



Ambulatory Surgical Center Quality Reporting Program

Support Contractor

The Question and Answer Show

Presentation Transcript

Moderator:

Pam Harris, BSN, RN
Project Coordinator, Education and Support Contractor

Speaker(s):

Karen VanBourgondien, BSN, RN
Education Coordinator, Education and Support Contractor

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Pam Harris: Hello, and welcome to the Ambulatory Surgical Centers Quality Reporting Program webinar. Thank you for joining us today. My name is Pam Harris, 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 today's event and you should be able to download the handouts. These slides were also attached to the invite you received for this webinar.

Today's speaker is Karen VanBourgondien, she is the Education Coordinator for the ASCQR program. Before I hand things over to speaker, I would like to extend our thanks to the measure writers that have contributed to this webinar and who are here today to answer your questions directly via the chat box. We appreciate having the subject matter experts available. Their knowledge and expertise is much appreciated.

Before we begin today's presentation, let me just mention our upcoming event. On August 3, a representative from CMS will discuss the Proposed Rule. This presentation will be a great way to let you know the proposed changes for this program. You don't want to miss this presentation.

Any information regarding program updates or educational opportunities will be sent via the ListServe. If you are not signed up for this automatic email service, you can do so on the QualityNet home page.

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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 www.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 the screen. One of our subject matter experts will respond. By having live chat, we hope to accommodate your questions timely and have real-time feedback.

And just one more reminder: if your audio lags behind or disconnects, pushing the F5 key or refreshing your browser usually fixes that.

Now let me turn things over to our speaker, Karen?

Karen
VanBourgondien:

Thank you, Pam. Hi everyone, thanks for joining us today. People ask a lot of questions and they vary in subject matter. So what we are going to do today is just share with you some common questions that you guys ask. We have narrowed the focus down to the measure-related questions. So, what do you want to know? Hopefully some of your questions will be answered today.

We are going to start with the claims-based measures.

On this slide are the claims-based measures and you will notice here that they are divided. ASC-1 through -5 are Quality Data Codes or QDCs that are placed on your Medicare FFS claims. ASC's submit information on these measures using QDC's entered on their claim via the CMS 1500 paper form or equivalent electronic form. QDCs are specified CPT Category II codes or Level II G-codes that describe the presence or absence of an event, such as a patient burn or fall. Medicare claims submitted must have a minimum of two QDCs when there is no event documented and a maximum of five QDCs per claim as well as a line item charge entered, even if it is the number "0."

To meet the program requirements, 50 percent of your submitted Medicare Claims to the Medicare Administrative Contractor or MAC must have the appropriate number of QDC's.

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The last measure on this slide, ASC-12, is an outcomes measure. This measure is calculated from paid Medicare Fee-For-Service claims. Your facility does not have to actively report or abstract this data. So, right now, let's take a look at some of the most frequent errors facilities encounter when it comes to applying QDCs.

When submitting QDCs there are things that can cause errors. For today's purposes, we are going to focus on the issues noted here on this slide. If you need more assistance or a broader point of view, I encourage you to view our 2-part webinar series specifically on QDCs. You can access that on qualityreportingcenter.com and that would be under the Archived Event tab. For now though, let's look at some general hurdles folks run into.

QDCs are placed on the claim form but they are not being counted? Hum, so what happens when that issue happens? If you are applying the QDCs and they are not showing, check to ensure that the billable charge and the G code were billed on the same claim form for the same date-of-service at the same time. Check to ensure your software is transmitting the G codes with a zero charge amount. Some software programs require at least a one cent charge for transmission. If you used a zero charge, the remark code will display as N620. If you used a one cent charge, the remark code will be N572.

You can check with your clearinghouse to ensure it is receiving the G-codes and that it is transmitting those codes to the MAC for CMS. You can also check with the MAC to confirm the codes came through on the same claim and to verify how the MAC processed them. Now, be advised, if you go this avenue, then you will need the claim number and transmittal batch in order for the MAC to research the matter.

A billed charge must be affiliated with the correct number of G codes on each claim in order to receive credit for this component of the program requirements. Each claim will have a minimum of two and a maximum of five QDCs per claim. So, be sure to make sure you are applying them correctly.

Let's take a look at a question about applying these codes.

In our question here, the facility wants to know if we had a patient who had two procedures in our facility and the patient also experienced a fall. Are we placing the QDCs for each procedure?

In this case, you will bill both of the procedures and the QDCs for that encounter. If you have an event, you know, right there that you are going

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to be reporting 5 QDCs. So, you have those 5 codes plus the billable procedures. Remember, should a claim require more than one form-1500 such as the seventh line-item, these line items will automatically go onto another claim. EACH claim must contain a billable line-item charge and appropriate QDCs.

So, in this next question, the patient is entering an ASC for an upper stomach-intestine scope for biopsy. The patient has an antibiotic ordered for recurrent Urinary Tract Infections. The question is would we include the patient and count it for the reporting of ASC-5; because the antibiotic is not for incisional infection?

That's a very good question. Let's discuss the answer.

Yes, you still have to report a G-code. In this scenario, the antibiotic the patient has ordered is NOT for the prevention of surgical site infection, so you will use the code G8918.

You can see the denominator criteria for this measure here on the slide. You will also note that in the specifications manual, a exclusion for the denominator is a pre-op order for IV antibiotic for prevention of infections OTHER than surgical site infections and ASC admissions with a preoperative order for a prophylactic antibiotic not administered by the IV route.

You will still use the code G8918, this code is to be reported for the patients with no indication for or no order for IV antibiotic prophylaxis for SSI. This does not place a case with this code in the denominator, but is necessary for calculating the completeness of reporting.

Let's take a look at the outcome measure ASC-12, which is also a claims-based measure.

Some common issues or questions with regard to ASC-12 are listed here on this slide. In short, there is confusion about the measure being a claims-based measure and there is also some question regarding the data that is collected for this measure. But for right now, let's take a look at the most common question we get asked about ASC-12. We get this next question so often that we do try to incorporate it somehow in most of our webinars or at least mention it. You can see here, facilities want to know if they need to report data for this claims-based measure. That is the common question.

So, let's take a look at the answer.

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And the answer is no. Facilities do not have to **manually** input any data for this measure; you do not have to abstract anything. This data is collected automatically by CMS using Medicare Fee-For-Service claims submitted by your facility. This is an administrative claims-based measure, so there is no data abstraction responsibility on the part of the facility.

So, now let's move into the measures that are entered via CMS on-line submission tool in QualityNet. The measures listed here on this slide are web-based measures entered through QualityNet. Well, we won't have time to discuss questions with all of these measures, but we will hit most of them.

First, let's discuss ASC-7. With ASC-7 you are accounting for certain codes, which are the top 100 codes billed, for specific organ systems. There is across the board confusion about where these codes come from and what version of the Specifications Manual they can be found.

Since this is so commonly asked, we are going to address it here. So let's look at a question and an answer that speaks to this.

Simply put, the question is: Where do you find the list of procedure codes that will be used for reporting ASC-7? What version of the Specifications Manual do we access?

In short, it takes time to collect data reflective of the top procedures. Due to that issue, the codes are updated late in the year. Surgical procedure codes for ASC-7 were posted in November in the Specifications Manual Version 5.1. Now, that is for this current reporting period. And remember, you must have these measures reported by the submission deadline of August 15.

So let's talk about ASC-9. When abstracting for ASC-9, which deals with appropriate follow-up after a colonoscopy, there are a lot of questions the measure writers respond to. For the sake of simplicity, again, we will discuss the range of the issues listed here on this slide. So, let's look at a couple of scenarios to clarify some of these issues a bit.

Let's imagine you are abstracting for this measure and you come across this fictitious scenario: A fifty-nine-year-old male arrives for a screening colonoscopy. The physician documents "follow-up is recommended in 7-10 years." The abstractor wants to know: Can we accept the range since it includes ten years?

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Well, the answer to the abstractor's question is no. You cannot accept a range even if that range includes the ten years. The numerator states: "Patients who had a recommended follow-up interval of **at least** ten years for repeat colonoscopy documented in their colonoscopy report. A range is not "at least ten years."

Let's go on to a different scenario.

Now we are going to talk about a scenario that involves the issue of the age of the patient. The abstractor wants to know if the documentation states "no follow up due to age," is that enough?

And the answer is: Yes, if there is documentation that a follow-up colonoscopy is not recommended or needed and it is due to age, then that case would be excluded from the measure.

Now let's move on to ASC-10: Avoidance of Inappropriate Use. Again, there is a menagerie of issues and questions that can come up when you are abstracting a chart. So, we are going to talk about the issues that are seen here on this slide seen here in the context of a couple of scenarios and hopefully this will provide some clarification of some of the issues you run into.

In our first situation, the abstractor wants to know if there is documentation in the medical record of a medical reason for an interval of less than three years since the last colonoscopy, would this patient be included in the denominator for this measure.

And, the answer from the measure writers is no. This patient would be excluded from the measure because there is a medical reason for performing this procedure prior to the three years.

In this scenario, in question two, the abstractor is wondering how to obtain the date of the last colonoscopy. And here is the question: If there is documentation that the patient had a colonoscopy in 2013 and documentation that the patient had a colonoscopy in 2015, which one do I use to determine the interval?

You will choose the most recent documentation. When establishing the interval since the last colonoscopy uses the most recent documentation of a previous colonoscopy. In this example provided, the most recent documentation of a previous colonoscopy is 2015.

Let's switch gears a bit and talk about ASC-11.

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There are a couple of questions that are listed here on the slide which are frequently asked. So, let's take a look at these in a little more detail. The question on this slide is asked frequently. To address this concern, is ASC-11, the cataract measure, voluntary?

Yes, this measure is currently voluntary. You can submit data or not. Either way, it will not have an impact on your payment. Please be aware though that if you do submit the data, it will be publicly displayed.

Now this question two here, there is some confusion on the surveys used for the ASC-11 measure and that is really what this question is about. And the person wants to know: Are the pre and post-surveys required to be in the medical record? What about the case where surveys can be mailed out or if the patient is called by phone?

To answer this question, the measure writers will refer to the Additional Instructions section of the measure information form. This measure utilizes a visual function survey. While it is recommended that the facility obtain the survey results from the appropriate physician or optometrist, this survey can be administered by the facility via phone, mail, email, or during clinical follow-up. Please remember that, for this measure, the same data collection instrument survey must be used both pre-operatively and post-operatively. Also, let me just make the point that this visual function survey is not a visual acuity test, so don't get that confused either.

The last measure we are going to talk about is ASC-8, the Flu Vaccination Measure and this measure is entered using the on-line submission tool via NHSN. This is the only web-based measure that ASCs do not enter into QualityNet. The NHSN and the QualityNet platforms are different; they do not interface in any way. Thus, they require completely separate registration, passwords, maintenance, and all of that.

For ASC-8, we get a lot of different scenarios with respect to this measure. Once again, we kind of narrowed it down for discussion purposes to what you are seeing here on the slide. Now, sometimes when facilities are entering data, they omit steps and this may cause the data they are inputting to actually be applied to the previous year. In short, each year you will have to add a new Reporting Plan each year. We will chat about that in just a minute.

Changes in staff are another trouble spot. This can be:

- A New Facility Administrator
- Not knowing how to delete or add users
- Not having someone with appropriate access to enter data

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Finally, not allowing enough time to obtain secure access is another big issue. The process to gain secure access can be 4-6 weeks. Please do not expect to initiate this process a week before the deadline. We always have facilities that do not make the deadline, please do not let that happen to you.

Now, we just past the submission deadline for this measure, but we can help you to avoid any issues you may have had for the upcoming year. Let's try to expand on what we just discussed a bit.

Now, this next question was so common coming into our call center with regard to NHSN and the ASC-8 measure that we really wanted to include it. So, we wanted to incorporate that issue here so that next year, like I just said, you will know exactly what to do and this won't be a problem for you. I'm going to pose a question here to you and I want you to just kind of think about it. Okay so, you ready? Here we go.

So, this person here is trying to enter the data into NHSN and they say it is saying that the "flu season is not available," and they want to know what they are doing wrong?

Umm, so think about that for a minute. Did this happen to you? Did it happen to someone you know? Did you get a similar error message and you thought what am I missing? What's going on here? So, let's take a look at the answer; what do you do?

So, I kind of alluded to this earlier, the short answer is you have to add a reporting plan. That's the short answer. Each time you submit this measure you will first add a reporting plan. So, now for the long answer: After you log into the Healthcare Personnel Safety Component, you are going to click on "Reporting Plan" and then "Add" from the left-hand navigation bar. Next, you are going to select the month and the year for your monthly reporting plan. Please know the month and the year for your reporting plan. We want you to remember the month and the year that you enter must be in the flu season you are reporting. You are then going to go down to the bottom part of your screen and you are going to check the box that says "Influenza Vaccination Summary." After you click that box, you are going to hit save. To enter your Influenza Vaccination Summary data you are then going to go back under the left navigation bar, you are going to click "Flu Summary" then "add." A box will open and you are going to click "continue to proceed," you will now see the data entry screen. Please be sure that you select the current flu season from the "Flu Season" drop down box. After you have finished entering the data, be sure to save the data by clicking the "Save" button at the bottom of the screen. You

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should then see a message at the top of your screen confirming that your data have been saved. We do recommend that you also make a screen shot of that as well.

Let me just add that at any point in time if you ever have trouble entering data, just call us. We can walk you through this step-by-step; we do it all the time; we can even screen-share with you, we can trouble shoot with you, and we are always happy to help. So don't ever hesitate to call us if you need help with anything.

Ok, so onward.

Now, in this scenario there has been a change in staff and the person that entered the flu vaccination information last year is no longer with the facility. So, the person wants to know: How do I go about being able to enter this data?

So, before we get into how to replace a facility administrator, or an FA, let me first say that an individual cannot simply just take over for another person. You will still have to complete the security verification process and receive a SAMs grid card in order to access and enter any data. Another thing I'd like to mention is you cannot use someone else's SAMs grid card. This card is unique to the individual, not the facility. You can find all of this information on the NHSN CDC website. But, for right now, let's just assume that you are going to be the new Facility Administrator and you have your SAMs grid card. Although the question on the previous slide states the previous facility administrator is not available, we are kind of going to discuss two different scenarios because sometimes the facility administrator is still there at the facility and sometimes they are not.

If the Facility Administrator (FA) is available, they can add you as a new user. If the FA is not available, the ASC must submit a written request to the NHSN. We do have written step-by-step instructions on our website to help guide you. That can be found at: www.qualityreportingcenter.com under the "Tools and Resources" tab. Again, you are always free to give us a call. There is also a help guide on our website which walks you through some of these trouble spots. You can access that again under the "Tools and Resources" tab. The NHSN website also is just a wealth of information and they have a lot there to help you as well.

We talked about quite a few questions and answers today. We cannot talk about every scenario and every question everyone could possibly think of but hopefully we have covered some questions and answers that are useful to you.

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I know I've said this before, but please don't ever hesitate to call our helpline. We are always happy to help you and we want you to be successful. So we have our contact information here and we also have provided the NHSN website.

If you have any questions about any measure or a program question, you can also submit your question using the QA tool on QualityNet, the direct link is seen here on this slide. When you ask your question, a subject matter expert will respond directly to you through your email. Well, that's going to do it for me today. Let me hand things back over to Pam.

Pam Harris:

Thank you Karen, that was very informative. We would like to once again, thank the measure writers that have graciously contributed to this presentation and have been available to answer your questions here today. As a reminder, all questions and answers are posted on our website at qualityreportingcenter.com. If you didn't get your question answered, in the chat box, remember it will be posted.

Hey Karen, when you were talking about "adding a Reporting Plan" when entering data for NHSN, I thought it would be good to mention the NHSN resource that we have on our website. Now this document doesn't really have a name, but its header is "Prepare for the 2016/2017 Influenza Season Data Submission by Taking These Steps." I know that the 2016, 2017 flu data submission deadline has passed, but I really like this help sheet because it's a step-by-step instructions for different scenarios, some of which you discussed earlier, Karen, but this is something that can be easily used as a reference. It can be found under the Tools and Resources section of the qualityreportingcenter.com website and I brought one along just in case we were able to discuss this measure. So, this document gives instructions for a Facility Administrator adding a New User, Facility Administrator transferring roles to a New User, and how to deal with the situation when the Facility Administrator is not available; maybe they quit, left abruptly, were fired, whatever the situation, and there are many. I just think it is a great resource. As I said, it is written in a step by step format, it has screen shots, it is just a really great tool.

Karen
Van Bourgondien:

Yes, Pam. Thank you for mentioning that. You're right. That is a great tool. Again it is on our website www.qualityreportingcenter.com. Once you are on that website, you would just go to the right side of your screen and click on the Tools and Resources tab, scroll down a little and find the icon that says NHSN: Preparing for Data Submission. That will open this

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document we are referring to. By the way, if you have never been on our website, I highly encourage you to do so. We have a lot of information there. You can find learning and abstracting tools, all of the weekly newsletters, tutorial videos; it is all there to help you be successful in the reporting for this program. We also store our webinars there. You can open any of them and view them at your leisure and there are many topics to choose from. Thanks for mentioning that Pam, that was great

Pam Harris:

Ahhh Karen, if I can add one more thing on the subject of NHSN before we move on, and I know the submission deadline has passed; but maybe we can take a few minutes to discuss a little bit more some of the issues we help people through when it comes to entering the data for the ASC-8 measure. Thankfully, you did talk about the Adding a Reporting Plan. That issue, by far, was the most common situation we assisted people with. And, Karen, I know you mentioned earlier that obtaining the Secure Access for NHSN takes time but I don't think we can say this enough. It takes AT LEAST 4 weeks, and that's if EVERYTHING goes right, to obtain your SAMS grid card, and complete the registration process. Because there are two ADDITIONAL steps AFTER you receive your SAMS Grid Card. So, PLEASE do not wait until 2 weeks before the submission deadline to initiate this process. Maybe, on your calendar, mark February 1 as your deadline for submitting the 2017/2018 NHSN data; that way if something is wrong, you have time to correct it before the drop dead deadline. We receive numerous calls from people 1-2 weeks before the deadline saying they just turned in their paperwork and they wanted to know when their SAMS grid was going to arrive. NHSN will notify you, but please be aware that this process does take time. Also, NHSN does not, have a phone number, so all communication with them is through email.

Karen

Van Bourgondien:

Good points, Pam. Before I switch gears and we chat about something else, let me just mention that if any of you ever have any questions; please don't hesitate to call us. That's what we are there for. We are there to help you. Just keep that in mind. On a different note, since we are nearing the deadline for the web-based measures you enter into QualityNet, let's review a few things. First of all, the deadline is August 15 but please do NOT wait until August 15. This deadline will change next year and EVERYTHING will be due on May 15. Please do not forget that. Secondly, please make sure you keep your passwords active. You don't want to be ready to enter your data and not be able to access the system. This would be especially problematic if you are trying to enter data at the last minute — which of course we hope you do not do. It is very stressful

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to have to get your data in a few hours and not have a password that is active. Lastly, please remember to enter “0” for the multi-system category for ASC-7. Actually, put in “0” for any category where you do not have cases. Now, I am going to say something here that may seem a little contradictory. With respect to ASC-11, this is a voluntary measure. So, you can enter the data or not; we talked about that earlier. If you do not enter anything for this measure, that tab in QualityNet will remain as “Incomplete.” Now, because this is a voluntary measure, the only one that is, it is okay. It will not affect your meeting the program requirements or have any effect on your payment update. However, for some people, seeing this as incomplete drives them crazy, which I can totally understand. If you are one of these folks, then go in and enter “zeros.” When you enter the zeros, it will click over to Complete in the QualityNet system. This is the ONLY measure you can leave blank and that is only because it is voluntary. What do you think Pam, did I cover that?

Pam Harris: Karen, if I could just further clarify, just so there are no misunderstandings. I really just want to say, again, the only reason you can put zeros **or** nothing at all for ASC-11 is because it is voluntary and it is the ONLY voluntary measure. So, let’s say you are an eye center and you obviously do not do colonoscopies, you would still have to go in and enter “zeros” for the ASC-9 and -10 measures. Also, this same eye facility would put in zeros for ASC-7 under the organ system, gastrointestinal. As Karen said, don’t leave things blank.

Karen
Van Bourgondien: Alrighty, Pam, I know we are running short on time so I guess we should wrap this up. I do want to ask that if any of you have suggestions on what you would like to have a webinar on, let us know. We really like to have input from all of you. You are on the front lines, so to speak, so what you experience and have input about is very important. The easiest way to communicate with us about this is to just enter your idea into the QA tool in QualityNet. It will come our way. That’s all I have at the moment, Pam, how about you?

Pam Harris: No, I’ve stepped off my soap box already.

Karen
Van Bourgondien: Thanks to everyone for attending! Now I’m going to turn things back over to our host to go over the CE process. Thanks everyone. Have a great day.