

Welcome!

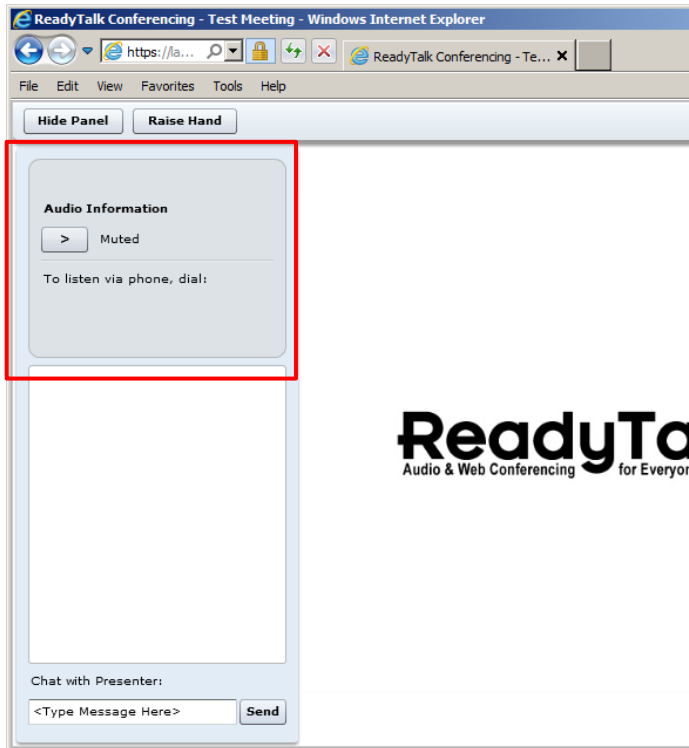
- Audio for this event is available via ReadyTalk® Internet Streaming.
- No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.
- Limited dial-in lines are available. Please send a chat message if needed.
- This event is being recorded.



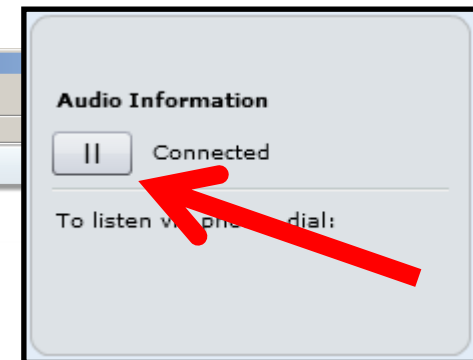
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

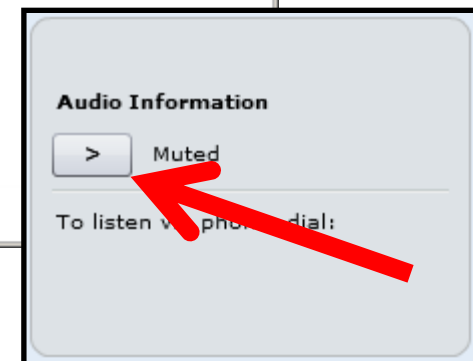
- Click Pause button
- Wait 5 seconds
- Click Play button



Location of Audio Controls



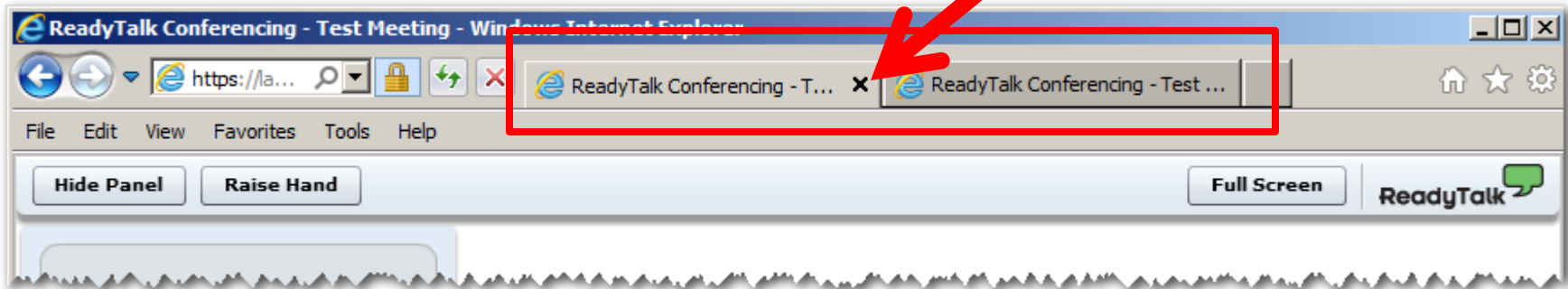
Step 1



Step 2

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
- Close all but one browser/tab and the echo will clear up.



Example of two browsers/tabs open in same event

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



The screenshot shows a web interface for a CMS event. On the left, there is a vertical chat window titled "Chat with Presenter" with a text input field and a "Send" button. The main area of the screen displays the CMS logo (Centers for Medicare & Medicaid Services) and a large "Welcome to Today's Event" message. Below this, a message reads: "Thank you for joining us today! Our event will start shortly." The interface includes standard window controls like "Hide Chat", "Return Home", "Full Screen", and "ReadyToGo" in the top right corner.



ASCQR 2016 Specifications Manual Update

January 27, 2016

Announcements (1 of 2)

- January 1, 2016–August 15, 2016, is the data submission period for the web-based measures entered through QualityNet.
- ASC-8, entered through the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN), has a submission deadline of May 15, 2016.

Announcements (2 of 2)

- Access your QualityNet and NHSN accounts routinely to ensure your passwords stay active.
 - QualityNet accounts deactivate after 365 days.
 - NHSN accounts deactivate; contact nhsn@cdc.gov for details.

Save the Date

- Upcoming ASC Quality Reporting (ASCQR) Program educational webinars:
 - February 24, 2016: Tools and resources for the ASCQR Program
 - March 23, 2016: Two-year ASCQR Program data analysis
- Notifications of additional educational webinars will be sent via ListServe.

Learning Objectives

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

- Identify changes to the Specifications Manuals
- Describe changes in the Measure Information Forms
- Locate and access the Specifications Manuals for the ASCQR Program



ASCQR 2016 Specifications Manual Update



Presented by:

- *Mathematica Policy Research*
- *Telligen*
- *Yale Center for Outcomes Research and Evaluation*
- *HSAG*

ASC-1 through ASC-5

CLAIMS-BASED MEASURES

Requires ASCs report Quality Data Codes (QDCs)

ASC-1 through ASC-5

Shared update for **version 5.0a**

- Definition for *Admission*:
 - Completion of registration after physical entry into the facility

changed to

 - Completion of registration upon entry into the facility

ASC-1 (1 of 2)

Patient Burn

- *Selection Basis*, fourth paragraph, updated to:
 - “Recognizing the diversity of mechanisms by which a patient could sustain an unintentional burn in the ASC setting, the definition of burn is broad, encompassing all six recognized means by which a burn can occur – scalds, contact, fire, chemical, electrical, or radiation. This will allow stakeholders to develop a better understanding of the incidence of these events and further refine means to ensure prevention.”

ASC-1 (2 of 2)

- *Clinical Recommendation Statements* updated to:
 - Revised hyperlink in the third paragraph to <https://asahq.org/quality-and-practice-management/standards-and-guidelines>
- *Selected References* updated

ASC-2 (1 of 2)

Patient Fall

- *Selection Basis:*
 - “However, stakeholders have expressed a general interest in the public reporting of such adverse events.”

ASC-2 (2 of 2)

- *Clinical Recommendation Statements:*
 - The first sentence changed to “According to the Agency for Healthcare Research and Quality’s Prevention of Falls in Acute Care guideline, patient falls may be reduced by following a four-step approach”
- *Selected References* updated

ASC-3

Wrong Site, Wrong Side, Wrong Patient,
Wrong Procedure, Wrong Implant

- *Description* updated:
 - The ending words “in the ASC” have been removed. The description now reads:
 - “The number of admissions (patients) who experience a wrong site, side, patient, procedure or implant”
- *Selected References* updated

ASC-4 (1 of 3)

All-Cause Hospital Transfer/Admission

- *Measure Title* updated to:
“All-Cause Hospital Transfer/Admission”
- *Description* updated to:
 - **“The percentage of ASC admissions (patients) who are transferred or admitted to a hospital upon discharge from the ASC”**

ASC-4 (2 of 3)

- Definition for *Hospital Transfer/Admission* updated:
 - The words “after the patient has been admitted in the ASC” have been removed. The definition now reads:
“Hospital Transfer/Admission – any transfer/admission from an ASC directly to an acute care hospital including hospital emergency room.”

ASC-4 (3 of 3)

- *Clinical Recommendation Statements* updated:

The word “specifically” removed. The first statement now reads: “No clinical practice guidelines addressing transfers or admissions from ASCs to acute care hospitals are available at this time.”

- *Selected References* updated

ASC-5

Prophylactic Intravenous (IV) Antibiotic Timing

- Changes made to **Version 5.0a** of the Specifications Manual:
 - *Selected References* updated

ASC-6 through ASC-11

WEB-BASED MEASURES

ASC-6

Safe Surgery Checklist Use

- No changes were made to this measure in either version 5.0 or 5.0a

ASC-7

ASC Facility Volume Data on Selected ASC Surgical Procedures

- In Version 4.1, Table 2 was updated to reflect the procedures most frequently performed by ASC facilities in calendar year (CY) 2015. Please refer to this table when submitting facility volume data for 2015 encounters.
- In Version 5.0a, Table 2 was replaced with the following language: “Please refer to Specifications Manual v5.1 for the updated categories and HCPCS for ASC Surgical Procedures.”
- In Version 5.1, Table 2 will be updated in late 2016 to reflect the procedures most frequently performed by ASC facilities in CY 2016.

ASC-8 (1 of 3)

Influenza Vaccination Coverage Among Healthcare Personnel

- Data must be entered via CDC's NHSN
 - CCN (CMS Certification Number) must be used
 - Use of Secure Portal, SAMS (Secure Access Management System)
- Data submission due date: May 15, 2016

ASC-8 (2 of 3)

Challenges that may interfere with effective reporting:

- Incorrect CCN
- Use of a Tax ID vs. CCN
- Selection of N/A
- Selection of wrong reporting season
- Selection of Outpatient vs. ASC

ASC-8 (3 of 3)

Resources available for ASC-8

- NHSN Help Desk – NHSN@CDC.gov
- SAMS Help Desk (technical support) – 877.681.2901 or samshelp@cdc.gov
- CDC webinar on NHSN and reporting – www.qualityreportingcenter.com under Archived Events
- Specifications Manual – www.qualitynet.org

ASC-9 (1 of 2)

Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients

- Changes made to Version 5.0a of the Specifications Manual:
 - *Measure Description*
 - “50 years and older” was changed to “50 to 75 years of age”
 - *Denominator*
 - “50 years and older” was changed to “50 to 75 years of age”
 - *Denominator Criteria (Eligible Cases)*
 - Added “and ≤ 75 ”

ASC-9 (2 of 2)

- Added Examples to *Denominator Exclusions*:
 - Diverticulitis documented in the medical record and a follow-up interval of 5 years in the colonoscopy report
 - Family history of colon cancer and a follow-up interval of 3 years documented in the colonoscopy report
 - Less than adequate prep documented in the medical record with a repeat colonoscopy in 3 years in the colonoscopy report
- *Additional Instructions* updated:
 - Added “A range that includes “10 years” (e.g.: 7 to 10 years) is not acceptable.”

ASC-10 (1 of 3)

Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use

- *Denominator Criteria (Eligible Cases)*
 - The following CPT codes have been inactivated and were removed:
 - 44393
 - 45355
 - 45383

ASC-10 (2 of 3)

- *Denominator Exclusions:*
 - “Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., patients with high risk for colon cancer, last colonoscopy incomplete, last colonoscopy inadequate prep, piecemeal removal of adenomas, or last colonoscopy found greater than 10 adenomas)”

Changed to

- “Documentation of medical reason(s) for an interval of less than 3 years since the last colonoscopy (e.g., patients with high risk for colon cancer, last colonoscopy incomplete, last colonoscopy inadequate prep, piecemeal removal of adenomas/polyps, or last colonoscopy found greater than 10 adenomas/polyps).

ASC-10 (3 of 3)

- Added to *Denominator Exclusions*:
 - For a system reason all of the following must be present in the medical record:
 - The interval since the last colonoscopy is less than 3 years; **and**
 - A medical reason for an interval of less than 3 years is not documented; **and**
 - A “system reason” is documented (e.g.: previous colonoscopy report not available, unable to locate last colonoscopy report).”

ASC-11

Cataracts – Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery

- *Data Collection Approach* section added:
 - “Include procedures performed from the beginning of the reporting year through 90 days prior to the end of the reporting period. This will allow the postoperative period to occur.”
- Added to the *Additional Instructions* section:
 - “For each of the VF tools (VF-14 or VF-8R), all questions have equal weight, only non-missing questions are included and the total weight is 100.”

ASC-12

CLAIMS-BASED MEASURE

Utilizes data from paid Medicare-Fee-For-Services (FFS) claims
Does not require ASCs to submit Quality Data Codes (QDCs)

ASC-12 (1 of 5)

Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

- Title was expanded to full measure title:
 - “Centers for Medicare & Medicaid Services (CMS) Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy Measure”
- Several minor edits were made throughout the Specification Manual for clarity and will not be reviewed here.
- The substantive edits reflect changes to update cohort codes and exclusion criteria made prior to and following the July 2015 national dry run for the measure.

ASC-12 (2 of 5)

- *CPT/HCPCS codes* that define the patient cohort have two codes added:
 - 45388 – Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)
 - G6024 – Colonoscopy, flexible; proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare

ASC-12 (3 of 5)

- *Exclusion* refined:
 - Colonoscopies for patients who lack continuous enrollment in Medicare FFS Parts A and B in the 1 month after the procedure.
Changed to
 - Colonoscopies for patients who lack continuous enrollment in Medicare FFS Parts A and B in the 7 days after the procedure.

ASC-12 (4 of 5)

- *Exclusions* expanded with underlined text:
 - Colonoscopies for patients with a history of inflammatory bowel disease (IBD) or diagnosis of IBD at time of index colonoscopy.
 - Colonoscopies for patients with a history of diverticulitis or diagnosis of diverticulitis (DVT) at time of index colonoscopy.
- *Exclusions* table added with diagnosis codes (ICD-9 and ICD-10) for IBD and diverticulitis exclusions above

ASC-12 (5 of 5)

- *Exclusions added:*
 - Colonoscopies that occur on the same hospital outpatient claim as an ED visit.
 - Colonoscopies that occur on the same hospital outpatient claim as an observation stay.
 - Colonoscopies followed by a subsequent outpatient colonoscopy procedure within 7 days.

Don't Forget

- Always check the updated release notes
- Look for updates
- Make sure you are signed up for the ListServe
 - Sign up on the home page of QualityNet
- You can find the Specifications Manuals on the QualityNet website at www.qualitynet.org

Questions



CONTINUING EDUCATION CREDIT PROCESS

CE Approval

- This program has been approved for 1.0 continuing education 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.
 - Nationally accepted by all state Boards of Nursing

CE Certificate Problems?

- If you do not immediately receive a response to the email that you used to register in the Learning Management Center, a firewall is blocking the link that is sent in response.
- Please go back to the **New User** link and register your personal email account.
 - Personal emails do not have firewalls.

CE Credit Process

- Complete the ReadyTalk[®] survey you will receive by email within the next 48 hours or the one that will pop up after the webinar.
- The survey will ask you to log in or register to access your personal account in the Learning Management Center.
 - A one-time registration process is required.

CE Credit Process Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

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

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

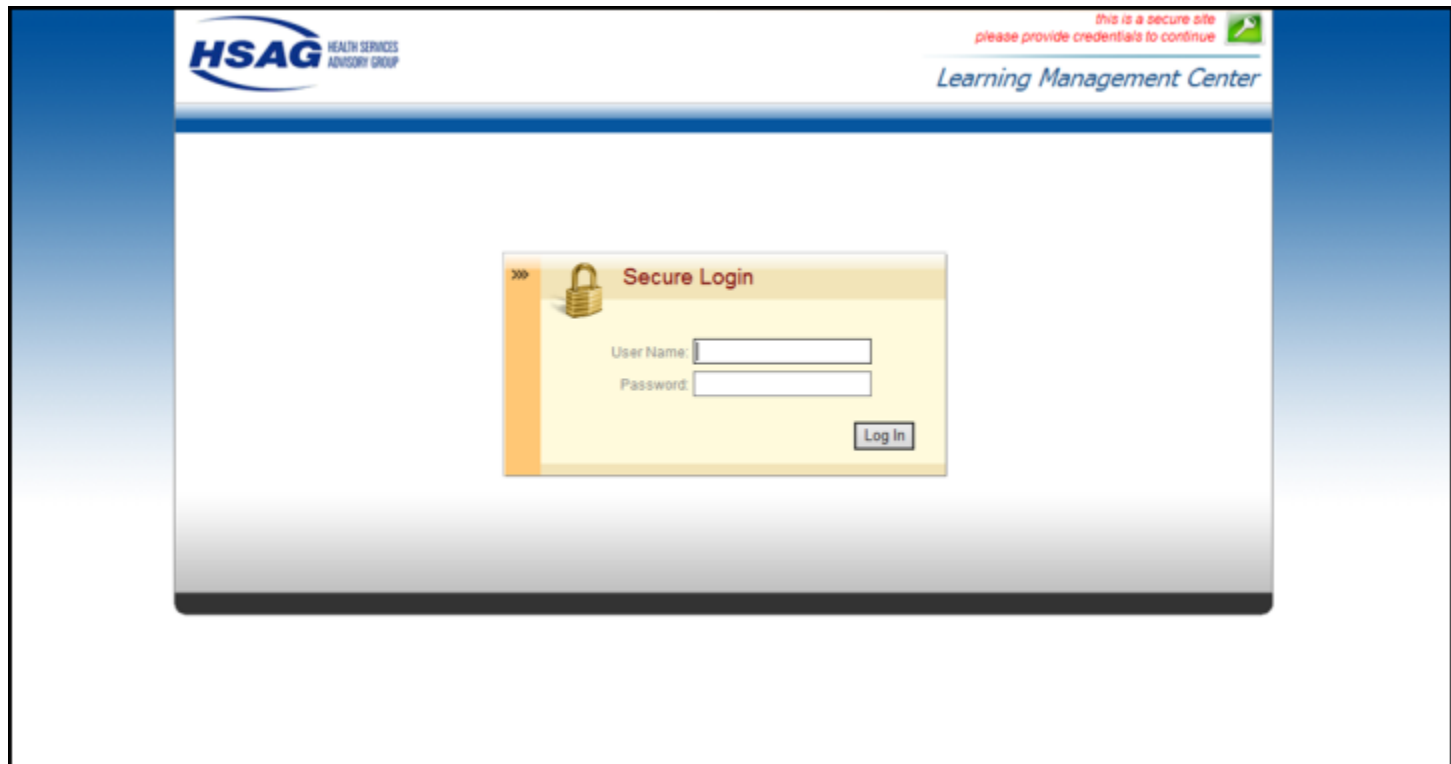
Learning Management Center

Learning Center Registration: QQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left, the HSAG logo is accompanied by the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a security warning reads "this is a secure site please provide credentials to continue" next to a green padlock icon. Below this, the text "Learning Management Center" is displayed. The central focus is a "Secure Login" box with a yellow background and a gold padlock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

Thank You for Participating!

Please contact the ASCQR Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at www.qualitynet.org

Or

- Call the ASCQR Support Contractor at 866.800.8756.