Ambulatory Surgical Center Quality Reporting Program

Support Contractor

Ambulatory Surgical Center Quality Reporting (ASCQR) APU Reconsideration Process Webinar

Presentation

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Operator: Hello, and welcome to the Ambulatory Surgical Center Quality Reporting APU Reconsideration Process. I will now turn the call over to Reneé Parks. Please go ahead.

Reneé Parks: Thank you, Eric. Hello, and welcome, everyone, to the Ambulatory Surgical Center Program Reconsideration Process Calendar Year 2017 Webinar. My name is Reneé Parks, and I will be your host for today's event and one of the presenters.

Now let me introduce today's speaker, Jim Poyer.

Jim has supervised a dedicated staff of CMS experts since 2008. Mr. Poyer's division at CMS administers five value-based purchasing programs, and five quality reporting programs. These programs incentivize providers for improving quality and transparency through linking payment to quality and reporting of quality data.

Jim has worked at CMS since 2002, and worked at several federal agencies since 1987. He earned his master's degree in survey methodology and business administration from the University of Maryland, College Park. And with that, I'd like to turn the program over to Jim.

James Poyer: Thanks, Reneé. I want to welcome everyone to this call, and appreciate your time and consideration. Reneé is going to walk through our process; you received written notification from CMS about our finding that you did not meet one or more of our requirements, and linking that to your 2017 Ambulatory Surgical Center Prospective Payment System payment for calendar year 2017. Our purpose is to walk through the process. It's your opportunity to be able to submit a request for us to reconsider that decision - that we had notified you in the letter - about potentially reducing your payment by 2 percentage points on each Ambulatory Surgical Center claim.

And just some advice -- you're going to be walking through a submission process, and to submit information through the *QualityNet* website, a secure portal that receives secure information for us to be able to consider this process. This is your process to be able for us to reconsider it.

Unfortunately, on this call we can't field individual hospital-type questions. But I would encourage you to ask questions on a general basis in terms of what is the process, where to submit, what's the deadline. Also, some advice, please -- we want to hear your specific feedback on your ability to be able to comply with the program requirement, whether it's reporting of the healthcare worker immunization measure data to the CDC by a certain deadline. Using that example, we want to hear your specific-- how you attempted to interact or log into or register for these systems, like the National Healthcare Safety Network. And the more specific, the better – when, what date you tried to register and submit the data, who you called and talked to – that specific information will help us in being able to assess what we're looking for in terms of your ability. Not only did you meet the requirement, but did the federal systems or communications, such as CMS or CDC, adversely impact your ability to be able to comply with the requirement by the deadline.

And I will also refer you to the *QualityNet* website, as well as www.qualityreportingcenter.com; Quality Reporting Center is a great repository for information about the Ambulatory Surgical Center Quality Reporting Program. But the more specific information is going to help us in our review of the information.

Also, we take this [information] in-- this is your official process to be able to request reconsideration of the decision. We use that information to further improve our systems, as well as our communication, in terms of assessing how we provide better service to you, the ASCs.

So, with that, I want to thank you again and turn the call back over to Reneé Parks. After the slide deck, we'll be here in terms to answer any questions you might have. Thank you. Reneé?

Reneé Parks: Thanks, Jim. The purpose of today's presentation is to provide information regarding the ASC Quality Reporting reconsideration process for calendar year 2017 payment.

We hope that by participating in this webinar you will be able to identify and understand the requirements for the ASC program and the reconsideration process, how to file the reconsideration with CMS, and what to expect after you file this reconsideration.

Eligible facilities paid under the ASC Payment System or OPPS that do not meet all of the ASC Quality Reporting Program requirements may receive a two percentage point reduction in the payment update to become effective January 1, 2017. For calendar year 2017, CMS notified ACSs that are subject to the ASC payment reduction via FedEx letters on October the 19th. Currently, there are 6,528 ASCs eligible to participate in the CMS ASC Quality Reporting Program. And currently, there are 96.8 percent that met all program requirements, or 6,319 facilities; 3.2% did not meet one or more of the program requirements, and that is 209.

The information that I just mentioned is publicly available. You can go to the *QualityNet* website and find both lists for the ASC Quality Reporting Program. So, let's take a look at more in depth of the program requirements.

For calendar year 2017, CMS has notified the 209 facilities that failed to meet one or more of the program requirements. These requirements included the ASC measures 1 through 5, which are claims-based, and these were for claims submitted during January 1 through December 31, 2015. Also, there were submission of what we call web-based data entry measures, both through the *QualityNet* online submission tool, and it was for the same dates of events, January 1 through December 31st, as well as those submitted through the NHSN portal through their web-based site application for the Immunization Vaccination Coverage among Healthcare Personnel. And again, those are the measures that must have been met in order to receive the full payment requirement.

The program requirements – in a little deeper dive – are for those ASC claims-based measures 1 through 5; you must have submitted [those] on your Medicare Fee-for-Service claims, either through the CMS electronic version to meet 50 percent of those claims, meaning that each claim must have the appropriate Quality Data Codes on them, and a minimum threshold of 50 percent in order to meet that program requirement.

ASC-12 is a program requirement that does not mandate that the ASC do anything more than submit your claims routinely through your process.

And the ASC-12 data is through January 1, 2015 through December 31, 2015.

We alluded to on the previous slide that there are two web-based applications that must be on two different sites where your data entry needs to occur: through the NHSN submission online tool, and that deadline was May 15, 2016, and then you had the web-based measures submitted via the *QualityNet* online submission tool for your safe surgery checklist, your volume measure, and then your endoscopy measures, along with ASC-11, and that one remains voluntary. That deadline was for August 15, 2016.

Payment determination notification letters were mailed out on October 19th of 2016 via Federal Express for those facilities that did not meet the program requirements. Requests for reconsideration must be received by CMS on or before March 17th of 2017.

Now, let's take a look at the actual process. These slides will be posted on qualityreportingcenter.com along with the transcript and the Q&A. So, once these slides are out there, you can either select the hyperlink here, or copy and paste it into your web browser. This will take you to the *QualityNet* website and take you through the process from that landing page.

To access the resources related to the reconsideration process for ASCs, you will land on the home page of *QualityNet*. From here, you will select **ASC** from the drop-down menu running across the ribbon at the top of the page on this slide circled in red. From that drop-down menu, you will then select the **ASC Quality Reporting Program** selected here on this page by the red arrow.

This will redirect you to the Reconsideration Overview page. And from here, you will, again, select the icon **Ambulatory Surgery Center Quality Review Reporting Center Process**. Select that, and that will take you and provide you with all of the information regarding the form, resources, and tools that will help you in filing your reconsideration.

The deadline for submitting a Reconsideration Request is, again, March 17th of 2017. You must submit the request on or before that deadline. We strongly urge you not to wait until the last day of the deadline in which to submit. When submitting your request, it is extremely important to ensure that you have filled out this form accurately and correctly, as all fields that contain an asterisk are mandatory.

If you are not typing in and sending via the secure file transfer and are writing out a handwritten document, please ensure legibility. It's very

important because we will send you notifications based on the contact information supplied in the Reconsideration Request Form. You must, in this form, identify the reasons why your facility did not meet the program requirements. And that was provided in the notification letter that you received.

There are three methods in which you can submit a reconsideration form. The first is the secure file transfer by selecting the APU Group. This is an online, automated form that does not allow for attachments. And, so, as Jim stated earlier, we want to know the documentation and for you to provide as much as you can to clearly state the case for your facility. So you may elect to go through the secure fax, which is at 877-789-4443. And, again, this is a secure fax line; the email address is secure as well, and that is to qrsupport@hcqis.org.

Provide any and all documentation that supports your request, such as emails, back-and-forth to the Help Desk, Help Desk numbers, or ticket numbers and screenshots, as well as the dates that you received outreach, whether it be from the NHSN via emails or from the phone center reminding you of outreach-- of deadlines.

Again, this form, and all supporting documentation, regardless of which method you choose, must be received by March 17th of 2017. And, again, we strongly urge you to not to wait until the last day of the deadline in which to submit your request. And here's why.

CMS will send an email acknowledgement to the designated contact on the form. So again, it is very important that it is legible for the contact information, the email address is valid, has a valid domain, as well as phone numbers -- the best phone number to reach that particular individual in case we receive a bounce-back once the email notification is submitted. Also, the reason for not waiting until the last day is we have had this occur in the past where a facility thought that they had submitted a Reconsideration Request on time by the deadline, followed up a week or so later because they did not receive an email confirmation, only to find out that in the fax number they had transposed the numbers, and we never received that fax or the Reconsideration Request Form. So, that put that facility after the deadline, and it could not be accepted.

Usually, we are very timely in getting these email confirmations out, certainly within 48 hours, but most of the time the same day. So again, please follow up with us via the 800 number at the support center to reach out and follow up to see. They can inquire and know where your actual Reconsideration Request is.

CMS will also provide a formal response to the designated contact using the contact information provided in the form once CMS renders a decision. CMS expects the process to be completed within 90 days following the March 17th deadline. And we'll notify you as such.

As stated earlier, this is your process. This is your opportunity – for those initial decisions that were made for you – to file your Reconsideration Request. Make certain that they are in before the deadline so that you have that opportunity, as this is the final decision process for ASC. But once CMS makes a decision on the reconsideration, it is considered final.

Please submit any and all questions regarding the process, and there's an email address listed here that you can walk through the *QualityNet* website through the Q&A tool that will go to the https://cms-ocsq.custhelp.com/ to submit a question for a written response back, and/or please reach out to the phone center with many of our coordinators are there. They're willing to assist you. And that number again is 866-800-8756. I would anticipate that many of you are familiar with this number for calling in with any questions prior to this webinar.

Again, they are there for your assistance, and will be happy to assist you and walk you through the process. There is also, on qualityreportingcenter.com, a four and a half minute video tutorial that walks you through the actual form for submitting a Reconsideration Request and what fields must be filled in for you as well.

And with that, we will conclude the presentation portion of this webinar. And Eric, we would like to open it up for questions and answers now.

Operator: Thank you. We will now begin the question-and-answer session.

Question: Hi. Good morning. I may be in a little different situation than some of the managers who are on the call, in that I assumed a practice earlier this year only to find out that the doctors were all notified that this work had been done, when in actuality the manager who left who was working from the East Coast -- we're on the West Coast -- was reporting out that it was done and complete, only to find out that she did not do any of this work.

So, I'm not quite sure how to -- what to submit in support of that. I feel like the managerial malpractice or negligence, if you will, is really to blame. I hate for the practice to pay the price of such things. How do I pursue an appeal based on that because I don't have emails that support troubleshooting? She just flat out decided not to do it. She had done it in prior years when you only had to report on one. But apparently, the task of reporting on all physicians just wasn't worth her time. How do I fix that?

James Poyer: This is Jim Poyer from CMS, and my advice is to work with the support contractor, the folks from the staff to be able to -- what was reported, both on behalf of CMS as well as CDC requirements. As to the letter of the regulation, we have to assess in terms of the facility's ability to be able to attempt to comply with the requirement, and also with respect to any in terms of systems or communications from CMS or other federal partners such as CDC or our contractors that might have adversely impacted your ability to be able to comply with the requirements.

So that is really, in terms of advice, within our purview to be able to assess within that.

Question: Yeah, because my fear is I can't produce any of that because she blatantly just did nothing. I think we were able to comply, but I think she just opted not to do the work, knowing that she wouldn't be here to suffer the consequences.

James Poyer: Yeah, and with respect to that, for example, we also provide reminder emails or even targeted telephone calls before the deadline. If something didn't occur and it's something that we could have done to help your facility to be able to comply with the requirement in terms of outreach education, so that is generally under the purview of what we're trying to assess in terms of that might have adversely impacted your facility's being able to comply with the reporting requirement on all of the measures that Reneé listed by the deadline.

Question: Is there an address that if I were going to search back through her 60-some thousand emails that I would see those things generally come from so I could kind of have a target of what I'm looking for?

James Poyer: You have more than eight days. And I don't mean to be flippant. But I'm just thinking of what the FBI had to do last week. But I think Reneé could have -- with respect to what some of the email blasts that had gone out from the support contractor in terms of what had been submitted, as well as CDC in terms of it, let's say, submission had occurred, what feedback was provided to the facilities.

Reneé Parks: And if you will -- I can find your email from the folks that registered. And, if you want to call the 800 number, they can redirect you to me, or we can walk through and look at some of the ListServes and the domains that would allow you to search her email, and maybe come up with some information for the reconsideration.

Question: That would be wonderful. I'm in such a unique situation because when I brought it up to the physicians, they're like, what do you mean? We have a two percent? We did that. I'm like, no, actually we didn't do that. So, I'm

just trying to make this right. These poor doctors kind of got abused a little bit, so anything you could do would be nice.

James Poyer: Yeah. I would also encourage you looking at the *QualityNet* feedback reports as well as CDC. And I think we probably have in the qualityreportingcenter.com previous archives slide decks that walk you through where to be able to find what was submitted, and I hope that, between that, that would help your review.

Question: I appreciate that. I'm overwhelmed. You know what I mean? This is a good one.

James Poyer: Yeah. I empathize from your perspective and from ours what latitude we have within our regulations to be able to assess whether you complied or attempted to comply with the requirement or something that was outside the facility's control to be able to-- with respect to CMS or federal partners or contractor systems or communication. That's why I outlined those sorts of issues that may have been beyond your control as well as adversely impacted your ability to be able to comply with the requirement.

Question: I appreciate that. All right. I'm going to go on a super sleuth mission in her email.

James Poyer: Thank you. Are there additional questions?

Question: I just wanted to know, when can we start submitting the reconsideration?

Reneé Parks: It is open now, and will be open until March 17th of 2017.

Question: Okay. And you're going to email us that link so we can pull up the information that we need?

Reneé Parks: Yes.

Question: Okay.

Reneé Parks: We will get that to you, like tomorrow.

Question: Right. Thank you.

Reneé Parks: You're welcome.

Question: I'm wondering during the reconsideration process, since you're not going to make your decisions until March of 2017, will the reduction in Medicare payments start in January, or will it wait until after you've done the reconsideration?

James Poyer: They will begin until -- if we make -- if we reconsider and reverse the initial payment reduction decision, it would be applied either prorated onto the claims; that's more likely because it's earlier in the year. I mean I'm guessing. But it would be applied until such date that CMS, if we did decide to reverse the decision, it would be applied to each of the applicable future claims throughout the year, either it could be reprocessed or prorated to the remaining claims. It depends on how the Medicare Administrative Contractor processes it. But yes, unfortunately, because we are deciding after January 1st, that decision would apply to the claims. But, if a decision was reversed, you would receive all of your -- that payment reduction for the part of the year, you would receive payment for that.

Question: Okay. And then, as a follow-up, even if we submit it this week, the corrected information, you will not make a decision until March, even though you have our submission before then. Is that correct?

Reneé Parks: That has been the process historically; they wait until all of the reconsiderations are in, and then they will work those up. And, many times, it is on the actual decisions that are made earlier than the 90 days. But we have by statute, 90 days, CMS does, in which to make that decision. If they are done earlier, they will most definitely get that out.

Question: Okay. Thank you.

Question: Good morning. Thank you very much. First of all, I just want to thank you for taking the time for putting this program together. I found it very helpful. And my question is in two parts. The first one goes back to what the previous lady was just talking about. So, if our decision is reversed and you're not making the decision to reverse this until after March 17th, so the whole first quarter claims, I lost you a little bit -- how you-- will we still lose the money on that two percent reduction?

James Poyer: This is Jim Poyer from CMS. If the decision is reversed, you would not lose the money for the entire year. The Medicare Administrative Contractors that pay the claims -- and I've worked -- they may choose to reprocess those claims that were initially paid that had the reduced amount to provide the additional amount, or they may decide to prorate. And I've worked with these programs for several years, and it depends on the amount of money and the workload to be able to reprocess the affected claims.

I wish I had a better answer for you, but just trying to operationalize what is this going to look like, to be able to assess in terms of, okay, if the decision was reversed that your monies are whole. But that if a decision is reversed, you would receive, for all the applicable for your encounters for

the entire fiscal year, all of that money, and it's just a question of how the Medicare Administrative Contractor would apply that, whether it would be reprocessing individual claims that were already processed versus a prorated. We would have to talk with them, and they're not on the line, and we would find out generally sometime at or near the time that those claims would be processed and let the facilities know because, obviously, you want to find out how this adjustment would occur.

Question: Correct, correct.

James Poyer: But, what we can say is that all of the two percent for the entire year -- and really the adjustment is for that portion of the year that the claims had the negative adjustment that you needed to be able to fix that to get your money.

Question: So they would, okay, I see. You know it will be fixed; just not sure of the process.

James Poyer: That's correct. That's why I'm using the term "prorated." It could be an adjustment factor. Let's say if it's three months, they might adjust by adding -- I don't know -- a quarter of a percent or something like that.

Question: I understand. Okay. And then my second question, really quick, the very beginning before the actual program started, there was a statement made about this information -- like the slide deck that we're looking at -- is that going to be available online someplace? I have someone that really needs the benefit from this material who was not able to be on the call today.

Reneé Parks: Yes, ma'am. We will take the questions and answers, along with the transcript, and then the slides will be posted on qualityreportingcenter.com as soon as we can get the transcript and the questions and answers up, along with the slide deck.

Question: Okay. And do you have a ballpark time frame of that? Are we looking, like a week away or the later part of this week?

Reneé Parks: At least a week.

Question: Okay, all right. So, qualityreportingcenter.com, and it will be the questions and answers and the slide deck?

Reneé Parks: Yes, and the transcript so that you can have both, side by side. You can look at the slides and then the transcript, read along as well.

Question: Oh, perfect. Okay, great. Thank you very much. I really appreciate your help.

Reneé Parks: You're welcome.

Question: Okay. I actually am in the same dilemma as the first caller. And I want to apologize. I forgot her name, where we had someone who quit right when we were supposed to report the flu vaccination. And, I believe, once I found out that I was in charge of doing this, it was already too late to submit it because the deadline was already passed. How would I fill out that form that I sent, which was the APU? And, I believe, I sent it in the mail, but I believe you guys mentioned you will respond in email that it was confirmed that it was received. Is that correct?

Reneé Parks: That is correct. If we have received your form, we will send you an email notification if you are the contact on the form.

Question: That's correct. Yes, which I have not received. And I want to say I sent it out in September. What's the turnaround time?

Reneé Parks: If you sent it by US Postal service, it is when we get that-- we have mail daily. So, I would recommend, if you have a copy of those items, that you send it through the secure fax.

Question: I did that, too. I did it both ways.

Reneé Parks: Okay.

Question: I faxed it, and I sent it through the Post Office.

Reneé Parks: Okay. If you would--

Question: So should I be worried?

Reneé Parks: No. You have until March 17th, as long as you have a copy. But my concern is that possibly it didn't come through the fax. So, if you would call the 866-800-8756, one of the phone staff will be able to research that and let you know if we have received it or not.

Question: Got you. Now, I guess it was a two-part question. The first one was I sent it in, and I'll call the number. The second one is I'm afraid I might have not sent in the appropriate documents that you mentioned in this call where you should be sending in some sort of evidence that the facility attempted to at least follow the -- not recommendation, but-- I'm sorry. I'm new at this, so I'm trying to -- and whatever you were mentioning.

Reneé Parks: Yeah. If you have additional documentation, emails, Help Desk tickets, screenshots, then you can certainly send in an amendment with your reconsideration form up to the deadline.

Question: Oh, that's awesome. Okay. Got you.

Reneé Parks: And if you-- my suggestion to you is there is-- and I apologize, I'm not certain. There's an email address that goes to the NHSN, and they would be able to research your facility's CCN for any correspondence from your predecessor. And you could send them an email. So, call the phone center. They have that available. And, I apologize, I do not recall that off the top of my head.

Question: I actually did do that. And there is no email whatsoever that they tried contacting the NHSN. So, once I found out, I myself went in there and registered. Does that count even though it was too late?

Reneé Parks: It would be after the deadline.

Question: Yeah. That's correct.

Reneé Parks: So, the supporting documentation prior to the deadline from NHSN you would not have--

Question: I would not have at all. There's nothing.

Reneé Parks: And that is what CMS looks at in order to uphold or overturn a decision.

Question: Oh. So, you're saying I'm doomed. My facility is doomed? And I have two facilities.

Reneé Parks: That is the supporting documentation, depending on what measure that you did not --

Question: It was measure 8.

Reneé Parks: Okay.

Question: Yeah. I want to say it was only measure 8, which was to report the flu. Once I found out, it was too late already to submit it, but I did submit all the other measures online.

Reneé Parks: Okay.

Question: And I tried my best to find any type of email or correspondence from the predecessor that left. So it was kind of-- I didn't know where she left off, but I did ask, and they said there was nothing.

Reneé Parks: Okay.

Question: It's like I can't even amend my APU, because I don't have anything to give.

Reneé Parks: I wish that there was something else that I could assist with. But that would be the documentation that would be needed to be looked at.

Question: Okay. I'll let the providers know. Thank you.

Reneé Parks: Thank you.

James Poyer: Thank you very much. This is Jim Poyer from CMS. I want to thank everyone for calling in, and we encourage you to consider submitting a Reconsideration Request. And with this helpful advice, hopefully, this will inform you to be able to take advantage of this process.

The deadline, as Reneé had stated, is March 17th. But we do recognize this is potentially impacting your Medicare payment. So, we'll do as best as feasible to be able to expeditiously process these, but we generally do on a batch basis. But as soon as we have enough volume, I think we are considering in terms of reviewing them.

So, with that, I'd encourage you again that you refer colleagues that were unable to be on this call, and to refer to our Quality Reporting Center website, again, just like Reneé had stated. There are transcripts and the slide deck that's available.

And please call us, email the contractor about this process. But we utilize this process to be your chance to be able to reconsider in terms of this payment. And, again, I want to thank you for participating on this call. Reneé or other folks, do you want to say anything before we sign off?

Reneé Parks: If they have questions, please use the 866-800-8756 number and call in. They'll be happy to walk you through the process or assist with any questions that you may have.

James Poyer: That's a great reminder. Please call the 866-800-8756 number. They'll get you timely, high-quality information to help you in submitting a Reconsideration Request. Thank you so much.

Reneé Parks: Thank you, everyone.

James Poyer: And have a good rest of the day. Bye-bye.