



Ambulatory Surgical Center Quality Reporting Program

Support Contractor

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

Questions & Answers

December 9, 2015

2:00 p.m. ET

- Question 1:** What was the new claims-based measure for 2015?
- Answer 1:** For payment year 2017, based on encounters in calendar year 2015, there are no new web-based measures.
- Question 2:** How are the ASC measures 1–5 being submitted?
- Answer 2:** ASC measures 1–5 are claims-based measures. These measures are submitted on claims on the Medicare 1500 claim form with quality data codes or G codes.
- Question 3:** Is ASC-11 going to remain voluntary, or do you expect it to eventually become mandatory?
- Answer 3:** At this time this measure remains voluntary. We are not aware of this measure being moved to a mandatory requirement. Should this measure change status, it will be done so through the rule-making process.
- Question 4:** When does the clock start and stop when measuring the time for the Normothermia measure? The time documented by the anesthesia provider starts before the patient is "under anesthesia."
- Answer 4:** At this time the Normothermia measure is still under consideration to become a measure, and the specifics have not been defined.
- Question 5:** Will ASCs have to report again on the influenza vaccination, endoscopy, etc., measures in 2016 in order to avoid payment reduction in payment year 2017?
- Answer 5:** Yes, facilities will need to again report in 2016 on all of the web-based measures, ASC-6, ASC-7, ASC-8, ASC-9, and ASC-10, in order to not jeopardize their APU for calendar year 2017.
- Question 6:** On page 17 where it lists the rules and program highlights, it states next to CY 2015 that there was 1 new claims based measure.

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Answer 6: ASC-12 (Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy) was finalized, and in calendar year 2015 there was a dry run report that your facility would have received in the Secure Portal on QualityNet. This data will not be publicly reported. The data as a requirement will affect CY 2018 payment. This is a claims-based measure, and there is not any data entry required on the part of the facility.

Question 7: If the ASC is below the 240 Medicare claims minimum threshold, does the ASC have to file an exemption form, or are you automatically exempted?

Answer 7: Your facility will be automatically exempt. We know this through Medicare claims data.

Question 8: What are the data requirements for reporting ASC-6–10? How is reporting of ASC-11 going to be submitted?

Answer 8: Collect data for CY 2015 events, and then this data will be entered once annually between January 1, 2016 through August 15, 2016. ASC-11 is voluntary; however, data can be collected for the events in 2015. The data for ASC-11 will be entered into a web-based tool located in the Secure Portal of QualityNet. This is the same web-based tool for measures ASC-6–10.

Web-based measures ASC-6, ASC-7, ASC-9, and ASC-10 should be submitted through the Secure Portal of QualityNet between January 1, 2016 through August 15, 2016. Data collection for these measures is for 2015 encounters.

ASC-8 data are reported through the National Healthcare Safety Network, and the time frame for that reporting is October 15, 2015 through May 15, 2016. This covers the current flu season of October 1, 2015 through March 31, 2016.

ASC-11 remains voluntary, but if the ASC chooses to report these data, they are subject to the same time frame as ASC-6, ASC-7, ASC-9, and ASC-10.

Question 9: When is the 2015–2016 data due?

Answer 9: The submission deadline for ASC-8 for the 2015/2016 flu season is May 15, 2016. The submission deadline for ASC-6, ASC-7, ASC-9, and ASC-10 is August 15, 2016.

Question 10: If the ASC is exempt from reporting, it does not incur the 2.0% payment reduction, correct?

Answer 10: Yes, that is correct.

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Question 11: Assuming our ASC continues to grow, will we be penalized on the greater volume than previous years?

Answer 11: No, a facility needs to track their claims to realize the quantity needed to report if greater than 240 claims.

Question 12: Is it correct that once I have submitted my data to NHSN, that information is then forwarded to QualityNet, I do not need to submit it directly to the QualityNet website for data compilation as well?

Answer 12: That is correct. The ASC-8 data is entered via the NHSN website, and that data is transferred to CMS after the reporting period ends. Once you have entered your data via NHSN, no further action is required.

Question 13: This question can be answered at the end of the session. Can a summation document of the key points of this presentation be shared with the group for quick reference?

Answer 13: There currently is not a quick reference guide of changes in the rule. This is a great suggestion and something we can develop and post to the qualityreportingcenter.com website. Some of the best tools developed came from suggestions from participants such as yourself. Thank you.

Question 14: Is ASC-12 also voluntary?

Answer 14: No, this is a claims-based measure that requires no reporting for the facility. This is not voluntary.

Question 15: This is still pay-for-reporting, as opposed to pay-for-performance, is that correct? Thinking specifically of ASC-9 and 10.

Answer 15: Yes, that is correct. It is not a pay-for-performance program.

Question 16: Did I understand correctly that there is a report available to tell us how many Medicare claims have been submitted that count for our minimum threshold? If so, where do we go to obtain this report?

Answer 16: This report is available on QualityNet via the Secure Portal and is called the Provider Participation Report. The Claims Detail Report shows each claim and the G-code that was entered for the claim. You will have to be a Security Administrator to be able to log into QualityNet.

Question 17: We submitted a request for a Security Administrator invitation in early October. We have not heard from them at this point. Who can we contact to find out the status?

Answer 17: You should have received two emails from QualityNet that your application had been processed. It is possible that your spam filter may

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have redirected those emails to your “junk” file. Contact the QualityNet Help Desk for assistance at 866.800.8756.

- Question 18:** But if we submit 290 claims in 2015 and 576 in 2017, will we be penalized on the 286 additional claims volume?
- Answer 18:** No, the facility will not be penalized based on increased volume so long as it reports appropriately.
- Question 19:** Is Measure 12 a G code?
- Answer 19:** No. ASC-12 has no data collection on the part of the facility; it is all tracked through claims via beneficiary HIC number, procedure codes, and diagnosis codes. A dry run was performed this year, and reports were sent via Secure File Exchange on QualityNet. The dry run data will not be publicly reported. ASC-12 affects payment and public reporting beginning with CY 2018.
- Question 20:** How soon can you enter influenza reporting?
- Answer 20:** You can now enter your influenza data via the CDC/NHSN. The opening date was 10/1/15, and the close date is 5/15/16.
- Question 21:** There is a physician in our ASC who performs a colonoscopy here the day before a scheduled colon resection in the hospital. How will this affect our ASC-12 measure?
- Answer 21:** This measure counts unplanned hospital visits for all causes within 7 days after the qualifying colonoscopy procedure.
- Question 22:** Will there be a webinar for PQRS measures?
- Answer 22:** We cannot speak to PQRS; we are not contracted under that program. Please call 800.288.8912 for guidance for the PQRS Program.
- Question 23:** If a patient has a colonoscopy and goes to the hospital following the procedure for pain, is this a reportable event even if the patient was not harmed (colon perforated)?
- Answer 23:** It would be reportable if the ASC transferred the patient to the hospital after the procedure. Otherwise, the facility would not be required to report the incident for purposes of ASC-4.
- Question 24:** When is a decision for the measures under consideration, Normothermia and Unplanned Vitrectomy, going to be finalized?
- Answer 24:** Right now these measures are just under consideration. If CMS decides to implement these measures, it will be made public in the proposed rule in future rule-making.

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- Question 25:** If an ASC does not meet the threshold, will the facility be subject to the 2% payment adjustment?
- Answer 25:** If the ASC does not meet the 50% reporting threshold for QDC reporting, it may be subject to a 2% reduction in the annual payment update. For example, if CMS announces in the Final Rule that ASCs will receive a 2% annual payment update and the ASC does not meet the 50% requirement, then they will not receive any update to their payment.
- Question 26:** What should the facility do if the administrator is new to the practice and the last administrator did not submit the data and now we received a letter that our payment was reduced?
- Answer 26:** If you wish to file a reconsideration request, follow the directions on your fail letter to file for an APU reconsideration.
- Question 27:** When is data submission open?
- Answer 27:** The reporting period for the web-based measures begins January 1, 2016. ASC-8 is reported via the NHSN website and is now open for data input.
- Question 28:** Then we don't need to report Vitrectomy for now?
- Answer 28:** Correct. This is a measure under consideration and is not part of the ASCQR Program at this time.
- Question 29:** Data has been submitted for a couple of years now. How do ASCs compare with HOPDs' quality healthcare delivery results?
- Answer 29:** At the current time there are only 2 measures that apply in both settings, and these are ASC-9 and 10. This year was the first year this has been reported, and a comparison has not been completed at this time. Safe Surgery Checklist (ASC-6 and OP-25) are the same measure. ASC-7 and OP-26 are the same. ASC-8 and OP-27 are also the same. ASC-11 and OP-31 are the same. CMS is striving to align the two programs, but there is no plan to compare one setting to the other.
- Question 30:** Would the Anterior Vitrectomy measure be a claims-based measure?
- Answer 30:** That will be determined once the measure is finalized and specifications rolled out.
- Question 31:** For those of us who are not nurses, can we get CEUs from AAPC for attending these webinars?
- Answer 31:** Yes, anyone that attends can get CE credits as long as they have watched the webinar, taken the survey, and signed up with the Learning Management Center. As stated at the end of the webinar, attendees have to register at the Learning Management Center, **not** just register for the

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webinar. All events have a deadline of one week after the webinar, and then the event will close and no further CE credits will be able to be obtained from that event.

Question 32: How soon will we know if these measures will be in effect for payment year 2017?

Answer 32: There are no new measures that will affect payment year 2017. The measures that will affect payment year 2017 are: ASC-1-5, ASC-6, ASC-7, ASC-8, ASC-9, and ASC-10.

Question 33: Please clarify for ASC-7 2015 encounters. Are we to use v4.1 ASC codes for all of 2015 encounters?

Answer 33: Yes, for all of the claims-based and web-based measures in calendar year 2015, you will use Version 4.1 of the Specifications Manual.

Question 34: If a patient falls in the facility prior to a procedure, but has registered and is a Medicare patient, we do not have to report this because the superbill will not have a billable amount, is this correct?

Answer 34: If the facility does not file a claim for payment, then the G-codes do not have to be reported.

Question 35: According to the ASC-12 dry run, there were a lot of issues identified in the ASC-12 dry run data. Have those issues been resolved?

Answer 35: The ASC-12 measure is currently undergoing annual re-evaluation, during which CMS is evaluating issues noted by facilities during the July 2015 dry run. Please see the QualityNet website for the most recent Specifications Manual v5.0:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPages%2FQnetTier2&cid=1228772475754>. We note that these specifications may be further revised in 2016.

Question 36: Did I understand correctly that there is a report available to tell us how many Medicare claims have been submitted that count for our minimum threshold? If so, where do we go to obtain this report?

Answer 36: Yes, there is a report available that will give you a snapshot of how many Medicare claims have been submitted that count towards your minimum threshold. This is the Provider Participation Report, and it is available via the Secure Portal on QualityNet.

Question 37: So simply submitting a claim to the insurance with Quality Data Codes suffices participation? Or should we also send via website?

Answer 37: An ASC is considered participating in the ASC Quality Reporting Program once the ASC submits G-codes on Medicare Fee-for-Service

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claims. Any quality measure data (via Quality Data Codes) on claims is pulled off the claims that are submitted for payment. Nothing additional needs to be done. Web-based measures are submitted annually via the Secure Portal of QualityNet by the facility's Security Administrator.

Question 38: Where can I find a report regarding my facility's activity as it relates to ASC-12?

Answer 38: The only report that has been released regarding the ASC-12 measure is the Facility-Specific Report (FSR) provided to facilities with qualifying data during the July 2015 dry run. For more information on these reports see:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPages%2FQnetTier3&cid=1228775197663>. CMS has not yet determined the schedule of reports for this measure for the CY 2018 payment determination.

Question 39: Where can I find the list of measures for 2017 APU?

Answer 39: The list of measures for payment year 2017 are available on www.qualitynet.org, or download the latest ASC Specifications Manual from the public side of QualityNet. Call the Support Contractor if assistance is needed at 866-800-8756.

Question 40: If an ASC is below the threshold (and is exempt) and withdraws because of that threshold, will the 2% be enforced or not due to exempt status?

Answer 40: If an ASC is exempt, there is no need to withdraw since participation has been waived. There will be no 2% reduction in payment.

Question 41: If we missed part of the in-service, can we watch again later?

Answer 41: Yes, all webinars are available for future viewing on our website www.qualityreportingcenter.com within 2-4 weeks after the webinar date.

Question 42: Regarding ASC-12, what if the ASC does not perform colonoscopies?

Answer 42: If your facility does not perform colonoscopies, it will not be included in the ASC-12 measure. The measure includes only facilities performing qualifying low-risk colonoscopies. For more information on the measure, please refer to the most recent Specifications Manual v5.0:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPages%2FQnetTier2&cid=1228772475754>

Question 43: What temp is considered Normothermic?

Answer 43: Specifications for this measure will be published when it becomes a measure through the rule-making process. This measure is only under consideration.

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- Question 44:** For ASC-12, claims-based, those claims/information would be coming from the hospital post discharge from an ASC? Is there a way to see the patients who would fall into that category?
- Answer 44:** Yes, the data used to identify outcomes following a procedure at an ASC come from inpatient and outpatient hospital billing data submitted to CMS. Table 3 of the Facility-Specific Report (FSR) distributed during the dry run in July 2015 provided information on the type of outcome for each case, including the provider ID of the hospital where the inpatient stay, observation stay, or emergency department visit took place. Please see the dry run pages on QualityNet for information on these reports: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228775197663>. CMS has not yet determined reporting plans for CY 2018 measure implementation, but will likely provide facilities with a similar table with CY 2016 data.
- Question 45:** Our next reporting of data will be for payment in 2017, correct?
- Answer 45:** Yes, that is correct. Encounter dates for calendar year 2015 will be reported in calendar year 2016 for payment in calendar year 2017.
- Question 46:** ASC-12 is claims-based, and we should be capturing data in 2016, correct? I am not a coder, but how is this measure captured?
- Answer 46:** The ASC-12 measure is calculated from routine billing (claims) data from ASCs and hospitals. Facilities do not need to report specific codes (such as QDC codes used for other ASC measures) on their claims for the purposes of this measure. For the CY 2018 payment determination, the performance period is anticipated to be based on CY 2016 claims data.
- For more information on the measure, please refer to the most recent Specifications Manual v5.0: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772475754>, or the detailed methodology reports: <https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228775197506>.
- Question 47:** What is/are the codes that must be billed for ASC-12? When does the ASC need to start billing with these codes for ASC-12?
- Answer 47:** The ASC-12 measure is calculated from routine billing (claims) data from ASCs and hospitals. Facilities do not need to report specific codes (such as QDC codes used for other ASC measures) on their claims for the purposes of this measure. For the CY 2018 payment determination, the performance period is anticipated to be based on CY 2016 claims data.
- For more information on the measure, please refer to the most recent Specifications Manual v5.0:

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<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772475754>, or the detailed methodology reports:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228775197506>.

Question 48: For 2015 will we be gathering data that requires ICD codes, using both ICD-9 and ICD-10 codes? Thank you.

Answer 48: Yes, data will be collected using ICD-9 codes for encounters that occurred on or before September 30, 2015. For encounters occurring after that date, ICD-10 codes will be utilized.

Question 49: You talked about measure ASC-12 as far as how data is collected, but how does it affect your payment? What is the expected threshold?

Answer 49: ASC-12 is part of the ASC Quality Reporting Program. See this website for more information on this program: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ASC-Quality-Reporting/>. The ASC-12 measure will be implemented for the CY 2018 payment determination. There is no expected performance threshold. CMS has not yet determined how results will be publicly reported.

Question 50: For ASC-12, when we analyzed our data there were many errors, which I gave to CMS. There were patients included that were having routine lab tests the next day or scheduled surgeries unrelated to their procedure at our center. Have all these issues with this measure been addressed?

Answer 50: CMS has not reported that the known issues with the data have been resolved.

The ASC-12 measure is currently undergoing annual reevaluation, during which CMS is evaluating issues noted by facilities during the July 2015 dry run. Please see the QualityNet website for the most recent Specifications Manual v5.0:

<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772475754>. We note that these specifications may be further revised in 2016, including the algorithm to identify planned admissions.

Please note that although the measure removes planned hospital admissions from the outcome, it measures all-cause hospital visits to encourage facilities to minimize all types of risks that may lead to the need for a hospital visit after a colonoscopy. Measuring only hospital visits that are potentially related to a colonoscopy, such as gastrointestinal bleeding, would limit the measure's impact on quality improvement efforts. Measuring all-cause patient outcomes encourages facilities to minimize

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the risk of a broad range of outcomes, including the risk of dehydration, pain, dizziness, and urinary retention. These are common problems that may be related or unrelated to a recent colonoscopy. We have structured the measure so that facilities who most effectively minimize patient risk of these outcomes will perform better on the measure. We do not expect the rate of hospital visits to be zero since some patients will have visits for reasons completely unrelated to the colonoscopy. The measure is risk-adjusted so facilities that are more likely to experience unrelated visits because they have a generally higher-risk patient mix are not disadvantaged in the measure.

Question 51: How many sites withdrew from the public reporting in the past year?

Answer 51: Less than five percent (5%) of ASCs withdrew from public reporting of their data in the past year.