



Ambulatory Surgical Center Quality Reporting Program

Support Contractor

CY 2019 OPPS/ASC Final Rule: ASCQR Program

Questions & Answers

Speaker:

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2:00 p.m. ET**

- Question:** Do we still collect data in 2019 for ASC-9?
- Answer:** Yes. ASC-9 has been retained in the ASCQR Program for the CY 2020 Payment Determination and subsequent years. However, ASC-10 is being removed, and the last reporting date for ASC-10 will be May 15, 2019 for January 1–December 31, 2018 data.
- Question:** Does the CY 2021 Payment Determination include 2019 data?
- Answer:** The CY 2021 Payment Determination year references encounters January 1–December 31 2019, which are then submitted to QualityNet by May 15, 2020.
- Question:** Regarding ASC-8, as I understand it, the removal of this measure impacts payment for CY 2020; therefore, we do not have to submit data for this measure this spring 2019, correct?
- Answer:** That is correct. The last reporting date for this measure was May 15, 2018 for the reporting period October 1, 2017 through March 31, 2018. Data for this measure will no longer be collected for the ASCQR Program.
- Question:** Please clarify ASC-1–ASC-4; my interpretation is we do not need to submit claims data in 2019 for these measures, correct?
- Answer:** That is correct; ASC-1 through ASC-4 data collection has been suspended for Payment Determination year 2021. This means for encounter dates beginning January 1, 2019, you will not be required to report on these measures.



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Question: In ASCQR, the term calendar year is being used in a very confusing manner; sometimes it is used as "payment year" or sometimes as an actual calendar year. I would suggest using payment year in place of calendar year since this is very confusing.

Answer: Thank you for your feedback, and we know it can be confusing. CMS utilizes these terms to differentiate time frames as they relate to different aspects of the program requirements. You will notice this through all of the regulatory text. If CY is used, it is referring to the time frame of January 1–December 31 in a given year. When using Payment Determination year, it is in reference to the year from January 1–December 31, when payment to your facility is affected.

Question: CMS is suspending ASC-1-4 but may collect the data another way other than claims in the future. Is that correct?

Answer: That is correct. ASC-1 through ASC-4 data collection has been suspended beginning with encounter dates January 1–December 31, 2019 for Payment Determination Year 2021; however, the measures remain in the program pending further rule-making.

Question: What will happen if our claims still go out with ASC-1 through -4 on them?

Answer: There is no penalty for continuing to submit the Quality Data Codes. However, CMS will not be collecting or reporting data on ASC-1 through ASC-4.

Question: Can you review which measures are left and what we have to collect and report for the 2019 submission?

Answer: Currently, the measures included in this program are ASC-9, ASC-10, ASC-11, ASC-12, ASC-13, ASC-14, ASC-17, and ASC-18. For the upcoming submission deadline, which is for the Calendar Year 2020 Payment Determination, you will need to submit data on ASC-9, ASC-10, ASC-13, and ASC-14 (ASC-11 remains voluntary) into QualityNet by May 15, 2019 for encounter dates in 2018 (January 1—December 31, 2018). This will be the last time you report data for ASC-10.

Question: Do we need to report Normothermia and Unplanned Anterior Vitrectomy this May for 2018?



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- Answer:** Yes. You will report your CY 2018 data (January 1–December 31, 2018 encounters) on ASC-9, -10, -13, and -14. The submission deadline for web-based measures is May 15, 2019 at 11:59 p.m. PT.
- Question:** To clarify, ASC-13 and ASC-14 will need to be reported as of May 2019. How will these be reported?
- Answer:** ASC-13 and ASC-14 are both web-based measures (as well as ASC-9, -10, and -11). You will submit your CY 2018 data (January 1–December 31, 2018 encounters) by the May 15, 2019 submission deadline through the QualityNet Secure Portal.
- Question:** For ASC-14, do we have to enter zeros if we do not do these types of cases, or can we just leave it blank?
- Answer:** You should place zeros in the fields.
- Question:** If we do not perform colonoscopies or endoscopies, do we still have to enter zeros?
- Answer:** If the facility does not perform colonoscopies, the facility should enter zeros into the web-based data collection tool. This is also true for the two new measures, ASC-13 and ASC-14, as they are both required measures.
- Question:** Isn't ASC-12 calculated via claims? Do I have to submit anything?
- Answer:** Correct; ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy is a claims-based measure. Data are collected via paid Medicare claims. There is no manual abstraction and reporting necessary for this measure.
- Question:** Since ASC measures 1-4 are already incorporated in our server, is it okay not to do the change of removing the measures with our server since these measures are not permanently removed from the program, just suspended?
- Answer:** Yes; you may continue to submit QDCs. CMS is not collecting or reporting data for these measures beginning January 1, 2019.
- Question:** What are the reporting dates for ASC-17 and ASC-18?
- Answer:** These are claims-based measures and will be collected by CMS via paid Medicare claims, and will be for the CY 2022 Payment Determination



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year. For more information on ASC-17 and ASC-18, please refer to Appendix B of the ASCQR Specifications Manual v8.0a on QualityNet.

Question: Which measures are web-based and entered via QualityNet?

Answer: The web-based measures for this program submitted through the QualityNet Secure Portal include ASC-9, -10, -11, -13, and -14.

Question: Any word or update on the OAS CAHPS?

Answer: The reporting of the OAS-CAHPS (ASC-15) measure was delayed in the CY 2018 Final Rule and continues in that status.

Question: Is there any information on the orthopedic-specific ASC measure?

Answer: Data for ASC-17: Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures will be collected by CMS via paid Medicare claims and publicly reported for the Calendar Year 2022 Payment Determination. For more information please visit:
<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228776661160>.