



Ambulatory Surgical Center Quality Reporting Program

Support Contractor

Touring the Hall of Specifications

Questions & Answers

Speaker:

Melissa Thompson, RN, BSN, Specifications Manual Lead
Ambulatory Surgical Center Quality Reporting (ASCQR) Program, Support Contractor

January 30, 2019
2:00 p.m. ET

- Question:** How can we find out if we need to report flu data for our state?
- Answer:** We cannot speak to specific questions about your state regulations; you may want to contact the appropriate organization for your state.
- Question:** Did I hear that the ASC-1 through ASC-4 measures are no longer reported on claims as of January 1, 2019?
- Answer:** That is correct. CMS has paused reporting of these measures pending further rulemaking. Claims submitted beginning January 1, 2019 are not required to have the Quality Data Codes (QDCs) applied for ASC-1 through ASC-4 measures.
- Question:** So, we don't have to collect the claims-based measures starting January 1, 2019 until they decide if or when this will resume in the future?
- Answer:** That is correct. Beginning January 1, 2019, QDCs for ASC-1 through ASC-4 are no longer required. Future rulemaking will address any changes to those measures regarding data collection and submission.
- Question:** When does 2018 data for the web-based measures have to be reported? Is this reported on QualityNet?
- Answer:** The web-based measure data for calendar year 2018 are due to be reported via the QualityNet Secure Portal by May 15, 2019. This includes data for ASC-9, ASC-10, ASC-11 (voluntary), ASC-13, and ASC-14.
- Question:** Which ASCs are required to report: standalone ASCs or hospital outpatient departments of a hospital?



Ambulatory Surgical Center Quality Reporting Program

Support Contractor

- Answer:** ASCs bill Medicare with their facility National Provider Identifier number; hospital outpatient departments bill under their hospital CMS Certification Number. ASCs that bill 240 or more Medicare claims annually are required to report data for the ASC Quality Reporting Program or risk a decrease in their Annual Payment Update (APU). Hospitals report data for the Hospital Outpatient Quality Reporting Program or risk a decrease in their APU. If you continue to have questions, you can call the support contractor at 866.800.8756.
- Question:** If a patient has a combined procedure such as vitrectomy with phacoemulsification (Phaco) with Intraocular Lens Implant (IOL) and it is coded bundled as 67108, do you still count this in your denominator?
- Answer:** A patient with a combined procedure, such as vitrectomy with Phaco IOL implant (coded 67108), would not be included in the denominator. A cataract surgery patient scheduled for an anterior vitrectomy prior to admission to the ASC would not be included in this measure. Documentation in the clinical chart or consent forms noting the need for the procedure prior to arrival in the ASC would be sufficient to not include this case. To be included in the measure, the vitrectomy must not have been scheduled at the time of the patient's admission to the ASC for cataract surgery.
- Question:** Should we use 2018 records for submission in 2019?
- Answer:** Yes, for the upcoming submission for web-based measures due May 15, 2019, you will utilize the 2018 reporting period (patient encounters) of January 1, 2018 through December 31, 2018 for the Payment Determination Year 2020.
- Question:** When will CMS mandate a log-in process for QualityNet that actually works well and is not so problematic?
- Answer:** You may wish to contact QualityNet directly through the Question and Answer Tool or by calling 866.288.8912.
- Question:** For ASC-13, if you do not provide general anesthesia, should you enter a zero for the numerator and denominator, just like the colonoscopy measure, if you do not do colonoscopies?



Ambulatory Surgical Center Quality Reporting Program

Support Contractor

- Answer:** Yes, if the facility does not perform cases that meet the measure criteria for ASC-13, enter zeros for the numerator and denominator via the QualityNet Secure Portal.
- Question:** If we are an endoscopy center, the only measures that we are required to report this year for Calendar Year 2018/Payment Determination Year 2020 is ASC-9, ASC-10 and ASC-12? Of course, we would report zeros for ASC-13 and ASC-14; is that correct? If we choose to keep the QDCs on our claims submissions, is there any reason why that would be a problem?
- Answer:** Yes, you are correct. You will need to submit data for all measures that meet measure criteria through QualityNet by May 15, 2019. This submission will be using the reporting period (patient encounters) of January 1, 2018 through December 31, 2018 for the Payment Determination Year 2020. ASC-11 continues to be a voluntary measure, so you can enter zeros or leave it blank. If you do not have cases that meet the measure criteria for ASC-13 and ASC-14, you should enter zeros. ASC-12 is a claims-based measure and no manual abstraction or reporting is necessary. Data are collected from Medicare claims.
- Question:** For the ASC-1 through ASC-4 measures, facilities are not required to submit CPT-II codes on these measures as of January 1, 2019? Were they previously mandated?
- Answer:** Not CPT-II codes, but Quality Data Codes. For the measures ASC-1 through ASC-4, these QDCs were required to be submitted with each Medicare Fee-For-Service claim. CMS has paused reporting of these measures pending further rulemaking. Claims submitted beginning January 1, 2019 are not required to have QDCs applied for ASC-1 through ASC-4 measures.
- Question:** Can you clarify ASC-8? Can we still submit this data voluntarily, or is that no longer an option?
- Answer:** The submission of data for ASC-8: Influenza Vaccination Coverage among Healthcare Personnel is no longer required for this program. Please check the requirements for other programs as well as your state's requirements for these data.
- Question:** If we don't have any patients under general or neuro-axial anesthesia, do we enter zeros in the numerator and the denominator?



Ambulatory Surgical Center Quality Reporting Program

Support Contractor

- Answer:** Yes, that is correct. If you do not have any cases that meet the measure criteria for any of the required measures, you will report zeros in the numerator and denominator.
- Question:** Are ASC-13 and ASC-14 going to be entered in QualityNet fields next year? I don't understand why you talked about a file layout (CSV) for these measures.
- Answer:** ASC-13 and ASC-14 are required to be entered into the QualityNet Secure Portal this year by May 15, 2019 for 2018 data. The discussion on CSV was for facilities that have multiple locations and prefer to upload data for all facilities at once.
- Question:** If your facility has never reported data using batch submission or sampling, what is the process for this?
- Answer:** For batch submission information, you can call the support contractor at 866.800.8756. Sampling is addressed in the Specifications Manual (<http://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FSpecsManualTemplate&cid=1228776140694>) on pages 2–29.
- Question:** Is there a rationale as to why the ASC-1 through ASC-4 measures are suspended? Are the submission protocols inefficient?
- Answer:** CMS proposed to remove ASC-1, ASC-2, ASC-3, and ASC-4 as topped-out measures. But due to public comments, CMS reevaluated. It was noted these measures are more valuable to stakeholders than initially perceived, and it was prudent to keep them in the program. CMS decided to suspend data collection until further action in rulemaking, with the goal of updating the measures, including data submission methods for the measures.
- Question:** For web-based reporting measures ASC-13 and ASC-14, are we required to submit data in the sampling fields, indicated with “Not Required”? If data is required and our number of cases is below the minimum, do we enter "0" in the sampling field and simply report applicable values for numerators and denominators indicated with an asterisk as required?
- Answer:** Great question. No, the sampling portion of ASC-13 and ASC-14 are not required to be completed. You may submit data in these fields or leave them blank.



Ambulatory Surgical Center Quality Reporting Program

Support Contractor

- Question:** To clarify, regarding ASC-1 through ASC-4, we not allowed to continue including QDCs on claims? How will we know if CMS decides we need to resume adding those to claims?
- Answer:** You may continue to submit ASC-1 through ASC-4; there is no penalty for doing so. Any decision regarding resuming the reporting of these measures will be addressed in future rulemaking.
- Question:** With regard to ASC-13, we do not use general anesthesia, we use Versed and Fentanyl. Do we report?
- Answer:** This measure is only for patients having surgical procedures under general or neuraxial anesthesia. If you do not perform “General or Neuraxial Anesthesia that lasts 60 minutes or more,” then you would enter zeros for this measure in the QualityNet Secure Portal.
- Question:** Do we still need to collect data for Measure 13 for 2019?
- Answer:** Yes. Data for calendar year 2018 are due to be reported via the QualityNet Secure Portal by May 15, 2019. This includes data for ASC-9, ASC-10, ASC-11 (voluntary), ASC-13, and ASC-14.
- Question:** Do we have to submit flu data in 2019?
- Answer:** No, reporting data for ASC-8: 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 state’s requirements. For this program, the last reporting date was May 15, 2018.
- Question:** I am new to quality reporting and am unsure about the ASC numbers. What determines the ASC number? And how do I know what my ASC numbers are?
- Answer:** Welcome to quality reporting! On QualityNet.org under the Ambulatory Surgical Centers tab is a link to the Specifications Manual, or you can use this link:
<https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772475754>. Within this manual are the numerator and denominator criteria for each measure which will help guide you to identifying your numbers required for submission. If you have additional questions after reviewing the Specifications Manual,



Ambulatory Surgical Center Quality Reporting Program

Support Contractor

we are here for you. Please contact us at 866-800-8756. The following link is to a document designed for those new to quality reporting; this guide reviews the program and will assist you in reporting:

https://www.qualityreportingcenter.com/wp-content/uploads/2019/01/ASC_2019-Successful-Reporting-in-the-ASCQR-Program-Final-508.pdf.

Question: Will this presentation be available on the QualityNet website?

Answer: You can find the slides for today's event, as well as all of our other webinars, on our website:

<https://www.qualityreportingcenter.com/asc/events/>.

Question: Is not the total goal to address the reporting to be done this year 2019 for 2018 data? My focus is on what has to be reported this year and knowing the Specifications Manual for details and encounters being used.

Answer: The link below is a guide for reporting for this program; this document includes discussions on these aspects of quality reporting for ASCs: https://www.qualityreportingcenter.com/wp-content/uploads/2019/01/ASC_2019-Successful-Reporting-in-the-ASCQR-Program-Final-508.pdf. We hope this helps. You can call us, the support contractor, at 866.800.8756.

Question: Can you go over the numerator and denominator for ASC-14?

Answer: The denominator would be the total number of cataract surgery patients. The numerator would be the total number of cataract surgery patients who had an unplanned anterior vitrectomy. So, if you had 800 cataract surgery patients and one unplanned anterior vitrectomy, you would submit one for the numerator and 800 for the denominator.