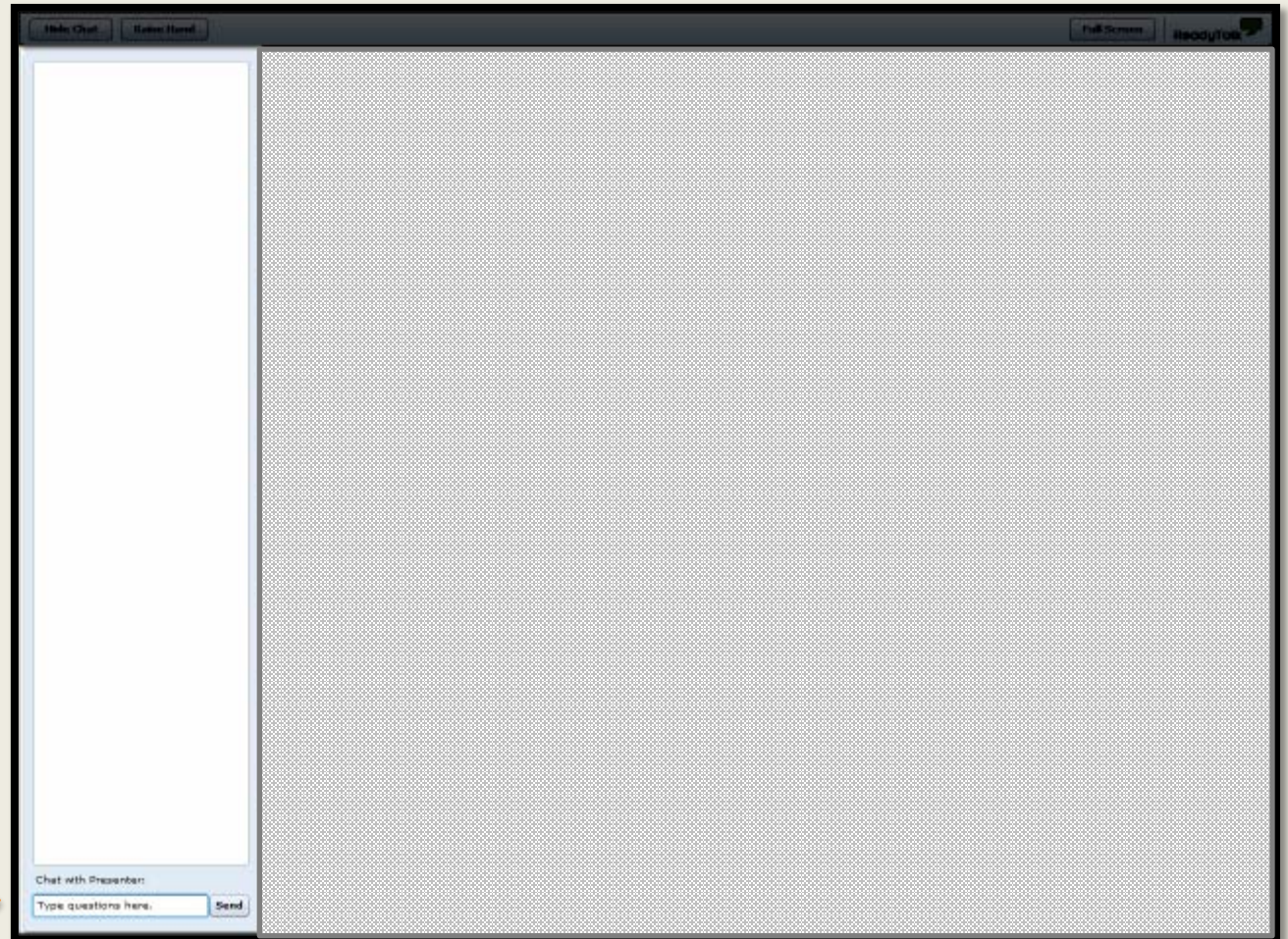


# The ASCQR Program: Recipe for Success!

- Audio for this event is available via internet streaming.
- No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.
- Please use streaming audio if possible. However, if you have trouble hearing the webinar, a call-in number is available. Type your request into the chat box.

# Submitting Questions

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





# **The ASCQR Program: Recipe for Success!**

---

*Tamara Heron, MBA  
Project Coordinator  
September 30, 2015*

# Announcements

- September 30: Deadline for submission of web-based measures ASC-6, ASC-7, ASC-9, and ASC-10 (reported through QualityNet) and ASC-8 (reported through NHSN)
- Public Reporting: Claims-Based Data for 2013 and/or 2014 can be suppressed, see the ListServe from [September 8](#) for more details

# Save the Date

- October 28: Public Reporting
- December 2: Final Rule
- Upcoming educational webinars will be announced via ListServes

# Learning Objectives

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

- Understand the ASC Quality Reporting (ASCQR) Program requirements
- Identify the various components of the ASCQR Program
- Understand the process for submitting measures via the web-based tool
- Access ASCQR information on the QualityNet website



# The ASCQR Program: Recipe for Quality Improvement



*Tamara Heron, MBA  
Project Coordinator  
September 30, 2015*



# ***Best Ever Brownies: A Recipe for Success!***



# Who Wants Brownies?

- The Centers for Medicare & Medicaid Services (CMS)
- ASC Quality Collaboration
- Ambulatory Surgery Center Association (ASCA)
- The Public

# Brownies Have to Fit in the Pan

What is the pan? The pan is the threefold goal of every quality reporting program:

- Better care
- Smarter spending
- Healthier people

# Cook's Tools

What do you need to make the batter for quality improvement?

- Quality data
- Ways to report the data
- Measure alignment

Where is the recipe?

- Final rule in the [\*Federal Register\*](#)

# Recipe: Final Rule

- Proposed Rule
  - Proposed Rule with Comment Period
  - Facility comments and involvement
  - Comment period open for 60 days
- Final Rule
  - Displays in the *Federal Register* in early November

# What If You Don't Bake?

## Participation Requirements:

- Facilities that have greater than 240 claims and do not participate in the ASCQR Program may lose 2 percent of their annual payment update (APU).
  - This APU reduction will also reduce beneficiary co-payments.
- This loss in APU influences only the affected payment determination year and does not affect future APUs.

---

# ***REQUIREMENTS AND MEASURES*** ***(Ingredients)***

# Measurement

---

- Claims-based measures
- Web-based measures

# Program Ingredients

- Submit claims-based measures
  - Quality Data Codes (QDCs)
  - ASC-12: Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- Submit data for web-based measures
- Have an active QualityNet Security Administrator at the time of data submission to utilize the web-based tools



# ASC-12

- [ASC-12](#): Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- Claims-based measure
- Publicly reported beginning on or after December 1, 2017
- Will not affect APU until 2018 payment year

# Measures\*

Claims-Based Measures			
Number	Measures for CY 2017 Payment Year	Data Submission Dates	
ASC-1	Patient Burn	Claims submitted for services furnished between January 1, 2015 and December 31, 2015	
ASC-2	Patient Fall	Claims submitted for services furnished between January 1, 2015 and December 31, 2015	
ASC-3	Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Claims submitted for services furnished between January 1, 2015 and December 31, 2015	
ASC-4	Hospital Transfer/Admission	Claims submitted for services furnished between January 1, 2015 and December 31, 2015	
ASC-5	Prophylactic Intravenous (IV) Antibiotic Timing	Claims submitted for services furnished between January 1, 2015 and December 31, 2015	
ASC-12	Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Dry Run in 2015*	
Web-Based Measures			
Number	Measures for CY 2017 Payment Year	Data Collection Period	Submission Period
ASC-6	Safe Surgery Checklist Use	January 1, 2015–December 31, 2015	January 1, 2016–August 15, 2016
ASC-7	ASC Facility Volume Data on Selected ASC Surgical Procedures†	January 1, 2015–December 31, 2015	January 1, 2016–August 15, 2016
ASC-8	Influenza Vaccination Coverage among Healthcare Personnel**	October 31, 2015–March 31, 2016	May 15, 2016
ASC-9	Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	January 1, 2015–December 31, 2015	January 1, 2016–August 15, 2016
ASC-10	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	January 1, 2015–December 31, 2015	January 1, 2016–August 15, 2016
ASC-11	Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery††	January 1, 2015–December 31, 2015	January 1, 2016–August 15, 2016 (Voluntary)

\*Available on [qualityreportingcenter.com](http://qualityreportingcenter.com).

# Dry Ingredients (Quality Data Codes)

- Quality Data Codes (QDCs) are either HCPCS or CPT® II codes, which describe quality outcome measures.
- Facilities must submit QDCs on at least 50 percent of Medicare claims.
- Each claim must have a *minimum* of two or a *maximum* of five QDCs.
  - Measures ASC-1 through ASC-4 may be answered with the “blanket” code of G-8907 for no adverse event **or** the measures must be answered individually.
  - ASC-5 must be answered individually, regardless of how measures ASC-1 through ASC-4 are addressed.

# Sift Together

- QDCs are submitted on a CMS Form-1500 version, electronically or on a paper claim form.
- All QDCs for an encounter must be reported on the same claim.
- QDCs must be submitted with a line-item charge and an appropriate QDC.
- A diagnosis pointer code is required.
- The facility National Provider Identifier (NPI) must be used, not the physician's NPI.

---

# POLLING QUESTION

# Quality Data Codes\*

## Ambulatory Surgical Center Measure G-Codes (QDCs)

Measure	Measure Description	QDCs
ASC-1	Patient Burn	<b>G8908:</b> Patient documented to have received a burn prior to discharge <b>G8909:</b> Patient documented <b>not</b> to have received a burn prior to discharge
ASC-2	Patient Fall	<b>G8910:</b> Patient documented to have experienced a fall within the ASC <b>G8911:</b> Patient documented <b>not</b> to have experienced a fall within the ASC
ASC-3	Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	<b>G8912:</b> Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event <b>G8913:</b> Patient documented <b>not</b> to have experienced a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event
ASC-4	Hospital Transfer/Admission	<b>G8914:</b> Patient documented to have experienced a hospital transfer or hospital admission upon discharge from ASC <b>G8915:</b> Patient documented <b>not</b> to have experienced a hospital transfer or hospital admission upon discharge from ASC
ASC-5	Prophylactic IV Antibiotic Timing	<b>G8916:</b> Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic initiated on time <b>G8917:</b> Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic not initiated on time <b>G8918:</b> Patient without preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis

**G8907:** Patient documented **not** to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event; or a hospital transfer or hospital admission upon discharge from the facility. This can be used in lieu of codes ASC-1 through ASC-4 **if all are negative.**

\*Available on [qualityreportingcenter.com](http://qualityreportingcenter.com).

# Claim Form Example

- Procedure – Upper GI endoscopy, including esophagus, stomach, and either duodenum and/or jejunum as appropriate; with removal of tumors, polyps, or other lesions by snare technique CPT® (Procedure) Code – 43251
- ICD 9 Code – 530.81 esophageal/gastroesophageal reflux
- Patient is transferred for 24 hour observation, creating a reportable incident (G8914: Hospital/Transfer Admission)

In this instance, you must use four G-codes plus one antibiotic because G8907 (No Reportable Events) is not applicable since the patient has to be transferred.

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? \$ CHARGES		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate to service line below (2HE) ICD-9-CM)										22. RESUBMISSION CODE ORIGINAL REF. NO.		
23. PRIOR AUTHORIZATION NUMBER												
24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. RATE (Per Day/Per Unit)	I. EQ. QUAL.	J. RENDERING PROVIDER ID #
MM	DD	YY	MM	DD	YY							
10	31	14	10	31	14	24	43251	1	895 50	1		Facility
10	31	14	10	31	14		G8909	1	0 00			Facility
10	31	14	10	31	14		G8911	1	0 00			Facility
10	31	14	10	31	14		G8913	1	0 00			Facility
10	31	14	10	31	14		G8914	1	0 00			Facility
10	31	14	10	31	14		G8918	1	0 00			Facility

25. FEDERAL TAX I.D. NUMBER SSN/EIN  
 26. PATIENT'S ACCOUNT NO.  
 27. ACCEPT ASSIGNMENT? (For 3rd Party Billing Only)  
 28. TOTAL CHARGE \$  
 29. AMOUNT PAID \$  
 30. Rev'd for NUCC Use  
 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (If certify that the statements on the reverse apply to this bill and are made a part thereof.)  
 32. SERVICE FACILITY LOCATION INFORMATION  
 33. BILLING PROVIDER INFO & PH # ( )

SIGNED DATE  
 a. NPI b. NPI

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

# Combine Dry Ingredients

- On the Remittance Advice (RA)/ Explanation of Benefits (EOB), payment for the claim will be seen along with the N620 remark code.
- A remark code must be on the RA/EOB to receive credit for the program.



# Wet Ingredients (Web-Based Measures)

- **ASC-6:** Safe Surgery Checklist Use
- **ASC-7:** ASC Facility Volume Data on Selected ASC Surgical Procedures
- **ASC-8:** Influenza Vaccination Coverage among Healthcare Personnel

# Wet Ingredients (Web-Based Measures)

- **ASC-9:** Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
- **ASC-10:** Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use
- **ASC-11:** Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery

# Combine Wet Ingredients

- Data for web-based measures ASC-6, -7, -9, and -10 must be submitted to CMS via the QualityNet Secure Portal during the appropriate reporting period.
- Data for web-based measure ASC-8 must be submitted to the NHSN.
- [Guidelines](#) for submitting web-based measures

---

# **REPORTS (Is there batter on your toothpick?)**

# Claims Detail Report

Report Run Date: 06/23/2015

Page: 1 of 33

**ASC Claims Detail Report**  
Date of Service Range: 04/01/2015 - 06/23/2015

Data As Of: 06/03/2015

Patient's Medicare Health Insurance Claim Number (HICN)	Claim Receipt Date	Date of Service	Quality Data Codes	Last Name	First Name	Date of Birth	Claim Control Number (ICN)
	04/06/2015	04/01/2015	G8907, G8918				
	04/06/2015	04/01/2015	G8907, G8918				
	04/06/2015	04/01/2015	G8907, G8918				
	04/06/2015	04/01/2015	G8907, G8918				
	04/06/2015	04/01/2015	G8907, G8918				
	04/06/2015	04/01/2015	G8907, G8918				
	04/06/2015	04/01/2015	G8907, G8918				
	04/06/2015	04/01/2015	G8907, G8918				
	04/06/2015	04/01/2015	G8907, G8918				
	04/06/2015	04/01/2015	G8907, G8918				

# Provider Participation Report (PPR)

Report Run Date: 06/03/2015		Page 1 of	
<b>ASCQR Participation Report</b>			
Payment Year: 2016			
State: MD		Active QualityNet Security Administrator: Yes	
National Provider Identifier (NPI):		Participation Status:	
ASC Name:			
ASC City:			
Total Number of Claims with QDC <sup>1</sup> :	460	Web - Based Measures:	Submission Status:
Total Number of Claims:	476	ASC-6: Safe Surgery Checklist Use	No
Data Completeness:	97%	ASC-7: ASC Facility Volume Data	No
CMS Required Threshold:	50%	ASC-9: Endoscopy: Follow-up Interval for Average Risk Patients	No
		ASC-10: Endoscopy: Interval for Patients with History of Polyps	No
		HAI Measures:	
		ASC-8: Influenza Vaccination Coverage among Healthcare Personnel	No

Claims-Based Measures	Quarter 1 – 2014 Dates of Service		Measure Value	
	Numerator	Denominator		
ASC-1: Patient Burn	0	103	0.000	Per 1000 Admissions
ASC-2: Patient Fall	2	104	19.231	Per 1000 Admissions
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	0	103	0.000	Per 1000 Admissions
ASC-4: Hospital Transfer/Admission	0	103	0.000	Per 1000 Admissions
ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing	7	8	88%	

<sup>1</sup>The "Total Number of Claims with QDC" field displays a count of claims containing at least one Quality Data Code (QDC) relevant to each of the required measures.  
<sup>2</sup>Disclaimer: This report does not confirm or deny whether an ASC qualifies for the full annual payment update.

---

# **QUALITYNET (Preheat your oven)**

# Specifications Manual (Cookbook)\*

The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. To its right is a login section for the "QualityNet Secure Portal (formerly MyQualityNet)" with a "Log In" button and a search box. Below the header is a navigation bar with tabs for "Home", "My QualityNet", and "Help". A secondary navigation bar contains dropdown menus for "Hospitals - Inpatient", "Hospitals - Outpatient", "Physician Offices", "Ambulatory Surgical Centers", "PPS-Exempt Cancer Hospitals", "ESRD Facilities", "Inpatient Psychiatric Facilities", and "Quality Improvement". The "Ambulatory Surgical Centers" dropdown menu is open, listing options: "Ambulatory Surgical Center (ASC) Program", "E-mail Notifications", "Specifications Manual" (circled in red), "Measures", "Resources", "Support Contact", "Data Submission", "Registration", and "Webinars". To the right of the dropdown is a "More News »" link. Further right are two boxes: "About Ambulatory Surgical Centers" with a link to "Questions/Answers" and "ASC Notifications" with a link to "ListServe Registration". Below the dropdown is a "CY 2016 OPPS/ASC" section with a "Full Article »" link and two headlines: "October 2015 Hospital Compare & CMS reports now available" and "CY 2015 OPPS/ASC final rule with comment period issued". At the bottom is a "Ambulatory Surgical Center Quality Reporting Program Overview" section with introductory text.

\*Available on [QualityNet](#).



# QualityNet Security Administrator (Pastry Chef)

- Submits data for web-based measures
  - Security Administrator (SA)
  - Basic User (Assistant Pastry Chef)
- Accesses secure reports
- At least one active SA at the time of data submission
- Each facility with a unique NPI must have an SA
- An SA can have access to more than one facility

# Security Administrator Registration

- Download the QualityNet SA Registration Packet available on [QualityNet](#).
- Follow the instructions for completing the registration and authorization forms
- Mail the original, completed forms to:

**HSAG**

**ASCQR Program Support Contractor**

**3000 Bayport Drive, Suite 300**

**Tampa, Florida 33607**

---

***RECONSIDERATION PROCESS***  
***(Brownies didn't pass the taste test?)***

# Reconsideration Process (Brownie Do-Over)

- A Reconsideration process is available to ASCs that did not receive their full APU.
  - Lists of ASCs meeting and not meeting requirements for full APU will be posted on QualityNet.
- The instructions and forms are available on the [QualityNet](#) website.
  - The Reconsideration form must be received by March 17 of the affected payment year.

---

# ***WITHDRAWING (Non-Bakers)***

---

# POLLING QUESTION

# How to Withdraw

- To withdraw from participating in the ASCQR Program, an ASC must complete the ASCQR Withdrawal of Participation Form.
- A 2.0 percentage point reduction will occur.
- This form is located on [www.qualitynet.org](http://www.qualitynet.org).
- It can be either faxed or mailed to the ASCQR Program Support Contractor.
- Address: 3000 Bayport Drive, Ste. 300, Tampa, FL, 33607
- Secure fax: 877.789.4443

# Wrapping It Up

- ASCs that share NPIs will submit cumulative data one time for the web-based measures.
- ASCs with 240 claims or fewer are exempt but may voluntarily submit data.
- Newly designated/opened ASCs



# Resources

- Quality Reporting Center website: [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com)
- QualityNet website: [www.qualitynet.org](http://www.qualitynet.org)
- Support Contractor: Outpatient and ASC  
Quality Reporting Outreach and Education  
Call Center – 866.800.8756

---

***QUESTIONS?***  
***Have any good brownie recipes?***

# Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:
  - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
  - Florida Board of Nursing Home Administrators
  - Florida Council of Dietetics
  - Florida Board of Pharmacy
  - Board of Registered Nursing (Provider #16578)
    - It is your responsibility to submit this form to your accrediting body for credit.

# CE Credit Process

- Complete the ReadyTalk<sup>®</sup> survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
  - This is a separate registration from ReadyTalk.
  - Please use your **personal** email so you can receive your certificate.
  - Healthcare facilities have firewalls that block our certificates.

# 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

The screenshot shows a web page for registration. At the top left is the HSAG logo (Health Services Advisory Group). At the top right, there is a security notice: "this is a secure site please provide credentials to continue" with a lock icon. Below this is the text "Learning Management Center". The main heading is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form includes four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the fields is a "Register" button.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site  
please provide credentials to continue

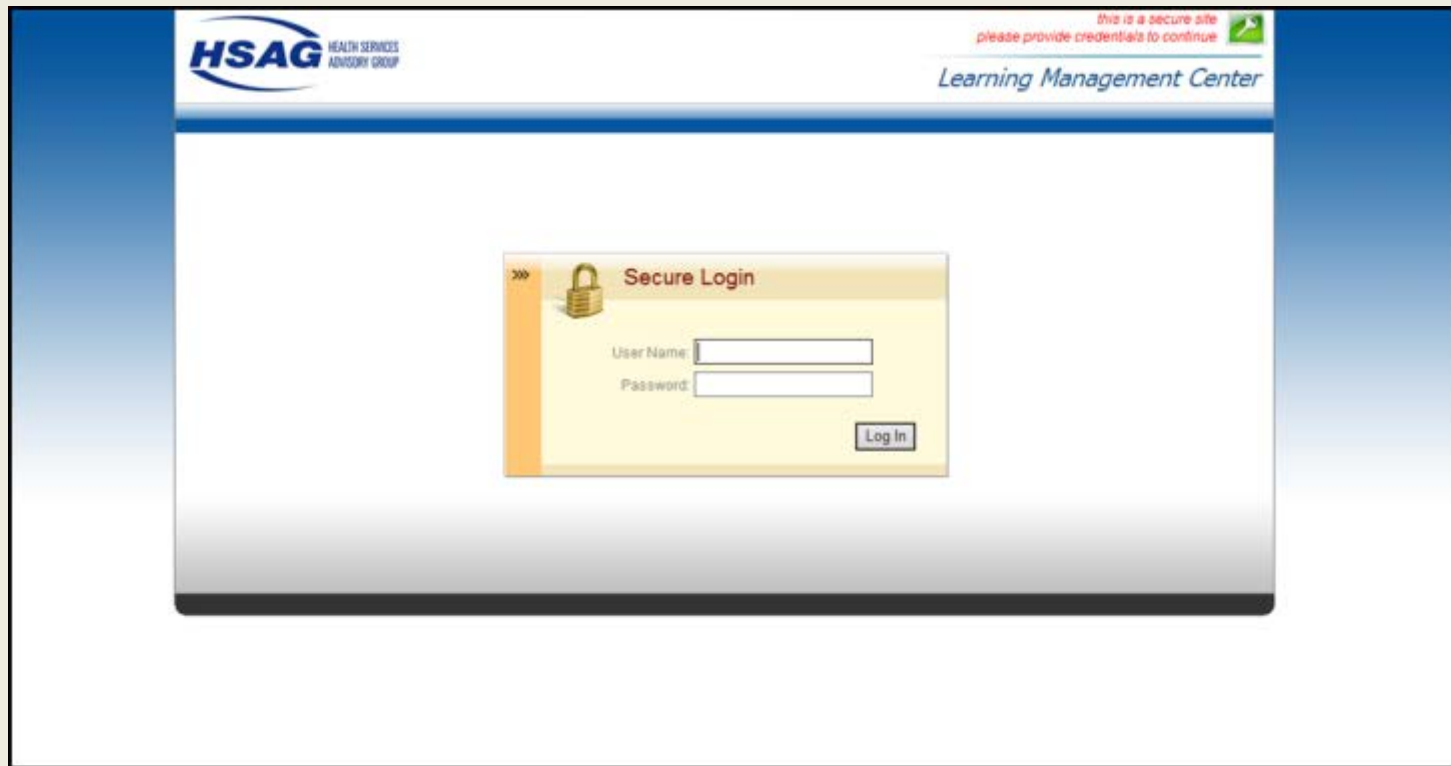
Learning Management Center

**Learning Center Registration: OQR: 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 notice reads "this is a secure site please provide credentials to continue" next to a small green icon. Below this, the text "Learning Management Center" is displayed. The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name" and "Password", and a "Log In" button.



# 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](http://www.qualitynet.org)

*Or*

- Call the ASCQR Support Contractor at 866.800.8756.

---

***Do you think we would let you go  
without a brownie recipe?***

# Best Ever Brownies

- One package of your favorite brownie mix
- 1 package of soft caramels
- 1 cup chopped pecans or walnuts (optional)

Unwrap caramels and chop into pieces. Prepare brownie mix according to package directions. Add chopped caramels and nuts (if desired), then pour into pan. Bake as directed on brownie box and remove from oven after toothpick inserted in center removes cleanly. Allow to cool, cut into squares, and share with coworkers.