



Ambulatory Surgical Center Quality Reporting Program

Support Contractor

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

Questions and Answers

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Question: Our ASC manager is leaving our group. How do I get on the emailing list to be notified of upcoming seminars and other important information?
Thank you.

Answer: You can join the ListServe from the home page of the QualityNet website. If you need further information, call the Support Contractor at 866-800-8756.

Question: This is a silly question. There is no reason to keep older printed copies of the Specifications Manual after the period for the manual has passed – correct?

Answer: Not silly at all. All of the archived manuals are available on QualityNet under the Specifications Manual drop-down. You may discard old manuals because you will always have access.

Question: Is ASC-11 still just voluntary?



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- Answer:** Yes, ASC-11 remains voluntary at this time.
- Question:** Where can we find the list of procedure codes to enter ASC-7? What version of the manual should we use?
- Answer:** Surgical procedure codes for ASC-7 were posted in November in Specifications Manual Version 5.1 under the ASC-7 measure.
- Question:** During the ASC webinar last month, I asked several questions that were not recognized or replied to. Will CMS address these questions? If so, when will they be publicly addressed?
- Answer:** We apologize your questions were not addressed prior. All questions were sent for CMS review; they will be posted on www.qualityreportingcenter.com soon.
- Question:** What if our surgery centers don't perform colonoscopies or cataract surgery. Do we still report that to quality net?
- Answer:** ASC-9 and ASC-10, the colonoscopy measures, will still need to be reported, even if the facility does not perform colonoscopies. Answer the measures using zero for the numerator and the denominator. You must enter data (even zeros) to get credit for answering. ASC-11 is voluntary at this time. The facility is not required to report this measure, but has the option to enter zero if it so chooses.
- Question:** For reporting 2016 data in 2017, what manual version should we be using?
- Answer:** You would use Version 5.0a for patient encounters 1-1-16 to 6-30-16, and 5.1 for patient encounters 7-1-16 to 12-31-16, except for ASC-7, and you would use Version 5.1 for Jan 1, 2016 to Dec 31, 2016.
- Question:** I missed the web-based measures; any changes to entering the measures for ASCs?
- Answer:** It is unclear what you are asking. Please call the Support Contractor at 866-800-8756 so that we can assist you appropriately.
- Question:** Can you send a list of all reports that ASCs are required to submit and when they are due?



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- Answer:** Please see the guide for new facilities located on <http://www.qualityreportingcenter.com>, or call the Support Contractor at 1-866-800-8756.
- Question:** Are ASCs not required to report ASC-12 numbers?
- Answer:** No, CMS calculates ASC-12 using paid claims. Facilities do not need to submit any data for the measure.
- Question:** How often do we have to log onto NHSN in order to keep our passwords active?
- Answer:** You should log in every 60 days to keep your account passwords active.
- Question:** Is ASC-11 still voluntarily reported?
- Answer:** Yes, ASC-11 remains voluntary at this time.
- Question:** Do you know which section under ASC the questions and answers will be posted?
- Answer:** You will locate your questions on the transcripts that will be posted with the Archived Webinars on the program you are referring to.
- Question:** Just clarifying the answer on a question regarding ASC-10. Did you say that a patient who has never had a colonoscopy who is older than 75 will be excluded?
- Answer:** You are correct. A patient who is older than 75 years old will be excluded for not meeting the denominator criteria.
- Question:** I'm taking over the responsibilities for our ASC reporting, and I am totally new to this; our ASC manager is leaving our group. Do I need to manually submit some type of data, or are the quality measures data gathered from our CMS claims and I don't need to do anything else? Please excuse my lack of knowledge here. Thank you.
- Answer:** Rather than try to explain all of this to you in an email, I think it would be easier to speak by phone. Please call the Support Contractor at 866-800-8756.



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Question: Is an ED visit prior to the colonoscopy but within the same 24-hour period excluded from ASC-12? If it was included on my report, how do I have it reconsidered?

Answer: The measure excludes colonoscopies that occurred on the same hospital outpatient claim as an emergency department (ED) visit and those that occur on the same day and at the same hospital as an ED visit that is billed on a different claim than the index colonoscopy. To get a more detailed response based on this particular case, please submit a question via the Q&A tool on QualityNet. Include your facility's CCN and the row number of this case from your CDR.

Here is a link to the tool: <https://cms-ocsq.custhelp.com/>. Please do **not** submit patient-identifiable information (e.g., Date of Birth, Social Security Number, Health Insurance Claim Number, Dates, Diagnosis Codes, and Procedure Codes).

Question: Please explain the reporting process for ASC-11.

Answer: Reporting for ASC-11 is voluntary. Your facility may choose whether or not to submit data for this measure. If you do submit data, it is subject to public display.

Question: In regards to ASC-10, can you explain further the removal of Z85.038 from the denominator?

Answer: The ICD-10 code Z85.038 (personal history of colon cancer) was removed because a history of colon cancer would not be consistent with what the denominator criteria was establishing. This better aligns the denominator criteria with similar measures in other programs.