



# Ambulatory Surgical Center Quality Reporting Program

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## Support Contractor

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

#### Questions & Answers

##### **Moderator:**

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##### **Speaker(s):**

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**September 30, 2015**

**2:00 p.m.**

**Question:** Facey Endoscopy Center is newly certified with CMS and was set up with Noridian in April of this year. We have done 158 endoscopic procedures from January 2015 the present. Are we required to report the quality measures?

**Answer:** If you are a new facility in 2015, you will not need to report for 2016 unless you have 240 cases or greater. If in 2016 you have 240 cases or greater, you will be required to report in 2017.

**Question:** Can you provide a URL for the Public Reporting: Claims-Based Data Suppression? I am unable to click the link from the slides.

**Answer:** Please call 866.800.8756, and we will provide the information.

**Question:** If our ASC providers participate in the MSSP ACO program, are they exempt from reporting through the ASCQR Program?

**Answer:** No, the ASCQR Program is for all free standing facilities that have greater than 240 claims. Being in the ACO Program or the PQRS Program does not exempt an ASC from reporting into the ASCQR Program. If you have further questions, please call us at 866.800.8756 for further information regarding participation in the ASCQR Program.

**Question:** ASC-5-we are a GI facility that almost never has an antibiotic ordered for prophylactic. Does this count against us when we choose G8918?



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**Answer:** Using the code G8918, Patient Without Preoperative Order for Antibiotics, does not count against a facility, but ASC-5 must be answered for complete data submission.

**Question:** Our local Medicare (Noridian), has stated that box 24J needs to be blank for facility billing.

**Answer:** MACs may have a local coverage policy. I recommend you run a Claims Detail Report available through QualityNet.org in the Secure Portal to determine if your Quality Data Codes or G-codes are transmitting to the National Claims History Warehouse. This will ensure you are receiving credit for the submission of QDCs. You must have at least 50 percent of all Medicare Fee for Service claims with a minimum of two or maximum of five QDC's on claims to meet this requirement.

**Question:** On ASC-7, do the specific codes apply to the primary surgery code only, or does it also include the secondary surgery code?

**Answer:** We like to say “If you bill it, count it.” Please include all codes from the Specification Manual that you submit a bill code for when you total the surgical procedure code count for ASC-7.

**Question:** Please repeat where I can access my Claims Detail Reports & Provider Participation Reports?

**Answer:** The reports can be accessed on the QualityNet Secure Portal. If you have difficulty and need assistance, please call our number for assistance at 866.800.8756.

**Question:** Can you confirm there are no targets for ASC-9 & ASC-10?

**Answer:** The ASCQR Program is a pay for reporting program. The data submitted will be publicly reported. The data are submitted in a numerator and denominator aggregate sampling counts of 96 or 63. There is a Provider Participation Report available on QualityNet.org. This report will show your facility rates along with the state and national rates for your comparison.

**Question:** Where can we get the report showing the percent for ASC1-5, like on slide 30?

**Answer:** The ASCQR Provider Participation Report is available on the QualityNet website and is updated on a monthly basis. If you are unfamiliar with the



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steps necessary to run the report, contact the Support Contractor at 866.800.8756 for further assistance.

**Question:** Very strange....Brownie do-over.

**Answer:** All comments are being placed in baking terms for better understanding. We're using a metaphor to "spice" up our presentation. Stay tuned - there's an actual brownie recipe at the end of the presentation.

**Question:** If we meet program requirements by error, are we penalized? Does that penalty show on the EOB as a separate amount or remark, like the sequestration amount?

**Answer:** You will not incur a financial penalty if you meet the requirements of the ASCQR Program. If you do not meet program requirements, a 2 percent penalty will be applied to the Annual Payment Update and will not display on an EOB.

**Question:** When will CMS and QualityNet allow ASCs to review and correct data prior to publication as it currently does for hospitals, but not for ASCs?

**Answer:** Hospitals are only allowed to correct data until the data submission deadline closes. There is no correction period, only a preview period prior to the data becoming publicly available.

**Question:** What happens if the SA did not sign in within 60 days? I am not sure that ours is receiving an email reminder.

**Answer:** If the SA does not sign in routinely to the QualityNet Secure Portal, the password may become inactive. If this occurs, please call the QualityNet Help Desk at 866.288.8912.

**Question:** Where & when is the full APU listing published?

**Answer:** When the final APU determination is made, the list will be posted on QualityNet under the ASC drop down link.

**Question:** There is a degree of anxiety dealing with submission of the data in a timely fashion. Will the data submission periods be consistent with the 2014 collection period mode?



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**Answer:** In the Proposed Rule, CMS is proposing that the next submission period for web-based measures will be January 1, 2016 through August 15, 2016. The submission period will be finalized in the Final Rule, which will be published in November 2015.

**Question:** To clarify, if your patient has a fall and you are reporting G8910 for the fall, then all other G questions must also be entered separately as a "no" if a transfer, etc., did not happen. So there will be 4 G-codes on this claim. So each G-code must be addressed separately if an event happens since G8907 is not used. Is that correct?

**Answer:** Yes this is correct. A total of five codes will be entered including the antibiotic code.

**Question:** We did not do any cataract cases, so I submitted zero on ASC-7. Is this why ASC-11 did not prompt me to key in an answer?

**Answer:** Answering ASC-11 will not be given as an option to answer until the next reporting period, 2016.

**Question:** Do the same correction deadlines apply to ASCs?

**Answer:** Hospitals, like ASCs, cannot correct claims for reporting purposes only once the claims have been adjudicated. Hospitals and ASCs may change data for web-based measures up until the reporting period closes.

**Question:** Are the reports on QualityNet.org different than the reports on Qualityreportingcenter.com?

**Answer:** The resources available on qualityreportingcenter.com are provided to assist you in reporting quality data from your ASC. The data reports on QualityNet, referred to in the presentation, are the data that your facility has submitted either on claims or through a web-based measure tool. For more information on how to register to view data reports, call us at 866.800.8756. We're here to help.

**Question:** As long as we are at the 50 percent CMS required threshold we will not incur a payment reduction, correct?

**Answer:** There are two components of the ASCQR Program requirements. The first part is reporting of the QDCs; the second is the timely submission of the web-based measures. Both of these components must be completed to fulfill the program requirements.



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- Question:** If ASC-8 was not submitted via NHSN, are we subject to Annual Price Reduction?
- Answer:** If your facility did not submit employee influenza data to the NHSN, your facility will be at risk of a 2 percent APU reduction.
- Question:** Are tribal ASCs required to participate in the ASCQR program?
- Answer:** Tribal or Indian Health Services currently can only enter the QDCs on their claims. The web-based measure submission is currently being entered under the hospital CCN. CMS is proposing that Tribal or HIS, will be exempt from reporting in the ASCQR Program. If finalized, this will take effect January 1, 2016. The Final Rule will be out in November.
- Question:** I don't understand ASC-12. How can it affect the ASC if the admissions to hospital are not related to the colonoscopy procedure?
- Answer:** For questions about the ASC-12 measure, please contact the measure writers directly at [CMSColonoscopyMeasure@yale.edu](mailto:CMSColonoscopyMeasure@yale.edu).
- Question:** Where do you access the Claims Detail Report and Provider Participation Report?
- Answer:** These reports are available on the QualityNet Secure Portal. Sign in as a Security Administrator or Basic User and run reports.
- Question:** As a GI Center, do I need to complete the ASC-11 Cataracts data?
- Answer:** ASC-11 is voluntary. However, if you select ASC-11 when entering the rest of your data, simply enter zeros and submit.
- Question:** To clarify, ASC-11 did not appear for anyone to enter data during this current reporting period which ends today, but it will appear when we report in 2016?
- Answer:** That is correct. ASC-11 was not available for data input during the recent submission period. The measure will be accessible during the upcoming 2016 submission period.