

### **Support Contractor**

### Getting Your Ducks in a Row: Addressing Common Issues in Quality Reporting

#### **Questions & Answers**

**Moderator:** 

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| Question: | Why isn't there a singular report that confirms compliance with the reporting requirements, so administrators know everything is complete?   |
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| Answer:   | The Provider Participation Report (PPR) is the one report on QualityNet that has the QDC rates and the web-based measures. However, QualityNet does not receive a final file from NHSN for inclusion of ASC-8 for this report until after the submission deadline. The website www.qualityreportingcenter.com has a Data Dashboard and the Lookup Tool which has information all in one place. In the Lookup Tool for the web-based measures, you will see each measure marked with a "yes" or a "no" indicator beside each measure along with the date the last file was updated. |
| Question: | We are a new ambulatory surgery center. We received our license from<br>the state in January 2018 and are awaiting CMS inspection. Do I report<br>data this year or next year?   |
| Answer:   | Welcome to the ASC Quality Reporting Program! Please reach out to us directly at 866-800-8756 so we can obtain contact information for you and the facility and formally welcome you to the program. Based on your statements, you should not have to report this year, but please call us so we can verify this information.  |



# **Quality Reporting Program**

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| Question: | How do you calculate the ASC-12? If I read this correctly, it is 7 days post colonoscopy. I am just wondering how you gather the information.  |
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| Answer:   | Yes, ASC-12 is the Facility 7-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy. There is no abstraction required by the facility. CMS calculates the data from Medicare claims. For more information on this measure, please visit QualityNet.org; under the ASC tab select Measures. You can also use the direct link:<br>https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228775182443. |
| Question: | Is it possible to have a denominator less than your sample size?   |
| Answer:   | No. Your sample size will be taken from the total population, which is all<br>of the cases that meet the denominator criteria. From this total population,<br>you will refer to the Sample Size Requirement table in the Specifications<br>Manual. If you have further questions, then call the help desk at<br>866.800.8756, and we will be glad to help you.   |
| Question: | The sample size would 100% fit the denominator criteria prior to abstracting the number of charts?   |
| Answer:   | Yes, the sample would be a representative part of the population that met the measure inclusions.  |
| Question: | So, is the population the total population or the population of colonoscopies only?  |
| Answer:   | Your total population is the number of colonoscopies that meet the denominator criteria. Call the help desk if you need further assistance. We will be glad to help (866.800.8756).  |
| Question: | Can we submit all of our patients for ASC- 9 and ASC-10? Our Electronic Medical Record (EMR) calculates this, and it is easier to submit all patients in the denominator versus sampling.  |
| Answer:   | Yes, you can submit 100% of your population.   |
| Question: | To clarify, population is related to the specific measure, not the overall population for the center?  |
| Answer:   | Yes, you are correct. Your population is the number of cases that meet those specific measure denominator criteria.  |



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| Question: | How do you get a security code?  |
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| Answer:   | For QualityNet, you can download the VIP Symantec access that gives<br>you your security code. This is explained when you complete the<br>registration process to become the Security Administrator. You can call<br>QualityNet directly if you have any difficulty at 866.288.8912. |
| Question: | 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 temps?  |
| Answer:   | If you do not have any patients undergoing surgical procedures under<br>general or neuraxial anesthesia of greater than or equal to 60 minutes<br>duration, then you would report "0" for your denominator and numerator.  |
| Question: | The password system under QualityNet is terrible; why doesn't CMS demand an improvement in this technology?  |
| Answer:   | CMS is aware of the challenges and is researching options.   |
| Question: | Is May 15th the deadline for all ASC measure reporting?  |
| Answer:   | May 15 is the deadline for all your web-based measures: NHSN (ASC-8) and QualityNet (ASC-9, ASC-10, and ASC-11).   |
| Question: | We have not had any incidents, but we failed to submit the G8907 code. Is it possible to submit this info now, perhaps through a Third Party Administrator (TPA)?  |
| Answer:   | No, you cannot rebill for the sole purpose of the application of QDCs once<br>the bill has been adjudicated. You can call our help desk at 866.800.8756,<br>and we can look at your current volume threshold.  |
| Question: | ASCs that have an Anesthesia Organization with its own NPI, must these also be reported, and if so, how?   |
| Answer:   | All physicians have NPI numbers. The ASC Quality Reporting Program uses the surgical center's NPI number to report data.   |
| Question: | When logging into QualityNet, is the login on the right under "Login to QualityNet Secure Portal" the same as the login at the top?  |
| Answer:   | Yes, you may log into the Secure Portal by clicking on either login option.  |



# Ambulatory Surgical Center Quality Reporting Program

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| Question: | Not sure how to collect ASC-13 information. Do I have to look at every<br>Operating Room (OR)/Post Anesthesia Care Unit (PACU) record at our<br>ASC and then collect "yes" or "no"?   |
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| Answer:   | ASC-13 is only for patients having surgical procedures under general or<br>neuraxial anesthesia of 60 minutes or more in duration (the denominator),<br>so you would only pull these cases to review. You will then establish if the<br>patient was normothermic within 15 minutes of arrival in PACU (the<br>numerator). You will enter the data as a denominator and a numerator into<br>the QualityNet online submission tool. |
| Question: | So, what you are telling me is that Normothermia is a required measure?   |
| Answer:   | Yes, ASC-13 is a required measure for the program.  |
| Question: | Did I understand you to say I can have two facilities under my one log-in?  |
| Answer:   | Yes, if you are a Security Administrator and report data for more than one facility. For example, vendors often report data for multiple facilities.  |
| Question: | How do you determine your population, not the sample of the population?   |
| Answer:   | Your population is the number of cases that meet the measure criteria.<br>Review the denominator criteria in the Specifications Manual for each<br>measure. This is your total population. You will then use the Sample Size<br>Requirement Table to establish your sample size based on the number in<br>the population.   |
| Question: | If you go into the QualityNet system and need to make changes after you submit, can you do so before the actual deadline?   |
| Answer:   | Yes, you can correct data submission at any time prior to the deadline.<br>Once the deadline has passed, no corrections can be made.  |
| Question: | Are the ASC-9, -10, and -11 measures reported for all patients or just the Medicare patients that had a colonoscopy?  |
| Answer:   | ASC-9 and ASC-10 include all patients who meet the measure's denominator criteria. ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery is a voluntary measure. These measures will include Medicare and non-Medicare patients.  |



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**Question:** As a new employee/administrator, how can I ensure that ASC-8 was reported and the re-consent form was signed?

Answer: You can email NHSN and request this information at <u>NHSN@cdc.gov</u>. If you need assistance entering the data or navigating the site, please call our help desk at 866-800-8756.