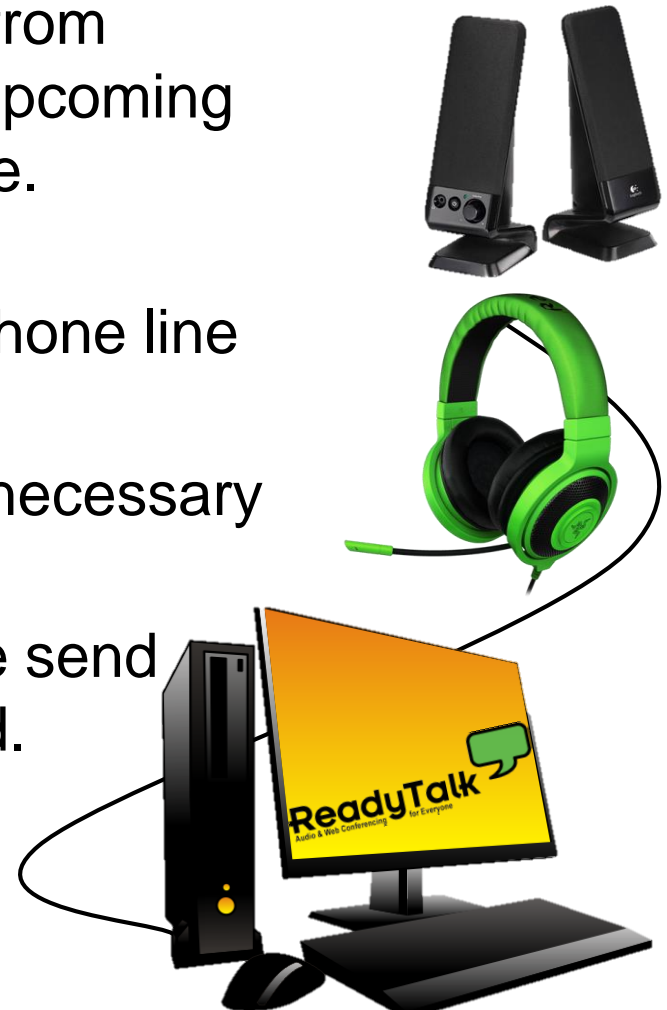


Welcome!

- Presentation slides can be downloaded from www.qualityreportingcenter.com under Upcoming Events on the right-hand side of the page.
- Audio for this event is available via ReadyTalk® Internet streaming. No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.
- Limited dial-in lines are available. Please send a chat message if a dial-in line is needed.
- This event is being recorded.



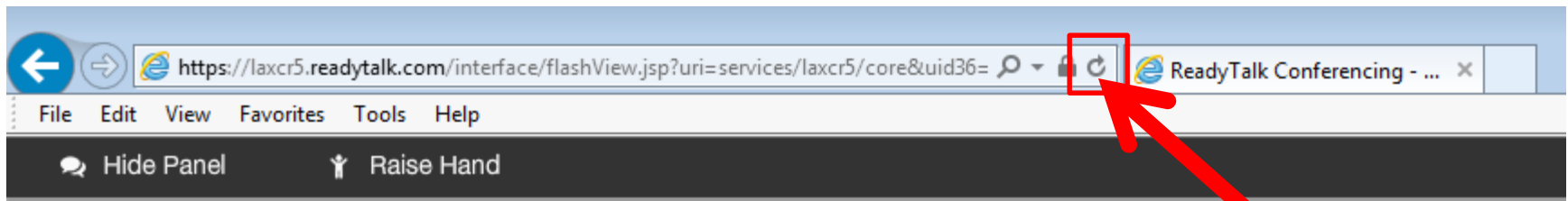
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stops?

- Click **Refresh** icon
or
- Click F5



F5 Key
Top row of keyboard

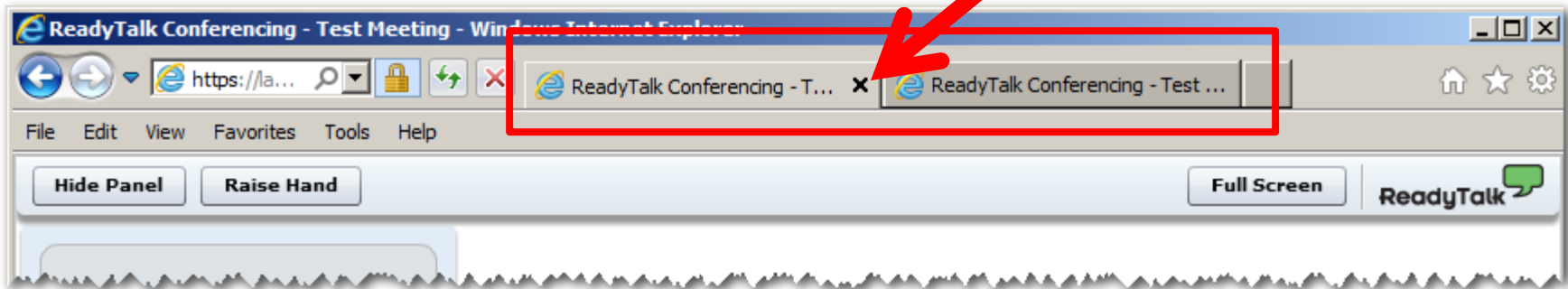


Location of buttons

Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab, and the echo will clear up.



Example of two browsers/tabs open in same event

Submitting Questions

Type questions in the “Chat with Presenter” section located on the bottom-left corner of your screen.



A screenshot of a web browser window showing a CMS event chat interface. The window title bar includes "Hide Chat", "Raise Hand", "Full Screen", and "ReadyToGo". The main content area features the CMS logo (CENTERS FOR MEDICARE & MEDICAID SERVICES) and the text "Welcome to Today's Event". Below this, a message reads "Thank you for joining us today! Our event will start shortly." On the left side, there is a vertical chat window with a "Chat with Presenter" header and a "Type questions here." input field with a "Send" button. A yellow arrow from the text on the left points to this input field.



Ambulatory Surgical Center Quality Reporting (ASCQR) Program 2017 Specifications Manual Update

Jennifer Witt, RN
Telligen

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Mathematica Policy Research

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December 15, 2016

Announcements

January 1, 2017

- Submission of measures using a web-based tool via *QualityNet* begins

January 25, 2017

- Next ASC webinar: Help, I Am New: What Do I Do?

Passwords

- Always keep your *QualityNet* and NHSN passwords active

Learning Objectives

At the conclusion of the presentation, attendees will be able to:

- ✓ Identify changes to the Specifications Manual through version 6.0a and list changes in the measure information forms.
- ✓ Describe how these changes will impact abstracting and reporting for this program.

Formatting Changes

Overview Page

In version **6.0**, the following sections were **removed**:

- Reporting Mechanism – Specific manner in which the quality measures are reported
- Reporting Period – Time period when the Medicare claims are to be reported
- Reporting Required By – Indicates the requirements applied to entities paid under the Medicare Ambulatory Surgical Center Fee Schedule

Measure Information Forms (MIFs)

In version **6.0**, the following sections were **removed** from ASC-1, ASC-2, ASC-3, ASC-4, ASC-5, and ASC-12:

- Reporting Mechanism – Medicare Part B Fee-for-Service Claims, including for Medicare Railroad Retirement Board beneficiaries and Medicare Secondary Payer claims
- Reporting Period – Reporting period for Medicare claims begins January 1 and continues until December 31 of each calendar year
- Reporting Required By – All entities paid under the Medicare Ambulatory Surgical Center Fee Schedule (ASCFS), regardless of specialty or case mix

Measure Information Forms (2 of 4)

In version **6.0**, the following sections were **removed** from ASC-6, ASC-7, ASC-8, ASC-9, ASC-10, and ASC-11:

- Reporting Mechanism – “Web-based tool on the QualityNet Secure Portal” **and** “The NHSN is a secure, internet-based surveillance system maintained and managed by the CDC.”
- Reporting Required By – “All separately identifiable entities certified as an ASC by Medicare regardless of specialty or case mix”

Measure Information Forms (3 of 4)

In version **6.0**, the following statement was added to ASC-6, ASC-7, ASC-9, and ASC-10 under Annual Data Submission Period:

- **Add:** “Data entry will be achieved through the secure side of QualityNet.org via an online tool available to authorized users.”

Measure Information Forms (4 of 4)

In version **6.0**, the following changes were made to ASC-9 and ASC-10:

- **Add:** “Statement” to the Numerator and Denominator descriptions
 - Numerator Statement
 - Denominator Statement

ASC-1–ASC-5 (Requires ASCs to report Quality Data Codes (QDCs))

Claims-Based Measures

ASC-1–ASC-5

No changes were made to these measures:

- ASC-1: Patient Burn
- ASC-2: Patient Fall
- ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
- ASC-4: All-Cause Hospital Transfer/Admission
- ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing

ASC-6–ASC-11

Measures Submitted Using a Web-Based Tool

ASC-6

- Safe Surgery Checklist Use
- No changes were made to this measure.

ASC-7

- ASC Facility Volume Data on Selected ASC Surgical Procedures
- In version **6.0a**, the following statement was **added**:
 - “The Categories and Healthcare Common Procedure Coding System (HCPCS) will be updated at the end of CY 2017.”

ASC-8

- Influenza Vaccination Coverage among Healthcare Personnel
- In version **6.0a**, the fourth *optional* category of healthcare personnel will now be addressed on the MIF.
 - Definition for Healthcare Personnel (HCP)
Added: “Reporting data on the optional, other contract personnel category is not required at this time.”

ASC-9

- Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
- In version **6.0**, the following statement was **added**:
 - Denominator Exclusions

“Documentation indicating no follow-up colonoscopy is needed or recommended is only acceptable if the patient’s age is documented as the reason.”

ASC-10

- Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use
- In version **6.0a**, the following code was **removed** from Denominator Criteria:
 - Z85.038, history of colonic polyps

ASC-11

- Cataracts – Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
- In versions **6.0** and **6.0a**, no changes were made to this measure.

ASC-12 (Utilizes data from paid Medicare Fee-for-Service (FFS) claims; does not require ASCs to submit QDCs)

Claims-Based Measures

ASC-12: 5.0a and 5.1

- Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- In versions **5.0a** and **5.1**, the following changes were made:
 - **Added:** NQF #2539* for ASC-12
 - **Added:** Links to the 2015 Measure Specifications Report and the 2016 Measure Updates and Specifications Report

*National Quality Forum

ASC-12: 5.0a (1 of 6)

In **5.0a** and subsequent versions, the following changes were made:

- Summary of updates
 - Denominator Statement
 - Included Populations
 - Cohort Exclusions (excluded colonoscopies)

ASC-12: 5.0a (2 of 6)

In **5.0a** and subsequent versions, the following change to the Denominator Statement was made:

- **Change:** “The target population for this measure includes colonoscopies performed at hospital outpatient departments (HOPDs) and ambulatory surgical centers (ASCs) for Medicare FFS patients aged 65 years and older.”
- **To:** “The target population for this measure includes *low-risk* colonoscopies performed in the outpatient setting for Medicare FFS patients aged 65 years and older. *For implementation in the ASC Program, the measure will be calculated among ambulatory surgical centers (ASCs).*”

ASC-12: 5.0a (3 of 6)

In **5.0a** and subsequent versions, the following change to Included Populations was made:

- **Updated second paragraph:**

“The measure is focused on low-risk colonoscopies. The measure did not include colonoscopy CPT procedure codes that reflected fundamentally higher-risk or different procedures. Qualifying colonoscopies billed with a concurrent high-risk colonoscopy procedure code were not included in the measure; the 2016 Measure Updates and Specifications Report at the link above contains the complete listing of all high-risk procedure codes.”

- The link to the 2016 Measures Updates and Specifications Report is located in the **Introduction** section of the measure information form.

ASC-12: 5.0a (4 of 6)

In **5.0a** and subsequent versions, the following change to the Cohort Exclusions (excluded colonoscopies) was made:

- **Change:** “colonoscopies for patients with a history of inflammatory bowel disease (IBD) or diagnosis of IBD at the time of index colonoscopy”
- **To:** “colonoscopies for patients with a history of inflammatory bowel disease (IBD) or diagnosis of IBD at the time of index colonoscopy *or on a subsequent hospital visit outcome claim*”

ASC-12: 5.0a (5 of 6)

In **5.0a** and subsequent versions, the following change to Cohort Exclusions was made:

- **Change:** “Colonoscopies for patients with a history of diverticulitis or diagnosis of diverticulitis at time of index colonoscopy”
- **To:** “Colonoscopies for patients with a history of diverticulitis or diagnosis of diverticulitis at time of index colonoscopy *or on a subsequent hospital visit outcome claim*”

ASC-12: 5.0a (6 of 6)

In **5.0a** and subsequent versions, the following changes to Cohort Exclusions were made:

- **Remove:** “Colonoscopies that occur on the same hospital outpatient claim as an ED visit”
- **Remove:** “Colonoscopies that occur on the same hospital outpatient claim as an observation stay”
- **Add:** “The 2016 Measure Updates and Specifications Report contains complete coding for all exclusions.”

ASC-12: 6.0 (1 of 4)

In **6.0** and subsequent versions, the following updates were made:

- Summary of updates
 - Cohort Exclusions (excluded colonoscopies)
 - Risk Adjustment

ASC-12: 6.0 (2 of 4)

In **6.0** and subsequent versions, the following changes to Cohort Exclusions (excluded colonoscopies) were made:

- Table 1 updates
 - “ICD-9-CM Code” and “ICD-9-CM Code Description” columns removed, table updated to ICD-10-CM diagnoses only
 - Table 1 name updated to “Inflammatory Bowel Disease (IBD) ICD-10-CM Diagnosis Codes”
 - Note added to refer readers to v5.1 of the ASCQR Specifications Manual for ICD-9-CM diagnosis codes listing

ASC-12: 6.0 (3 of 4)

In **6.0** and subsequent versions, the following changes to Cohort Exclusions were made:

- Table 2 updates
 - “ICD-9-CM Code” and “ICD-9-CM Code Description” columns removed, table updated to ICD-10-CM diagnoses only
 - Table 2 name updated to “Diverticulitis ICD-10-CM Diagnosis Codes”
 - Note added to refer readers to v9.1 of the ASCQR Specifications Manual for ICD-9-CM diagnosis codes listing

ASC-12: 6.0 (4 of 4)

In **6.0** and subsequent versions, the following changes to Risk Adjustment were made:

- Language updated to reference ICD-10-CM diagnosis codes
- Narrative updated to “The measure defines comorbidity variables using condition categories (CCs), which are clinically meaningful groupings of the many thousands of ICD-10-CM diagnosis codes.”

ASC-12: 6.0a

In version **6.0a**, the following changes to Cohort Exclusions (excluded colonoscopies) were made:

- Table 1 updates
 - Changes the use of the “X” at the end of ICD-10-CM diagnosis codes to “*”
 - Removed ‘without complications’ from some ICD-10 codes’ descriptions
 - Removed duplicate rows for codes 51.8* and 51.80*

Questions



Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
 - This is separate from registering for the webinar. If you have not registered at the Learning Management Center, you will **not** receive your certificate.
 - Please use your **personal** email so you can receive your certificate.
 - Healthcare facilities have firewalls that block our certificates.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by [SurveyMonkey](#)
Check out our [sample surveys](#) and create your own now!

CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

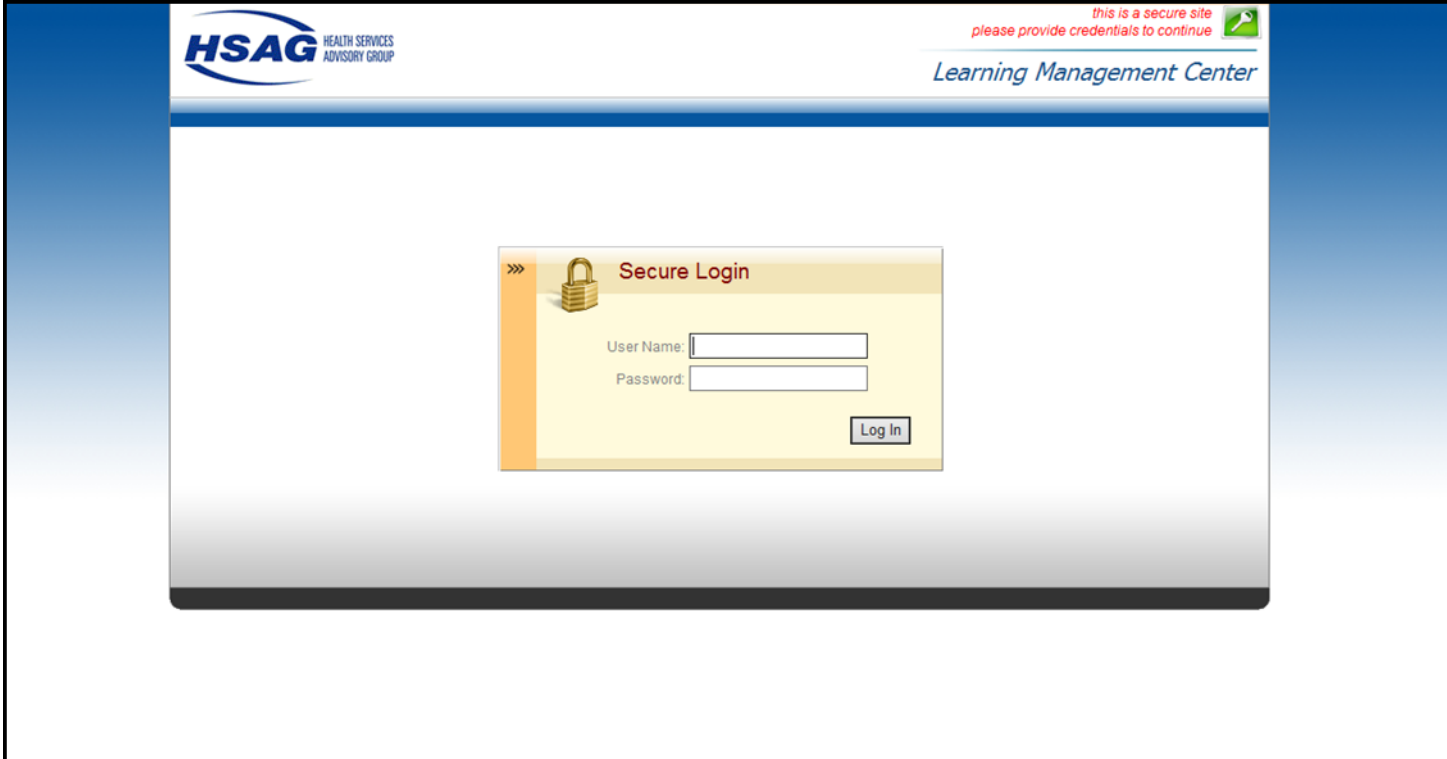
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a new user. The page features the HSAG logo (Health Services Advisory Group) in the top left corner. In the top right corner, there is a security notice: "this is a secure site please provide credentials to continue" with a small green padlock icon. Below this, the text "Learning Management Center" is displayed. The main heading of the page is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form includes four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The entire form is set against a light blue background with a white border.

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security notice reads "this is a secure site please provide credentials to continue" next to a small green icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a gold padlock icon. It contains two input fields: "User Name:" and "Password:", followed by a "Log In" button.

Thank You for Participating!

Please contact the Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at www.qualitynet.org

Or

- Call the Support Contractor at 866.800.8756.

Biographies

- **Jennifer Witt, RN**

Jennifer Witt is a Sr. Health Informatics Solutions Coordinator with the Measures Development and Maintenance team at Telligen. Most recently, Jennifer has been supporting CMS with the development and maintenance of hospital clinical quality measures. This includes responding to questions from hospital personnel regarding quality measures, using end user feedback and information from literature reviews in the revision of existing quality measures, and helping develop the specifications for new measures.

- **Marianna Gorbaty, MHSc, MSc (Coll.)**

Marianna Gorbaty is a Lead Program Analyst at Mathematica Policy Research. Prior to joining Mathematica in 2013, she held a number of leadership healthcare informatics positions, focusing on the application of information technology solutions to advance healthcare delivery and applied research in Canada and in the United States. Mrs. Gorbaty's programs portfolio at Mathematica includes the implementation of the Value-Based Payment Modifier Program, analytic support for the Advanced Alternative Payment Models track of the Quality Payment Program, and clinical quality measures implementation and maintenance for CMS Quality Reporting Programs.

- **Jacqueline Hudson, BSN, CPHQ**

Jackie Hudson joined Health Services Advisory Group, HSAG, in 2015 and is a Project Coordinator and Project Lead for the Specifications Manual. Additionally, Jackie works with the Quality Improvement Network in the development of innovative strategies for improving outcomes in hospital outpatient environments. Her background includes extensive clinical, administrative, and Quality Improvement experience in a wide array of healthcare settings.