



Ambulatory Surgical Center Quality Reporting Program

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CY 2016 OPPS/ASC Proposed Rule: Ambulatory Surgical Center Quality Reporting (ASCQR) Program Presentation

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Matt McDonough: Hello and welcome to today's webinar. My name is Matt McDonough, and I'll be your virtual host for today's event.

As you can see on this slide, audio for today's event is being provided over Internet streaming. And if you're hearing my voice right now, then you already know that. What this means is that no telephone line is required to listen to today's event but that you must have computer speakers or headphones to hear the audio portion of today's presentation. If you're unable to stream audio or encounter any difficulty with your audio stream at any time during the event, please send a chat message to us and let us know. We do have a limited number of dial-in lines, and we can provide you a dial-in number if streaming isn't working for you.

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button that's located on the left side of your screen as shown here. Wait about five seconds then click the **Play** button. Your audio will resume and should be clearer.

Additionally, if you're hearing a really bad echo on my voice right now, it means that you're connected to the event more than once, which means you're hearing more than one audio stream. You can see an example of what that might look like on this slide. Close all but one of the connections you have to the event by closing any additional browsers or tabs, and the echo will clear up.

Even though audio is streaming over your speakers today and attendees are in a listen-only mode, you can still interact with our presenters today. As you see on this slide, there's a chat window in the left column of your screen. You can submit your questions and comments on the contents of today's event by typing your question in the chat window and then clicking the **Send** button. You can do this at any time during today's event. Please note that the raised hand feature is not being monitored today, so please submit any questions you may have via the chat window.

That's going to do it for my introduction. So without further ado, I'll hand this over to our first speaker of the day.

Tamara Heron: Hello and welcome to the ASC Program webinar. Thank you for joining us today. My name is Tamara Heron, and I am a project coordinator for the ASCQR Program. If you have not yet downloaded today's handouts, you can get them from our website at qualityreportingcenter.com. Go to the **Events** banner on the right side of the page, click on today's event, then go down to **Event Resources** at the bottom of the page. There will be a link that will allow you to access and print the handouts for today's webinar. As you can see, we have a slightly different platform we are using at this time, as we are streaming in lieu of using only phone lines. However, phone lines are available should you need them.

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The learning objectives for this presentation are listed here on this slide. This program is being recorded. 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 at www.qualityreportingcenter.com at a later date.

During the presentation, as stated earlier, if you have a question, please put that question in the chat box located on the left side of this screen. One of our subject matter experts will respond. Again, by having live chat, we hope to accommodate your questions timely and have real-time feedback. Some of the questions will be shared at the end of the presentation.

I am pleased to introduce today's speaker: Dr. Anita Bhatia. Anita is the Program Lead for the OQR program and has been with the program since its inception in 2007. She received her PhD from the University of Massachusetts Amherst and her master's in public health from Johns Hopkins University. Dr. Bhatia plays a crucial role in the development of the OPSS proposed and final rulings. Her contributions to the rulings are essential to the continuing success of the ASCQR Program. We are fortunate to have Dr. Bhatia's commitment to this program and ultimately to patient care outcomes.

And now, I'll turn the program over to Anita.

Anita Bhatia:

Well, thank you, Tamara. Good afternoon, everyone. Today we are here to talk about proposals and requirements outlined for the ASC Quality Reporting Program in the calendar year 2016 OPSS/ASC Proposed Rule. We're going to begin with locating the rules.

Here in this slide we outlined rules for the *Federal Register* reference where the ASC Quality Reporting Program has been discussed, then where we began finalizing requirements, and then as we have continued to develop and refine the program beginning from our discussions in 2009 all the way to our current rule that just published.

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Here we see the home page for the *Federal Register*. This was the home page on July 10th. To find the section of the rule that contains what we're interested in for the ASC Quality Reporting Program, we would begin by searching utilizing this reference 80 FR 39340. When you do that search, you will come to this page. You can jump directly to the page, the rules. The entire rule is rather large.

You would jump directly to page 39340. That would take you to this online version of the *Federal Register* beginning with requirements for the Ambulatory Surgical Center Quality Reporting Program. Alternately, you can go to a PDF version of the actual publication. This is what the published version looks like for the *Federal Register*, Volume 80, Number 130, published July 8th, 2015. Our section begins on page 39340 – and you can see that *Federal Register*, Volume 80 – and then down over here on the right are sections for requirements.

In our section we begin with measures under consideration for the program. We have under consideration two measures that have -- where the measure steward is the ASC Quality Collaboration. We have put in the rules for comment a normothermia outcome measure and an unplanned anterior vitrectomy measure. The normothermia outcome measures -- this measure assesses the percentage of patients having surgical procedures under general or neuraxial anesthesia of 60 minutes or more in duration who are normothermic within 15 minutes of arrival in the post anesthesia care unit.

Impairment of thermoregulatory control, not maintaining temperature due to anesthetic effects, may result in hypothermia. Such hypothermia is associated with numerous adverse outcomes, including cardiac complications, surgical site infections, impaired coagulation, and colligation of drug effects.

This slide shows why it's important that intraoperative normothermia is maintained. And when this is maintained, patients experience lower adverse outcomes, and their overall costs are lower. This measure addresses a significant area of medical care provided by ASCs, that of surgical cases and surgery. And the

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Measures Application Partnership, or MAP, identified this measure as addressing a priority measure gap of anesthesia-related complications. Specifications for this measure can be found in the ASC Quality Collaboration's implementation guide at [this link](#).

The second measure is the unplanned anterior vitrectomy measure. This measure assesses the percentage of cataract surgery patients who have an unplanned anterior vitrectomy, vitrectomy being removal of the vitreous present in the anterior chamber of the eye. An unplanned anterior vitrectomy, as opposed to one that was planned, is performed when vitreous inadvertently prolapses into the anterior segment of the eye during cataract surgery. While unplanned anterior vitrectomy rates are relatively low, this procedural complication may result in poor visual outcome, retinal detachment, and other complications.

This measure addresses a significant area of medical care provided by ASCs -- this is that of cataract surgery -- and the MAP-identified priority measure gap of procedure complications for the ASC Quality Reporting Program. The specifications for this measure can also be found at the ASC Quality Collaboration's implementation guide located at [this link](#).

Both of these measures have received conditional support from the MAP, pending the completion of reliability testing and National Quality Forum, or NQF, endorsement. We are inviting public comment on the possible inclusion of these measures in the ASC Quality Reporting Program measure set for the future. A summary of the MAP recommendations regarding these measures can be found at [this web link](#).

Now that we have discussed potential measures for the program, we can go to existing policies and proposed changes that are outlined in this year's rule. We have a number of requirements and procedures that we have previously finalized. While we have previously finalized many requirements and we are proposing some changes, I want to make a note that throughout this presentation, you'll see this

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term where we are proposing to codify proposals or requirements that were previously finalized.

Codification is a very important part of the process here. One of the major benefits of codifying program requirements is that we will place all of those requirements in one place for those who are interested in the program and its requirements. This will eliminate the need to go through many years of preamble text to try to figure out what one is supposed to do to meet program requirements, so this will reduce burden for those trying to meet requirements or know what they are. They will also prevent having to make proposals every year or present this information every year in the *Federal Register* in preamble text. So this is a very important step forward for the ASC Quality Reporting Program to codify its requirements in the *Federal Register*.

That being said, we can talk about what we have previously finalized, and we can begin that. Previously, we finalized a policy to display the data received through the ASC Quality Reporting Program via CMS Certification Number or CCN. We did this in the Calendar Year 2012 OPPS/ASC Final Rule with Comment Period, which can be found at this reference.

However, ASCs generally report quality measure data to CMS using their National Provider Identifier, their NPI, which is their billing identifier. This is the identifier that goes on the CMS-1500 form, as ASCs are non-institutional billers. In addition, we make payment determinations by NPI because this is how ASC's as facilities are paid by Medicare.

Because an ASC CCN can have multiple NPIs, publication of data by CCN can aggregate data for multiple facilities, and this would reduce identification of individual facilities. Therefore, we are proposing to display data that is collected through the ASC Quality Reporting Program according to NPI when the data are submitted based on NPI to allow for identification of individual facility

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information. And we are proposing that this will begin with public reporting that occurs after January 1st, 2016.

This change will allow the public to distinguish between facilities and will help ASCs to better understand their performance for their individual facilities on measures collected under the ASC Quality Reporting Program. We invite public comment on this proposal to display data by NPI if the data are submitted by NPI, and to display data by CCN if the data are submitted by CCN, and we are also proposing to codify this policy.

So here in slide 24, we move to administrative requirements that were previously finalized. First, a Security Administrator is required to submit quality data to the QualityNet website via a web-based tool at the www.qualitynet.org site. This is for data that is submitted directly to CMS via a web-based tool.

We have also finalized four measures that utilize quality data codes, or QDCs. These are codes that go on your CMS-1500 forms. For successful reporting, 50 percent of claims meeting measure specifications must contain the appropriate QDCs.

We have also established a minimum case volume of 240 Medicare claims, that's primary and secondary payer claims per year, to be required to participate in the program. Therefore, if your facility has fewer than 240 Medicare claims in a year, that's primary and secondary payer, they are not required to participate.

We have a total of six web-based measures that can be reported via web-based tools on the QualityNet and the NHSN sites. There is one NHSN measure; that's ASC-8. Then there are five measures that can be submitted to QualityNet via a web-based tool, one of which has ASC-11 as voluntary. There are no proposed changes to any of these policies. And we are proposing to codify these existing requirements.

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Also previously finalized, once an ASC submits data of any type – that’s quality data codes, web-based measure data, or NHSN data – they would be considered as participating in the program. If an ASC is participating and wants to withdraw from the program, it must fill out an online withdrawal form that is available on the QualityNet site at the www.qualitynet.org URL. An ASC that withdraws from the program will incur a two percent reduction in its annual payment update and will incur that reduction in any subsequent year the ASC is not participating. We also note that we’ve previously finalized that any and all quality measure data that is submitted to the program can be made publicly available for an ASC that is participating in the program. If an ASC does not want any data that has been submitted to CMS under the ASC Quality Reporting Program, it must withdraw.

Here on slide 26, we are referring to today’s submission time frames that are previously finalized. This first bullet here refers to both where data is submitted via quality data codes or to web-based measures, in terms of the data collection time frame. We finalized in the Calendar Year 2014 OPPS/ASC Final Rule with Comment Period that data collection period for quality measures. Here, we specify for which data are submitted via an online data submission tool, though we did align the time periods for both of these kinds of measures. We finalized this to be as services furnished during the calendar year, which is two years prior to the finalized payment determination.

While this is a bit lengthy, we utilized this language so that we can use this policy going forward. But for example, for the payment determination year this year, which would be for Calendar Year 2016 Payment, we would be utilizing the data collection time frame of Calendar Year 2014.

We previously finalized that the data that would be submitted from the measures collected during this time period would be January 1st to August 15th in the year prior to the effective payment determination year, so this is very timely. For the data that are collected, that will be used for the upcoming Calendar Year 2016

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Payment Determination, you would be putting that data in now in 2015, and you would have till August 15, 2015, to enter that information.

We previously finalized for the National Healthcare Safety Network, or NHSN Influenza Vaccination Coverage among Healthcare Personnel measure that the data collection for Calendar Year 2016 Payment -- that's what we're in right now -- would be October 1st, 2014 through March 31st, 2015. We had finalized that the submission deadline would be May 15th of the year in which the influenza season ends, so that would have been May 15th of 2015. However, most of you are likely familiar that we have extended this deadline, but this is what we had previously finalized.

This discussion on deadlines for web-based measures is timely, as we are proposing to implement a May 15th deadline for all data submitted via a web-based tool, whether it be to CMS or to CDC via the NHSN for the ASCQR Program. That would begin for the Calendar Year 2017 Payment Determinations and subsequent years. This would include the following measures: ASC-6, -7, -8 (8 being the one that goes through NHSN), -9, -10, and the voluntary ASC-11.

We believe that this deadline change will allow for earlier public reporting of measure data. This will also allow -- will also decrease the administrative burden for ASCs that are reporting to the program, as it will reduce the number of submission deadlines.

Here we discuss previously finalized policy regarding Indian Health Services hospitals. IHS hospital facilities that bill under the ASC payment system have been considered to be ASCs for purposes of the ASC Quality Reporting Program due to the way they are paid. These IHS hospital outpatient departments are able to bill Medicare for services and be paid the ASC rates for services under the ASC payment system.

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However, we are now proposing that these facilities would not be considered ASCs for the purposes of the ASC Quality Reporting Program, beginning with the Calendar Year 2017 Payment Determination. We are proposing this because to bill for these services, these IHS hospital outpatient departments must meet the conditions of participation for hospitals as defined in 42 CFR part 42. They are not certified as separate ASC entities. Thus, we are proposing that these facilities not be considered ASCs for purposes of the ASC Quality Reporting Program, and we are proposing to codify this at this proposed new CFR reference.

Also previously finalized is our extraordinary circumstances process. We call this the Extraordinary Circumstances Extension or Exemptions process. We are not proposing any changes to this process or the requirements for it. However, we are proposing to codify these -- these procedures at the proposed new 42 CFR section referenced here.

There is also a reconsideration process for payment determinations. If an ASC facility believes a payment determination has been made in error, they have the opportunity to request a reconsideration of that decision with this, previously finalized. The process details are available on the QualityNet site. Under the current reconsideration process, facilities are required to submit reconsideration requests by March 17th of the affected payment determination year. So, for example, we will be making payment determinations that will affect the Calendar Year 2016 Payment. A facility would have until March 17th of 2016 to request a reconsideration of that payment determination, if they wanted to do so.

We have noted that, in some payment years, March 17th may fall outside of the business week, so we are proposing to make those -- the deadlines take that into account. We note that there are no appeals of any final ASC Quality Reporting Program payment determination, meaning that the reconsideration determination would be a final determination. This is not because we are taking away some kind

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of process from ASCs, but in fact, per statute, ASC payment determinations are not entitled to judicial review.

Here's that proposal. We are proposing that, beginning with the Calendar Year 2017 Payment Determination, ASCs must submit a reconsideration request to CMS no later than the first business day on or after March 17th of the affected payment year. And we would determine the date that the reconsideration request was made by using the date the request was mailed or submitted to CMS.

So we have now gone through what we have placed into the rule for this year. Now, we want to start thinking about commenting on these proposals. For submitting comments, comments must be received no later than 5 p.m. Eastern Standard time on August 31, 2015, if they are delivered by regular mail or express or overnight mail or by hand or by courier. There's a bit of additional time if they are submitted electronically. Comments submitted electronically via the Regulations.gov site will be accepted until 11:59 p.m. Eastern Standard Time. We encourage the submission of electronic comments utilizing the Regulations.gov site. Responses to comments will be in the Final Rule scheduled for display in November of 2015, this upcoming November.

For submitting comments on the Regulations.gov site, this slide shows you that page, the home page for Regulations.gov. You would search for a rule that belongs to CMS. You would type CMS in here, and you would hit **Search**. And then you're going to end up with some results for CMS. You would look for a proposed rule, and then you would search for the Medicare Program Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment System and Quality Reporting Programs rule shown here in the box labeled **4**. And then you would go to this box over here on the right to comment.

All right. Here's our comment page. We're going to comment on the Proposed Rule. We have thoughts about our proposals that we have put forth. You have to

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put something in this box. That is required. And you do have a maximum of 5,000 characters.

At this point here, it shows you that rather than writing out your comment, you may upload a file. So as I stated here, **C**, upload that file that you have prepared. Here is information, contact information, if you want to supply it. Please note that you do not have to supply contact information. You can submit this comment completely on an anonymous basis. If you want, you can place an organization that you are submitting on behalf of. And once you have gone through this data entry screen, entering as you would like, you would hit **Continue**.

You get a preview of what you're commenting on if you've typed it in, or you will see that you have uploaded your file. Your name, ZIP/postal code, and organization name will not appear on the Regulations.gov site.

All right. Once you have gone through some typing in your comment and your information, your preview will show how it will appear on the Regulations.gov site. Your comment, any files you have uploaded, country, and state or province will appear in the Regulations.gov site. Your name, ZIP or postal code, and organization name will not appear. You can select the **Edit** button to edit your comment and contact information if you would like. Once you have finished previewing what you have submitted, you would check the box to acknowledge that you have read and understand the provisions of commenting. If all of your information is as you want it and is correct, you can select **Submit Comment**.

So, once you have done that, you do receive a receipt that your comment has been submitted. Your comment is assigned a tracking number. You can take a screenshot of this page or save your tracking number. And you can use that tracking number to find out the status of your comment.

And thank you very much for your kind attention. And please comment.

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Tamara Heron: Thank you so much, Anita, for all the information given today. I think it would be beneficial for the audience if we took some questions that have been coming in during the presentation and give you the opportunity to respond and perhaps provide some clarity for those with questions.

Karen

VanBourgondien: Hi, this is Karen. And as Tamara said, we're going to go over some questions that have come through the chat box. The first question, which a few people responded with regard to is, "Is an SA necessary for this program?"

Reneé Parks: And this is Reneé, and I'll take that. An SA is not required for the ASC Quality Reporting Program. However, you must have a Security Administrator in order to download the reports and submit the program requirements that are web-based and are through the QualityNet Portal. So we highly recommend that you maintain and have two. But you can also utilize Basic Users, and the Security Administrator, who may be the center's administrator, can assign the Basic User role to another person within the facility. And they can then enter the data and run reports as well so that if there is turnover at the Basic User level, you still have your Security Administrator that is over the entire facility and has all rights that can still submit and enter data. Again, we highly recommend that you have two Security Administrators at each facility in case someone leaves and then also assign Basic Users.

Karen

VanBourgondien: Thank you, Reneé. Another question that's come in is, "Can you explain the process about how measures under consideration are introduced to the program?"

Reneé Parks: Anita, would you like to take that question?

Anita Bhatia: Well, of course. As soon as that question was asked, I had an interruption. Can you repeat the question for me? I apologize.

Karen

VanBourgondien: No problem, of course. "Can you explain the process about how measures under consideration are introduced to the program?"

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Anita Bhatia: That's an extensive question, but I'll try to put -- do an overview. The measures start as thoughts. They can be exploratory or under development. But once one has come to a point where it can be introduced in the program, it goes through a review. It is put on a list called the Measures Under Consideration list. It then goes through another review through a group that makes recommendations on whether or not they approve it. And then, depending on those kinds of assessments and where we are in the program, we put forth measures of interest into the rule for comment. That's what we have done with the two measures that are up right now. They are the normothermia measure and anterior vitrectomy measure. They went through on the list. They went through the approval process. They were conditionally approved. And now, we have put them forth for your consideration through the rule process.

So that's a really quick overview. There's actually a lot of work that goes into measure development. There's a lot that they do. They research those things of clinical interest. They test them before, you know, they even get to the point where we're going to consider them.

Does that help?

Karen VanBourgondien: Thank you. That's very clear, and it does take time. Thank you. Another question, "Why was the ASC-8 measure submission deadline May 15th, but now it is August 15th?"

Anita Bhatia: Okay. This is Anita again. We had finalized that the deadline was May 15th to be consistent with other quality reporting programs that utilized that same measure. That measure, for example, is included in the Hospital Outpatient Quality Reporting Program. So that was to align that deadline. The reason it is August 15th this year -- why there was an extension is because there were some process issues that needed to be handled on the NHSN side.

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So in recognition of these issues that had to be handled, the deadline was extended. We are proposing this year to make all of our deadlines be May 15th so that they're in alignment. The Hospital Outpatient Quality Reporting Program actually has a similar proposal regarding their web-based measure data submission to align that to May 15th. But that's why it was extended, and that's also why we're proposing to do everything on May 15th.

Karen

VanBourgondien: Thank you, Anita. And as a follow-up, we have another question that is along the same lines. And that question is, "Is there a way to be certain that all information submitted to the NHSN was submitted correctly and in its entirety?"

Anita Bhatia: René, do you want me to answer that, or do you want to answer that one?

René Parks: I'll take this one. Yes, there is a way that you can go and verify that your data is linked to your facility's specific CCN. And that is on qualityreportingcenter.com. Under the ASC page, there is an NHSN Status Listing tab that you can select and then enter your CCN. If you have submitted your data and completed enrollment, it will give you that information that will state, yes, enrollment is complete, or no, it is not, and then it will also give you a yes/no for the data submitted.

So that is your key that you have done and completed all of that. If your CCN comes back, as it states that is not listed here, you need to understand that there's a couple of things that could have happened. You could have been one of the facilities that selected N/A as your CCN when completing enrollment. And therefore, we or the system that the NHSN has cannot link an N/A back to your facility, so you need to go back in and enter your CCN. If you do not know your facility's CCN, we also have provided an NPI to CCN Lookup Tool on the same website, qualityreportingcenter.com.

There is also another item that could occur with that if you enter your CCN and it states that it is not here or there's no data for that CCN. Number one: make certain that you have completely entered your CCN correctly. But then you also may have

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transposed a number when entering that for your facility during the enrollment process, so there's a couple of things that could have happened. And you may absolutely feel that you have submitted your data as well as completed enrollment.

If you have questions once you go to the website and enter your CCN, please feel free to reach out to us here at the support center, and we will be happy to help you with that. And that number is 866-800-8756. Again, 866-800-8756. We know that the deadline is coming up, and it's August the 15th, so we want to allay any concerns that you have completed all of your data and program requirements, not only with the NHSN web-based measures, but also with the web-based measures that you need to complete through the QualityNet Portal.

Karen

VanBourgondien: Thank you, Reneé. The next question is, "When will the reporting of the vitrectomy measure take place?"

Reneé Parks: Anita, would you like to chime in on that one or ...

Anita Bhatia: I can chime in that. We have not proposed any data time collection for these measures. We simply have put forth these measures for comment. Any data collection time period that would be required would be put forth in future rule-making. We intend to do this in the next year's rule, but we have obviously not done so.

Karen

VanBourgondien: Thank you, Anita. The next question is, "Can you please explain the minimum case volume of 240 Medicare claims? Does this pertain to all web-based measures, or is this just for the billing side?"

Reneé Parks: I can take that one. This is Reneé. And the 240 claims submitted – if you have 240 claims or fewer in the calendar year, say for 2014 if you had 220 claims, then you are exempt from the program requirement on all, whether it's the claims by QDC or web-based measures through the Portal or ASC through NHSN. You would be exempt from all program requirements and not subject to a two percent reduction.

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So it is very important for you to know where you stand with your claims volume at the end of each year to note whether or not you need to be reporting the next year.

Karen

VanBourgondien: Thank you, René. The next question is, “Can you clarify the proposal to display by NPI?”

Anita Bhatia:

Okay. This is can you clarify the proposal? The proposal is to take the data that is submitted by ASCs to CMS and make it publicly available because, per statutory requirements, data that is collected under the ASC Quality Reporting Program must be made publicly available. So, when we make that data publicly available, we are proposing to do this by the National Provider Identifier, or NPI. This is the identifier that ASCs utilize in submitting their claims for reimbursement.

I had made this proposal because we previously finalized a proposal to display that information by the CMS certification number. This is a Survey and Certification number that is provided to ASCs in the Medicare certification process. So some -- at least, some ASCs, they have their CCN because it's required for Survey and Certification that they have multiple NPIs that fall under that CCN. Thus, rather than aggregating those numbers for those NPIs under one CCN, we want to split those out and display the information by the individual facility as represented by NPI.

There is a second part to this proposal which is if data is reported to CMS by CCN such as the CDC's NHSN 8, ASC 8 measure, we would report that measure by the CCN. And we would apply that aggregate figure because this is an important part of this proposal. We would apply that aggregate figure to each individual NPI. So that's actually something for ASC facilities out there to consider that would be an aggregate number in the case of that measure.

René Parks:

Thank you very much, Anita. We received a question as well that states: “We received a fax from CMS stating that we were non-compliant of the NHSN

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measure, but we show that we haven't submitted our data. Should we ignore the fax?" And this is Reneé Parks, and I'll take that one. Please, anyone listening, do not ignore the faxes that you have been sent or the targeted emails because there is a reason that you were on the list to receive those. And we have the NHSN Status Listing tool that is updated daily with the files that we here at CMS receive from NHSN or the CDC regarding these. As we stated earlier, there could be a couple of items -- reasons for that data submission not being on the list. But please do not ignore those, and reach out to us. It is very important because you need to have entered data for all of your program-required measures in order to receive your full annual payment update.

Karen

VanBourgondien: Thank you very much, Reneé. Next question, "When will ASC-12 be a required measure?"

Anita Bhatia:

ASC-12 is the claims-based colonoscopy measure. ASC-12 has been adopted by the ASC Quality Reporting Program. We are currently conducting the dry run for that measure, as was described in last year's rule. So we have finalized that we will utilize services performed in Calendar Year 2016, which is this next year. So those claims, those services that we provided, we collect those claims. We also have an additional proposal that was discussed that we would utilize claims processed through April 30th of the next year, 2017. We would take that information, we would calculate that measure, and we would utilize that information towards the Calendar Year 2018 Payment Determination.

Reneé Parks:

And this is Reneé. I just want to chime in to what Anita has stated. For ASC-12, there is nothing that the ASC needs to do but continue to bill. It's not an abstracted web-based measure. This is calculated strictly off of your Medicare Fee for Service claims that are received. And that is how the rates are calculated. So I just wanted you to rest assured that there is not -- when you go in next year to enter data, that you will not see a web-based measure affiliated with this, as is it purely claims-based and calculated on your Medicare claims.

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Karen

VanBourgondien: Thank you both, Anita and Reneé. Next question, “Will the measures under consideration be claims-based or web-based?”

Anita Bhatia: Hi, can you repeat that question?

Karen

VanBourgondien: Yes, ma’am. “Will the measures under consideration be claims-based or web-based measures?”

Anita Bhatia: Okay. The two measures that are placed out for comments, the normothermia measure and the anterior vitrectomy measure, currently as specified by the ASC Quality Collaboration, are aggregate numerator and denominator information. They’re similar to some of the web-based measures that we have now. So they would not be -- most likely would not be claims-based. We would probably make them web-based. However, that said, we have not put forth any proposals at this time on how we would select that data.

Reneé Parks: Thank you. And to just to chime in with that as well, one of the – there was a question that went along with this is, “Would it require a vendor?” And currently, ASCs out there that are submitting web-based measures that are aggregate numerators and denominators for the ASC-9 and -10 and then -11, if they voluntarily would like to do so, do not utilize vendors, as they have a process within their own facilities in which to do so. But again, that’s a decision that would be at the ASC level, whether or not they would choose to use a vendor for these types of measures.

Karen

VanBourgondien: Thank you to both Anita and Reneé Parks. The next question is, “Can you explain again the changes with regard to the Indian Health Services?”

Anita Bhatia: Hi, this is Anita. Could you repeat that question again? I am not quite sure what it’s asking.

Karen

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VanBourgondien: Yes. “Can you explain again the changes proposed with regard to the Indian Health Services?”

Anita Bhatia: The change that we are proposing regarding Indian Health Services outpatient hospitals that are billing under the ASC payment system is that we would no longer require them to participate in the ASC Quality Reporting Program. These facilities are not ASCs. They are hospital outpatient departments; they are hospitals; they are required to meet conditions of participation of hospitals, not the conditions of coverage that ASC facilities follow. So that’s it, we are proposing that these facilities would not be required to participate at all.

Karen

VanBourgondien: Thank you, Anita. Another question that we received is, “When will ASC-11 affect our payment?”

Anita Bhatia: Hi, this is Anita. We have no proposals at this time to make that a required measure. So at this time, we don’t have any future plans to make it a requirement, but I can definitely say at this time it’s not a requirement, and it would not be a requirement next year because we have not made any proposals to that effect.

Karen

VanBourgondien: Thank you so much, Anita. Another question coming in through our chat box, “Are QualityNet and NHSN the same thing?” Reneé?

Reneé Parks: This is Reneé, and I’ll take that. The QualityNet Secure Portal is for web-based Measure 6, which is the safe surgery checklist; 7, which is the surgical volume by categories; and then your ASC-9 and -10 are your endoscopy measures along with the ASC-11, which is voluntary and does not affect payment or APU. These are all your web-based measures that you may enter in the QualityNet Secure Portal, and you must have a Security Administrator or a Basic User in order to submit these measures. And that deadline is for August the 15th. [Editor’s note: The deadline has been extended until September 30.]

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The NHSN measure, or the ASC-8: Influenza Vaccination Coverage among Healthcare Personnel, the deadline was originally May 15th, but it has been extended to August 15th of this year. [Editor's note: The deadline has been extended until September 30.] So two separate places, but both have program requirements that you must meet in order to receive your full annual payment update. If you have not started either of these processes, please do so immediately because it takes a minimum of two weeks to process these in order for you to get your access so that you may submit your data in a timely manner prior to the deadline.

Karen VanBourgondien: Thank you very much, Reneé. Next question is, "When will the implementation of the May 15th deadline for all web-based measures take place?"

Anita Bhatia: I think that's mine, but I didn't quite understand it. Could you repeat that?

Karen VanBourgondien: "When will the implementation of May 15th, the May 15th deadline for web-based measures take place?"

Anita Bhatia: We are proposing to change that for next, beginning next year. So it would take place beginning with May 15th, 2016. Thank you.

Karen VanBourgondien: Thank you very much, Anita. Another question that -- it's in the chat box, but we get similar questions a lot through our helpline. The question is, "I am mainly concerned with reporting the numbers collected. We have been collecting for ASC- 9 and -10 for several months, but I do not know how or where to report this information."

Reneé Parks: Hi, this is Reneé, and I'll take this one. ASC-9 and -10 – this is the first year for data submission of that. And all of the data that you collected for these two measures in the Calendar Year 2014 will be submitted in aggregate data through the QualityNet Secure Portal. And again, you must have access via a Security

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Administrator or a Basic User in order to submit this data. And this will be – the deadline is, again, August the 15th for those two measures, along with ASC-6 and ASC-7 for your encounters that were in 2014 and submitted in 2015 and will affect your 2016 payment update. [Editor’s note: The deadline has been extended until September 30.]

Karen

VanBourgondien: Thank you very much, René. The last question which -- we get this a lot, and I think we only have time for this last one, and the question is, “Will ASC-8 be required to be reported through the NHSN annually from this point forward?”

Anita Bhatia:

Hi, this is Anita. We have finalized – we have adopted that measure going forward. It would be reported on an annual basis until such time that we would remove it from the program. However, at this time, we do not have any plans to remove it from the program.

Karen

VanBourgondien: Thank you very much. I think that’s going to conclude the question-and-answer portion. I’d like to thank Anita and René for all of their great answers. And now, I will turn it back over to our presenter.

Tamara Heron:

I think this is going to conclude the presentation today. We would like to again thank Anita for her time and expertise today. We hope you will find this information helpful. We would like now to discuss the continuing education process.

We would like to remind you that today’s webinar has been approved for one continuing education credit by the boards listed on this slide. Also, just a reminder, if you put a question in a chat box that did not get answered, all questions will be answered and posted with the transcript within a couple of weeks on our website, qualityreportingcenter.com. We now have an online CEU certificate process. You can receive the CE certificate two ways. One, if you register for this webinar through ReadyTalk, a survey will automatically pop up when the webinar closes.

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This survey takes you to the certificate. The second way is we will also be sending out this survey link in an email to all participants within the next 48 hours.

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This concludes our program for today. We hope you have heard useful information that will help you in your Ambulatory Surgical Center Quality Reporting Program. Thank you again, and enjoy the rest of your day.

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