



# Outpatient Quality Reporting Program

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## Support Contractor

### Ambulatory Surgical Center Quality Reporting (ASCQR) Program Reconsideration Process Calendar Year 2018

#### Presentation

##### **Moderator:**

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Program Lead, Hospital OQR Program

##### **Speaker:**

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**November 16, 2017**

Anita Bhatia:

Good afternoon, everyone. Welcome to the Ambulatory Surgical Center Quality Reporting, or ASCQR, Program Reconsideration Process Webinar. My name is Anita Bhatia, I am the program lead for the ASCQR Program.

Recently, the Centers for Medicare or Medicaid Services, or CMS, provided notification of the annual payment update payment determination for the ASCQR Program affecting calendar year 2018 payments. We understand you may have questions regarding the reconsideration process for these payment determinations. We appreciate this and want to get you key information on the process as well as on how to submit a reconsideration. This is your opportunity to submit a reconsideration of any adverse payment determination and for us to be able to reconsider and potentially reverse that payment determination.

When you submit your reconsideration request it is important to keep in mind that the reconsideration process is designed to examine circumstances beyond the control of your facility. Also important, please be as specific as possible in your application or your submission. We want to hear, in detail, of any and all attempts to comply with the CMS requirement, a requirement listed in your notification letter.

In addition, we want to hear why your facility did not meet these requirements, whether it be, for example, a data submission issue or such. Being specific means including the information such as your attempts to contact Help Desk or to submit data, which dates and to whom you talked with. This will help us to determine what you attempted to do in order to meet the requirements and whether CMS systems or other federal systems or our communications might have adversely impacted your ability to meet requirements.

Here today to discuss this process in detail is Ms. Reneé Parks. Reneé is the director for both the ASC Quality Reporting as well as the Hospital Outpatient

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Quality Reporting programs. Reneé received her Bachelor of Science degree in Nursing from the University of Central Arkansas. She has worked in the healthcare industry for many years at various levels and has vast clinical, management, healthcare policy and administration experience.

Reneé is going to walk all of us here today through our process. After this short presentation, we will then take questions.

I want to thank you again for coming to our session. Now, let me turn things over to Reneé

Reneé Parks:

Thank you, Anita, and welcome, everyone. We do appreciate your time. As Anita mentioned, the purpose of today's presentation is to provide information regarding the ASCQR reconsideration process for payment year 2018. 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 fill out the reconsideration form for CMS and what to expect after you file this reconsideration form.

There are 7,516 Medicare-certified ASCs of eligible facilities; 7,283 of the eligible facility received their full annual payment update. A total of 3,651 had less than 240 claims so they were exempt from reporting in the program—they can if they desire—3,865 ASCs were required to participate in the CMS ASC Quality Reporting Program in order to receive their full annual payment update.

Eligible facilities paid under the ASC payment system that do not meet all of the quality reporting program requirements may receive a 2 percentage point reduction in the payment update to become effective with the January 1, 2018. In short, there were 3,632 of those facilities with the number of 3,865 required to participate and meet all program requirements.

There were 233 ASCs required to participate that did not meet all of the program requirements. This 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.

Now, let's take a more in-depth look at the program requirements. For the calendar year 2018 payment determination, if your facility received this notification you did not meet at least one program requirement. These requirements include appropriate submission of quality data codes for measures 1 through 5 and the claims-based measure ASC-12.

Submission of web-based measures for ASC-6, -7, -9, -10 and -11, which 11 is the voluntary measure; these are submitted through QualityNet online submission tool by August 15, 2017. Also, the submission of the measure ASC-8, the flu vaccination measure, submitted via the National Healthcare Safety Network online submission tool with a submission deadline of May 15, 2017. Again, those are the measures that must have been met in order to receive the full payment update.

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Let's go into a little more detail here on the program requirements. A facility must submit quality data codes on a minimum of 50 percent of their Medicare fee-for-service claims. These codes are placed on the CMS 1500 or an electronic dataset.

The ASC measure 12 is also a claims-based measure and this information is extracted from Medicare fee-for-service claims that meet the measure criteria for the claims. This does not require manual abstraction on the part of the ASC. These claims are for services furnished between January 1 through December 31, 2016.

Then there are the web-based measures. There are two platforms or applications that are used for the web-based data submission. The submission of the flu vaccination measure, ASC-8, which is submitted through NHSN, the online submission tool, was due again May 15, 2017 for the flu season extending from October 1, 2016 through March 31, 2017.

Submission of the web-based measures that are reported through the Secure Portal through QualityNet are again measures ASC-6, -7, -9 and -10, and -11, which is voluntary. These were due by August 15, 2017 for the encounter period of January 1 through December 31, 2016.

Payment determination letters were mailed on November 2, 2017 via Federal Express delivery to the ASCs that did not meet program requirements. Requests for reconsideration must be received by CMS on or before March 17, 2018.

Now, let's go through the actual process of the reconsideration. An overview of the reconsideration process, including reconsideration request forms, can be found on the CMS QualityNet website at [www.qualitynet.org](http://www.qualitynet.org) or by the direct link provided on this slide.

To access resources related to the annual payment update reconsideration process from the homepage of QualityNet, select the Ambulatory Surgical Centers icon, circled here in red. From the dropdown menu select the ASC Quality Program link next to the red arrow. This will take you to the Reconsideration Overview page. From here you will again select the APU Reconsideration icon, circled here in red. Then, click on the underlined Ambulatory Surgical Center Quality Reporting Reconsideration Process icon; this is at the bottom of the page. That will provide you with information regarding the form and resources to assist you in filing for reconsideration.

If you choose to request reconsideration of this decision, you must submit the request to the ASC Quality Reporting Support Contractor on or before March 19, 2018. According to the regulations governing the program the deadline is actually March 17, but this date falls on a Saturday this year, so the deadline will be the following business day, which is Monday, March 19. We strongly urge you not wait until the last day to submit your request.

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When submitting your request for reconsideration, it is extremely important to ensure that you have filled out this form completely and accurately. All fields that contain an asterisk are mandatory. If you are not typing in and sending via the secure file transfer but are using a handwritten out— a handwritten document, please ensure legibility. This is important because we send you notifications based on the contact information supplied in the reconsideration request form.

You must, again, in this form identify and provide the CMS identified reason why your facility did not meet the APU requirement. This reason was provided in the notification letter the facility received. Include on the form specific reasons why you feel your facility met the program requirements and should receive the full annual payment update. Please keep in mind that staffing issues are not considered beyond the control of the facility so this is not considered a valid reason for reconsideration. There are staff changes and these are inherent with any practice and why we highly recommend that two individuals be allowed in any of the platforms to submit data on behalf of the ASC.

It's the ASC's responsibility to ensure appropriate and timely reporting is carried out and there is sufficient staff to do so. Please keep this in mind when considering your decision in pursuing the reconsideration process.

When you submit your reconsideration request, please be specific, as Anita stated earlier, and complete as possible. We want to hear your attempts as to why you feel that were able to comply with the CMS requirement. Again, please be as specific as possible. This means to supply issues for attempts to be able to contact the Help Desk or submit data, on what dates those attempts were completed, who you spoke with. This will help CMS in determining that what you attempted to do in order to be able to comply with the requirement, as well as respect to whether or not there was a CMS or other system outages or communications that might have adversely impacted your ability to comply with the requirement.

Now let's talk about how you submit these requests. 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.

With documentation you provide, we need you to clearly state the case for your facility should you use that mode of submitting and filing your reconsideration request. However, you may elect to go through the secure fax, which is at 877-789-4443. Again, this is a secure fax line. The email address is secure as well and that is to [QRSupport@hcqis.org](mailto:QRSupport@hcqis.org).

Provide any and all documentation that supports your request, such as emails back and forth to the Help Desk. If you were able to acquire a ticket number from the Help Desk please supply that along with screenshots, as well as dates that you received outreach and whether it was from the support contractor for outreach or via any emails from NHSN.

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Again, this form and all supporting documentation, regardless of the method you choose, must be received by March 19, 2018. Again, we strongly urge you not to wait until the last day of the deadline in which to submit your request.

CMS will send an email acknowledgement to the designated contact on the form. So again it is very important that it is legible should you use handwritten forms for contact of this 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 they had submitted a reconsideration request on time and by the deadline, followed up a week or so later because they did not receive an email confirmation only to find out that the fax number they had submitted to, they had transposed the numbers. CMS had never received that fax or the reconsideration request form. That put the facility after the deadline and, therefore, the reconsideration request could not be accepted.

Usually CMS is very timely in getting these email confirmations out, certainly within 48 hours but most of the time the same day. Again, please feel free to follow up with the Help Desk at the support center and reach out to follow up to ensure that your form has been received. They can inquire and know where your actual reconsideration request is in the process.

Once CMS has evaluated all of the submitted information regarding the facility's reconsideration, the decision is final. CMS will also provide a formal written response to the designated contact using this information provided in the reconsideration form once CMS renders their decision. CMS expects the process to be completed within 90 days following the March 19 deadline. CMS will notify you of this and that will be this next year around June 19.

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 and that you have that opportunity as this is the final decision for the ASCs. Once CMS makes a decision on the reconsideration, it is considered final.

These slides and a transcript of the presentation, as well as the questions and answers, will be posted on the [qualityreportingcenter.com](http://qualityreportingcenter.com) website within seven to ten business days. Please reach out by phone should you have any questions. The Help Desk is willing to assist you and that number 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, the support staff will be happy to assist you and walk you through the process.

There is also on [qualityreportingcenter.com](http://qualityreportingcenter.com) a four and a half minute video tutorial that walks you through the actual form for submitting a reconsideration request, along with what fields must be filled in for you as well. You can also submit any questions through the QualityNet Q&A tool.

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With that, we will conclude the presentation portion of this webinar. We can now open up the phone lines for questions. I will now turn the phone back over to John who can assist us with the questions you may have.

Operator: Thank you, we'll now begin the question and answer session. If you have a question, please press star, then one on your touch-tone phone. If you wish to be removed from the queue, please press the pound sign or the hash key. There will be a delay before the first question is announced. If you are using a speakerphone, you may need to pick up the handset first before pressing the numbers. Once again, if you have a question, please press star, then one on your touch-tone phone. At this time I have no questions.

Reneé Parks: Thank you, John. I'd like to thank Anita for joining us today. Should you have questions once this call ends, please feel free to call the Help Desk and they will be most happy to assist you. That number again is 866-800-8756.

Thank you, and this concludes today's webinar.