



Quality Reporting Program

Support Contractor

The Ambulatory Surgical Center Quality Reporting (ASCQR) Program: Back to the Basics

Presentation Transcript

Speakers:

ASCQR Program Support Contractor

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Dianne

Glymph:

Thank you for joining us today. My name is Dianne Glymph. Today's webinar will outline this program and provide the details you need to get started in quality reporting. It will be a great tool if you are new to the program, a great review for those of you who are already familiar with this program. If you've not yet downloaded today's handouts, you can get them from our website at qualityreportingcenter.com. Just click on today's event, and you should be able to download the slides. In addition, these slides are attached to the invitation you were sent for this presentation.

The learning objectives for this webinar are listed right here on the slide. This program is being recorded. A transcript of today's presentation, including the questions and answers received in the chat box, and the audio portion of today's program will be posted at qualityreportingcenter.com at a later date. During the presentation, if you have a question, please put that question in the chat box located on the left side of your screen. One of our subject matter experts will respond. If your question does not get answered for some reason, please know that all questions and answers will be posted on the qualityreportingcenter.com website. Well, that does it for the housekeeping issues, so let's start the presentation.

Daniel Raj:

Meet Spencer. Spencer's new to reporting for the program and has no idea what he's supposed to do. To help him get started, let's fill him in on some program background information first.

Dianne

Glymph:

Before we take our deep dive into the program's requirements, let me begin with a brief history of how it all got started. The ASC Quality Reporting Program is a quality measure data reporting program that was implemented in 2012 by CMS for care provided in the ASC setting.

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The goals for CMS are to promote higher quality and more efficient healthcare for Medicare beneficiaries. So, in pursuit of these goals, CMS implemented quality reporting programs for multiple care settings including the quality reporting program for ambulatory surgical center care known as the ASCQR Program. Congress passed a law authorizing the collection of quality measure data from ASCs in 2006. So, as you remember from the previous slide, it was implemented in 2012. So, in implementing the ASCQR Program and, of course, the other quality reporting programs, CMS has focused on measures that have high impact, support national priorities for improved quality, and efficiency of care for Medicare beneficiaries. All data reported for this program will be displayed publicly, and we'll discuss that a little further on in the presentation. Now, let's talk about the specifics of the program.

Facilities that are required to participate will have 240 or more Medicare claims, which can be primary and secondary payor, per year. Facilities with fewer than 240 Medicare claims per year for our reporting period are not required to participate. In the past, ASCs were required to report Quality Data Codes. These were codes applied to your Medicare Fee-For-Service claims. In the most recent Final Rule determination, these measures were paused, so we will not discuss them here today. I did want to mention them though, in case you came across this concept so that you will have the most current information. Facilities are required to submit data for a set of web-based measures through the QualityNet Secure Portal. Having access to this Secure Portal should be your first priority. It enables you to report these data. An ASC is considered to be an ASCQR Program participant until the ASC withdraws from the program by submitting a withdrawal form to CMS. Specific instructions on how to withdraw and the withdrawal form can be found on QualityNet, and that's at www.qualitynet.org. All of the information about this program, among others, is always put forth publicly in the Final Rule. In short, the Final Rule details the program. We'll look at that more closely later. For now, let me give you a very simplified version of the rule process. Each July, after months of evaluation, research, and writing, the Proposed Rule is published. From the Proposed Rule release date, the public has 60 days to submit comments regarding the proposed changes to the program. Then, in November, after reviewing and considering all your comments, the Final Rule is published.

Daniel Raj: A moment ago it was mentioned there are quality measures for this program. Being new, Spencer's not really sure he even knows what measures are included in this program. So, let's start with the types of measures.

Dianne Glymph: There are two types of measures. First, there are the web-based measures which are submitted using a web-based tool through QualityNet. You will need to obtain appropriate access into QualityNet's Secure Portal. Your facility will then identify a Security Administrator for this site. The importance of this role will become

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clear as we continue through this presentation. These web-based measures are to be reported annually by May 15 of each year. Secondly, there are the claims-based measures. Data for these measures are collected from paid Medicare claims for measures that meet the specific measure criteria. There is no manual abstraction for these measures on the part of the ASC. Let's break all of this down to make things a little clearer. We'll begin with the measures you submit through QualityNet.

Listed here are some of the current web-based measures. Some measures were removed from the program during the last rulemaking cycle. As I stated previously, all changes and modifications to the program are always put forth through the rulemaking cycle. You can see here the measure names and descriptions. I do want to quickly mention that there was an ASC-8 measure which measured Influenza Vaccination Coverage among Healthcare Personnel; however, this measure was removed just recently for this program.

The web-based measures that you will enter through QualityNet are shown here. These measures will utilize the reporting period, or patient encounters, from the time that the patient was receiving care in your ASC from January 1 through December 31, 2018. You will then enter that data into QualityNet any time between January 1 through May 15 of this year, 2019. May 15 is the deadline. You cannot change, modify, or enter any data for Calendar Year 2018 after this date. You can see that CMS is very accommodating and provides you with over four months to enter this information. Please don't wait until the last minute. So, what if your ASC doesn't perform the procedure referenced by the web-based measure, just enter zero for that measure.

And here we have listed the claims-based measures. With these you do not have to manually abstract or report data. The information is obtained by CMS through paid Medicare claims for cases that meet the measure criteria. All you have to do is continue to perform the great patient care you're already providing. For those of you that are new, ASC-17 and -18 were recently added to the program for the Calendar Year 2022 Payment Determination.

To be able to successfully report your data, there are a few must-dos. You should register with QualityNet before beginning to report data regardless of the method used for data submission. You will also need to identify and maintain a QualityNet Security Administrator, an SA. Although it is not required to have more than one SA, we highly recommend designating more than one SA for backup purposes. You will have to consider that if you have only one SA, and that person is unavailable at the time of the data deadline, your facility runs the risk of not being able to submit your data on time. You will need to collect data for the measures and submit them into the QualityNet Secure Portal by the deadline.

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Daniel Raj: Spencer is nervous. After learning all the program information, Spencer really wants to make sure he meets the requirements. This has Spencer thinking, “what if I don’t meet the program requirements?”

Dianne Glymph: A Reconsideration Process is available for facilities that did not meet the program requirements and, therefore, did not receive their full Annual Payment Update. Make certain that the Reconsideration Request form is submitted before the deadline so that you have that opportunity as this is the final decision process for ASCs. Once CMS makes the decision on the Reconsideration, it is considered final. Statutorily, ASCs are not allowed judicial review of payment decisions, so there will be no appeals of any final ASCQR Program payment determinations. The procedural rules that govern the Reconsiderations are posted on the QualityNet website at qualitynet.org. Additionally, on our website, qualityreportingcenter.com, there is a video available to walk you through this process in the event you should need it.

Ok, so I have mentioned the QualityNet website multiple times. The Secure Portal there is the only CMS-approved method for the electronic transmission of private data between healthcare providers and CMS for the purposes of the ASCQR Program. Data are stored in the OPPS clinical warehouse. All files and data exchange with CMS via the Secure Portal are encrypted during transmission and are stored in encrypted format until the recipient downloads the data. The Secure Portal meets all current Health Insurance Portability and Accountability Act requirements. We call it HIPAA, of course. Data may be updated up until the submission deadline on May 15. After the deadline no further updates, edits, or modifications can be accepted. So, in order to report data, you must have at least one Security Administrator, or SA. Let’s take a closer look at how you can become an SA.

The first step is for your facility to identify and maintain a QualityNet Security Administrator. Before I walk you through becoming an SA, let’s talk about the two types of QualityNet registrations available to you, SA and Basic User. The SA facilitates the data submission and registration process for other users at the organization by creating, editing, terminating, and viewing user accounts, as well as, resetting Basic Users’ passwords. Another important role they have is the ability to access the Secure File Transfer file on QualityNet. Data reports specific to your facility will be sent to this file. You will also, on occasion, upload files in certain circumstances. I mentioned this a moment ago, but I’m going to say it again, the role of the SA is so important that we highly recommend that the ASCs designate at least two people as QualityNet Security Administrators, one to serve as the primary QualityNet Security Administrator and the other to serve as backup, or designee. CMS highly encourages that you have this backup in place. You don’t ever want to find yourself in a situation where you were trying to

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submit data or obtain reports, and there was no one available to do so. Please have at least two active SA's at all times. There's also the role of a Basic User.

So, what is a Basic User? That's someone who has limited access to the QualityNet secure website, and that access is determined by the Security Administrator. It could be that you want someone just to run data reports in QualityNet. So, the SA would just assign this Basic User only the rights to download the reports. There is a registration process for the Basic User, and that registration form and information is on the same QualityNet registration page as the registration and information for the SA. Ok, so how do you become a SA?

To register on QualityNet, you would first go to the website at qualitynet.org. That address will bring you to the QualityNet home page which you see here. Then, see the first square on the left-hand side of the page? I have it boxed in red here on the slide. See where it says QualityNet Registration? And right below that is ASCs. So, click on that link.

It will take you to the QualityNet Security Administrator registration page. This page provides basic information on the roles we just discussed. Now click on the Security Administrator link.

This outlines the steps to become a QualityNet Security Administrator. To get the actual registration packet, click on that packet link and download the form, follow the instructions, and email or mail the address seen here on this page. For information on the New User Enrollment Process, you can click on that link toward the bottom of the page where we have the red arrow. If you click that link, you will be taken to the page that provides detailed instructions on the enrollment process. Please take the time to go through this information. It will really assist you in understanding this process. Of course, if you ever have any questions or problems, you can call us, and soon you'll get your credentials. Please remember to register as an SA at least four to six weeks before a data deadline to ensure that your credentials are approved and that you're allowed to enter data for your ASC.

Daniel Raj: Spencer is starting to feel good about understanding the program requirements, but now he wants to know how do I know what I'm abstracting, and where do I find the guidance?

Dianne Glymph: You can always refer to the Specifications Manual to guide you through the process. This manual was developed to provide a uniform set of quality measures that reflect the Final Rule. The Specifications Manual is your guide to the ASC quality reporting measures. So, let's take a quick look at how to find the manual. Since we're already on the home page of QualityNet, hover your cursor over the Ambulatory Surgical Centers tab. Then a dropdown menu will appear, and you will simply click on Specifications Manual. However, before we look at that tab,

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let's take a moment to look at this dropdown menu. Look at all of this information. We've already talked about some of this – Measures, Data Submission, Public Reporting and more. Take the time to go through this website. It's a great resource. Ok, back to the Specifications Manual. We're going to click on that link.

And you will be taken to the ASCQR Specifications Manual page. Now, on the right-hand side of the page is the heading Specifications Manual, and you can see there are quite a few different versions of the Specifications Manual. Yikes! So, how do you know which one to pick? To answer that, look at the patient encounter, or when the patient was seen in your facility, then use the Specifications Manual version that corresponds to that date. So, for example, for a patient encounter that occurred on September 10, 2018, you would use version 7.0a since you saw in the Data Collection Time Period column there on the page that the date of that patient encounter fell within the year 2018. For details on the Specifications Manual and its recent updates, please view our webinar from last month, and it's archived on our website at qualityreportingcenter.com. I'll show you that site in just a few minutes. Okay, one last point. Let's imagine you just clicked on Version 8.0a, right there, that first choice.

You will get a disclaimer page which I'm not showing you, but once you click on "Agree" to that disclaimer, you'll be directed to this page. Here you can see the different sections of the manual. Let me briefly explain what you can find in the various sections. Release Notes. If there are any changes between the annual version of the Specifications Manual, they are communicated through Release Notes. The Introductory Material has the Table of Contents, Acknowledgement, and Program Background. Section 1 contains the Measure Information Forms. You will find measure algorithms, rationale, numerator and denominator statements, included populations, excluded populations, data elements, data collection approach, and type of measure. Great stuff in here. This will provide the necessary information you need to appropriately abstract the data. Section 2 is Quality Data Coding and Sampling Specifications. In this area you will find information such as the sample sizes allowed when you submit your data. In Section 3 you will find information on the Clinical Data XML File Layout and the Data Processing Flow. The Appendices Section will have ICD-10 and CPT Code Tables, a glossary of terms, and a preview section. By the way, you can see here, the very last option is to download the entire manual. So, if you're a person that likes to view things on paper, I understand that, you have that option. Make sure your copier has plenty of paper, though, it's pretty lengthy.

Daniel Raj: Spencer is beginning to feel overwhelmed. What if he's working late and has an important question? What should he do?

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Dianne

Glymph:

Well, to answer Spencer's question, it's easy. Pick up the phone and give us a call or there is a Question & Answer platform right on QualityNet.

This allows you to ask questions of the subject matter experts directly. From the home page of QualityNet you will go to the Questions & Answers box on the right-hand side and click on Ambulatory Surgical Centers.

You will then be able to enter your question. You have to sign up with your email address which is an extremely quick process, takes just a minute. This is how you'll receive your answer. You will be emailing with the subject matter experts, whether it's the support contractor or the measure writers. You can ask a question here with the email address you signed up with, and you'll receive your answer through that same email address. Before we leave QualityNet, let me mention one more thing, the Listserve. The Listserve is a free email notification service which is a very easy way to assist you with staying up-to-date on important information.

Back at the QualityNet home page access the 'Join Listserves' link. You will be prompted to sign up with an email address. Then you would just select your program. Once signed up you'll receive important notices including the availability of educational webinars, any changes to the program, reminders about the data deadlines, availability of reports, and much more. It's a vital part of keeping current on program requirements and an easy way to stay in the know. There is much more on QualityNet, so please take the time to peruse this site.

Daniel Raj:

Knowing that he can always call the support contractor for assistance makes Spencer feel more at ease, but now he wants to know, how can he find the support contractor website?

Dianne

Glymph:

Yes, Spencer. This website is another resource that is incredibly helpful for those new to the program. This website is full of tools and resources that are available to assist you with your quality reporting. Let's imagine you just entered the website seen here on this slide into your browser, qualityreportingcenter.com.

From that home page if you hover your cursor over the ASC tab, a menu will open up as seen here. There are a lot of tabs filled with a lot of information, but we won't go over all the tabs today. The point we want to make here is that an enormous amount of information is available to assist you housed right on this site. So, please take the time to make your way through this site and see what's available.

Daniel Raj:

After learning more about program data, Spencer wants to know what happens to the data that he reports?

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Dianne

Glymph:

Well, CMS publicly displays all of the data you report on the Hospital Compare website to ensure that information about the care delivered in the nation's ASC is available and that this information is reliable. Providers can utilize these data to drive continuous quality improvement initiatives and track their progress. Publishing data on Hospital Compare in a consumer-friendly format allows consumers to understand the data and make informed decisions about where to get care.

To find the ASC section on Hospital Compare start with the website medicare.gov/hospitalcompare. The exact link is placed at the top of the slide here for reference. Here's a partial view of the opening page. To find the ASC section, look under the Spotlight column on the far left. Scroll down until you see the Ambulatory Surgical Centers heading and select that link.

The next page will open on the first option for the ASC Program. You will select the link for the Ambulatory Surgical Center Quality Reporting Program which will direct you to that section. We recently presented a detailed webinar on this subject. You can access that webinar on the Archived Events link from that dropdown menu that's on our qualityreportingcenter website I showed you earlier.

Daniel Raj:

Spencer wants more information on the rulemaking cycle that was previously mentioned. He is asking himself, what are the Proposed and Final Rule? What is this all about?

Dianne

Glymph:

In July of every year CMS publishes proposed changes to the Hospital Outpatient Perspective Payment System, the OPPTS, and the Ambulatory Surgical Center Payment System for the upcoming Calendar Year. These changes are known as the Proposed Rule. CMS urges the ASC community to participate in the Proposed Rule comment process. Public comments are vital, and CMS reviews each comment before finalizing these changes in the Final Rule. The Final Rule is released in November with the changes made to the ASCQR Program. It's really important to keep up with the rulemaking process so that you know what changes were made to the program.

To find the ASC Final Rule on the Federal Register, begin with accessing the federalregister.gov link. The ASCQR section begins on page 59110. I've also included the direct link to the PDF version of the Final Rule in the Federal Register on this slide, and you can just access that link. Okay, so let's look at the specific measures that have been affected due to the Final Rule that was just published in November.

Here's the list of the measures that were finalized for removal. You will pause your reporting of ASC-1 through ASC-4 beginning January 1, 2019 until further

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action in future rulemaking. So, for now, you will not be applying these G Codes, or Quality Data Codes, to your Medicare claims until further notice. As ASC-8 was finalized for removal for Payment Year 2020 you will no longer report data for this program for healthcare personnel flu vaccination; however, this removal relates to this program only. If you report this measure for other programs, or if you have state or employer-specific requirements, please be aware of that. ASC-10 was finalized for removal for Payment Year 2021. The last time you will report data for this measure will be by May 15, 2019. The data will be for the reporting period of January 1 through December 31, 2018, and these dates, the dates of service, are the patient encounter dates. Again, you will submit data for this measure this coming May, and then the measure will not be reported again.

Daniel Raj: With all the information he's been given today, Spencer is feeling confident.

Dianne Glymph: Yes, we have covered a lot of information today. We'll just take a moment to provide a brief summary.

First and foremost, register as a QualityNet Security Administrator as soon as you can. You absolutely cannot report data without the secure credentials you need. To avoid any issues if someone is sick, on vacation, or what-have-you, we highly recommend you have at least two SA's that are active at all times. Collect data to be submitted through a web-based tool and submit these data by the deadline. I cannot say this enough, please don't wait until the last minute to enter your data. We've had people that encountered computer problems, log-in issues, or other challenges that kept them from submitting their data on time. However, if they had attempted to enter data earlier, these issues could have been identified and resolved well before the deadline. You do not want to lose your payment update due to failing program requirements because you waited too long to submit your data. Please keep in mind the other things we discussed as well.

The web-based measures are reported annually through the QualityNet Secure Portal. These measures, as I mentioned, are all due to be reported by May 15, 2019 using the reporting period, or patient encounter period, of January 1 through December 31, 2018. The measures you will report are ASC-9, ASC-10, ASC-11, which is voluntary, ASC-13, and ASC-14. Remember what we talked about earlier, ASC-10 was removed from the program beginning with the Calendar Year 2021 Payment Determination. So, this coming submission period will be the very last time you will report data for this measure. Since ASC-11 is a voluntary measure, you can report data on that or not. Either decision will not affect your payment. Let me say this one more time, please do not wait until the last minute to submit your data. You can actually enter it right now. The data entry tool is available on QualityNet. Please allow yourself time to work through any technical glitches or other issues before the submission deadline. We hear from people who've waited until the last minute and have not been able to

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overcome their issues, and subsequently, did not meet the deadline. They then failed to meet the program requirements which affected their payment update. Don't let this be you. Please call us if you need help with anything. That's what we're here for. Call us at 866.800.8756.

We've talked about both the QualityNet and the Quality Reporting Center websites. There is so much information available. I tried to just hit the highlights for you here. Once you get going and you find you have questions feel free to call our helpline listed here on this slide or enter your question into the Questions & Answers tool. Your answer will be sent via email as I discussed earlier. By all means, if you ever have any questions, call us at 866.800.8756. We are here to help. I think that covers things. I hope we've been able to provide you with a broad base to start your journey into quality reporting for your ASC.

Pamela

Rutherford: Ok, Dianne. I think we have a few minutes that maybe we can go over some of the questions that are coming into the chat box. So, if it's ok with you, I'll pick a few?

Dianne

Glymph: Oh sure, that'd be great.

Pamela

Rutherford: All right, great, all right. Okay, thanks. The first question: We are a new Ambulatory Surgery Center. We received our license from the State in January of 2018, and we are awaiting CMS inspection. Do I report data this year or next year?

Dianne

Glymph: I'm glad that question came through. That's a good one. Well, first of all, welcome to the ASC Quality Reporting Program. So please reach out to us directly at 866.800.8756 so we can get contact information for you and your facility and formerly welcome you to the program. So, based on your statements, you shouldn't have to report this year, but please call us so we can verify this information.

Pamela

Rutherford: All right. Great, thanks Dianne. Next question is our facility does not do any general anesthesia. We are a single specialty (ophthalmic) that administers Monitored Anesthesia Care (MAC) only. Will we be required to submit post-op temperatures?

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Dianne

Glymph: Ok, for the Normothermia measure, well if you don't have any patients undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes of duration, then you would report a zero for your denominator and numerator.

Pamela

Rutherford: Great advice, all right. I'm getting this down pat now. I can be a little bit more organized here. The next question I have is ASCs that have an anesthesia organization with its own NPI must these procedures be reported, and if so, how?

Dianne

Glymph: Well, all physicians have NPI numbers. The ASC Quality Reporting Program uses the surgical center's NPI number to report data.

Pamela

Rutherford: Thank you, Dianne. All right. For our next question it's, when I saw the data for ASC-9, it brought up some questions I have about this measure. I get confused about the total population. How do I determine this? So, how do I determine the total population for ASC-9?

Dianne

Glymph: Ok, well that's really a great question, and we get these questions a lot, and people get confused and aren't sure of the population is all of the colonoscopies or just those that meet the denominator criteria. So, let me try to clarify that for everybody. You will refer to the Measure Information Form in the Specifications Manual for that measure. Out of all of your colonoscopy cases you will pull only the cases that meet the denominator criteria ICD-10 Codes, CPT Codes, and HCPCS codes listed. This will be your total population. So, out of your total population you will refer to the table in the Specifications Manual under the Quality Data Coding & Sampling Specifications section to obtain the sample size requirement. For example, if you have from 0-900 cases in your population, then the minimum required sample size would be 63. If you have 901 or more in your population, and, again, we're referring back to the table in the Specifications Manual, your minimum sample size will be 96.

Pamela

Rutherford: Okay, our next question comes up, it says regarding ASC-8, now that's the employee flu data, as I understand it, the removal of this measure impacts payment for Calendar Year 2020; therefore, we do not have to submit data for this measure this Spring 2019, correct?

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Dianne

Glymph: That's exactly right. The last reporting date for this measure was May 15, 2018 for the reporting period of the flu season that year which was October 1, 2017 through March 31, 2018. So, data for this measure will no longer be collected for the ASC Quality Reporting Program.

Pamela

Rutherford: All right. For our next question, it says please clarify ASC-1 through ASC-4. My interpretation is that we do not need to submit the QDCs on our claims in 2019 for these measures, correct?

Dianne

Glymph: That's right. That is correct. ASC-1 through ASC-4 data collection has been suspended for Payment Determination Year 2021. So, this means for encounter dates beginning January 1, 2019 you will not be required to report on these measures. However, for this submission period coming up the Quality Data Codes, or QDCs, should have been applied to your claims through December 31, 2018 on at least 50% of those claims. These data are collected for the 2020 Payment Determination Year. I hope that clarifies it somewhat.

Pamela

Rutherford: Great information. Thank you, Dianne. All right, next question, what will happen if our claims still go out with the ASC-1 through ASC-4 on them, or, they're still putting G Codes on their Medicare claims?

Dianne

Glymph: Oh, sure. There's no penalty for continuing to submit the Quality Data Codes, but, however, CMS won't be collecting or reporting data on ASC-1 through ASC-4.

Pamela

Rutherford: All right. Our next question is, can you review which measures are left and what we have to collect and report for the 2019 submission?

Dianne

Glymph: Ok, we'll just do a run-through of these. That's a good question. 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 these data on ASC-9, ASC-10, ASC-13, and ASC-14. ASC-11 is voluntary, so that's up to you, into QualityNet by May 15, 2019 for the encounter dates in 2018 which runs January 1 through December 31, 2018. As we discussed, this will be the last time you report data for ASC-10. Just as a reminder, ASC-17 and ASC-18 are in the program, but they're claims-based measures; that means you don't manually collect or report data for these measures. These begin with the 2022 Payment Determination Year.

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Pamela

Rutherford: Ok, thank you. All right. The next question that we have, to clarify ASC-13 and ASC-14 will need to be reported as of May 2019. How will these be reported?

Dianne

Glymph: Sure, ASC-13 and ASC-14 are both web-based measures, as are ASC-9, ASC-10, and ASC-11. You will submit your Calendar Year 2018 data, again that runs January 1 through December 31, 2018 encounters, by the May 15, 2019 submission deadline through the QualityNet Secure Portal.

Pamela

Rutherford: Okay, our next question is, if we do not perform colonoscopies or endoscopies, do we still have to enter zeros?

Dianne

Glymph: Glad you asked. If your facility doesn't perform colonoscopies or endoscopies, 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, and they're both required measures.

Pamela

Rutherford: All right. Our next question is, what are the reporting dates for ASC-17 and ASC-18?

Dianne

Glymph: Okay, these are claims-based measures, and they will be collected by CMS through your paid Medicare claims, and these are for the Calendar Year 2022 Payment Determination. It gets kind of complicated, so, for more information on ASC-17 and ASC-18, please refer to Appendix B (B as in boy) of the ASC Quality Reporting Specifications Manual v8.0a on QualityNet.

Pamela

Rutherford: Okay, thank you Dianne. Now, we just received another question on ASC-8, so, let's just hit this one more time Dianne. So, the question is, so, we do not have to submit the flu data in 2019?

Dianne

Glymph: That is absolutely correct. Okay, so, data for ASC-8, the Influenza Vaccination Coverage among Healthcare Personnel, is no longer required for this program; however, please check requirements for other programs you may report for, as well as, your own State's requirements. For this program, the last reporting date was May 15, last year, 2018.

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Pamela

Rutherford: That's all the time we have today. Thank you for joining us. As a reminder, this presentation will be posted on our website at a later date, www.qualityreportingcenter.com. Now, let me turn things over to our host to go over the CE Process.