



Quality Reporting Program

Support Contractor

Discovery: Planet Data

Presentation Transcript

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**Dianne
Glymph:**

Hello, and welcome to the Ambulatory Surgical Center Quality Reporting webinar. Thank you for joining us today. My name is Dianne Glymph. I'm a Project Coordinator for the ASCQR Program. If you have not yet downloaded today's handouts, you can get them from our website at qualityreportingcenter.com. Just click on Upcoming Events in the dropdown menu from the ASC tab, and you can download the handouts from the link there. They're also attached to the invitation you received for this webinar. Our speaker today is Pam Rutherford. Pam is a Project Manager with the program. Today we will be discussing data and the reports available to track your data.

We want to let you know of some upcoming webinars we're presenting. In October we'll present a webinar on Public Reporting. You want to be sure to attend because your facility's ASC Hospital Compare Preview Report will be coming soon. In December CMS will discuss the Final Rule. This is a great opportunity for you to know what changes have been finalized for the program. The exact date is dependent on when the Final Rule is published, so please stay tuned. As always, notifications of the webinars are sent through the ListServe. If you haven't signed up for this free email service, we highly recommend you do so. You can sign up from the home page of QualityNet. It takes only about five minutes.

The learning objectives for this program are listed on this 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, as stated earlier, 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

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respond. But before we get started with our presentation, we wanted to respond to some questions that we've been getting with respect to the Proposed Rule. I'd like to just review a little to clear up any confusion there might be with Calendar Year, Payment Year, and when you would stop reporting.

To summarize, if ASC-1 through ASC-4 are finalized for removal beginning with the 2021 Payment Determination Year, you will apply QDCs to your claims until December 31 of this year. Starting on January 1, 2019 the measure removals are finalized. You will no longer be required to apply these codes to your Medicare fee-for-service claims. If ASC-8 is finalized for removal beginning with the 2020 Payment Determination Year, you will never have to report that measure again for this program, that's for this program. Please be advised that some individual states require the reporting of flu vaccinations, so please make sure you check to determine if you need to supply this information to comply with your state's regulations.

If the web-based measures ASC-9, -10, and -11 are finalized for removal from this program for the 2021 Payment Determination Year, this means that the last time you will report data for these measures is May 15, 2019. That means you will use your 2018 encounter dates. ASC-11 is voluntary so many of you do not report this measure anyway, and that hasn't changed. ASC-11 remains voluntary. I hope this clears things up for those of you that were seeking clarification. Now, let's get on with the presentation. Let me turn the presentation over to Pam. Pam?

Pam

Rutherford: Thank you, Dianne. Numbers! Numbers! Whose got the numbers? Well, you do. You just need to know where to find them and what you can do with them. With that, let's begin the journey. I'm going to show you the primary places to obtain the data reported for this program.

So, where can you find data? Well, QualityNet has reports that a facility can run at will. There's also the availability of Hospital Compare and the Mid-Year Report. With respect to the ASC-12, a Claims Detail Report with facility-specific information, is sent via Secure File Transfer in QualityNet. We have Hospital Compare listed here as this is where your data is publicly displayed. But we're not discussing Hospital Compare today as we will be presenting a more comprehensive webinar on this subject in the near future. So, watch your ListServe for this announcement. So, utilizing the availability of these data reports can assist facilities in staying on top of their data and meeting their quality goals.

So, let's talk about the Mid-Year Report. This report is sent to the ASC's Security Administrator via the QualityNet Secure File Transfer in July. Now, I know July was a few months ago, but it's still worth discussing especially for the individuals who are new to reporting or are just not that familiar with this particular report.

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This Mid-Year Report contains a preview of your Calendar Year 2018 ASC claims and QDCs, or Quality Data Codes, submission status as of July 12, 2018 considered for Payment Year 2020. Additionally, this report contains a summary of your ASC's performance on Payment Year 2019 web-based measures. Now, on the last page of the Mid-Year Report, a full listing of the measures can be found in Appendix A and Table A-1. They provide an overview of the encounter period deadline and associated Payment Determination Year for each of the measures displayed in this report. So, let's take a look at the data this report provides.

Here's a display of a fictitious ASC and how the Mid-Year Report will look. Table 1, in the top image, provides an overview of your facility's current Calendar 2018 claims volume and Calendar 2018 QDC rate as of the July 12, 2018 which will be evaluated for the 2020 Payment Determination. Let's look at our example. Our fictitious ASC has billed 646 claims for Medicare fee-for-service patients from January 1 thru July 12, 2018. Out of these 646 claims this facility only submitted Quality Data Codes, or QDCs, on 194 claims. What the table is showing you is that this facility has a QDC rate of 30% for Calendar Year 2018. This is below the required program threshold, and this is why it is displayed in red. If you see this red color on your report, please stop and evaluate your system and processes immediately and discover why your compliance is low. Then, you will want to remedy this immediately as there is still time to improve your QDC submission rate for the 2020 Payment Determination.

In order to fulfill the program's requirements, your QDC rate should be minimally 50%. Now, I'm showing you this on purpose to benefit those of you that may experience this low threshold percentage. Ok, but what about the 2017 QDC rate that's displayed on the right side of your 2018 QDC rate? Well, this is your Calendar Year 2017 QDC rate which is evaluated for the 2019 Payment Determination. Now, let's look at Table 2. This provides measure submission information for ASC-8, ASC-9, ASC-10 which will be evaluated for the 2019 Payment Determination. And let me mention that if your facility was granted a Payment Year 2019 Federal Emergency Management Agency, or FEMA, based exception by CMS, FEMA, the F-E-M-A, will take the place of a Calendar Year 2017 QDC rate below 50% or a no submission status on your web-based measures. You can see an example of the FEMA under ASC-8 on Table 2.

Now, we're looking at another fictitious ASC, and this one has a 100% 2018 QDC rate. Remember, the QDC rates on this report are captured from your fee-for-service claims submitted to Medicare for payment. So, if you do not place the appropriate QDCs on your billing form, you cannot submit an additional form for the sole purpose of submitting claims once that claim has been adjudicated or paid. That's why I made the statement on the last slide that if you're seeing a low rate, stop and check your processes.

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The next pages of the Mid-Year Report will display your facility's claims-based measure rate compared to the State and National rate. All data are displayed as a rate per 1,000 claims. So, this means that a lower rate indicates better performance. Here we are viewing the results from Calendar Years 2015 through 2018, and you can view the ASCs rate in blue, the State in orange, and the National rate in gray. So, let's stop here a minute and explain why you are viewing the rates per 1,000 claims. The data that uses rates per 1,000 allows comparisons to be drawn between different size groups and is presented in a useful manner that is easily understood by people. That is why the measures are displayed in this manner. Keep in mind as we discuss the next few slides. However, before we move on, let's discuss this in a little more detail. To better understand how this rate is obtained for your ASC, you will need the total number of claims and the total number of events. You can obtain this information by running a Provider Participation Report, or a PPR, on the secure side of QualityNet. To assist you further, you can refer to the "Understanding Your Rate" box that's on the slide.

Figure 2 illustrates rates for ASC-2, Patient Falls per 1,000 claims, and you can view this facility's data over the four years. Now we've had times when ASCs applied the wrong QDC code. In other words, for patient falls the ASC is entering G8910 for yes and the patient had a fall that when they actually meant to enter G8911 no fall. It's a simple key error. So, please be sure you are entering the codes correctly.

Now, Figure 3 demonstrates the rate for ASC-3, Wrong Site, Side, Patient, Procedure, or Implant. This ASC had no reported wrong site, side, patient, procedure, or implant event over the course of these four years. This is demonstrated by the 0.0 rate on the graph. Figure 4, the last bar graph, shows the rate for all ASC-4, All-Cause Hospital Transfer and Admission rates per 1,000 claims. Now, our fictitious facility is higher than the State and National rates for 2015 through 2017.

Figures 5, shown on this slide, and Figure 6 on the following slide, provide a comparison of the average QDC rate by state for Calendar Year 2017 and Calendar Year 2018. And on this slide, we're viewing the average QDC rate by state for Calendar Year 2017. The color key at the bottom lets you know the corresponding percentages. The best percentage rate will be demonstrated in the dark green, and the dark checked-pattern would be indicative of a percentage of less than 80, which no state has. The one state with the orange diagonal lines has a percentage rate of 80 to 89.9%.

On this slide, utilizing the same color key, we are viewing the average QDC rate by state for Calendar Year 2018. You can see that the one state that had the 80 to 89% in 2017 has improved and is now in the 90 to 92.499 percentage. This is the Appendix A – Measure Information page which lists the measures you are

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receiving data on. And this is the information we just talked about a few slides ago.

The last page of this report is the Reporting Information. Now, sometimes it is confusing for people when they are reporting data from one year and it's for payment year two years from when the patient encounter took place. So, this is a very nice table, and it does a great job summarizing the report information for you. An important point to make here is for the QDCs. The claims included are those paid by the MAC by April 30. That's the Mid-Year Report. So, let's talk about QualityNet. On the QualityNet Secure Portal there are several reports that you can either run yourself or are sent through the Secure File Transfer.

The reports that you can run on the secure side of QualityNet are the Claims Detail Report, or the CDR, and the Provider Participation Report, or the PPR. So, and just as an FYI, the other report in QualityNet which we will not be reviewing is the Vendor Authorization Report which is only relevant to facilities who use vendors to report their data. Now, the Claims Detail Report is a comprehensive report of the claims that a facility has submitted within a defined time period, while the Participation Report allows the facility to see how it's performing with regard to the program requirements. And we're going to be exploring both of these reports in more detail in upcoming slides. The reports that can be accessed through the Secure File Transfer are the Mid-Year Report, which we just discussed, the Preview Report, the Facility-Specific Report, or FSR, and the Claims Detail Report as it relates to the ASC-12. This Claims Detail Report for ASC-12 has the same name as the report you run in QualityNet, but it is a completely different report and only deals with data for the ASC-12 measure. Now, we're not going to discuss these last two reports today. As I said, in the near future we're going to have the webinar on the Preview Report. So, stay tuned for that. Now, let me redirect and let's take a look at the Claims Detail Report.

This is a sample of the Claims Detail Report, or the CDR. All the information is fictitious. You can see at the top right that this report is 74 pages long, and for the purposes of our discussion today, I'm only showing a partial view of the first page. This report is a listing of all the fee-for-service claims submitted by your facility to Medicare for payment during the time period you designated. Each line provides details about a claim including the patient's Medicare Beneficiary Number (the MBI), the date the claims were received by Medicare, the date of service, the Quality Data Codes that appeared on the claims, the patient's last and first name, date of birth, and claims control number, and that's a system-generated number. Now this is an excellent auditing tool when used in conjunction with the Remittance Advice. This report will allow you to see what QDCs are being applied most frequently, and it will show you if there are claims that were submitted without QDCs either because they were absent from the claim or they were not accepted into the warehouse. Those are the claims you will want to research because if a claim goes into the warehouse without the associated QDCs, your facility is not getting credit for reporting those QDCs, and those claims can't

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be resubmitted for the purpose of adding QDCs. Now, let's move on to discuss the Provider Participation Report.

This is an example of the Provider Participation Report, or the PPR, and this is for Payment Year 2019. So, this would contain everything you just reported on May 15. Now, it's a very useful report providing you with information about how your facility is performing relative to the program requirements. On the upper left side of the report you will see the state in which the facility is located, the facility's NPI number, its name, and city. Below that you will see the total number of claims with QDCs, the total claims volume, and the QDC reporting percentage, or, data completeness rate, and, of course, you will need at least 50% of claims to have QDCs to meet the program requirements. We're looking at the first page for Quarter 1, but pages 2, 3, and 4 would look similar as they relate to the other quarters for this Payment Year. But let's look at the last page of this report.

Our fictitious ASC reported ASC-9, ASC-10, and ASC-11, and you know that because if you move to the far right under submission status, it says yes for all three measures. Below this information toward the bottom you will see that this facility has also submitted ASC-8 data because, again, you can see yes under the ASC-8 submission status.

Our next stop is the support contractor website qualityreportingcenter.com. This website has a lot of information, and if you've never been to this site, please take the time. You'll likely find what you're looking for and maybe a little more. So, let's go to qualityreportingcenter.com. Notice that we've added new links where you can obtain data that's reported for this program. Data Dashboard and ASC Facility Compare Tool are two areas I'm going to show you. We added these so that this site can be your one-stop shop for all your data-related needs, and we continue to add to this site to meet the reporting needs for the ASC community.

To find our new links, start from the home page and place your cursor on the ASC icon or tab and a dropdown menu will appear. From the dropdown box you will see the Data Dashboard link, as well as, the ASC Facility Compare Tool. Now, I want to show you both of these, so let's click on the Data Dashboard link first.

This would be your next view, and you can see you have three options, ASC Facility Compare Tool, Lookup Tool, and National Maps. For today's discussion we're going to select the ASC Facility Compare as this is our newest upgrade to the site. This view will open, and you can search ASCs by city, state, or zip code. Then click search, or, if you want to compare ASCs by NPI, you can use the search feature function at the bottom of the slide. But for today's purposes, we're going to search by the city of Tampa and the state of Florida. Then click search.

The next page will display your options for that search criteria. This is just a partial view of the results. You would then just select the ASCs you want to compare, or, you can select all if you choose, and then click the Compare icon in

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the blue towards the top of the page. Let's say we're going to compare three ASCs. We would make the selection and click that Compare button.

Your result would then display, and I'm only giving you a partial view of the data that will display, but I do want to point out a few things. There is a scroll bar at the bottom of the page, see the arrow, which will allow you to view all of the data reported by the facilities you choose; just move the scroll bar toward the right. As this data is the data used on Hospital Compare, you can choose to go to the Hospital Compare site by simply clicking on the blue link at the top of the slide next to the blue arrow. Additionally, if you want to expand on any measure information, you would click on the blue Measure Information icon; see the box? Now, if you choose that option; this is a partial view of that result. It gives you a little cheat sheet of some notes for each measure reported, and this is a very handy tool to assist you in understanding what you are reading in terms of the data reported for this program. You can also click on the link at the bottom of the slide for more information on footnotes.

Now, if you want to go back to that dropdown menu I showed you a few slides back and click on the Data Dashboard link again, this page will display again. This is a National Map link which will show you a state-by-state comparison by measure based on publicly reported data on Hospital Compare. To give you an idea of the information stored here, let's take a look at the National Maps option by clicking on the blue link right next to the arrow. And then this page will display. The National Maps will show a state-by-state comparison by measure based on publicly reported data on Hospital Compare. The data stored here is the same data you would see on Hospital Compare. Now, this has been a brief walk-through, but you can visit our website and see everything that's available to you.

So, through this program, as we discussed, you are reporting data. Any data you report will be made publicly available, but before your data is publicly displayed, you will be sent a Preview Report. When you have a Preview Report become available, take the time to evaluate it. This is your sneak peak of what will be available on ASC Hospital Compare. When you do access ASC Hospital Compare, you will be able to access your data, and you will have access to other ASC data as well. Use these tools to gather information and put them into action to implement changes when needed in order to improve quality of care for your patients.

Now, from previous webinars, we've received quite a bit of feedback and interest in knowing what the difference in performance was between ASCs and Hospital Outpatients for the same measures. CMS has worked with stakeholders to align measures within the Hospital Outpatient and ASC Quality Reporting Programs which are both for the outpatient surgical setting. CMS discussed this with the Proposed Rule

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presentation just a few weeks ago, and the measures listed here are aligned for these two programs.

The first of these measures that the programs share is ASC-8. So, we'll begin our data overview with the ASC-8, the Influenza Vaccination Coverage among Healthcare Personnel measure that's entered annually. For this measure facilities report vaccination data for three categories of hospital personnel, and this percentage is the number of employees that received or had documentation of the flu vaccine. This is the only web-based measure for this program that is not entered into QualityNet. The data for this measure is entered into the NHSN platform.

Here, if we view a side-by-side measure comparison for the flu vaccination measure for both ASCs and hospitals from the flu season of 2014-2015 through the most recent submission, there has been a general increase in improvement for both programs. However, hospitals have a higher percentage of up to 88.58% with the ASC community at 78.62%. So, let's turn our attention to the colonoscopy measures.

Ok, ASC-9, Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk patients. This measure is the percentage of patients 50-75 years of age receiving a screening coloscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report. Now, this is also a web-based measure, and it is entered annually into the QualityNet system. For a review of data from 2014, if we view a side-by-side measure comparison for the ASC-9 measure for both ASCs and hospitals, there has been a general increase in improvement for both programs. However, hospitals have a higher percentage of up to 87.59% with the ASC community at 78.72%.

ASC-10, Colonoscopy Interval for Patients with a History of Polyps – Avoidance of Inappropriate Use. This measure is the percentage of patients 18 years and older receiving a surveillance colonoscopy, with a history of prior colonic polyps in previous colonoscopy findings, who had a follow-up interval of three or more years since their last colonoscopy.

Now, this graph shows the performance rate that we just discussed from Calendar Year 2014 to Calendar Year 2017, and, here's the interesting part. ASCs and hospitals started out almost even. However, ASCs declined in the performance rate; whereas, hospitals increased. In summary, ASCs declined by almost 8%, and hospitals increased in performance by almost 10%. In the last year of data there was a difference of almost 18%.

ASC-11, Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery. Now, this measure is the percentage of patients 18 years and older who had cataract surgery and had improvement in visual function

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achieved within 90 days following the cataract surgery. Now, this remains a voluntary measure. You can elect to submit this data or not, either way it will not affect your payment, but please know; however, that if you do report, it's going to be publicly displayed.

And in this side-by-side comparison from 2015 forward we see a decrease in the National rate for ASCs and an increase in the National percentage rate for hospitals. These measures have been proposed to be removed for both programs, and we will know when the Final Rule comes out if these measures will be removed or not.

ASC-12, Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy. Now, this measure estimates a facility-level rate of risk-standardized, all-cause, unplanned hospital visits within 7 days of an outpatient colonoscopy among Medicare fee-for-service patients aged 65 years and older. Now, CMS inpatient and outpatient claims are used to determine whether a beneficiary has had an unplanned hospital visit to any acute care hospital within 7 days of an outpatient colonoscopy. The number of unplanned visits is then risk-adjusted based on the previous year's data. As this measure is an outcome measure, and the data's collected via administrative claims data that meet the measure criteria, means that there is no manual abstraction necessary on the part of the facility. But understand that you will only receive this report if you have colonoscopy data.

ASC-12 is calculated differently than the previous measures we just talked about. In this graph ASCs show a nationwide risk-adjusted rate of 12.5 unplanned hospital visits within 7 days of an outpatient colonoscopy compared to the outpatient hospitals' higher nationwide rate of 16.4. The rate displayed here is per 1,000 colonoscopies, not percentage. It's important to note that a lower rate indicates better performance for this measure, and the goal of this measure is to reduce adverse patient outcomes associated with preparation for colonoscopy, the colonoscopy procedure itself, and follow-up care by capturing all unplanned hospital visits following the outpatient colonoscopy. So, in this instance, lower is better; however, there's always room for improving your performance.

So, why are you collecting and reporting data? Great question. Whether it be for this program or your own internal processes, collecting and analyzing data can help improve quality within your ASC. A primary QI principle is that performance can be measured and compared to identify a need for improvement. But something to keep in mind is your systems are creating your outcomes. In short, what you do is what you get. Now, to get something different, you have to do something different.

Besides just making things better through quality improvement, participation in formal quality improvement efforts are required for accreditation, board certification, and, in some instances, payer reimbursement. QAPI is the

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coordinated application of two mutually reinforced aspects of a quality management system, Quality Assurance (QA) and Performance Improvement (PI). So, QAPI takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality. QA is the specification of standards for quality of service and outcomes and a process throughout the organization for assuring that care is maintained at acceptable levels in relation to those standards. QA is ongoing, both anticipatory and retrospective, in its efforts to identify how the organization is performing including where and why facility performance is at risk or has failed to meet standards. That's all I've got for you today. I hope this webinar gave everyone something. Now, let me hand things back over to Dianne. Dianne?

Dianne Glymph:

Thank you Pam. You definitely covered a lot of information. As a reminder, we will post this recording, a word-for-word transcript of the recording, and all of the questions and answers from the chat box on our website qualityreportingcenter.com. That's all the time we have today. We appreciate you joining us. I'm going to turn things back over to our host to go over the CE Process.