#### Welcome!

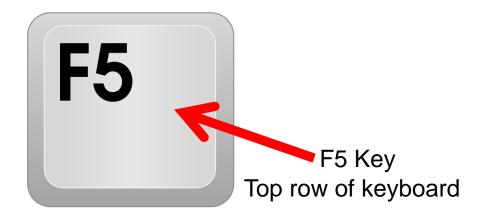
- Presentation slides can be downloaded from <u>www.qualityreportingcenter.com</u> under Upcoming Events on the right-hand side of the page.
- Audio for this event is available via ReadyTalk<sup>®</sup> Internet streaming. No telephone line is required.
- Computer speakers or headphones are necessary 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.

ReadyTalk

#### **Troubleshooting Audio**

Audio from computer speakers breaking up? Audio suddenly stops?

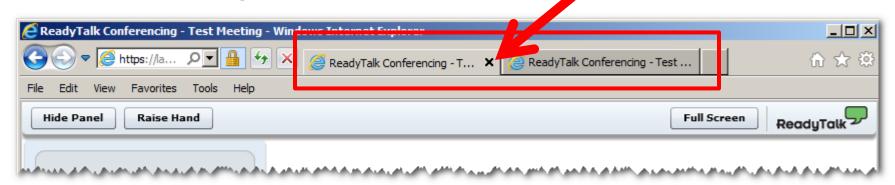
- Click Refresh icon or
- Click F5





#### **Troubleshooting Echo**

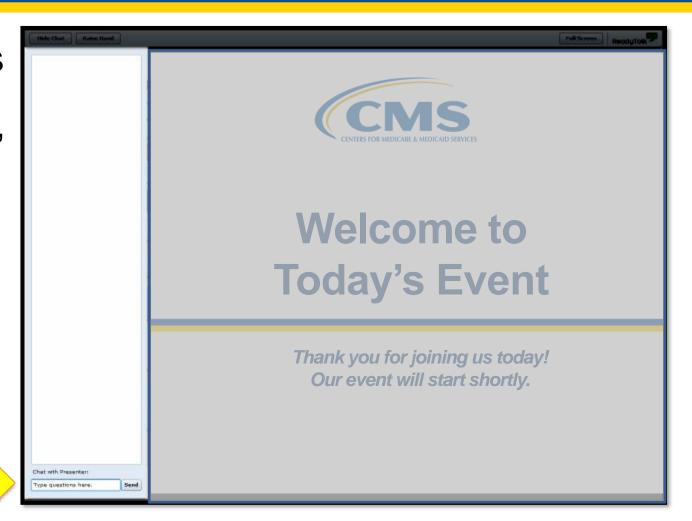
- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event (multiple audio feeds).
- Close all but one browser/tab, and the echo will clear up.



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.





# Tools to Help You Build a Successful Reporting Program

Karen VanBourgondien, BSN, RN
Education Coordinator, Ambulatory Surgical
Center Quality Reporting (ASCQR) Program
Support Contractor
April 26, 2017

#### Save the Date

- Upcoming Ambulatory Surgical Center Quality Reporting (ASCQR) Program educational webinars:
  - June 26: Frequently Asked Questions
  - July: Proposed Rule
- Notifications of additional educational webinars will be sent via ListServe

#### **Learning Objectives**

At the conclusion of this program, attendees will be able to:

- ✓ List tools available on the QualityNet website.
- ✓ Identify common problems in reporting data via the National Healthcare Safety Network (NHSN) and ways to circumvent them.
- ✓ Locate and use the tools located on the Quality Reporting Center website.
- ✓ Describe the benefits of reporting quality data.



**Program Requirements** 

# **Building Success from the Ground Up**

#### What to Report

#### Data are submitted via:

- Placing Quality Data Codes (QDCs) on claims submitted for payment
- Answering measure questions using the QualityNet web-based tool
- Entering influenza vaccination data using the NHSN web-based tool



www.qualitynet.org

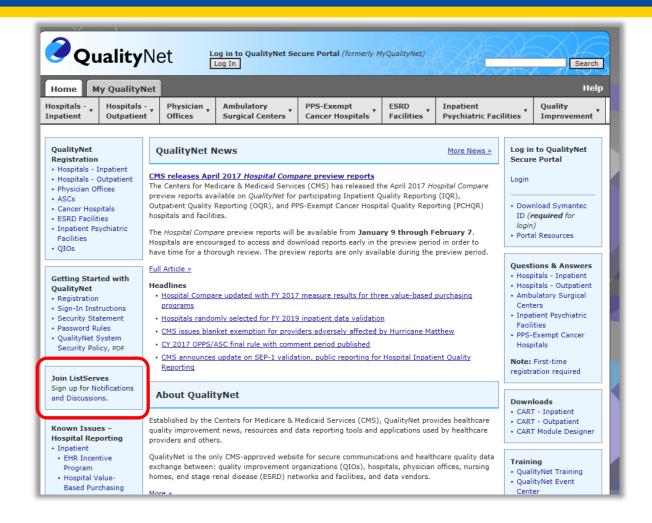
# Paving the Road to Successful Reporting

#### ListServe

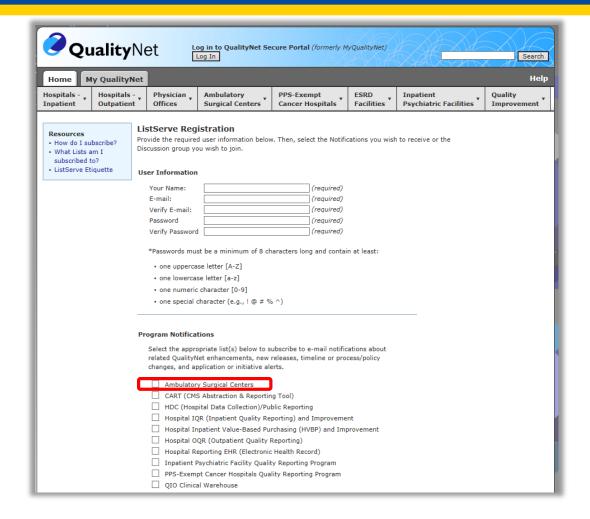
The Support Contactor sends ListServe notifications to advise facilities of:

- Program updates
- Submission deadlines
- Proposed and Final Rule releases
- Educational opportunities

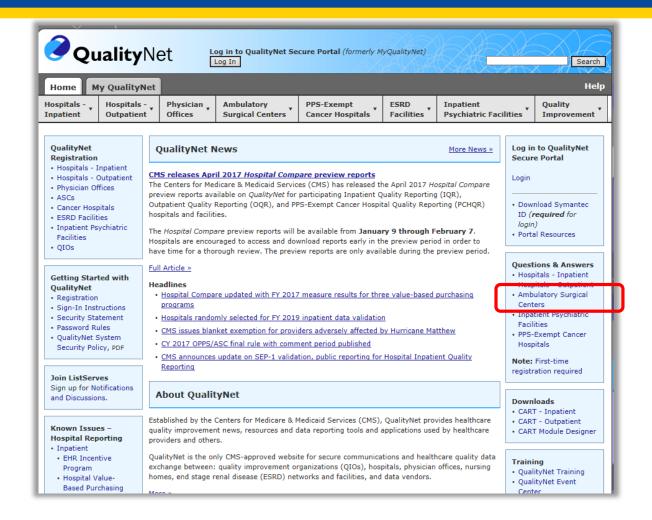
#### How Do I Join?



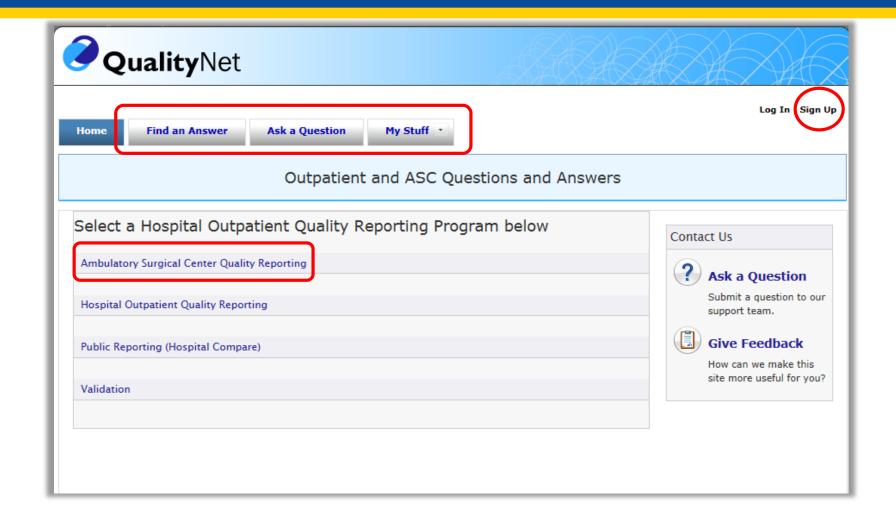
### **Picking Your Program**



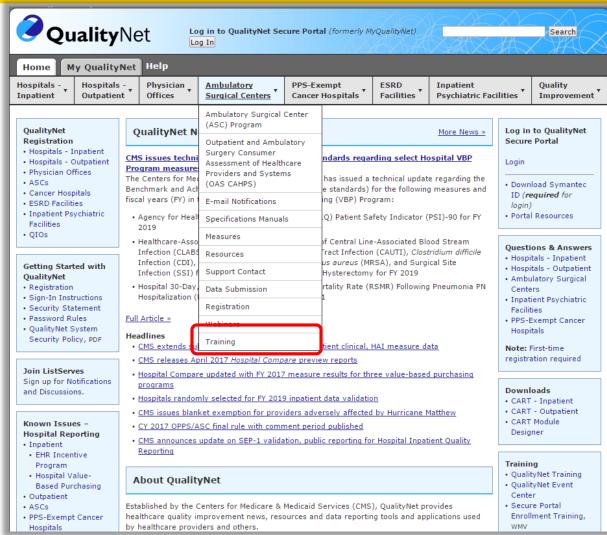
#### **Question & Answer Tool**



### **Choosing Your Option**



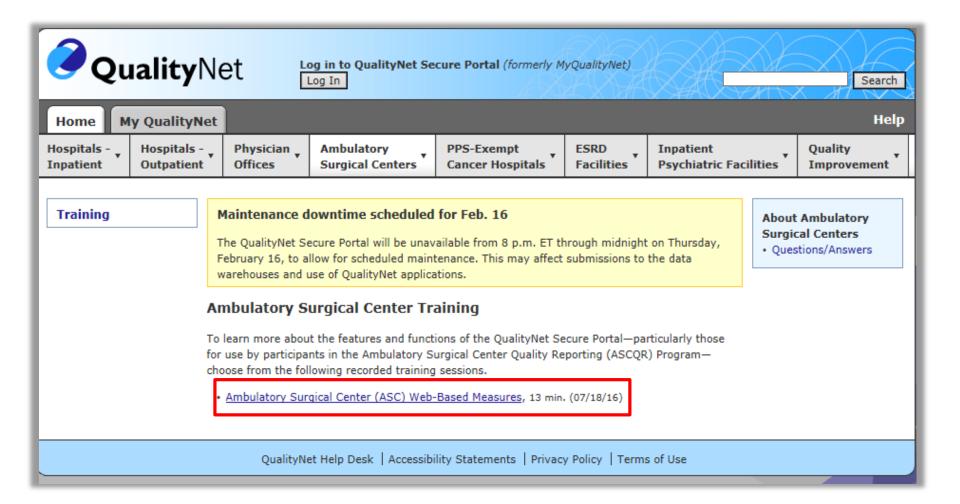
### **Training Video**



4/26/2017

16

### Viewing the Video

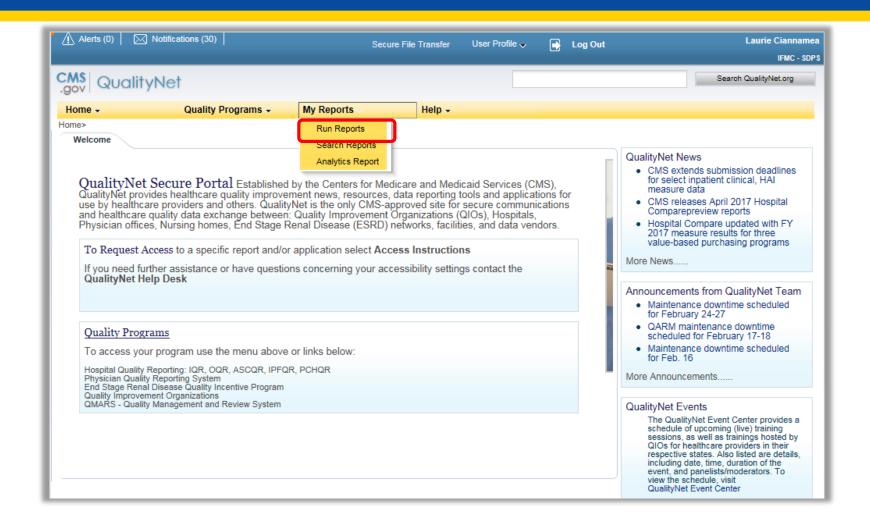


#### **QualityNet Reports**

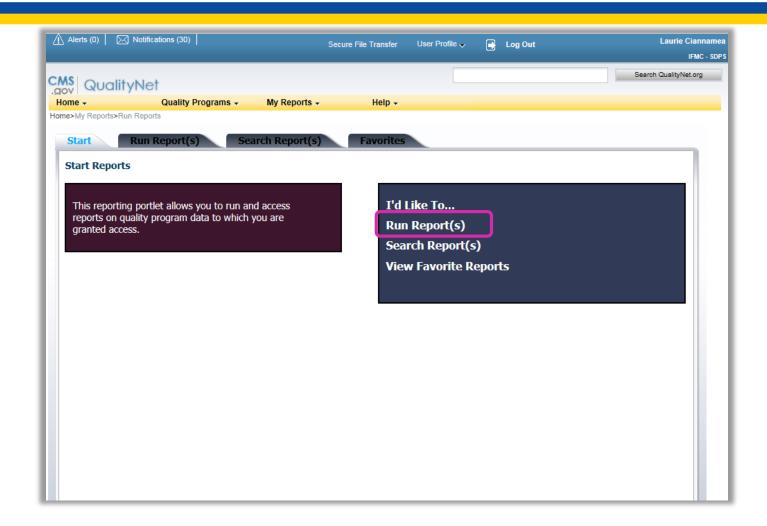
Three reports are available on the *QualityNet* website:

- Claims Detail Report
- Participation Report
- Vendor Authorization Report

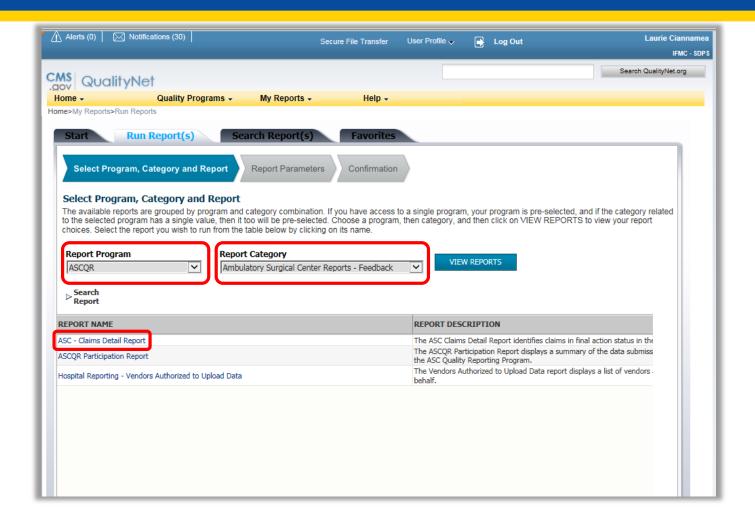
#### **Running Reports**



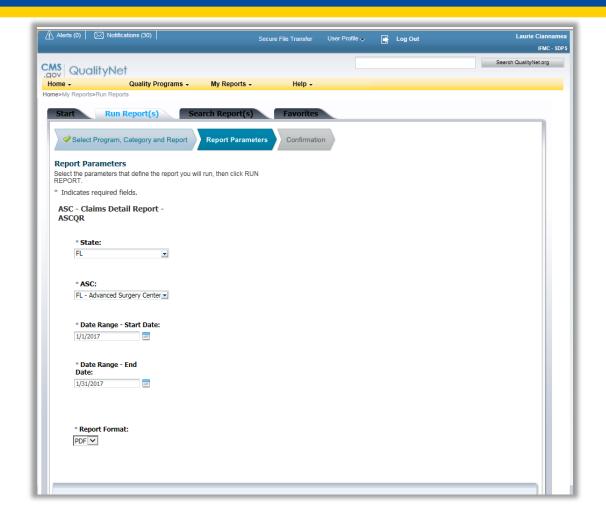
### Run Reports, Again



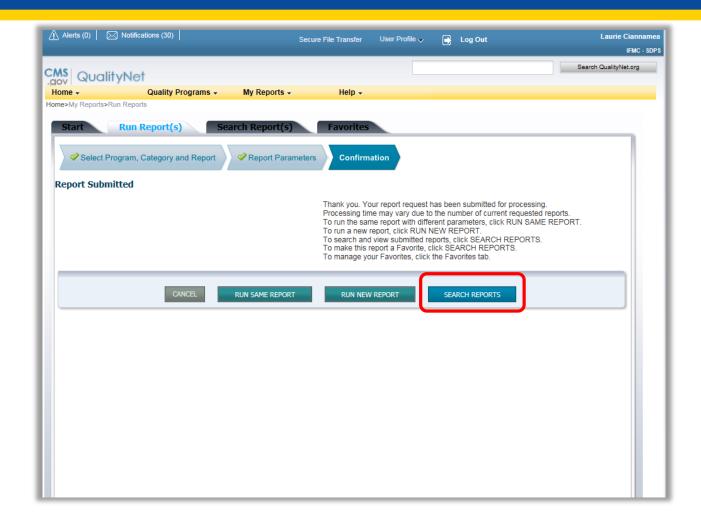
### **Selecting Your Categories**



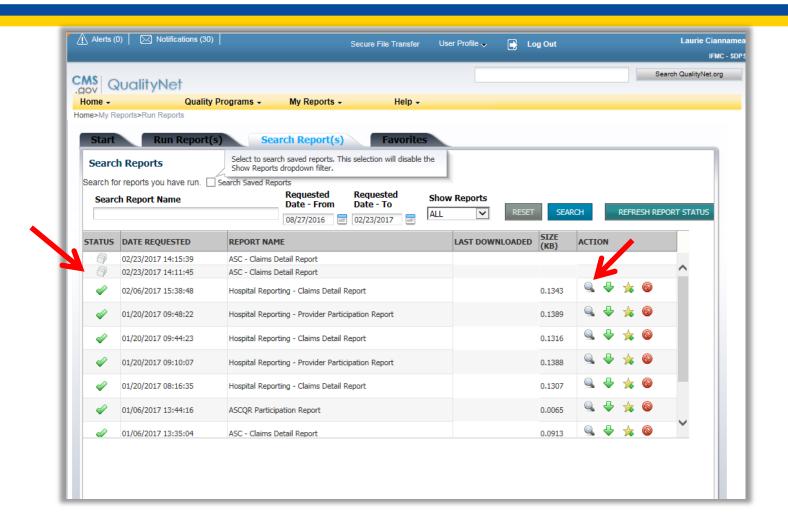
#### **Choosing Your Parameters**



# **Searching Reports**



# **Selecting Your Report**



# **Claims Detail Report**

Report Run Date: 02/25/2017

#### **ASC Claims Detail Report**

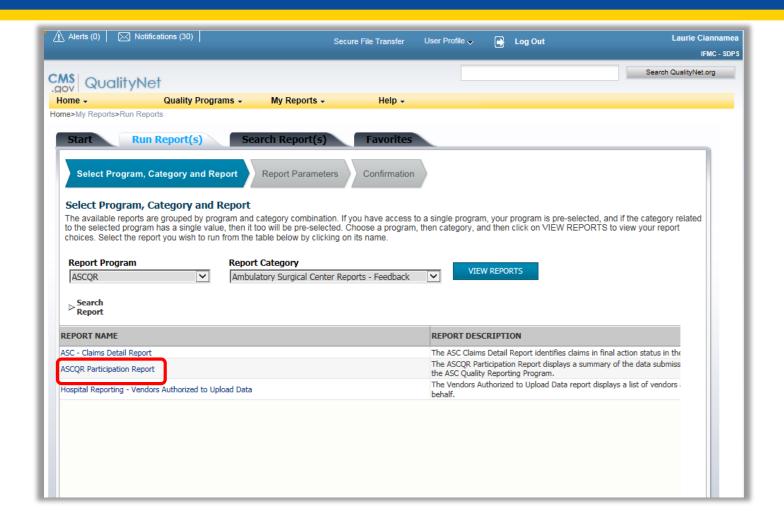
Date of Service Range: 01/01/2017 - 01/31/2017

Data As Of: 02/10/2017

XXXXXXXXX ABC Surgery Center, Tampa, FL

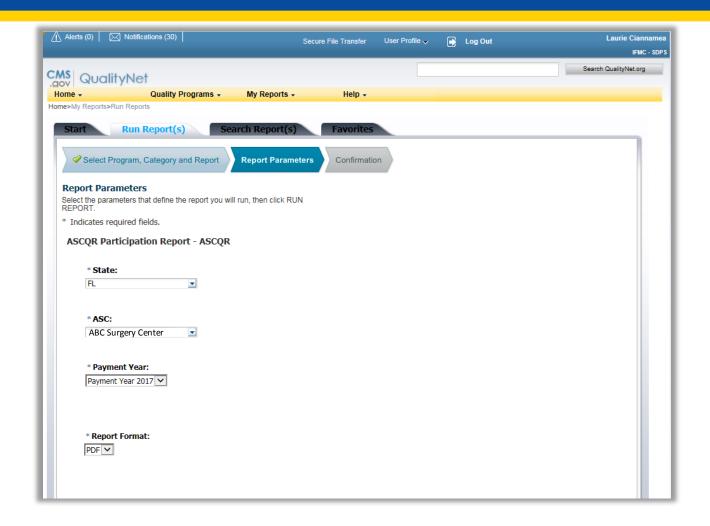
Patient's Medicare Health Insurance Claim Number (HICN)	Claim Receipt Date	Date of Service	Quality Data Codes	Last Name	First Name	Date of Birth	Claim Control Number (ICN)
XXX-XX-XXXXA	01/11/2017	01/05/2017	G8907, G8918	xxxxxxx	xxxxxxx	11/12/1937	xxxxxxxxx
XXX-XX-XXXXA	01/11/2017	01/05/2017	G8907, G8918	xxxxxxx	xxxxxxx	04/15/1945	xxxxxxxxx
XXX-XX-XXXXA	01/11/2017	01/05/2017	G8907, G8918	xxxxxxx	xxxxxxx	12/20/1949	xxxxxxxxx
XXX-XX-XXXXA	01/11/2017	01/05/2017	G8907, G8918	xxxxxxx	xxxxxxx	06/02/1946	xxxxxxxxx
XXX-XX-XXXXA	01/13/2017	01/06/2017	G8907, G8918	xxxxxxx	xxxxxxx	05/07/1950	xxxxxxxxx
XXX-XX-XXXXA	01/18/2017	01/13/2017		xxxxxx	xxxxxxx	07/20/1983	xxxxxxxxx
XXX-XX-XXXXA	01/18/2017	01/13/2017	G8907, G8918	xxxxxxx	xxxxxxx	03/25/1943	xxxxxxxxx

### Running the Participation Report



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### **Setting the Parameters**



# **Participation Report**

Report Run Date: 01/06/2017					Page 1 of
		ASCQR Partici	pation Report		
		Payment Y	ear: 2017		
State: FL National Provider Identifier (NPI): XXX	xxxxxxx	Active QualityNet Sec Participation Status: F			
ASC Name: ABC Surgery Center ASC City: Tampa					
Total Number of Claims with QDC¹: 193		Web - Based Measure		Submission Status:	
Total Number of Claims: 199		ASC-6: Safe Surgery Checklist Use			Yes
Data Completeness:	97%	ASC-7: ASC Facility V	olume Data		Yes
CMS Required Threshold:	50%	ASC-9: Endoscopy: Fo	•	Yes	
		ASC-10: Endoscopy: I	nterval for Patients with	History of Polyps	Yes
		HAI Measures: ASC-8: Influenza Vacc	ination Coverage amon	g Healthcare Personn	el Yes
		Quarter 2- 2015 D	ates of Service		
Claims-Based Measure	s	Numerator	Denominator	Measure Value	
ASC-1: Patient Burn		0	59	0.000	Per 1000 Admissions
ASC-2: Patient Fall		0	59	0.000	Per 1000 Admissions
ASC-3: Wrong Site, Wrong Side, Wrong Wrong Procedure, Wrong Implant	Patient,	0	59	0.000	Per 1000 Admissions
ASC-4: Hospital Transfer/Admission		0	59	0.000	Per 1000 Admissions
	ntibiotic	4	5	80%	



www.cdc.gov/nhsn

# Constructing the Reporting Process

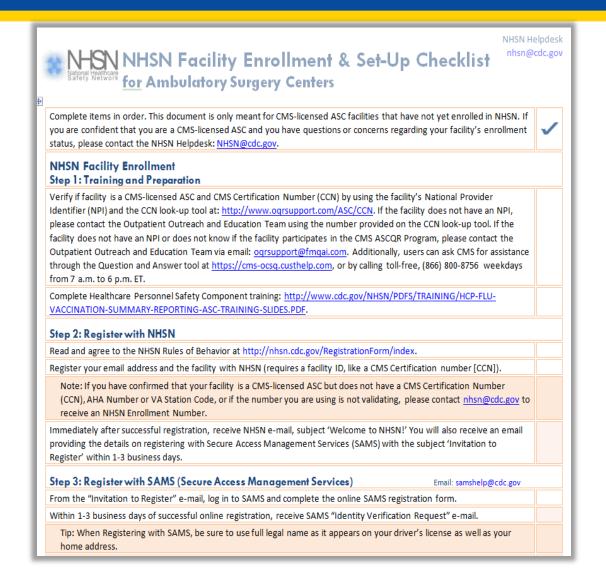
#### ASC-8

Influenza Vaccination Coverage among Healthcare Personnel

- Submitted via the NHSN website
- Reports the number of facility employees who received flu immunization
- Data Collection period: 10/01/16–3/31/17
- Data Submission period: 10/01/16–5/15/17
- More information: <a href="www.cdc.gov/nhsn">www.cdc.gov/nhsn</a>

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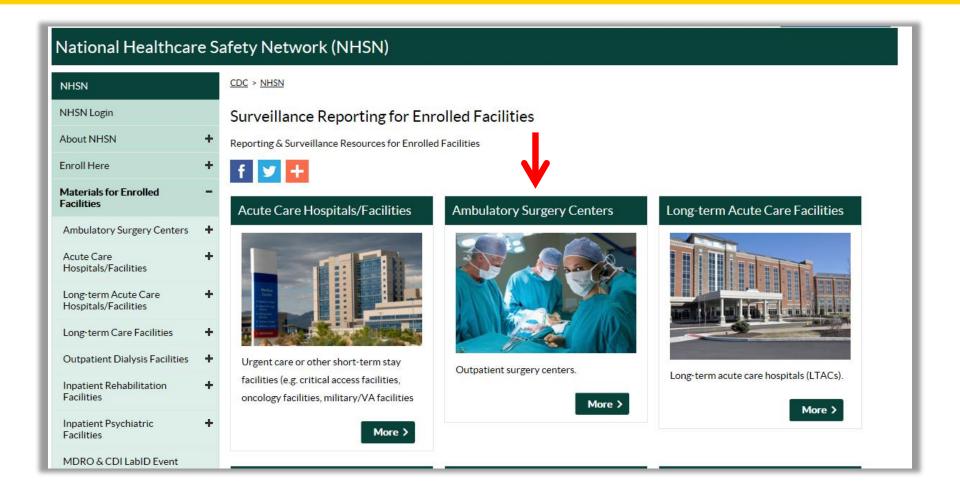
#### **Preparing to Report**



#### Adding a New User

- An official of the ASC sends a letter on facility letterhead to the NHSN, requesting the new user be added. The letter includes the:
  - Facility's name
  - Facility's five-digit NHSN ID number
  - Name and email address of the new user
  - Name and email address of the previous user
- 2. The letter is faxed to 404.929.0131.
- 3. The new administrator will receive a "Welcome to NHSN" email to start the onboarding process.

#### Where to Report

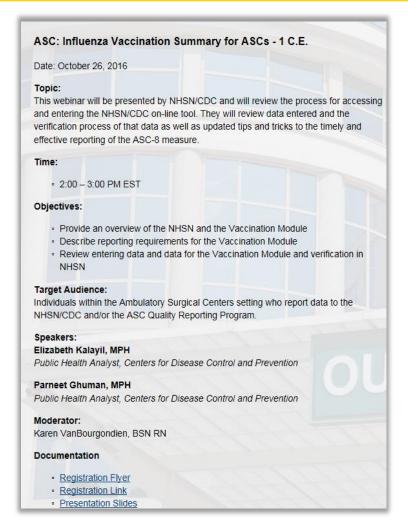


#### **Avoiding the Danger Zone**

Common reasons why facilities are unable to complete submission of ASC-8 include:

- Insufficient time to complete the enrollment process
- Staff turnover
- Incorrect or missing CMS Certification Number (CCN)
- Failure to add a reporting plan for the current flu season

#### For More Information





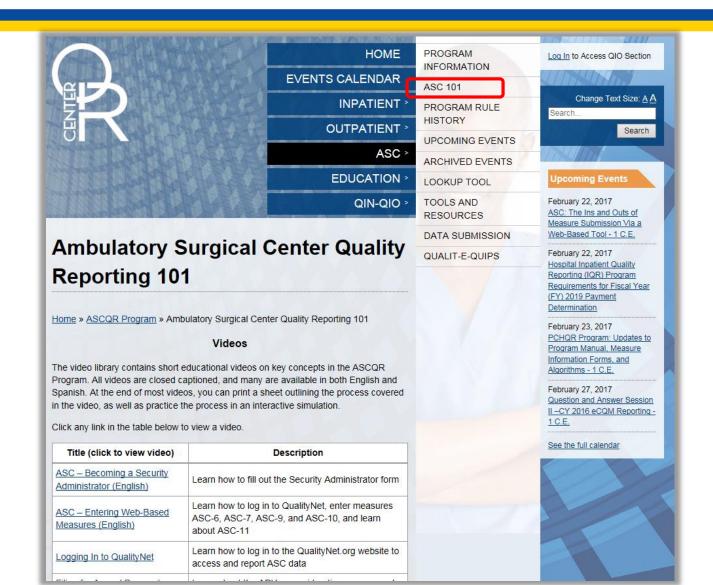
www.qualityreportingcenter.com

# **Stocking Your Tools**

# **Choosing Your Topic Tool**



### **ASC 101**



# **Choosing Your Resource Tools**

Resources		
Guides for getting started with the ASCQR Program.		
Successful Reporting in the ASCQR Program: A Step-by-Step Guide for New Facilities	Essential information for those new to the ASCQR Program	
Resources for New Staff	Qualit-e-Quips Newsletter: Helpful Links for Important ASCQR Program Information	
ASCQR ListServe Registration	Email sign-up to receive the most up-to- date information and education	
ASCQR on QualityNet	Program information and access to data submission portal and reports	
CY 2018 ASC Measure Reporting Dates	Submission dates for the current year's Payment Determination	
CY 2019 ASC Measure Reporting Dates	Submission dates for the current year's Payment Determination	
Fact Sheet for Remittance Advice	Tips for Accurate Reporting for the ASCQR Program	

### A Program Guide for New Facilities

#### Successful Reporting in the ASCQR Program

#### **Table of Contents**

Welcome	2
Contact Information	3
ASCQR Program Reference Checklist	4
Ambulatory Surgical Center Quality Reporting Measures and Dates	7
Quality Data Codes	9
QualityNet Website Registration	11
Public Reporting and Reconsideration	12
Resources	12

# **Measure Reporting Dates**

CY 2018 PAYMENT DETERMINATION YEAR			
Number	Claims-Based Measures	Data Submis	ssion Dates
4001	D.C. (D.	Claims submitted for ser	vices furnished between
ASC-1	Patient Burn	January 1, 2016 and	December 31, 2016
4000	Patient Fall	Claims submitted for ser	vices furnished between
ASC-2		January 1, 2016 and	December 31, 2016
ASC-3	Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Claims submitted for ser	vices furnished between
ASC-3		January 1, 2016 and	*
ASC-4	All-Cause Hospital Transfer/Admission	Claims submitted for ser	
	All-Cause Hospital Hallstel/Additission	January 1, 2016 and December 31, 2016	
ASC-5	Prophylactic Intravenous (IV) Antibiotic Timing	Claims submitted for services furnished between	
ASC-5		January 1, 2016 and	December 31, 2016
Number	Outcome Claims-Based Measure	Data Submission Dates	
ASC-12	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient	Claims submitted for services furnished between	
A5C-12	Colonoscopy*	January 1, 2016 and December 31, 2016	
Number	Measures Submitted via a Web-Based Tool	Data Collection Period	Submission Period
ASC-6	Safe Surgery Checklist Use	January 1, 2016-	January 1, 2017-
ASC-0		December 31, 2016	August 15, 2017
ASC-7	ASC Facility Volume Data on Selected ASC Surgical Procedures**	January 1, 2016–	January 1, 2017-
7150-7		December 31, 2016	August 15, 2017
ASC-8	Influenza Vaccination Coverage among Healthcare Personnel†	October 1, 2016-	October 1, 2016-
71500		March 31, 2017	May 15, 2017
ASC-9	Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal	January 1, 2016–	January 1, 2017-
7150 7	Colonoscopy in Average Risk Patients	December 31, 2016	August 15, 2017
ASC-10	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a	January 1, 2016-	January 1, 2017-
1150-10	History of Adenomatous Polyps – Avoidance of Inappropriate Use	December 31, 2016	August 15, 2017
ASC-11	Cataracts: Improvement in Patient's Visual Function within 90 Days	January 1, 2016-	January 1, 2017-
	Following Cataract Surgery (Voluntary)††	December 31, 2016	August 15, 2017

#### **Fact Sheet for Remittance Advice**

Ambulatory Surgical Center Quality Reporting (ASCQR) Program



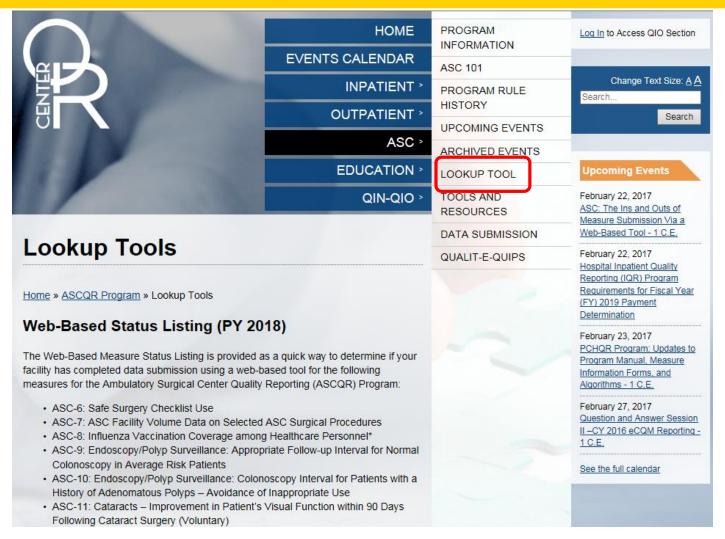
#### Fact Sheet for Remittance Advice: Tips for Accurate Reporting

- A correct Remittance Advice (RA) reflects a billed charge and a minimum of two Quality Data Codes (QDCs), also known as G-codes, or a maximum of five G-codes for the same claim number.
- The QDCs, or G-codes, will split into a separate claim when one of the G-codes is entered on the 7th or 14th line on the CMS Form-1500 or its electronic equivalent.
- A billed charge must be affiliated with the correct number of G-codes on each claim in order to receive credit for the claims-based measure submission requirement of the ASCQR Program.

#### If the RA shows only the billed charge and no G-codes:

- 1. Check to ensure that the billable charge and the G-codes were billed on the same claim form for the same date of service at the same time.
- 2. 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 on the RA will display as N620.
  - If you used a one cent charge, the remark code on the RA will display as N572.
- 3. Check with your clearinghouse to ensure it is receiving the G-codes and that it is transmitting the G-codes to the Medicare Administrative Contractor (MAC) for CMS (Centers for Medicare & Medicaid Services).

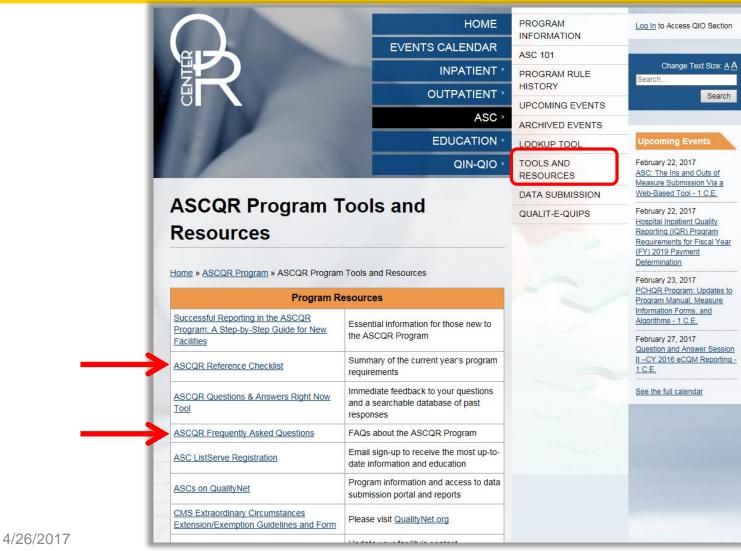
# **Lookup Tools**



# **Choosing Your Lookup Tool**

Visit the Archive r	pages via the links below to review a previous year's web-based data
submission.	pages via the links below to review a previous year's web-based data
• PY 2017	
• PY 2016	
Use the Looku	ıp Tool
(CCN) into the fie been submitted. N	's National Provider Identifier (NPI) or CMS Certification Number Id below. Your facility will not be visible in the database if no data have NPIs are cross-referenced with the facility CCN to indicate if data were C-8 and will not update after the May 15 deadline.
Note: Data last up	odated February 16, 2017
NPI:	or CCN:
	ui oon.
Enter	
ASC-12 Lo	okup Tool
Please enter your	facility's NPI into the form below.
Please enter your If you receive the on the QualityNet	facility's NPI into the form below.  response "Yes," your facility has a Claims Detail Report (CDR) located. Secure Portal. To retrieve the CDR, your facility must have an active
Please enter your If you receive the on the QualityNet Security Administ If you receive the	facility's NPI into the form below.  response "Yes," your facility has a Claims Detail Report (CDR) located. Secure Portal. To retrieve the CDR, your facility must have an active
If you receive the on the QualityNet Security Administ If you receive the retrieve or your N	facility's NPI into the form below.  response "Yes," your facility has a Claims Detail Report (CDR) located Secure Portal. To retrieve the CDR, your facility must have an active rator.  response "No," your facility either does not have a CDR with data to
Please enter your If you receive the on the QualityNet Security Administ If you receive the retrieve or your N	response "Yes," your facility has a Claims Detail Report (CDR) located Secure Portal. To retrieve the CDR, your facility must have an active rator.  response "No," your facility either does not have a CDR with data to PI was not found. Please verify that your NPI was entered accurately.
Please enter your If you receive the on the QualityNet Security Administ If you receive the retrieve or your N Note: Data last up NPI:	response "Yes," your facility has a Claims Detail Report (CDR) located Secure Portal. To retrieve the CDR, your facility must have an active rator.  response "No," your facility either does not have a CDR with data to PI was not found. Please verify that your NPI was entered accurately.
Please enter your If you receive the on the QualityNet Security Administ If you receive the retrieve or your N Note: Data last up	response "Yes," your facility has a Claims Detail Report (CDR) located Secure Portal. To retrieve the CDR, your facility must have an active rator.  response "No," your facility either does not have a CDR with data to PI was not found. Please verify that your NPI was entered accurately.
Please enter your If you receive the on the QualityNet Security Administ If you receive the retrieve or your N Note: Data last up NPI:	response "Yes," your facility has a Claims Detail Report (CDR) located Secure Portal. To retrieve the CDR, your facility must have an active rator.  response "No," your facility either does not have a CDR with data to PI was not found. Please verify that your NPI was entered accurately.
Please enter your If you receive the on the QualityNet Security Administ If you receive the retrieve or your N Note: Data last up NPI: Enter	response "Yes," your facility has a Claims Detail Report (CDR) located Secure Portal. To retrieve the CDR, your facility must have an active rator.  response "No," your facility either does not have a CDR with data to PI was not found. Please verify that your NPI was entered accurately. Indianal Polymer 16, 2017
Please enter your If you receive the on the QualityNet Security Administ If you receive the retrieve or your N Note: Data last up NPI:	response "Yes," your facility has a Claims Detail Report (CDR) located Secure Portal. To retrieve the CDR, your facility must have an active rator.  response "No," your facility either does not have a CDR with data to PI was not found. Please verify that your NPI was entered accurately. Indianal Polymer 16, 2017
Please enter your If you receive the on the QualityNet Security Administ If you receive the retrieve or your N Note: Data last up NPI: Enter  CCN Looku Disclaimer: This in	response "Yes," your facility has a Claims Detail Report (CDR) located Secure Portal. To retrieve the CDR, your facility must have an active rator.  response "No," your facility either does not have a CDR with data to PI was not found. Please verify that your NPI was entered accurately. Indianal Polymer 16, 2017

### **Tools and Resources Tab**



# Frequently Asked Questions (FAQs)

Ambulatory Surgical Center Quality Reporting (ASCQR) Program



#### FREQUENTLY ASKED QUESTIONS ABOUT THE ASCQR PROGRAM

- Where can I find information on how to begin reporting for the ASCQR Program?
   Download the ASCQR Program Guide for New Facilities at <u>qualityreportingcenter.com</u> in the Program Resources section.
- 2. Why do I need a Security Administrator (SA)?

You need to have an active SA for your facility in order to submit data for web-based measures ASC-6, 7, 9, 10, and 11 for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program (*submission of ASC-11 is voluntary for CY 2016*). An active SA is also required in order to run and view reports for claims-based and web-based measures on the QualityNet Secure Portal.

ASCs should submit documentation for the creation of a QualityNet account at least four to six weeks prior to any quality measure data submission deadline for the ASCQR Program.

3. Why do I need to keep my SA account active?

An active account is required in order to submit and view data via the Health Care Quality Information Systems (HCQIS) QualityNet Secure Portal. The facility's SA must maintain an active status by logging in to QualityNet at least once every 120 days to avoid deactivation of the account. SAs with deactivated accounts should contact the QualityNet Help Desk for assistance.

4. Are the SAs required to submit all their facility's claims-based measures for ASC-1 through ASC-5 into their QualityNet Portal account?

No. You will continue to place the quality data codes (QDCs) on your CMS 1500 forms or

### **Measure Resources**

Ī	Measure Resources		
	NHSN: Preparing for Data Submission	Learn how to add new users and Facility Administrators	
	Quality Data Codes Fact Sheet with CMS 1500 Form	In-depth support for using QDC codes	
	World Health Organization Surgical Safety Checklist	Sample form to use for ASC-6	
	CY 2018 Ambulatory Surgical Center Measure Reporting Dates	Data collection and submission deadlines	
	CY 2019 Ambulatory Surgical Center Measure Reporting Dates	Data collection and submission deadlines	
	Antibiotic Quick Reference Card	Pocket card or poster to use for ASC-5	
	Fact Sheet for Remittance Advice: Tips for Accurate Reporting	Guide for understanding RAs with examples	

### **QDC Fact Sheet**

Ambulatory Surgical Center Quality Reporting (ASCQR) Program



#### QUALITY DATA CODES (QDCs): FACT SHEET

#### **Submitting Quality Data Codes for Quality Reporting:**

- QDCs can be CPT<sup>®</sup> Category II or Level II G-codes. The current QDCs for submission of Ambulatory Surgical Center Quality Reporting (ASCQR) Program data are G-codes. QDCs can be submitted either electronically or on Centers for Medicare & Medicaid Services (CMS) Form-1500 version 02/12 paper claim.
- ASCs may be utilizing a UB-04 for commercial payers; however, a CMS Form-1500 version 02/12 paper claim or electronic form must be used for reporting of QDCs for the ASCQR Program.
- Enter QDCs on the CMS Form-1500 version 02/12 in box 24D or corresponding electronic data field.
- All QDCs for an encounter must be reported on the same claim for the same beneficiary for the same
  date of service (DOS). Should a claim require more than one CMS Form-1500 version 02/12, such as on
  the seventh or thirteenth line-item, these line-items will automatically go onto another claim. Each claim
  must contain a billable line-item charge and the appropriate QDC in order to receive appropriate credit
  for the ASCQR Program requirement.
- QDCs must be submitted with a line-item charge; the submitted field cannot be blank. A charge of "0"
  (the numeral zero) can be used, or if a billing system cannot accept a zero line-item charge, a nominal
  charge of one cent can be used to populate this field. The beneficiary will not be responsible for this
  charge.
- Claims without some dollar charge, i.e., a total charge of zero or one cent, will be rejected by the Medicare Administrative Contractor (MAC).

## **More Tools**

Measure Guidelines and Tools		
ASC Web-Based Measures Guidelines	Tips for collecting and reporting ASC-6 ASC-7, ASC-8, ASC-9, ASC-10 and ASC-11	
Quality Data Code Submission Guidelines	Fact sheet for ASC-1 through ASC-5	
Eligible Denominator Populations for Cataract and Endoscopy Measures	CPT® Codes and Support for ASC-9, ASC-10, and ASC-11	
Endoscopy Tools		
Endoscopy Tool ASC-9 and ASC-10	Instructional data collection template for ASC-9 and ASC-10	
ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients		
Endoscopy Tool ASC-9 Flowchart	Diagram of data collection for ASC-9	
Denominator Codes for ASC-9	CPT® codes to use with ASC-9	
Fact Sheet for ASC-9	Guidance for collecting ASC-9	
ASC-10: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use		
Endoscopy Tool ASC-10 Flowchart	Diagram of data collection for ASC-10	
Denominator Codes for ASC-10	CPT® codes to use with ASC-10	
Fact Sheet for ASC-10	Guidance for collecting ASC-10	
ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery		
ASC-11 Cataract Tool: Data Collection Tool	Data collection template for ASC-11	
ASC-11 Cataract Tool: Data Collection Log Guidelines	Guidance for using ASC-11 tool	

### **Eligible Denominator Populations**



#### ASCQR ELIGIBLE DENOMINATOR POPULATIONS FOR PAYMENT YEAR 2018

- ASCs are to use the following thresholds when determining denominators for ASC-9, ASC-10, and ASC-11 (Voluntary submission of data for ASC-11 began January 2015):
  - For ASCs with 900 or fewer cases annually, the denominator will be 63 cases.
  - For ASCs with **901 or more** cases annually, the denominator will be **96** cases.
  - For ASCs collecting data more frequently than annually, collect these data in the following manner:
    - Monthly Divide the annual number (63 or 96, depending on the number of cases) by 12 months.
    - Quarterly Divide the annual number (63 or 96, depending on the number of cases) by 4 quarters.
- When determining the eligible denominator population for ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients, run reports based on:
  - Patients aged  $\geq$  50 and  $\leq$  75 on the date of the encounter

#### <u>And</u>

■ ICD-10-CM diagnosis code: Z12.11

#### <u>And</u>

CPT or HCPCS: 44388, 45378, G0121

#### Without

CPT Category I Modifiers: 52, 53, 73, 74

### **ASC-9 Fact Sheet**

#### Ambulatory Surgical Center Quality Reporting (ASCQR) Program



#### FACT SHEET FOR ASC-9: ENDOSCOPY/POLYP SURVEILLANCE: APPROPRIATE FOLLOW-UP INTERVAL FOR NORMAL COLONOSCOPY IN AVERAGE RISK PATIENTS

**Description:** Percentage of patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

**Denominator:** All patients aged 50 to 75 years of age receiving screening colonoscopy without biopsy or polypectomy

*Inclusions:* Patients aged  $\geq$  50 and  $\leq$  75 on date of encounter

and

ICD-10-CM Diagnosis code: Z12.11

and

CPT or HCPCS: 44388, 45378, G0121

without

CPT Category I Modifiers: 52, 53, 73, 74

without

ICD-10-CM Diagnosis codes: Z83.71, Z86.010, Z80.0, Z85.038

Exclusions: Documentation of medical reason(s) for not recommending at least [a 10 year] follow-up

### **ASC-10 Fact Sheet**

#### Ambulatory Surgical Center Quality Reporting (ASCQR) Program



#### **FACT SHEET FOR ASC-10:**

ENDOSCOPY/POLYP SURVEILLANCE: COLONOSCOPY INTERVAL FOR PATIENTS WITH A HISTORY OF ADENOMATOUS POLYPS—AVOIDANCE OF INAPPROPRIATE USE

**Description:** Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior colonic polyp(s) in previous colonoscopy findings who had a follow-up interval of three or more years since their last colonoscopy

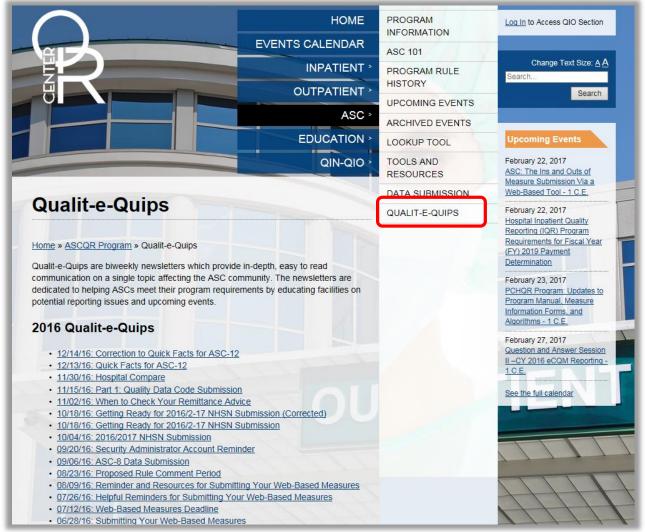
**Denominator:** All patients aged 18 years and older receiving a surveillance colonoscopy

Numerator: Patients who had an interval of three or more years since their last colonoscopy

- **Do** use any medical reason, such as a diagnosis, symptom, or condition that is documented in the medical record, to exclude a case from the denominator population *if the interval is less than three years. Please note that you must have BOTH an interval of less than three years and the medical reason documented in order to use this as exclusion from the denominator.*Some examples are:
  - o Moderate risk for colon cancer due to personal or family history of cancer
  - o "High risk" patients
  - o Diverticulosis and hemorrhoids
  - Poor prep or poor visualization
  - o Acute symptoms, such as rectal bleeding, abdominal pain, or change in bowel habits

Please remember that there is no comprehensive list of medical reasons.

# **Biweekly Newsletter**





# Reporting: The Foundation for Quality Improvement

# Why Should I Report?

### Benefits to your ASC include:

- Identifying quality improvement opportunities
- Gathering data for state licensure and certifications
- Reporting data publicly
  - Promoting the quality services you provide



# **In Summary**

#### What Have We Covered?

### Today we discussed the:

- Components of the ASCQR Program
- Tools and resources available at:
  - www.qualitynet.org
  - www.qualityreportingcenter.com
  - www.cdc.gov/nhsn
- Benefits of reporting quality data

Building your quality reporting success from the ground up!

### 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.

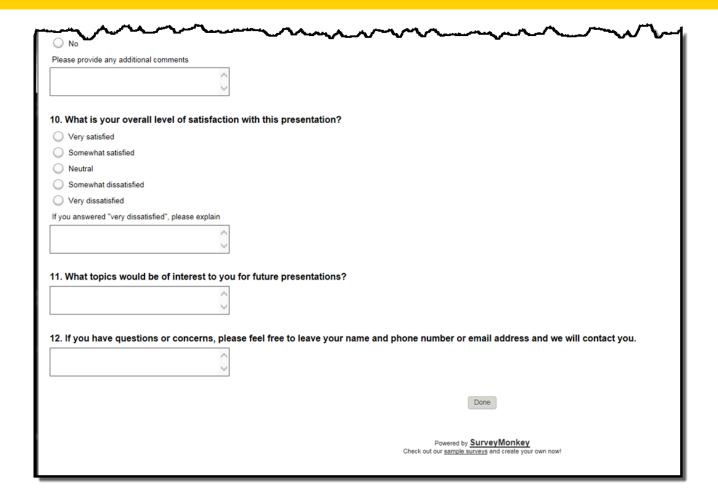
### **CE Credit Process**

- 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.

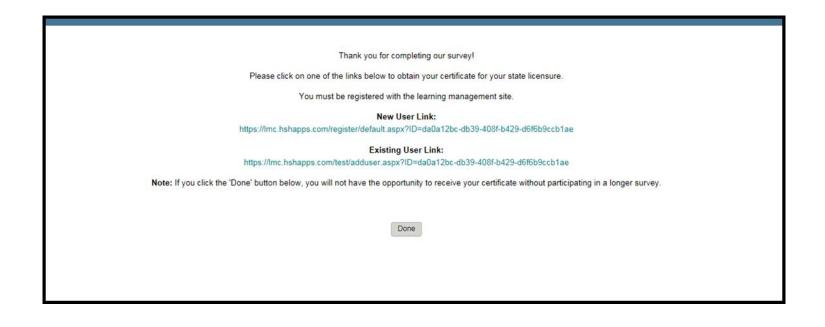
### **CE Certificate Problems?**

- If you do not immediately receive a response to the email you used to register in the Learning Management Center, a firewall is blocking the survey link.
- Please go back to the New User link and register your personal email account.
- If you continue to have problems, please contact Deb Price at <a href="mailto:dprice@hsag.com">dprice@hsag.com</a>.

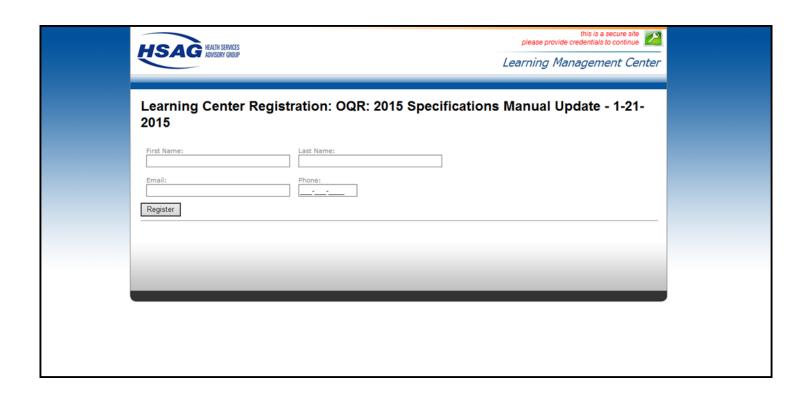
# **CE Credit Process: Survey**



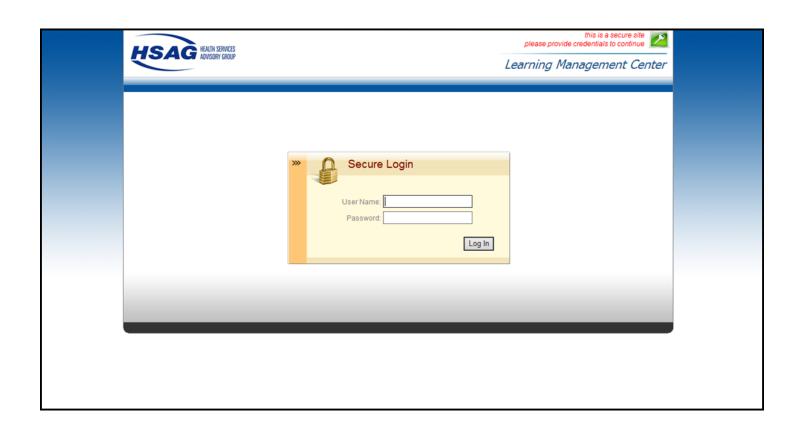
### **CE Credit Process**



### **CE Credit Process: New User**



# **CE Credit Process: Existing User**



# **Thank You for Participating!**

Please contact the Support Contractor if you have any questions:

 Submit questions online through the QualityNet Question & Answer Tool at <u>www.qualitynet.org</u>

Or

 Call the Support Contractor at 866.800.8756.