how these changes relate to the specifications manual. Remember, when the final rule is displayed, it will inform us of any changes that were made to the program. These changes are then placed in the specifications manual. So, let's talk about some of the most recent changes to the manual.

In the 2018 final rule, it was finalized for ASC-17 and ASC-18 to be added to the ASC Quality Reporting Program for calendar year 2022 payment determination and subsequent years. Now, these measures can be found in the preview section of the 2019 specifications manual, version 8.0a. They are in the Preview section of that version because they are not part of the program for that payment determination year. However, they are part of the formal Measure Information Forms. That is version 9.0, as that will be reflective of the calendar year 2022 payment determination and subsequent years.

There were some changes in the Appendix section, also to reflect the changes as a result of the rulemaking cycle. In the Appendix A section of the specifications manual, the Glossary of Terms was removed due to majority of the "terms no longer being applicable to the program." This was replaced with abstraction tools so that users can access one resource for completing data submission for the web-based measures.

So far, we have provided a lot of information. Spencer is feeling a little overwhelmed here. What if Spencer is working late and he has a question? What should he do? Well, to answer Spencer's question, it's easy. You can pick up the phone and give us a call, or there is a question and answer platform right on *QualityNet*.

Once again, from the *QualityNet* home page, you will click on the down arrow next to the Help icon. From the drop-down menu, ASCs will choose the Ambulatory Surgical Centers option.

From this page, you can Browse, which means you can view previously asked question-and-answer pairs. You can access any questions you have previously asked under the My Questions tab, or you can simply just ask a question by clicking on the Ask a Question icon.

We send out a lot of information to help you stay informed regarding this program. This information is sent electronically through Listserve notifications. This is a free email service available on *QualityNet*. To access this service, you will simply click on the Subscribe to Email Updates from the home page of *QualityNet*. It takes you just a few minutes to sign up, and it is a great way to keep yourself informed.

Spencer now knows he can call the support team for assistance, but he wants to know how he can find the support team's website. Yes, Spencer, this website is another resource that is incredibly helpful to those new to the program. This website is full of tools and resources that are available to assist you with your quality reporting. Let's imagine you just entered the website, seen here on this slide, into your browser, www.QualityReportingCenter.com.

From the home page, you can select the ASC icon at the top right.

This will take you to the ASCQR Program page and, to the right, is a menu with areas of interest to choose from. You can see there are multiple categories, all full of information. So, needless to say, we won't have time to go over all of this today; however, I will let you know that, under the ASCQR Program Tools and Resources tab, there is a wonderful resource geared to those of you that are new to the program, which is a great resource to help you keep things straight. All of our webinars are stored under the Archived Events tab, and you can obtain data information under the Data Dashboard icon. So, please take the time to make your way through the site and see what's available.

Oh my! Spencer is scratching his head and wants to know what happens to the data he reports. Well, CMS displays all of the data you report publicly on the *Hospital Compare* website to ensure that information about the care

delivered in the nation's ASCs is available and this information is reliable. Providers can utilize these data to drive continuous quality improvement initiatives and track their progress. Now, publishing data on *Hospital Compare* in a consumer-friendly format allows consumers to understand the data and make informed decisions about where to get care.

To find the ASC section of *Hospital Compare*, start with the website *Medicare.gov/HospitalCompare*. The exact link is placed at the top of the slide for reference. 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.

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 that section. Now, we previously presented a detailed webinar on this subject. It was called *Like a Stroll in the Park: Walking you through Your Preview Report*. You can find that webinar on the Archived Events link from that drop-down menu on our Quality Reporting Center website I showed you earlier.

Spencer is feeling confident now. He has been given lots of information today. Yes, we have covered a lot of information, but I wanted to take a moment to provide a brief summary.

First and foremost, register as a *QualityNet* Security Administrator as soon as you can. You absolutely cannot report data without the secure credentials you need. To avoid any issues, we highly recommend you have at least two Security Administrators that are active at all times. Collect data to be submitted through a web-based tool and submit these data by the deadline.

For the upcoming deadlines, you have the web-based measures, which are reported annually through the *QualityNet Secure Portal*. These measures are all due to be reported by May 15, 2020, using the reporting period, or patient encounters, of January 1, through December 31, 2019. The measures you will report are ASC-9, ASC-11, which is voluntary, ASC-

13, and ASC-14. Remember what we talked about earlier. ASC-11 is a voluntary measure. You can report data on that or not; either decision will not affect your payment.

We have talked about both the *QualityNet* and QualityReportingCenter.com websites, and there is so much information available. I tried to just hit the highlights here, today. Once you get going and you find you have questions, feel free to call our helpline, listed here on this slide, or enter your question into the Question and Answer tool. Your answer will be sent via email as I discussed earlier.

Now, I think that covers things today. I hope we have been able to provide you with a broad base to start your journey into quality reporting for your ASC. So, now let me turn the presentation back over to Karen. Karen?

Karen VanBourgondien: Thanks, Pam. You have covered a lot of information, as always. Thank you everybody for viewing our webinar, we certainly appreciate it. As always, if you have any questions, or need any additional assistance, please don't hesitate to call our support team. Our number is (866) 800-8756. Thank you for joining us.