Welcome!

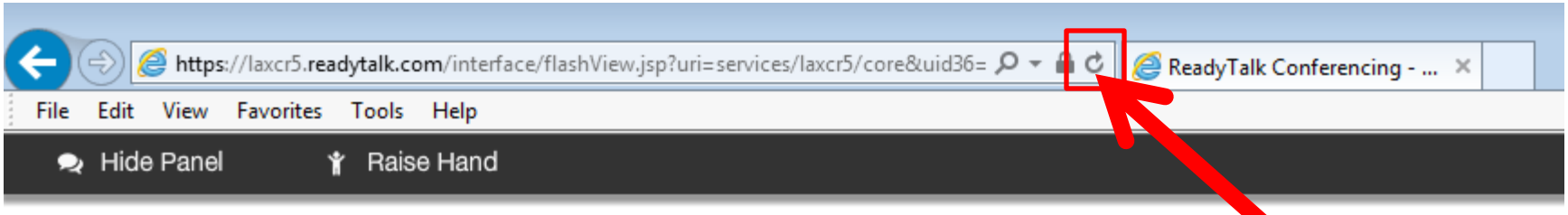
- **Audio for this event is available via ReadyTalk® Internet Streaming.**
- **No telephone line is required.**
- **Computer speakers or headphones are necessary to listen to streaming audio.**
- **Limited dial-in lines are available. Please send a chat message if needed.**
- **This event is being recorded.**

Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

- **Click <u>Refresh</u> icon**
  or
- **Click F5**

F5 Key
Top row of Keyboard

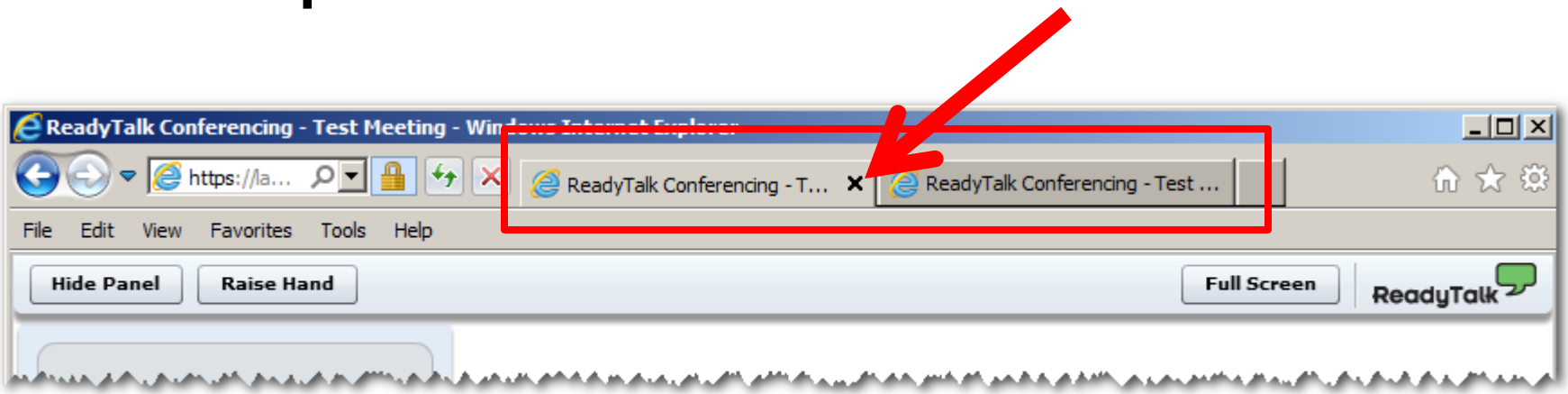


Location of Buttons

Refresh

Troubleshooting Echo

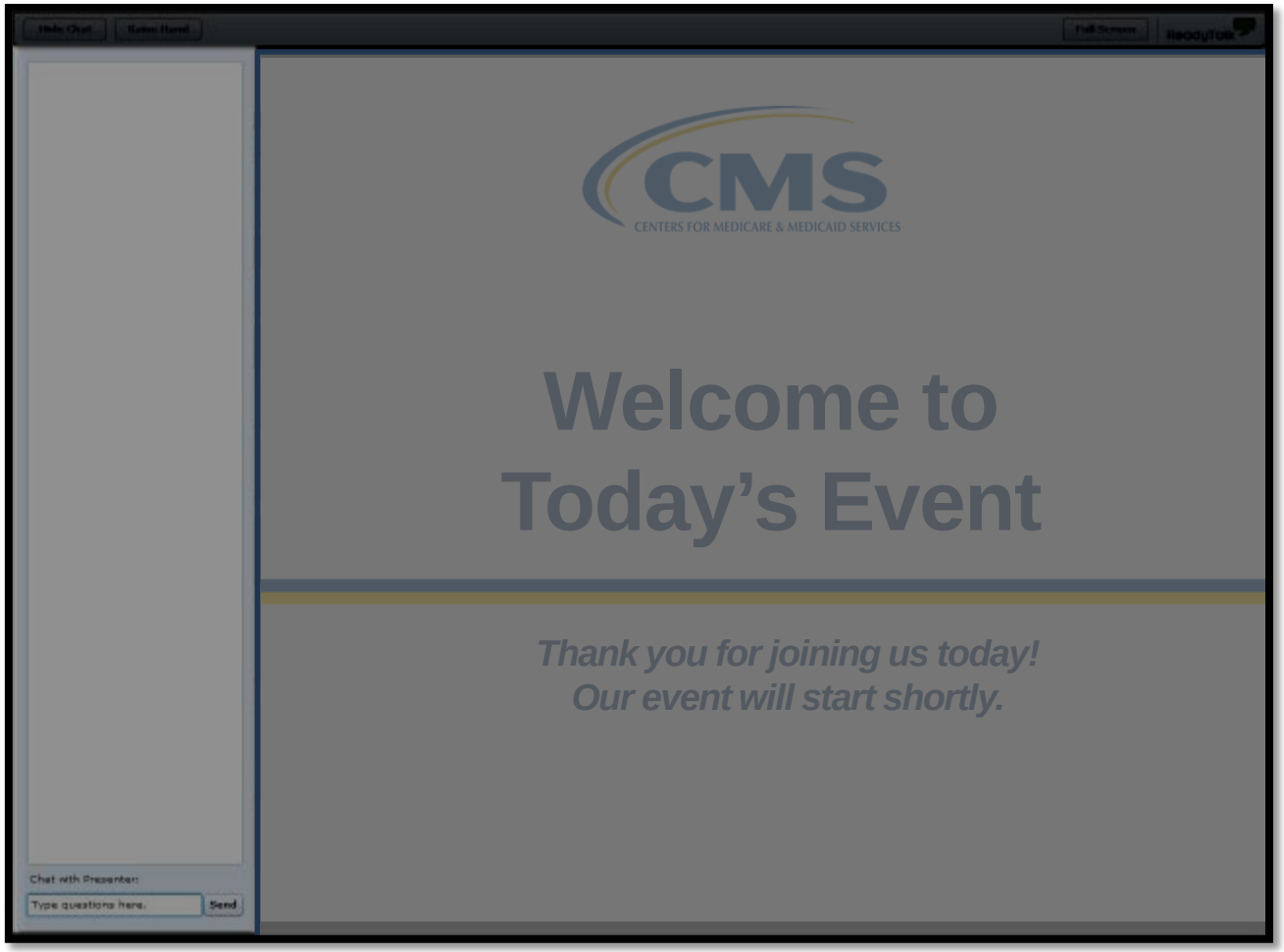
- **Hear a bad echo on the call?**
- **Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.**
- **Close all but one browser/tab and the echo will clear up.**



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.



More Pieces of the Puzzle: Troubleshooting Quality Data Codes (QDCs)

April 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.
- For QualityNet password problems, contact QualityNet at 866.288.8912.
- For NHSN account issues, contact the NHSN Help Desk at nhsn@cdc.gov.

Save the Date

Upcoming Ambulatory Surgical Center Quality Reporting (ASCQR) educational webinars:

- May 25, 2016: Data and Quality Improvement for the ASCQR Program
- Notifications of additional educational webinars will be sent via the ListServe.

Learning Objectives

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

- List at least three ways to check your facility's performance.
- Identify the appropriate information necessary for the CMS-1500 Form.
- Recognize resources available to assist you in successful reporting for this program.

More Pieces of the Puzzle: Troubleshooting Quality Data Codes

Karen VanBourgondien, RN

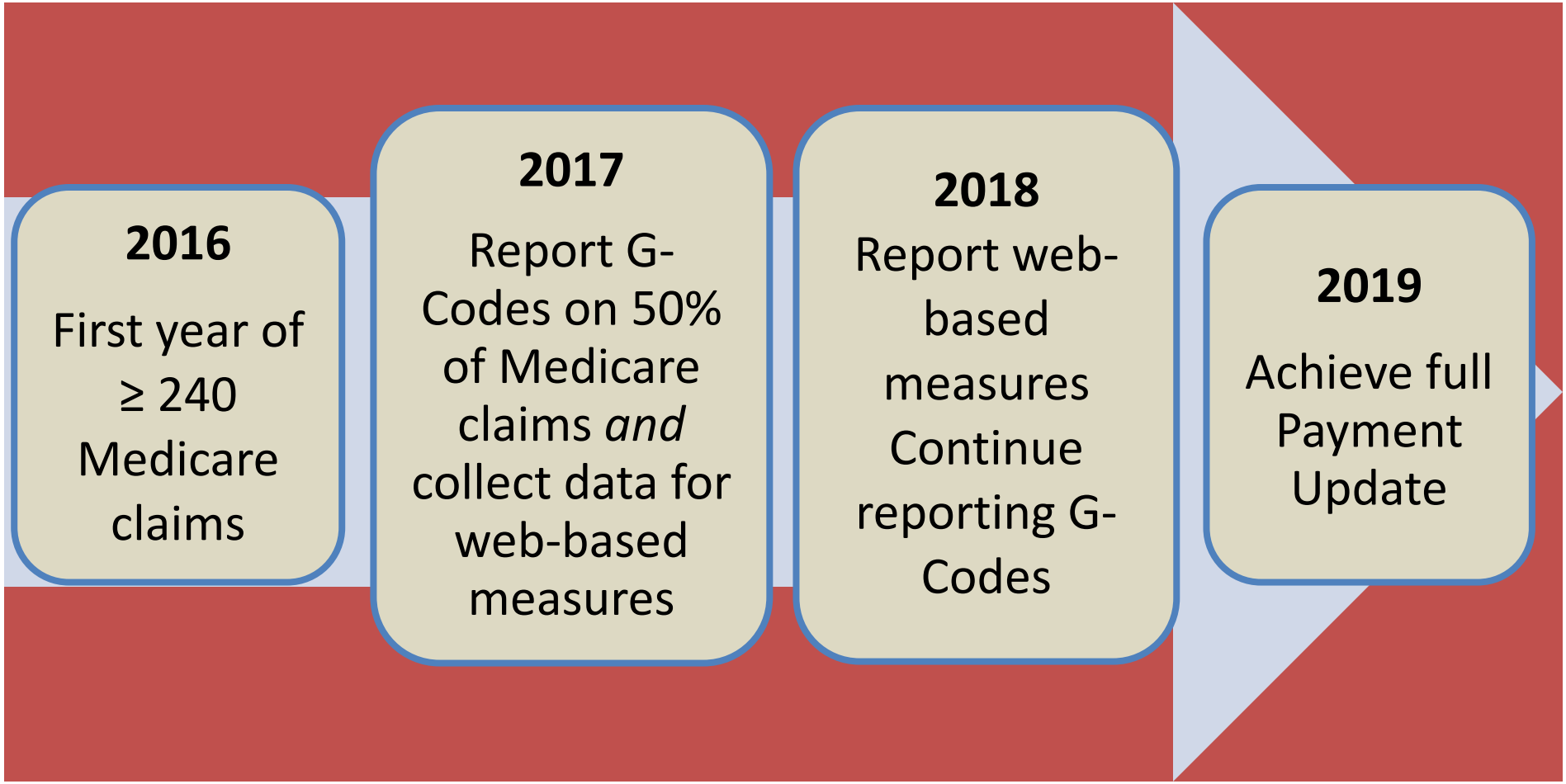
Pieces of the Puzzle to Review

- Program requirements
- Remittance Advice (RA)
- Explanation of Benefits (EOB)
- Problems with claims
- How you can check your progress
- Resources available to you

Program Review

- Program requirements apply to facilities with 240 or more Medicare claims per year.
  - If you are close to this 240 threshold, you should apply QDCs.
  - Quality Data Codes (QDCs) must be applied to a minimum of 50 percent of claims to meet program requirements.
  - You will have a minimum of two QDCs and a maximum of five QDCs per claim.
- Web-based measures must also be reported.

G-Code Reporting Requirement Timeline



A piece of the puzzle

CHECKING MY RA

Remittance Advice

- Tips for accurate reporting using the RA
  - A correct RA reflects a billed charge and a minimum of two or a maximum of five QDCs for the same claim number.
  - QDCs will split into a separate claim when one of the QDCs is entered on the seventh or fourteenth line on the claim form.
  - A billed charge must be affiliated with the QDCs on each claim.

Billing Claim Is Perfect….Sample RA

Servce Provider	123456			Check Number		56789					
Tax ID	999999			Payment Date		1/12/2014					
PERF											
Recipient	SERV DATE	POS	NOS	PROC	MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PO
NAME	DOE, JANE		HIC 1234567890	ACCT DOEJ0006					ICN 1234567890123	ASG Y	
	023 021313	24		66984		5100	1030.4	0	206.08	4069.6	824.32
REM	N620		1	G8907		0	0	0			
REM	N620		1	G8918		0	0	0			
PT RESP	206.08										
CLAIM INFO	Forwarded to BCBS										

Correct! Complete with G-codes and Correct POS

Code N620

Place of Service ASC

G-Codes

What….No QDCs?

Incorrect! Completed without G-codes

NAME	DOE, JANE		HIC 1234567890	ACCT DOEJ0006					ICN 1234567890123	ASG Y	
	023 021313	24	1	66984		5100	1030.4	0	206.08	4069.6	824.32
PT RESP	206.08										
CLAIM INFO	Forwarded to BCBS										

No Code
N620

No
G-Codes

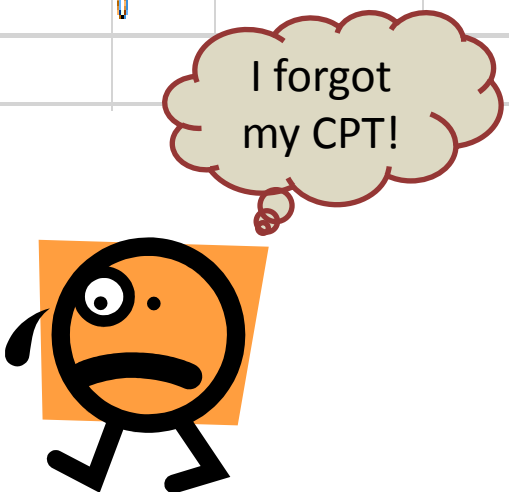
No QDCs….What Do I Do?

- Check to ensure the billable charge and the QDC are on the same claim form for the same date of service.
- Confirm that your software is transmitting the QDCs.
- Check the clearinghouse to ensure it is receiving the QDCs and it is transmitting to the Medicare Administrative Contractor (MAC).
- Check with the MAC to ensure codes came through on the same claim.

What….Only QDCs?

G-Codes submitted without a billable procedure code

NAME	DOE, JANE	HIC 1234567890	ACCT DOEJ0006				ICN 1234567890123	ASG Y
REM	N620	1	G8907	0	0	0		
REM	N620	1	G8918	0	0	0		



Only QDCs….What Do I Do?

If the RA shows only QDCs, this could indicate the claims were split at the carrier.

- Follow the steps we talked about previously first.
- If the MAC notifies you that the claim was split at the carrier you:
  - Confirm the facility's National Provider Identifier (NPI) was entered correctly.
  - Confirm the second QDC is not on the seventh or fourteenth line item.

When things are complicated

PRACTICE SCENARIOS

Scenario One

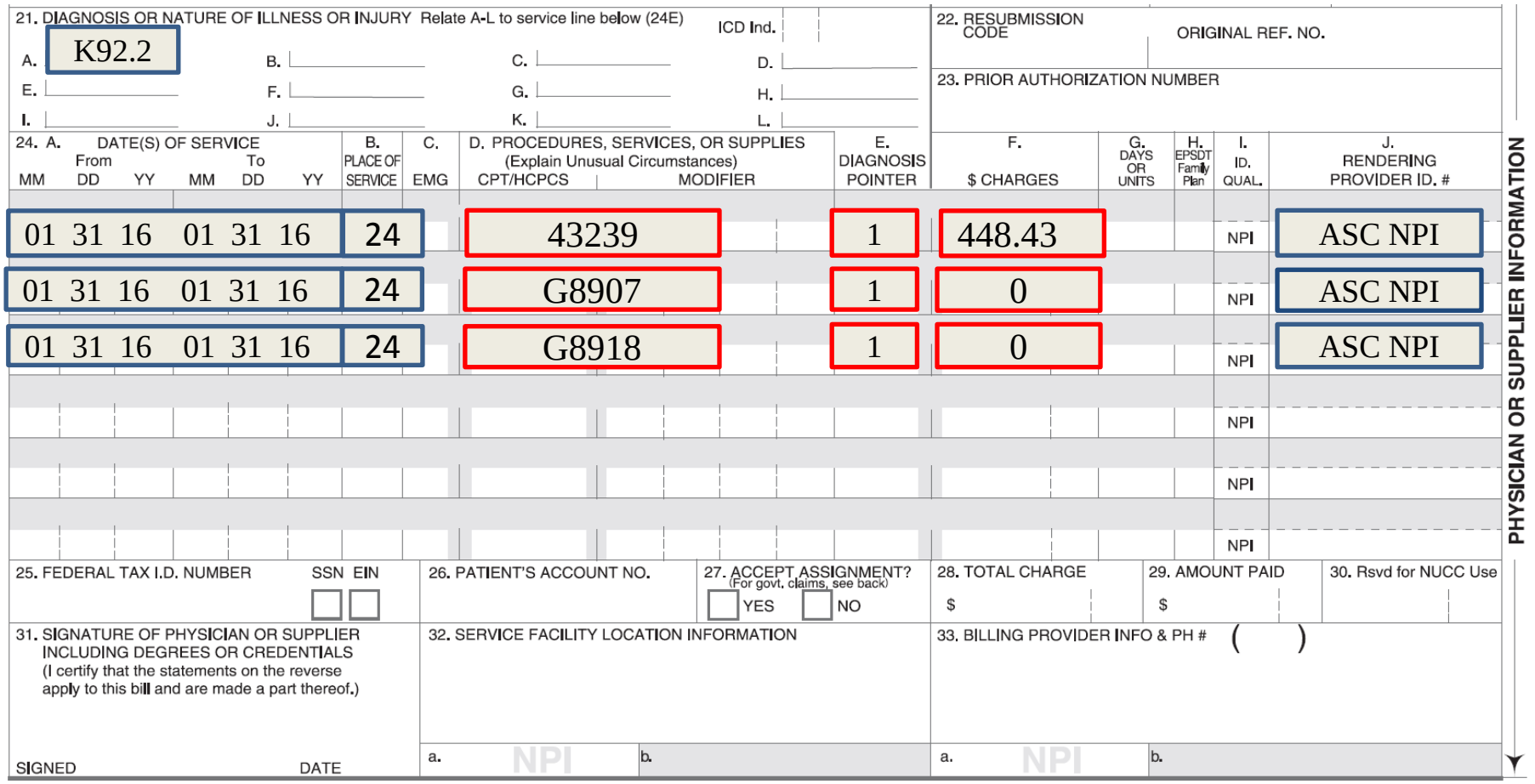
A 69 year-old female has an upper stomach-intestine scope for biopsy. She has an antibiotic ordered for recurrent urinary tract infection.

- Do we have to report antibiotic usage since it is not for incisional infection?

Scenario One: Answer

- Yes, use code G 8918. Antibiotics being given for any reason except prophylactic surgical site infection prevention are excluded from the denominator or excluded from this measure.
  - ASC-5 Denominator: All ASC admissions with a preoperative order for a prophylactic intravenous (IV) antibiotic for prevention of surgical site infection.

Scenario One: Claim Form



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) — ICD Ind.

A. K92.2 B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE — ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	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. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
01 31 16	01 31 16	24		43239		1	448.43			NPI	ASC NPI
01 31 16	01 31 16	24		G8907		1	0			NPI	ASC NPI
01 31 16	01 31 16	24		G8918		1	0			NPI	ASC NPI
										NPI	
										NPI	
										NPI	

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

Scenario Two

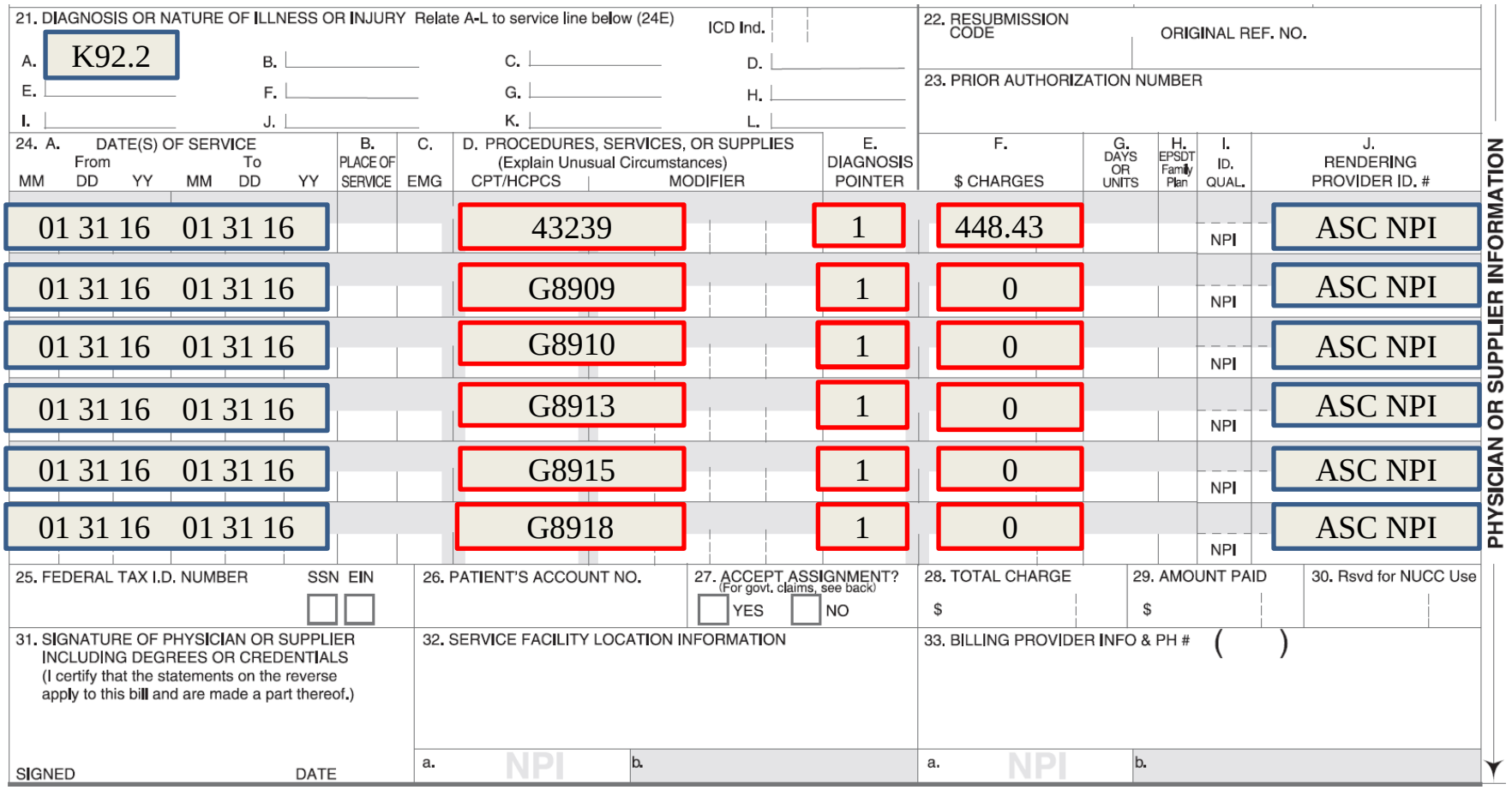
We had a patient who had two procedures in our facility. The patient also experienced a fall.

- Are we placing the QDCs for each procedure?

Scenario Two: Answer

- You will bill both procedures and the applicable QDCs for that encounter.
  - Should a claim require more than one CMS Form-1500, each claim must contain a billable procedure code and appropriate QDCs to receive appropriate credit.

Scenario Two: Claim #1



21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) — ICD Ind.

A. K92.2 B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE — ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	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. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
01 31 16	01 31 16			43239		1	448.43			NPI	ASC NPI
01 31 16	01 31 16			G8909		1	0			NPI	ASC NPI
01 31 16	01 31 16			G8910		1	0			NPI	ASC NPI
01 31 16	01 31 16			G8913		1	0			NPI	ASC NPI
01 31 16	01 31 16			G8915		1	0			NPI	ASC NPI
01 31 16	01 31 16			G8918		1	0			NPI	ASC NPI

PHYSICIAN OR SUPPLIER INFORMATION

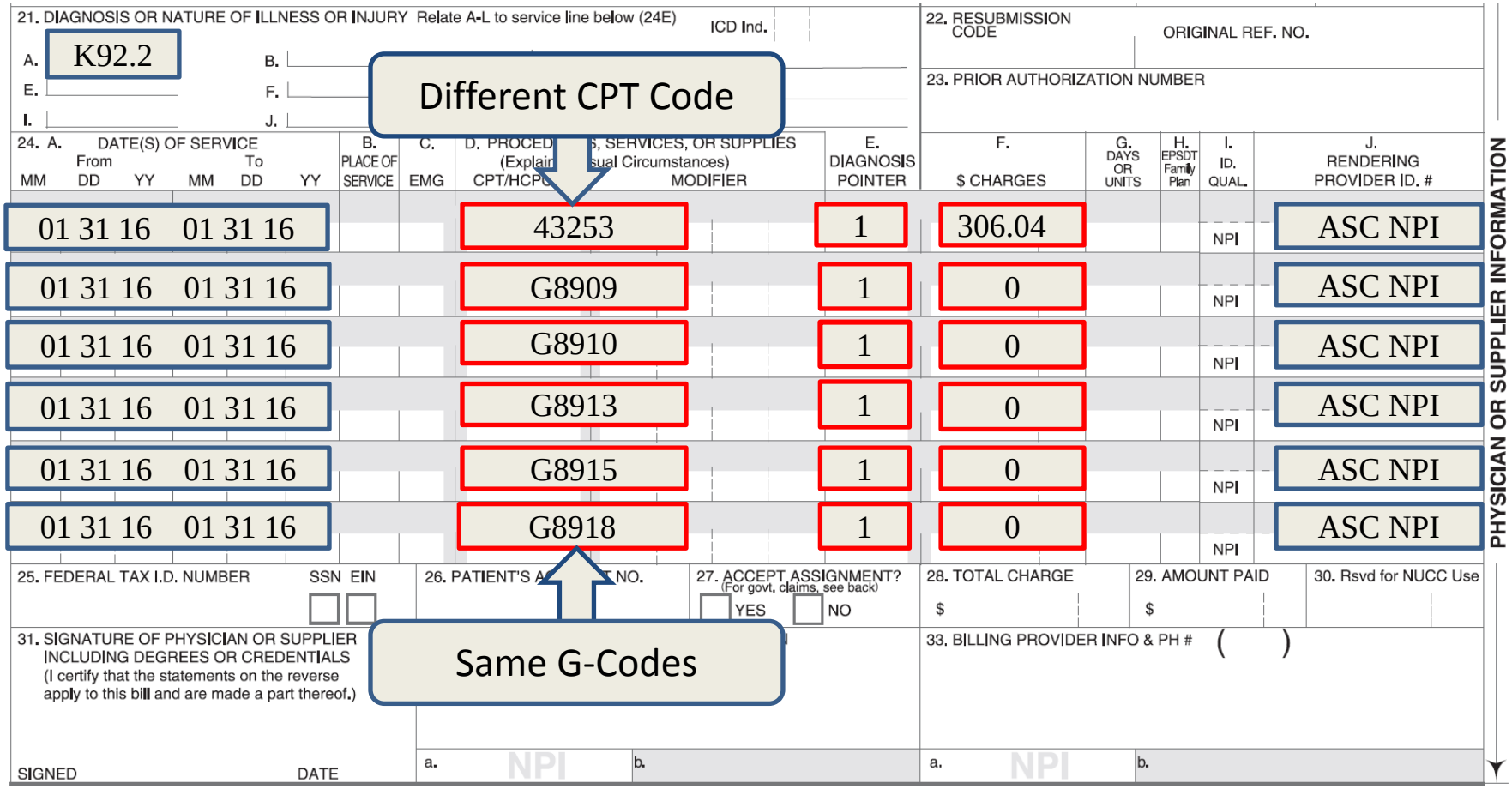
25. FEDERAL TAX I.D. NUMBER SSN EIN — 26. PATIENT'S ACCOUNT NO. — 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO — 28. TOTAL CHARGE $ — 29. AMOUNT PAID $ — 30. Rsvd for NUCC Use

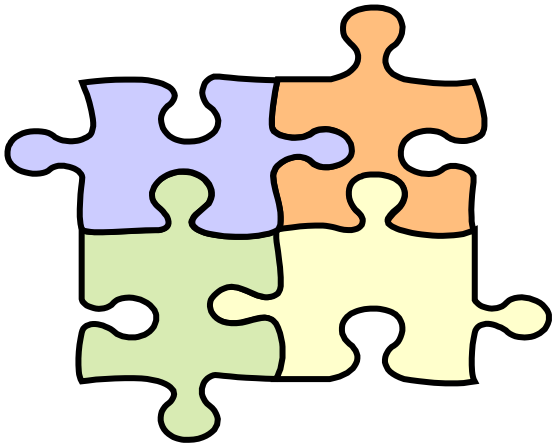
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION
a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )
a. NPI b.

Scenario Two: Claim #2





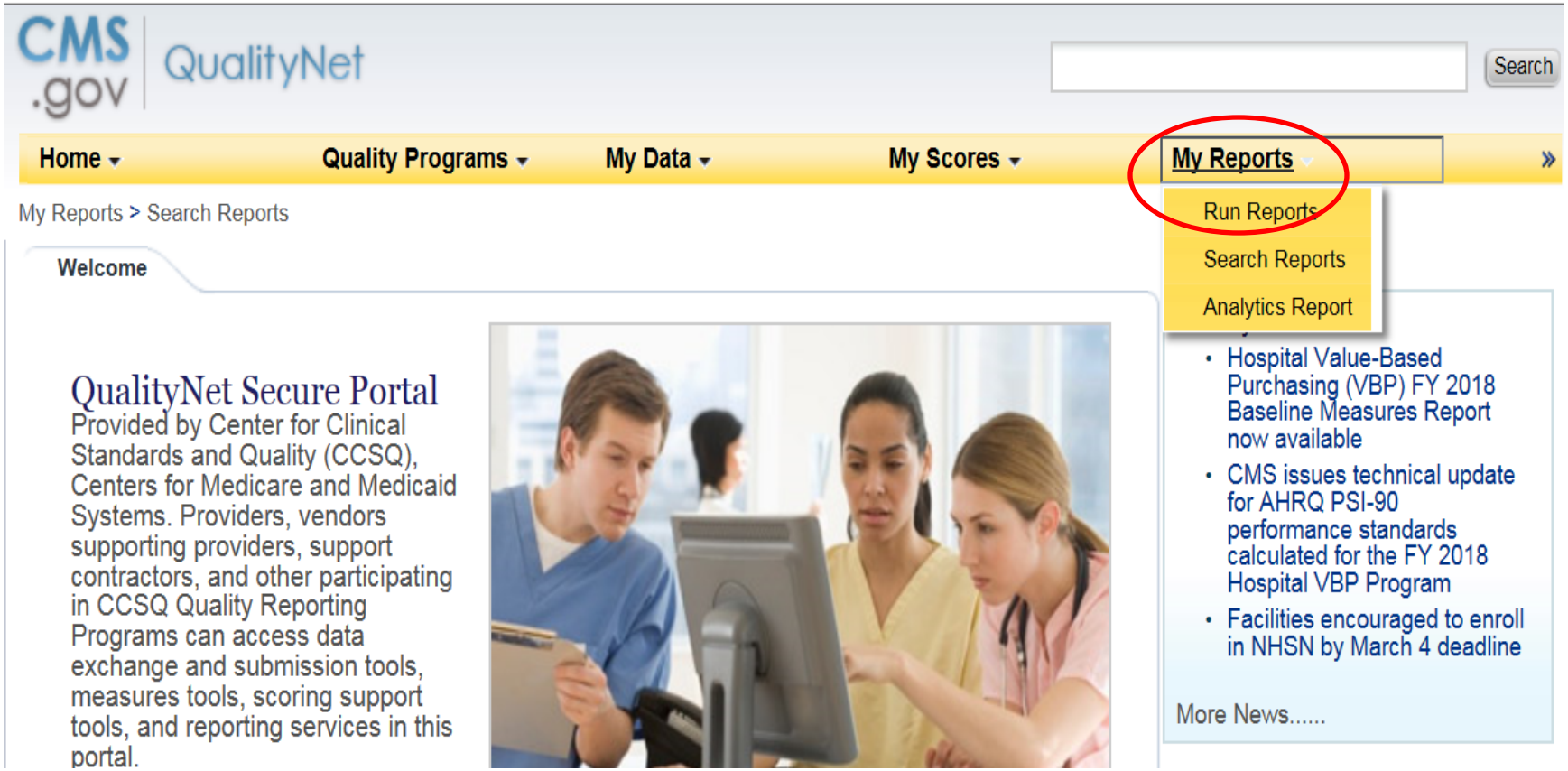
Checking on your facility's progress

PUTTING YOUR PUZZLE TOGETHER

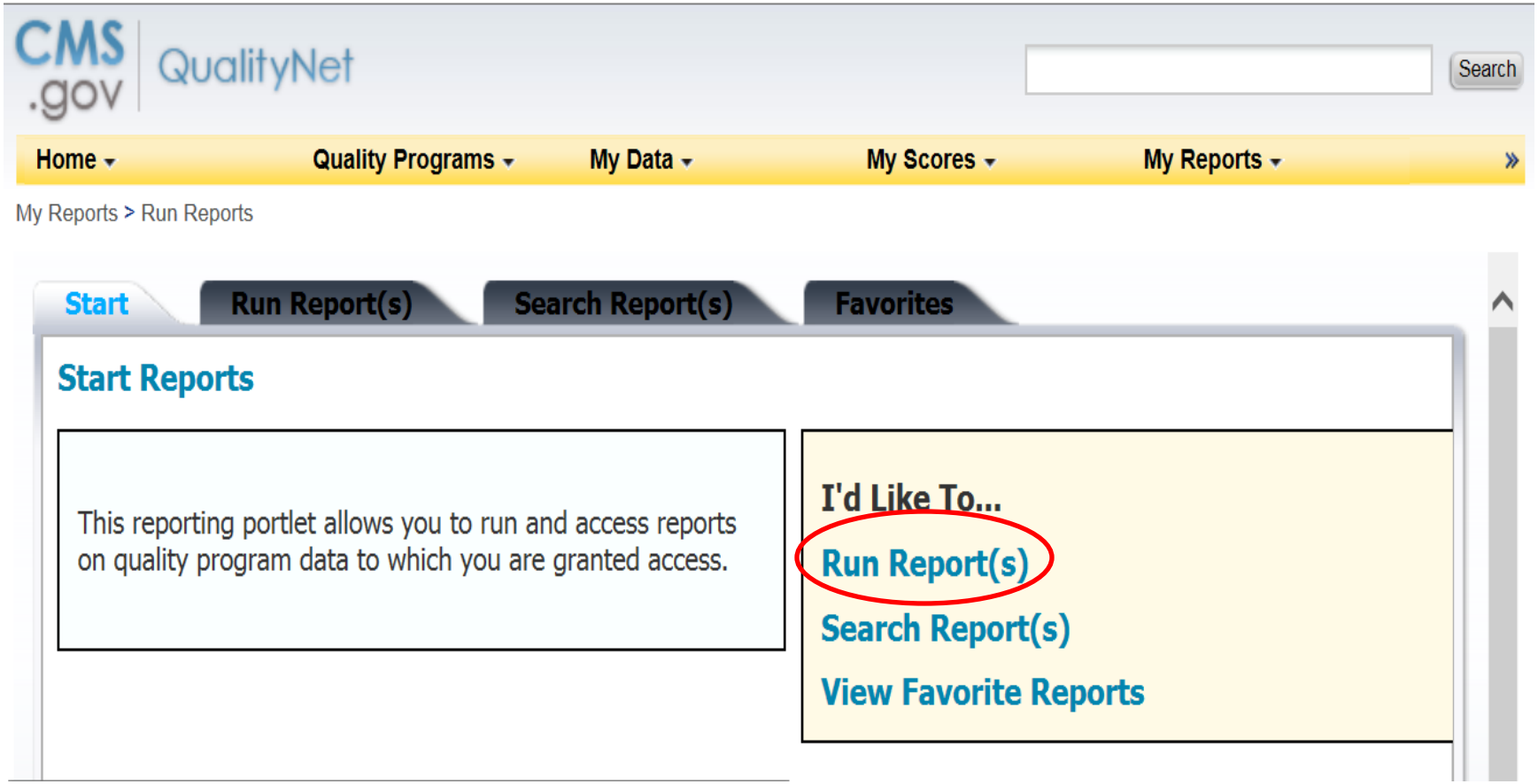
How Can I Check My Performance?

- Evaluate your EOB/RA
- Reports you can run on QualityNet:
  - Claims Detail Report
  - Provider Participation Report
- Hospital Compare
  - Preview Report
- Access the support contractor website: www.qualityreportingcenter.com

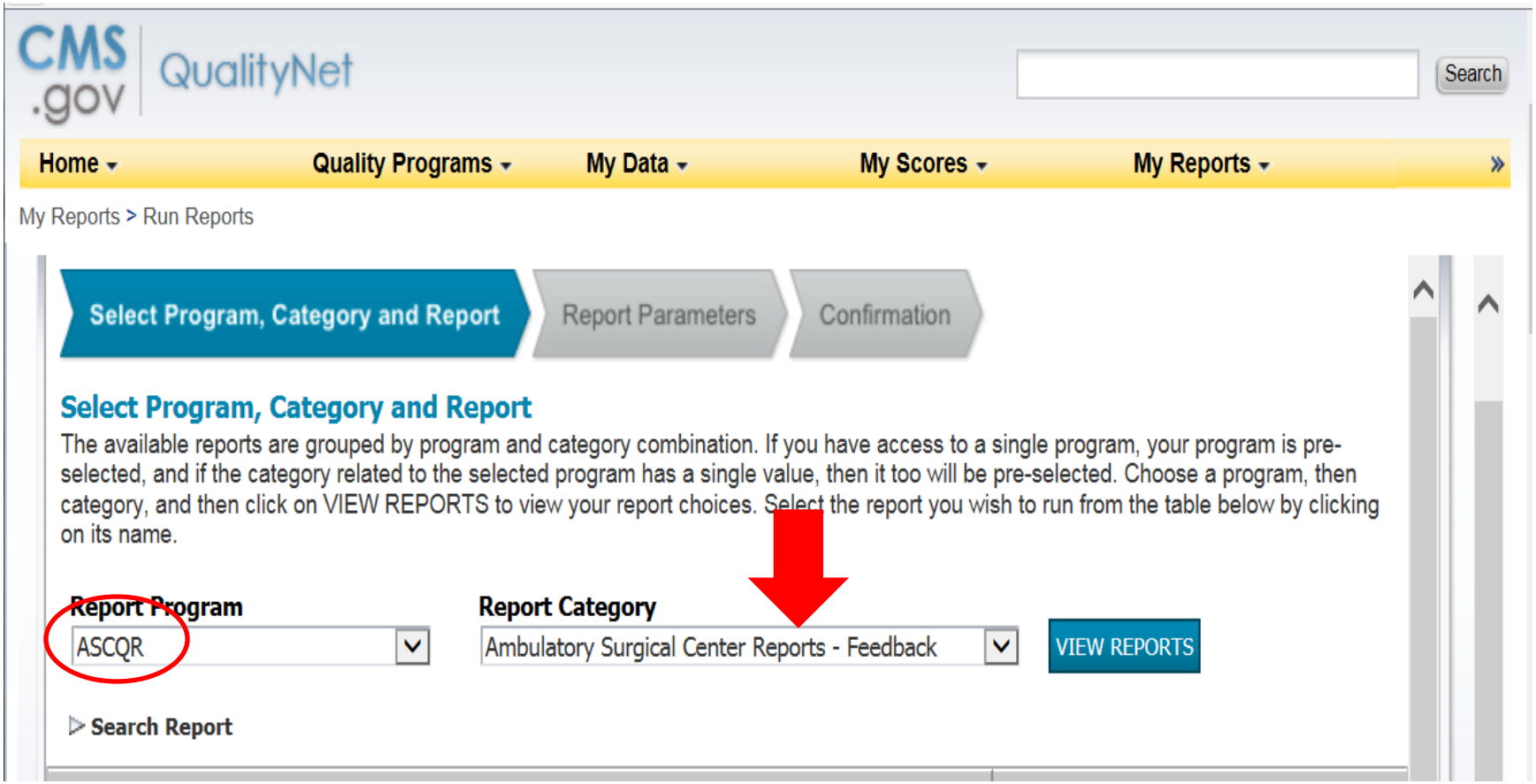
Reports on QualityNet (1 of 3)

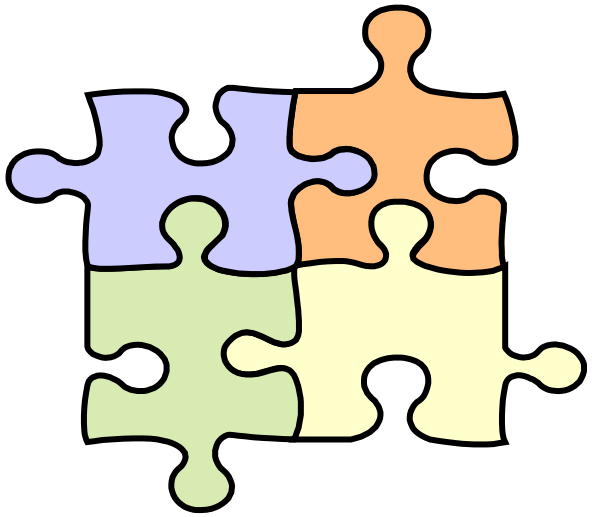


Reports on QualityNet (2 of 3)



Reports on QualityNet (3 of 3)





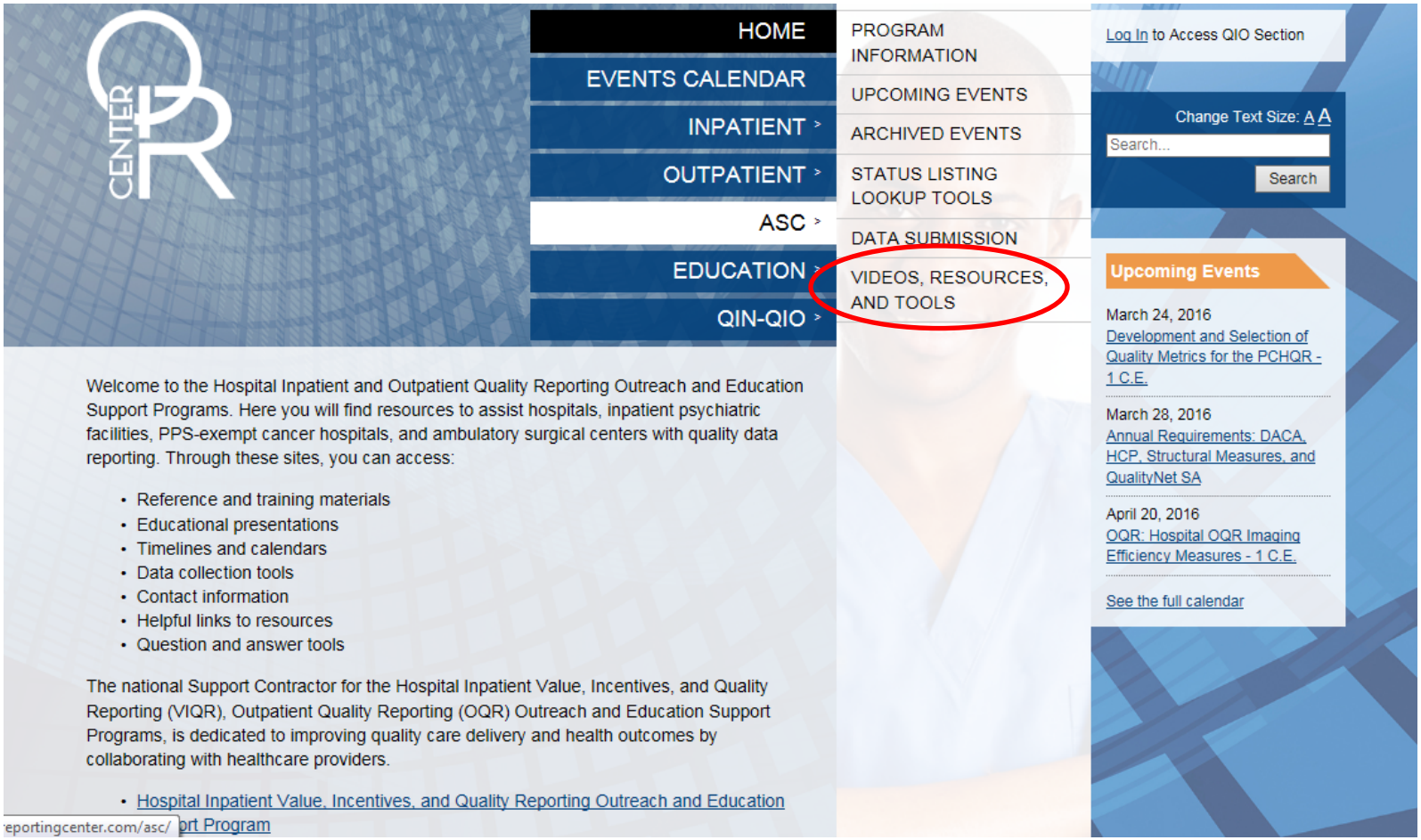
Additional resources to assist you with your success

MORE PIECES OF THE PUZZLE

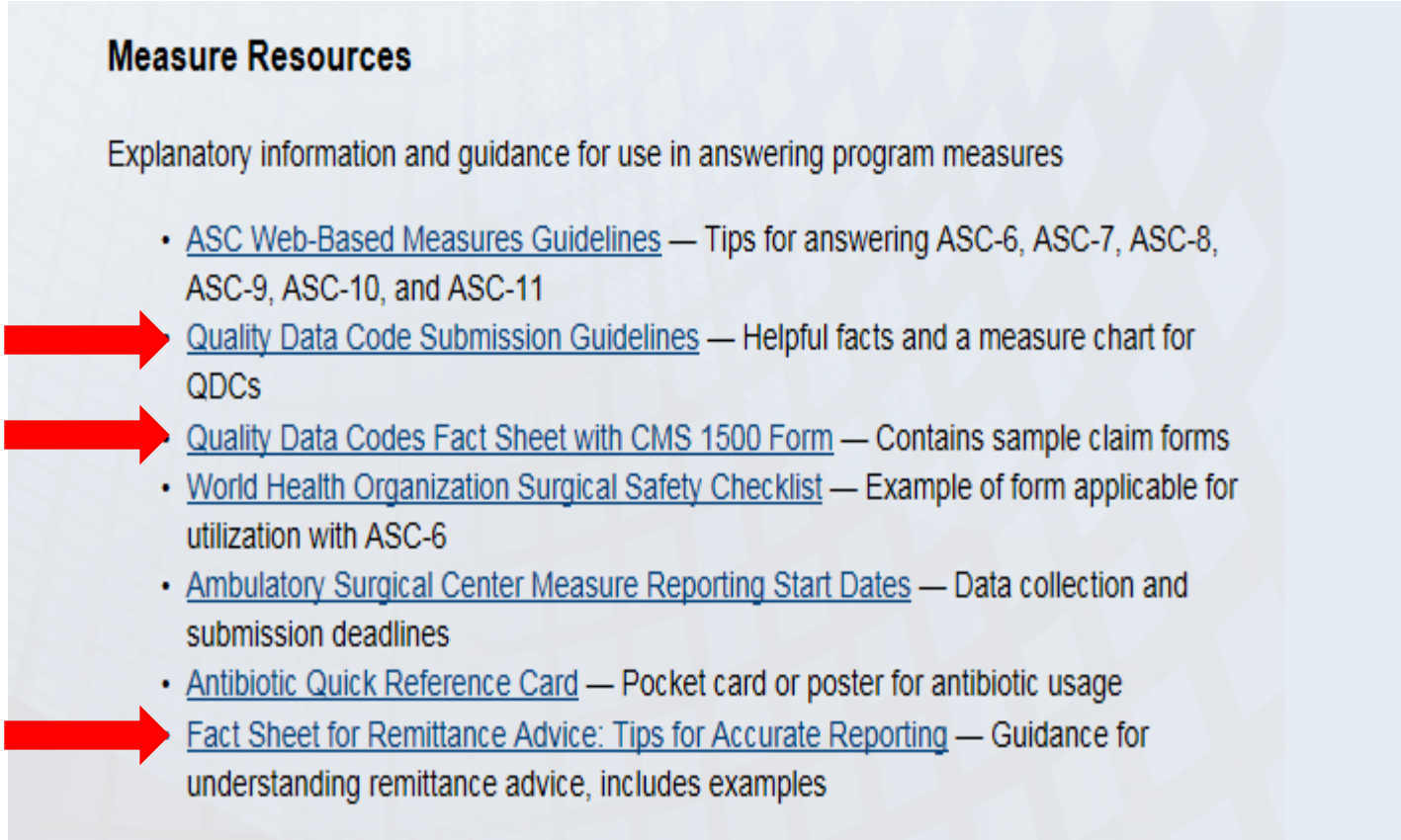
Resources Available

- There are multiple tools available on the support contractor website: www.qualityreportingcenter.com
  - QDC Submission Guidelines
  - QDC Fact Sheet
  - RA Fact Sheet
- Many other resources are available to ensure your success, including short tutorial videos.

Accessing Tools (1 of 2)



Accessing Tools (2 of 2)



Summary

- Ensure your QDCs are being applied to your Remittance Advice statements and you are receiving credit for your reporting.
- Apply QDCs on a minimum of 50 percent of Medicare claims.
- Routinely run reports to check your facility's performance.
- Utilize the resources available to you.

More Resources

Remittance Advice:

- https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Remit-Advice-Overview-Fact-Sheet-ICN908325.pdf

CMS Form-1500

- https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf

Questions

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.

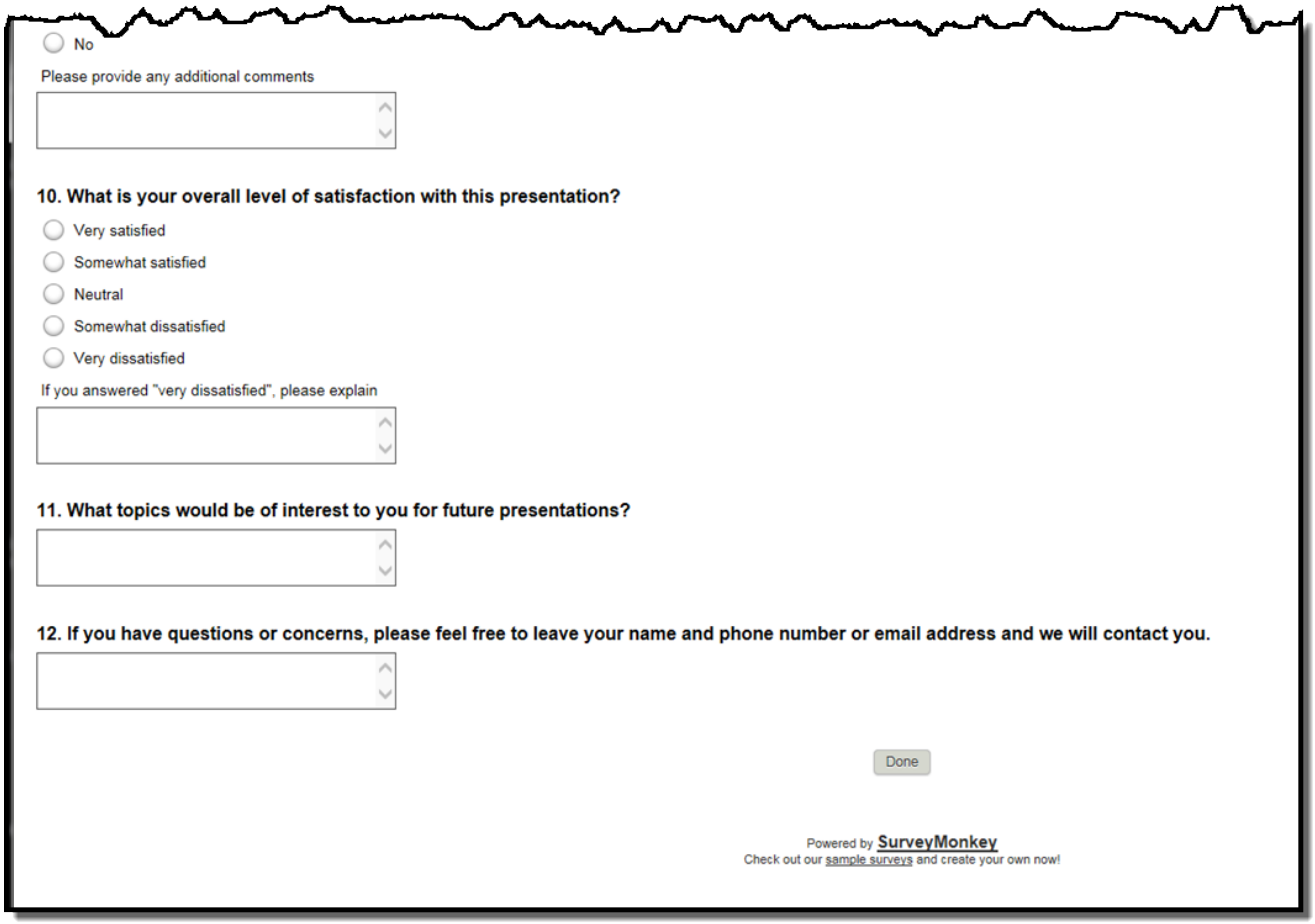
CE Credit Process

- Complete the ReadyTalk® 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 separate from registering for the webinar. If you have not registered at the Learning Management Center, you will **not** receive your certificate.
  - Please use your **personal** email so you can receive your certificate.
  - Healthcare facilities have firewalls that block our certificates.

CE Certificate Problems?

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

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

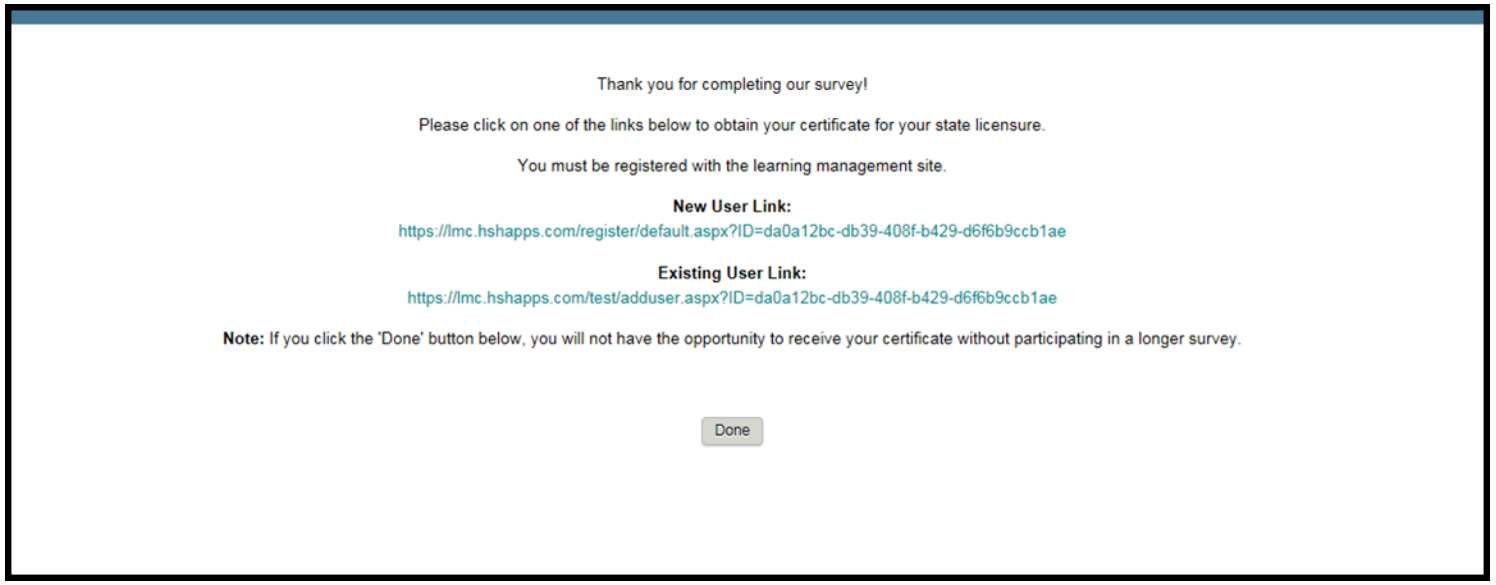
11. What topics would be of interest to you for future presentations?

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.

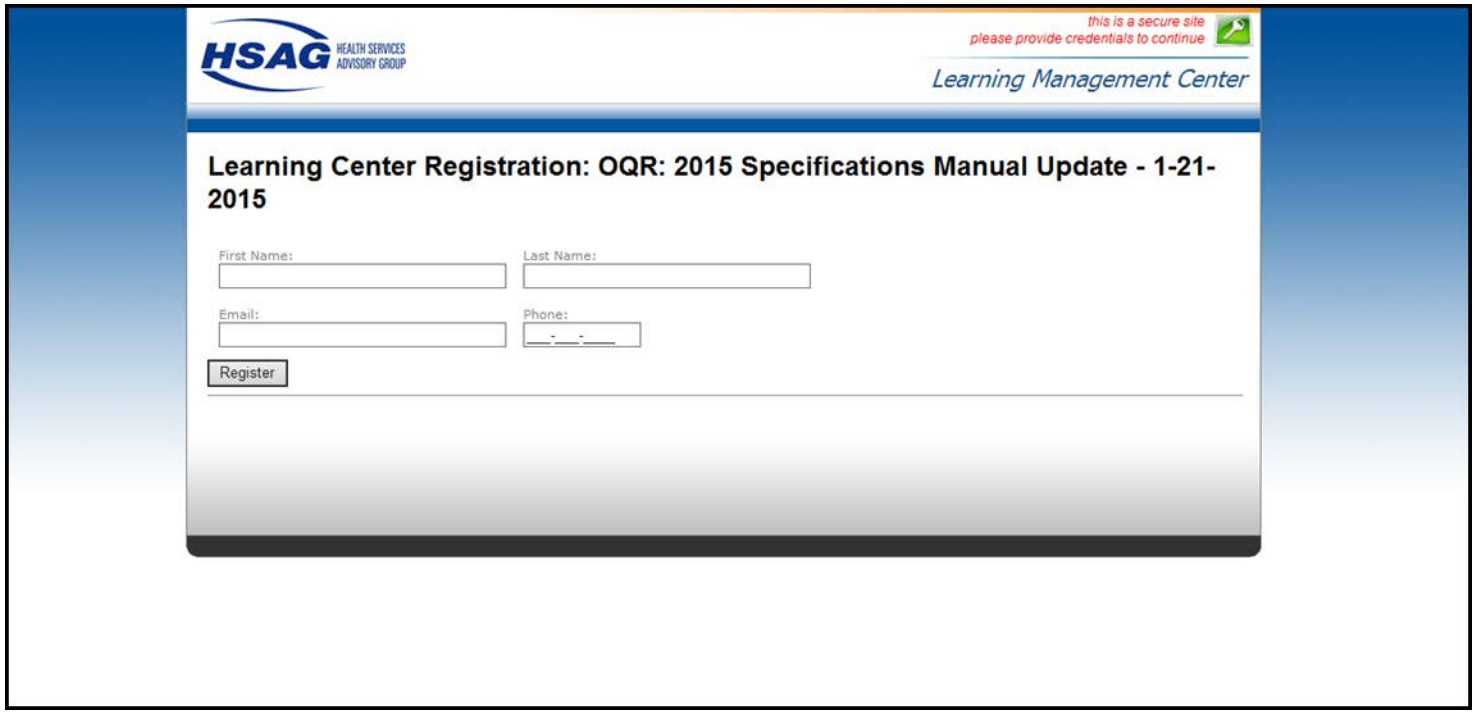
Done

Powered by SurveyMonkey
Check out our sample surveys and create your own now!

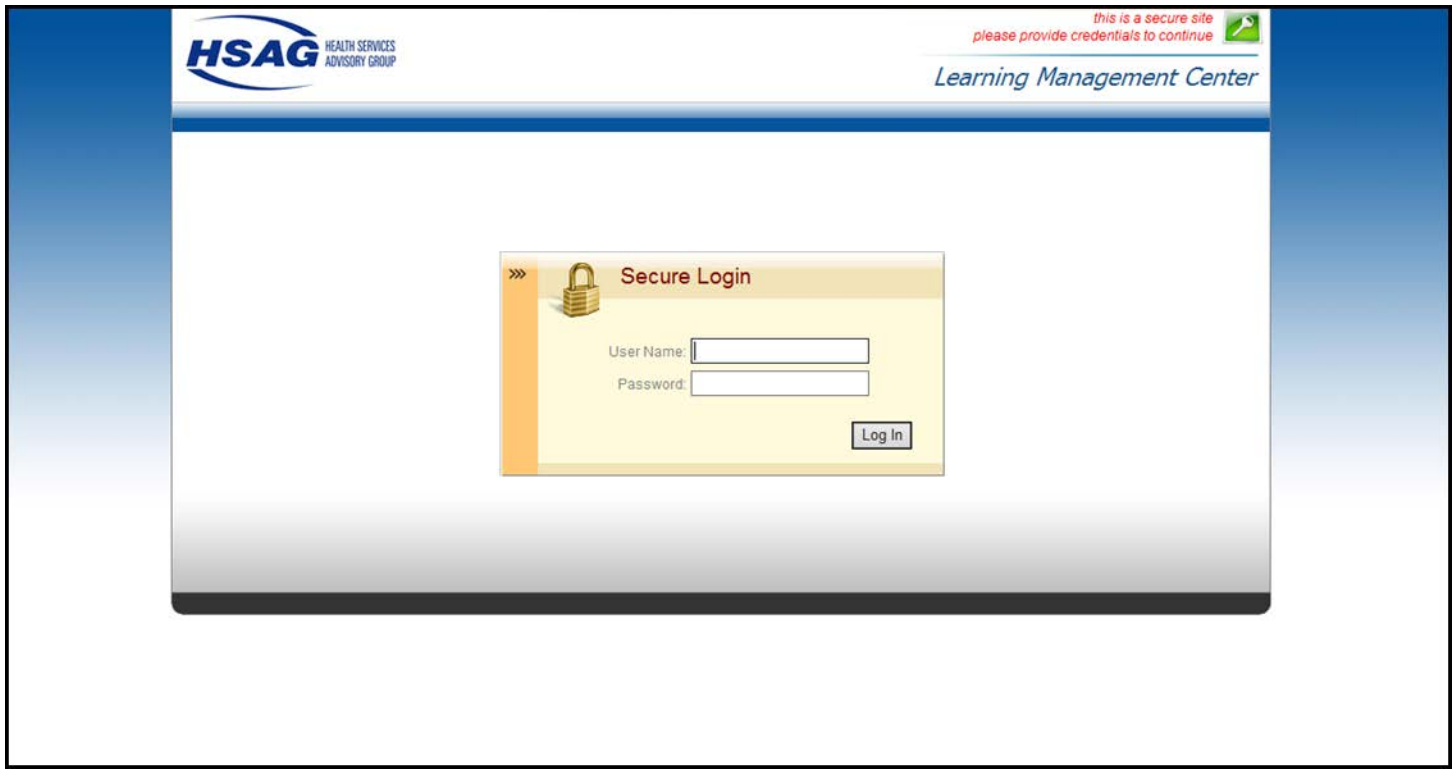
CE Credit Process



CE Credit Process: New User



CE Credit Process: Existing User



Thank You for Participating!

Please contact the Support Contractor if you have any questions:

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

Or

- Call the Support Contractor at 866.800.8756.