

Support Contractor

Staying the Course: Sailing Toward Quality Reporting Success

Questions & Answers

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Question: How are ASC supposed to absorb the additional administrative expense of

the OAS CAHPS Survey when we are paid substantially less than

Hospitals and HOPD's?

Answer: ASCs are advised to get quotes from multiple approved vendors to

determine the best combination of services and price. Currently, there are 21 approved vendors for OAS CAHPS. The rates vary by mode of data collection (mail, phone, or mixed-mode) and by vendor. Please find a list

of approved vendors at https://oascahps.org/General-

Information/Approved-Survey-Vendors.

Ouestion: We do not have Medicare cases at our surgery center; do we have to do

this?

Answer: No, if you do not billing Medicare, you are not required to participate.

CMS has determined that there are some ASC's that have relatively small numbers of Medicare claims and instituted a claims threshold. ASCs with fewer than 240 Medicare claims per year are not required to participate in

the ASCQR Program.

Ouestion: We need to transfer the Facility Administrator for ASC-8 to a new user.

Do you know how long it takes to get a new user registered with NSHN?

The facility is already enrolled.



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Answer:

Since the previously designated NHSN Facility Administrator has left the facility, you will need to reach out to the NHSN Helpdesk to have that role manually reassigned to the new NHSN facility administrator. To complete this process, a letter must be faxed to the NHSN Helpdesk at: 404-929-0131. The letter should be from an official at your facility requesting that you be assigned as the new NHSN Facility Administrator since the previous Facility Administrator is no longer with your ASC. In addition to the name and e-mail address of the new Facility Administrator, the letter should include the name and e-mail address of the old Facility Administrator as well as the facility name and five-digit NHSN ID number. After the NHSN Helpdesk receives the fax and completes the reassignment, the newly designated Facility Administrator will receive the "Welcome to NHSN" e-mail to start the new NHSN user onboarding process. This process takes about two to three weeks.

Question:

When I received my report from CMS on ASC-12, the report had patients admitted to the hospital after colon procedure even if the admission was for other reasons. I was told it would not affect my report, does this hold true?

Answer:

The ASC-12 measure estimates a facility-level rate of risk-standardized, all-cause, unplanned hospital visits within seven days of an outpatient colonoscopy, which meet the measure inclusion criteria. For more information, you can access this direct link on QualityNet: https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier3&cid=1228775181947. To contact the subject matter experts directly, you can enter a question in the QA tool through QualityNet.

Question:

If you haven't kept passwords for QualityNet or NHSN, how difficult is it to get reinstated?

Answer:

If you have not signed in within 364 days, you will need a password reset. If it has been longer than 365 days, QualityNet and NHSN may have deleted your registration, which would require you to re-register from the beginning.

Question:

Please add me to your email list.

Answer:

Please sign up for ListServe on the home page of QualityNet. You can find this link on the third blue box on the left hand of the home page. Just click on "**Sign up for Notifications and Discussions**".



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Question: When can we begin to enter the information for ASC 1-12?

Answer: The measures ASC 1-5 are your QDCs; these are applied on your

Medicare claims. The measures submitted using a web-based tool, through QualityNet ASC-6, ASC-7, ASC-9, ASC-10 and ASC-11 (which is voluntary), are due by August 15, 2017. The option to select calendar year 2018 payment determination for submission is anticipated to be available by April 1, 2017. ASC-8 is submitted via NHSN and is due by May 15, 2017 and can be entered at any time. ASC-12 is a claims-based measure; you do not submit this data, it is gathered from your claims. You can find this information on our website using the Reference Checklist posted on our website under Tools and Resources. You can follow this

link: http://www.qualityreportingcenter.com/asc/resources/

Question: CMS doesn't fund this expense for the ASC, how are we supposed to pay

for it?

Answer: We appreciate your comment and understand this is a cost to all ASCs

participating in the ASCQR Program. This measure spans across all CMS care settings. There are multiple vendors and cost varies. You may want to voice your concerns with comments in the proposed rule. Thank you.

Please feel free to reach out and discuss at 800-866-8756.

Question: If I am an existing user of NHSN and the previous NHSN Facility

Administrator is still available, can she initiate the transfer on NHSN or do

we need to fax a letter to the Helpdesk?

Answer: For the existing Facility Administrator to reassign the Facility Administrator

role: Go to the **Facility>Add/Edit** component, then scroll down to the "Contact Information" section. Select **Reassign** on the far right-hand side of the screen. The Facility Administrator will be asked to find and select an existing user who will be reassigned this role. Select **Find** at the bottom of the page, and then select **Update**. The Facility Administrator should see a green check in the box "Contact successfully reassigned" at the top of the screen. For written instructions on this process you may wish to access our

website at: http://www.qualityreportingcenter.com/wp-

content/uploads/2016/10/Preparing-for-NHSN-Data-Submission_CDC-

approved.508.pdf.

Question: Do you handle the OAS CAHPS survey 2018?



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Answer: No, we are not the measure writers for these measures. To get your

question to a subject matter expert, please use the QA tool through

QualityNet website.

Question: For ASC-10, is there a denominator exclusion for patients with a high risk

for colon cancer? Does the high risk reason need to be stated on the current endoscopy report? For example, a previous colonoscopy showed tubular adenoma and the physician recommended a repeat in one year. The current endoscopy report does not state that the patient is high risk. Would

we still count this as an exclusion?

Answer: To receive a direct response from the measure writers, please enter your

question in the QA tool on QualityNet.

Question: Does the option year issue with QualityNet apply to hospital outpatient

surgery departments or just ASCs?

Answer: This applies to both hospitals and ambulatory centers.