Ambulatory Surgical Center Quality Reporting Program

Your Data Is Showing: Public Reporting for ASCs

Presentation Transcript

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Pam Harris:	Hello, and welcome to the Ambulatory Surgical Centers Quality Reporting Program webinar. Thanks 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. They are also attached to the invite you received for the webinar.
	Today's speaker is Karen VanBourgondien, an Education Coordinator with the ASCQR Program.
	Before we begin today's presentation, let me just mention our upcoming events.
	In October, we will be presenting, essentially, a review session on how to enter your data for ASC-8. We will cover information, tricks, and tips on how to ensure successful reporting for the ASC-8 measure. The goal of this presentation is to answer the most common hurdles facilities encounter and provide you with step-by-step guidance so you are able to enter your data successfully and timely.
	In November or perhaps early December, CMS will discuss the Final Rule. Now, the exact date for this presentation will be determined by the

date the Final Rule is posted publicly. This presentation will be a great way to let you know the finalized changes for this program.

Any information regarding program updates or educational opportunities will be sent via ListServe. 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.

Before I hand things over to Karen, let me just point out a few reminders here. The first one is, and I don't think we can say this enough, please keep your passwords for both QualityNet and NHSN current and active. The easiest way to do this is to log in at least every 90 days or so. This consistent log-in will prevent password problems and your account being locked. If you do not log in within 365 days, your account will be dismantled, and you will have to go through the entire process again.

We do recommend that you have two active Security Administrators. That way, in the event that someone is out, has left employment, or whatever, you still have another individual available to access reports and to enter data. As you know, we just passed the deadline submission for the measures entered through QualityNet, and I cannot tell you how many facilities found themselves in trouble because they only had one SA and that person was no longer available. Please be proactive and prevent this issue.

Please make sure that you are signed up for the ListServe. This is an automated email service free of charge. Important information about this program will be sent directly to you with the email you sign up with. You can sign up from the home page of QualityNet and it takes about five minutes to do so.

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

Karen VanBourgondien: Thank you, Pam. Hello, everybody. I'm so glad you could join us today. Today's presentation, we're going to discuss public reporting and, hopefully, you will learn some new information.

You are aware that you report data and that data is reported publicly. You may have asked yourself, well, what's the point? Well, let's start at the beginning.

In the Calendar Year 2012 OPPS/ASC Final Rule, CMS finalized a policy to make the data that an ASC submits publicly displayed for viewing on a CMS website.

CMS believes it is important for the public to be able to make informed decisions regarding their healthcare and providing facility-specific data is a way to do that. This gives the public a platform to view and compare ASCs in the same manner that they can view and compare hospitals.

There are many reasons why data for your facility is displayed publicly, but let's just boil it down to just a few that you see here. Your ASC works hard. That hard work should be displayed. You want to showcase your exceptional performance.

You can always use this type of information to compare your ASC with others in your area—either the same size, bigger, smaller—whatever it is you want to compare. This is a great tool; you can use it to set goals towards improving patient care.

And as I just mentioned, the public can also use this information to assist them in determining what ASC they may use to have their procedures done. Making this information available to the consumer empowers them in their healthcare decisions.

Before we get into the gist of public reporting, let's briefly discuss the program requirements and how this relates to the information displayed publicly.

This slide displays a direct quote from the Code of Federal Regulations, or CFR, in which CMS defines the claims threshold that mandates a facility to participate or be subject to a two percent reduction in annual payment update.

So, it is the facility's responsibility to monitor their claims volume and to ensure they report data if they exceed the 240 case threshold for any given payment year.

Now another reason that is important and is relevant to public reporting is even if you don't meet this 240 Medicare claims number and you report data voluntarily, any data that you report will be publicly displayed.

One of the requirements for this program is the application of Quality Data Codes, or QDCs. You must have these codes placed on a minimum of 50% of your Medicare Fee-for-Service claims in order to pass the program requirements. Here you can see that the measures ASC-1 through -5 are the QDCs that are reported on your Medicare Fee-for-Service claims.

The last measure on this slide is ASC-12, which is an outcome measure, and these are calculated from CPT codes on paid Medicare Fee-for-Service claims. So, for ASC-12, your facility does not have to actively report or abstract this data.

Another requirement is the reporting of web-based measures. There are currently five measures that are entered using the CMS web-based tool found on the QualityNet website. You can see four of them here on this slide. Unlike the measures reported on your claims, these measures are answered only one time each year. In order to report these measures, the user must have access to the QualityNet Secure Portal and be assigned a data entry role.

The last web-based measure entered through QualityNet is ASC-11. This measure is currently a voluntary measure. The facility can decline to report data without facing any negative financial impact. If a facility does choose to report data for this measure, the data will be subject to public reporting.

ASC-8 is reported via an online tool, but it is reported via the National Healthcare Safety Network, or NHSN, which is part of the Centers for Disease Control and Prevention, the CDC. This measure is not reported in

QualityNet. The NHSN platform is unrelated to QualityNet, and, in fact, the two platforms do not speak to one another. In order to be able to enter the ASC-8 measure data for your facility, you will have to go through a completely separate registration process with the NHSN.

So, to recap: in order to meet the program requirements, you will need to report the Quality Data Codes at a threshold of at least 50%, and you will also be submitting your web-based measures annually.

Please remember that the submission deadline for all web-based measures moving forward will be May 15. Don't forget that.

If you are participating in the program and wish to withdraw, then the ASC must formally withdraw from the program. And you can do so by going to the qualitynet.org website and completing the Withdrawal of Participation form. Please make sure to fill the form out accurately and either mail or fax the form to the contact that you can see on that form.

An ASC that wishes to withdraw may do so at any time by August 31, 2018, and that would be for the calendar year 2019 payment determination. That is the last date possible to allow an ASC to withdraw before payment determinations are made.

Upon withdrawing from the ASC Quality Reporting Program, the ASC will incur a two percent point reduction in its annual payment update for the payment determination and any subsequent payment determination years in which it has withdrawn.

Now, in the future, if the facility decides again to participate in the ASC Program, it can do so just simply by submitting data. And this could be in the form of Quality Data Codes, you know, on the CMS Form 1500 or electronic equivalent. You can submit measures via a web-based tool—any of those will begin your active status again.

So that was a quick review of the requirements for the program.

Prior to public display of your data, facilities are given a period of preview, and this is where the preview report comes in.

An email notification is always sent when the preview period opens. Another notification will be sent again when this preview period closes.

This preview period is available for approximately 30 days. Please make sure you access this report in the 30-day period. This is sent through the Secure File transfer through QualityNet. You must have an active QualityNet Security Administrator to access the Secure File Transfer box and obtain the report. And I know most of you are so busy, so just make sure that you download your report so that you have it available and you have access to review it.

Please note and this is important that this preview period is not a correction period. This data is based on the data you/your facility reported. CMS does allow long periods for data submission in which you can change, edit, modify, and add information, but once the deadline has passed through the warehouse, it will close, and you cannot make any changes. Additionally, if you make errors on the application of Quality Data Codes, you cannot resubmit a claim for the sole purpose of reporting these Quality Data Codes after that claim has been adjudicated.

The data on the preview report is refreshed annually in December.

Now, on this slide I have a quick reference guide. The quick reference guide can be found on the QualityNet.org website under Headlines when the preview report becomes available. This document is also available now on qualityreportingcenter.com, and you can find that under the Tools and Resources section.

This reference guide details how to access and download your preview report; it reviews data highlights, footnotes, and Notice of Participation information.

But I would like to highlight just a few things here before we move on.

On the far left under the heading of Preview Report Access, it does give instructions on how to access and obtain this report. And as we mentioned a little while ago, you must be a Security Administrator to access this preview report. There's actually a section on/about this here.

The center column references Data Highlights. You can see that this summarizes the QDCs and the encounter periods at the top. It provides information on ASC-12 and the Facility-Specific Reports, or FSRs, which we will discuss here in just a few more slides. And, towards the bottom, it summarizes information for all of the web-based measures.

The far-right column discusses footnotes, and you need to be familiar with footnotes as you may see them as they relate to your own facility.

So, on that note, I think it probably would be a good idea if we went ahead and discussed footnotes.

Not only do we need to discuss footnotes, but also the fact that what you see on your preview report will be slightly different than what the public display version is. The footnotes relevant to the ASC Quality Reporting Program are listed here on this slide.

Footnote 1: The number of cases or patients is too few to report. Essentially, if you have more than one but less than 11, it will not be reported. And on your preview report, a measure with Footnote 1 will show the data; however, this data will be covered on Hospital Compare by an N/A, and it'll have a Footnote of 1. So, the reason for this is that it allows the provider to see their data, but it protects patient confidentiality when publicly being displayed.

Footnote 5: Results are not available for this reporting period. So, this footnote would be applied when there is no data to display. So, for example, this footnote might be utilized for ASC-11, you know if you didn't have any cases to report.

Footnote 7: There are no cases that met the criteria for this measure. So, the use of this footnote would be, say for example, your facility does colonoscopies but none of those colonoscopies met the measure criteria, so there essentially was no data to report. But you may see this footnote— you may not see it that often, but if you do see it, then, you know, you'll know a little bit about it.

Footnote 23: This is a new footnote applicable only to claims-based measures and that, of course, is ASC-1–5 and ASC-12. It states that data are based on claims that the facility submitted to CMS. The facility has reported discrepancies in their claims data. This data will still be displayed.

So now, let's try to put things into perspective here and start by looking at an example of what this preview report looks like.

So, this is an example of a preview report; it is fictitious. At this point, as stated prior, when you are reviewing your preview report, there is no means by which you can correct the data that's shown here. Once the data is in and the warehouse is locked down at the end of the submission period, it can't be changed or corrected, and this is what will be publicly reported.

Now on this slide, in our fictitious preview report, if you view the top section of this report, you can see the ASC-1 through ASC-5 measures. And you can see your numerator and denominator and rate, as well as the national and state rates. Let me also mention that the rate you see here is not the same as the 50% threshold required for the program that we talked about earlier. These are completely separate issues. The rate here is your rate of incidence as it pertains to each measure, ASC-1 through ASC-5.

The calculations for these measures, ASC-1 through -5, are displayed per 1,000 claims, and this is also noted at the top of your preview report. This way of displaying the data is because the rates are so small, so this allows you to actually see the rates and provide useful and meaningful information.

The web-based measures are displayed on the bottom section of this report, and again, each measure is displayed, and you can compare this by nation and state.

There are footnotes seen here at the bottom of this report. With this regard, let me just point out a few things. On this particular report under ASC-8, -9, -10, and -11, you see N/A (5). Now, when these data go to Hospital Compare, it will just show the "N/A." You will remember that Footnote 5 means "Results are not available for this reporting period." And I'm showing you this report to make a point. First, you can see that this fictitious facility is very likely a cataract surgery, as they only have eye procedures reported for ASC-7, but they also did not report their ASC-8 data. That's the flu vaccination measure. Don't let that be you! We will be presenting a comprehensive webinar on entering data specifically on ASC-8 next month. Don't miss out on that. We're going to try to give you some good little tips and quick references to get you through that.

Another point I want to make is you will not see ASC-12 on this preview report. This information will be provided separately and you can see the note at the bottom of the preview report letting you know this.

So, let's talk about that aspect.

The information for ASC-12 will be provided in a Facility-Specific Report, or FSR, which is sent by the measure steward. It is sent via Secure File Transfer, just like your preview report. So, there is the preview report and the FSR specific to ASC-12.

Incidentally, we do have a lookup tool on our website at qualityreportingcenter.com; the direct link is on the slide for your convenience. All you have to do is you enter your CCN or your NPI under the ASC-12 section, and it will simply say "yes" or "no" as to whether the report is available. If it states "yes," there is a report; then you would just go to your QualityNet Secure File Transfer to access your report.

If you have specific questions about ASC-12 or this report, you can access QualityNet under the "measures" option, and I have also placed the direct link here on this slide here as well.

As we spoke about earlier, the ASC-8 measure, the flu vaccination measure is reported to NHSN. The data displayed on your preview report had a data encounter period of October 1, 2016 through March 31, 2017. This was then had a submission deadline of May 15, 2017. So that's what you're going to be seeing on your next preview report.

The measures you reported through QualityNet had an encounter period from January 1, 2016 through December 31, 2016, and that data submission deadline was August 15, 2017.

By the way, remember all these measures—all the web-based measures—will have a submission deadline of May 15 the next time you enter this data. So, it'll all be due at the same time. Don't forget that.

So, the preview reports generally become available in October, so very soon you will be getting your updated preview report, and this is your facility's—when you are first able to view your publicly reported data that is going to display on Hospital Compare. And that data will be displayed in December.

So, you have reported your data, you have viewed your preview report; so let's discuss where to find your data once it's publicly displayed, and let's talk about a few pointers on accessing the data.

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Before we visit the Hospital Compare website, some of the topics we are going to touch on here on this slide, we will discuss how to find your ASC, discuss some of the available databases and how to access archived data.

When you put in the address of medicare.gov/HospitalCompare, this is the opening page that you will see, what you see here on this slide. So to access ASC data, you're going to go to the "Spotlight" section to the left, far left. You will click on the bullet shown here that is next to the red arrow.

The next page will open. Now the top part of this page, which is not shown in this screenshot, has some directions and links. And, if you are not familiar with this site, it would be a good idea to investigate that prior to accessing the data. I am going to show you some of that in just a few minutes.

However, if you scroll down you will see this section, which is measure data by facility. If you continue to scroll down this page, you would see a section for data by state and data by nation. You will also notice in the blue banner towards the top, it says "Data.Medicare.gov." So, remember that because I'm going to come back to that shortly.

But for now, let's assume you want to find data specific to your facility. All you do is use that slide bar down at the bottom here, next to the red arrow, to view your data. Also, you can place your cursor over the very top toolbar for options and that will allow you to sort with various options. You will just place your cursor over the various tabs to do so.

Now, if you want even more options you can go to the green menu button at the top right that I have circled here in red. Let's say you want to download this information as it relates to all facilities. You would just click on that green menu button and chose Download.

You would then be given options on how you would like this downloaded. In this demonstration I chose CSV for Excel; that's why the link color is a little bit different, it's because that was the option that I chose. This would give you a very large document with all that information. Just be sure that that's what you want before you hit Download.

If you want more detailed information, you would go back to the previous page. This is the part that I omitted a few slides back, but I do want to show you that. So, you just chose Ambulatory Surgical Centers from the home page.

This is the top of that page. Again, you remember that in the prior slide we started with the data by facility image. This is the portion above that and I have gone back to that because I want to show you a few things.

Although the tables below this—that we talked about briefly—have all of the data, if you want more information, you would go to this section shown here with the red arrow. If you want to download any of these databases, you are going to click on the download area that I have circled here in red. This option is interactive, where the one I showed you a few moments ago is not. The one I showed you prior just gives you the option to download, so to speak. This link circled has more options, which you'll see. But before we click on this link, please be aware that in December you will only be able to download in CSV. So, let's imagine you just clicked on that download.

You will then see this page. Remember I mentioned the data.medicare.gov name on the previous page? Well, this is where you are now. I just mentioned you will only be able to download in CSV; you can see a note here at the top of the page of the yellow section telling you this. This actually started back in July, but as of right now, you can still download with the other options.

Let's notice a few things here, though. Next to the red arrow, the box lets you know that you can download CSV flat files. And next to that option, to the right, you can access archived data and we will chat about that in just a minute. So, if you use these two buttons, you have the ability to download information for all programs in a number of formats, or you can use the more interactive approach in the section below. That is the section that you can see here on the slide with the red bracket. There is a menu at the top which allows you to view in sub-categories, if you like. So, for example, if you click on the drop-down arrow for General Information, you can view data such as Data Updates, Footnote Crosswalk, Hospital Compare Contacts, Measure Dates, and structural measures information. Now, we are not going to go through all of this website, as that is beyond the purview of this presentation, but I do want to give you an idea of what you get in terms of data that will be relevant and meaningful to you.

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This interactive section with the red brackets relates to the Ambulatory Surgical Centers and it is segmented by facility, national, and state, which you can see here.

So, let's say you click on the blue "Ambulatory Surgical Measures-Facility" tab, the first option here that you see within the red brackets. This would give you the reported data for each facility in the ASC Quality Reporting Program. If you click on the "Ambulatory Surgical Measures-National" tab, you will get information on the whole nation. Lastly, if you click on the "Ambulatory Surgical Measures-State" tab, information will be broken down by state.

So, we can look at these individually. Let's start with the first one here, and let's say we just clicked on the "Ambulatory Surgical Measures-Facility" tab.

So, this is the page we would see and we are viewing data by facility.

You can choose to filter and view in a number of ways by clicking on the Filter button—that's the blue button towards the top. You can also create your own tables and a number of other things. As I said, we are not going into extreme detail today, but if you want to know more about these aspects, there are tutorial videos on this website. And you can click on that Get Started tab and the Information tab if you would like to know more about some of these features, but the point is you can access data about your facility, other facilities, and certain measures, really whatever suits your particular needs. So, it's a great resource and it's a great way to get information. And all of that can be used for quality improvement purposes.

Now, if we went back to our previous page and clicked on the "National" tab, here you have tabulated data for the nation as it relates to the individual measures. And again, you can use the interactive features to formulate your own tables; if that's what you so choose to do.

If we were to go back to our original page and this time click on by state. You would be viewing the data broken down by state. This is, of course, a partial view. If you were to scroll down, you would be able to view the data for every state.

Support Contractor

The good thing about all this data is you can compare your ASC with others. And again, you can easily use this to set goals towards quality improvement, patient care, whatever your facility deems necessary.

Now, back to our slide from a while ago, remember when I said we would talk about archived data? Well, if you wish to access archived data for this program, you can go back and review previous data if you choose. To do so, you would click on the "Get Archived Data" button viewed here.

This is a portion of the page that will appear. Please be aware this program has not always had all the measures it currently does and did not start publicly reporting until 2015. So, if you want to access 2014 data, you will access the 2016 annual files, noted here by the red arrow. Thankfully, we do have our subject matter expert, Keshia Arlinghaus, available, and she showed us where to look for this data. It is not something that you can just look at and it would be apparent. Again, you can access, filter, arrange, and track this data. You can use this information any way your facility deems important.

Quality Improvement is an entire area in itself. It's important to realize that reporting, evaluating, and comparing your facility—by doing that you can improve quality for your patients.

Having information on your facility and how your facility measures up, so to speak, on a state and national level is important. Just as important as to having the data is making use of it. So using data, whether it is obtained by the sources we have mentioned or by your own internal data analysis, can really provide a platform for you to initiate quality improvement. Some of the objectives you would strive for are noted on this slide.

Through this program, as we discussed, you are reporting data. Any data that you report will be made publicly available. When you have a preview report become available, take the time to evaluate it. This is your sneak peek of what will be available publicly.

Take the time to get to know the data.medicare.gov website. We discussed briefly the ability to make your own tables, filter your options, and compare what you think is important. You can use these tools to gather information and put them into action to implement changes when needed in order to improve quality of care for your patients.

Support Contractor

	These steps will ensure continued success. Well, that's all I have for you today. I really appreciate you joining us, and I hope we were able to provide some useful information. And I'm going to now turn things back over to Pam. Pam?
Pam Harris:	Thank you, Karen, for all that great information. I think what we would like to do at this point is have our public reporting subject matter expert, Keshia Arlinghaus, to join us for a while. If we can get Keshia to go over some of the questions and common issues, that would be great. Hey Keshia!
Keshia Arlinghaus:	Hi, Pam. Thanks for having me on.
Pam Harris:	You're quite welcome; we appreciate you coming.
Keshia Arlinghaus:	Absolutely.
Pam Harris:	And we've got some questions that have come over the chat while we're' here and also some of the ones that have been asked most frequently we're going to go over. We'll start off with one, and that is, what is the most important piece of advice you can give related to public reporting?
Keshia Arlinghaus:	That is a great question, Pam. The most important piece of advice I can give is to submit your data early and then check and re-check your data values. Also, be sure to have a back-up user in case you are unable to submit the data; someone at your facility could submit on your behalf. Remember, all web-based measure deadlines are May 15 this year—so don't wait! Submit your data early.
Pam Harris:	Excellent advice, all right, our next question is: is there any way to check our performance other than when the preview report is released?
Keshia Arlinghaus:	Ooh, another good question! Yes, there are reports and information available to assist you in staying on track. Two reports that can be run on QualityNet are the Claims Detail Report and the Provider Participation Report. Both of these reports provide information that your facility has submitted, including your Quality Data Codes, which are ASC 1-5. And if you have any questions about how to run or interpret these reports, please contact our help desk. That phone number is 866.800.8756.

Support Contractor

Pam Harris: Okay, thanks. Our next question comes up and it is: how will we know if we have a Facility-Specific Report available? Nice.

Keshia Arlinghaus: Absolutely. So, a ListServe announcement is sent out when these reports are available. You can also check the availability of this report on the qualityreportingcenter.com website using the Lookup Tool located on the ASC Lookup Tool page.

Karen VanBourgondien: Okay, thank you. This is Karen. Here's another great question; Keshia, maybe you can help us. The person says: you mentioned the Facility-Specific Report sent for ASC-12 and that's not on our preview report. Is there any way to get more information about the data for this measure?

Keshia Arlinghaus: Absolutely. The facility level data for ASC-12 will be available on the Facility-Specific Report and this report is sent through QualityNet Secure File Transfer. Additional information on topics such as the Measure Methodology can be found on the ASC page of QualityNet.org under the Measures tab.

Karen VanBourgondien: Okay, great. Thank you. Another question, we actually got quite a few of these and it is: the Quick Reference Guide you talked about looks very helpful. Where can I find that?

Keshia Arlinghaus: Absolutely. Before December—this report is going to be released—there's a link on the home page of qualitynet.org under Headlines. And this document is also currently available on qualityreportingcenter.com and can be found under the Tools and Resources section.

Karen VanBourgondien: Okay, thank you. That's helpful, and I know we did talk about that a little bit earlier. Another question we got is: how do we know when our preview report is available?

Keshia Arlinghaus: That's another good question. So, a ListServe announcement is sent out the day preview opens and another notification is sent out the day preview closes or a couple of days prior to preview closure. So, please make sure you are signed up for the ASC Listserve notifications and if you are not

	currently signed up, you can sign up on the left-hand side of the QualityNet.org homepage.
Pam Harris:	Okay, Karen, I think I've got one to top yours. And that is: what if we don't view or download the report within the preview period?
Keshia Arlinghaus:	Well, it is very important to download or print your preview report during this time period because we cannot guarantee that it will be available after the preview period closes.
Pam Harris:	All right. One of the other questions, I see: can we compare our ASC with other ASCs in our area?
Keshia Arlinghaus:	Yes, absolutely. When you access the Hospital Compare website, you can use the filter option to compare data of your ASC to other ASCs in your state, city, and ZIP code.
Pam Harris:	Okay. Our next question is: Who uses the information published? Well, that's a good one.
Keshia Arlinghaus:	That is a great question, you're correct. So, an array of users actually review this data, so people such as healthcare consumers, other ASCs, data analysts, industry publications, insurance companies, truthfully, the potential is endless because this is published on a national website.
Pam Harris:	All right, Karen, I think we've got time for one more question.
Karen VanBourgondien:	I agree. How about this one, Pam? My measure values/rates are below the state/national ones, what can I do? What advice do you have for these folks, Keshia?
Keshia Arlinghaus:	Absolutely. So provide education to your facility regarding documentation requirements and to abstract early so you can catch areas that actually need improving. We have numerous tools and resources available to help you with this and they can be found on the qualityreportingcenter.com website under Tools and Resources. You can also contact us at any time.
Pam Harris:	Ok, thank you, Keshia, you have been absolutely wonderful.
Keshia Arlinghaus:	My pleasure, thanks for having me on.

Pam Harris: That's all the time we have today for questions. We appreciate you joining us today.