



Ambulatory Surgical Center Quality Reporting Program

Support Contractor

Ambulatory Surgical Center Quality Reporting (ASCQR) Program 2015 Specifications Manual, Version 4.0a

Questions & Answers

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- Question 1:** Yes, I was given the wrong access code, so I stayed on hold for about 20 something minutes before the operator came on and connected me to the correct seminar with the correct access code. So I came in on Slide number 10; is this information going to be repeated anywhere or anytime?
- Answer 1:** Hi Lisa. We apologize for that. The slides will be posted in about three weeks. It will not be done – presented again live, as you will be able to download the slide notes, the presentation, and actually the actual transcript for you to be able to see what occurred prior to you being able to join.
- Question 2:** Hi. On the ASC-8 reporting the influenza, we registered with the CDC, and we entered our data into the vault. Do you know what we have to do to get it from, like, the vault to be submitted?
- Answer 2:** I'm sorry. We do not know what you will need to do. If you would, please send them an email that is posted on the third slide of this slide set. It is their domain, and we do not have any way to assist with those questions or walking you through their system.
- Question 3:** Hello. I'm with a small ASC, and ASC-8 I've been working to get hooked up with, and it's taken – it's taken an awful long time and

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owner's process. Besides that, I would like to ask the reporting of ASC-8 deadline, is that in March?

Answer 3: The deadline for the ASC-8 through the NHSN website is May 15th, so you do have a bit of time in order to complete your process.

Answer 3: To clarify – this is Karen – to clarify, your reference period is from October to March, but your reporting period, that's the last day to report that data is, as Reneé said, May 15, 2015.

Question 4: My question is regarding an email notice I received a few days ago stating that ASC facilities that do less than 240 Medicare claims per year will not be required to report for the year 2015. Is that correct? We did 12 Medicare cases last year.

Answer 4: That is correct you would be -

Question 4: Probably - I'm sorry.

Answer 4: You would be exempt from reporting all program requirements.

Question 4: Okay, so I will go ahead and update all my information for 2014, but I do not have to put any of the qualifying measures on any of my claims for the year 2015?

Answer 4: Were your claims less than 240 in 2014 or 2013?

Question 4: Correct. 2014.

Answer 4: Yes, that is correct. And if you choose to go ahead and put the quality data codes on and report, that is optional. It will not affect your payment.

Question 4: Okay, and then at some later date, you all may change that qualifying number again, and at that point, we would start submitting qualifying measures again?

Answer 4: Well, the 240 you need to watch each year. So you had less than 12 – you had 12 claims in 2014, you now are able to not meet the – not be mandatory for program requirements in 2015. So in 2015, you will need to reassess how many Medicare claims you had during the calendar year 2015 to know whether or not that would move forward to where you would be also exempt in 2016. And as a side note, if there are changes or clarifications that will be made on the 240 if it's reevaluated at a later time, it will be made through the rule-making process.

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- Question 5:** Hi. My question was, we do not do colonoscopies or cataracts here, but did I hear you say that you have to go in and report it as zero?
- Answer 5:** Yes ma'am, that is correct. You would use – you would also be there to answer your ASC-6, which is your Safe Surgery Checklist, and then enter your facility volume for the categories listed there. And then for ASC-9 and 10, you would enter zeroes.
- Question 6:** Yes. Are we required to measure ASC-9 and 10 again for the year 2015?
- Answer 6:** Yes ma'am. It will be for subsequent years until such time CMS changes which, of course, would have to go through the whole final rule process. So yes, you will report on -9 and -10 this year and following years, unless there's a change made by CMS. Correct.
- Question 7:** Yes. We are a GI specialty endoscopy center, and we are in the heart of the medical center, and a lot of our patients that have cancer, we can get them started on treatment immediately by getting them admitted. Will we be penalized because we can get prompt interventions? The cancer part's not something we can prevent because the patient comes with it. But they're hospitalized the same day so they can start oncology work-ups and surgery and treatment.
- Answer 7:** Which measure are you referring to ASC-12?
- Answer 7:** Colonoscopy measure rationale about admissions within seven days. Would that be a negative point because we can admit and start treating so quickly?
- Answer 7:** You have to look at this; this is a claims-based measure. It's gathering data. It's not penalizing anybody. It's not penalizing a physician or a facility. It's not looking at that. It's gathering information to allow for continuity of care. So it's all claims-based. It's through the billing, and CMS extrapolates this information. It's not a matter of, you know, somebody's doing this or that and going to get penalized. It's a matter of just trying to – they're gathering data. It's just – the focus is continuity of care from the point of prep to procedure and post-procedure.
- Answer 7:** And that is the reason on the – when we were walking through ASC-12, as they will look at those patients that have that diagnosis of cancer, have had previous chemo treatments or different things. Those will fall into those co-morbidities that were the possibly the 15 variables looking at that that it wouldn't necessarily be – may be considered a planned admission. If you would like further information, you know, feel free to put that in a – to the question-and-answer tool on QualityNet, and we will see that it gets addressed to the appropriate people.

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- Answer 7:** Additionally, that's the purpose for the dry run is to further collect information, extrapolate it for a 100 percent of the Fee-for-Service claims. They will adjust things as they extract data from the dry run. And the results of the dry run will be forthcoming, and CMS will let us all know when that is complete.
- Question 8:** You can hear me? Okay thank you. Hi. It's just a clarification about the Specs Manual. On the QualityNet website, it states that ASCs are to use 4.0a for all 2015 measures and to use 4.0a for ASC-7 as well. My understanding from looking at the Specs Manual, comparing 4.0a and 3.0c, is there is really no difference in the coding or specification for ASC-7. The only change that I see is what you pointed out in this webinar, that the reporting period for ASC-7 for program year 2014 was clarified in the 4.0a manual. Can you please speak to this?
- Answer 8:** The top 100 codes for the ASCs in the current manual are the same from the previous, as they are running the data to analyze that, and I think that that will be completed in the very near future. If there are changes, that will be done through an addendum.
- Question 9:** Yes. I have a question about the 240 case thresholds. You don't – if you have less than 240 cases in 2014, you don't report for any measures this year, is that correct? Not just the claims-based. but any.
- Answer 9:** That is correct. That means that you do not have to enter NHSN data or web-based measures on QualityNet.
- Question 10:** Hi. Sorry my phone was disconnected, so if someone already asked this question, I apologize. On measure 11, if we choose not to submit data for measure 11, should we handle that the same as 9 and 10 that were exempt and enter zeroes? Or do we just skip it completely?
- Answer 10:** For this year, -9 and -10 – if you recall in the beginning of 2014, CMS made a decision to defer collection for ASC-9, -10 and -11. And then I believe in April of last year, they came and allowed you to defer ASC-11 and then through the end of 2014. So when you go in to enter your web-based measures currently through the application and through the Portal, 11 is not there. Should you elect to collect the information this year and enter it next year, ASC-11 will be there, but you will not be penalized if you do not enter ASC-11.
- Question 10:** Thank you.
- Answer 10:** You're welcome.

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- Question 11:** My question is on ASC-7 facility volume data. Now are these, when we submit this information, is this just the codes that we bill to Medicare or all of our claims to any type of insurance company?
- Answer 11:** Yes ma'am, it is for both Medicare and non-Medicare so it is any claim, commercial, private pay, or Medicare. So it will be all of the claims typically done on a year-end report so that you know, say, how many colonoscopies you did that were diagnosed – diagnostic, and how many you did with a biopsy, et cetera. And those will all be added together and entered under the GI system when you go to enter those.
- Question 12:** Hi. I wanted to check. I'm kind of lost trying to figure out actually how to report ASC-9 and -10. I've logged into QualityNet, and I've done my ASC-6 and -7. Went to NHSN and did my influenza, and I've gathered all the data for -9 and -10 in a spreadsheet. But when I go to the website, I'm not seeing how to physically, you know, enter that data. Is there a guide that shows you mechanics of actually how to do that?
- Answer 12:** Hi. Yes ma'am. It's going to be under your Managed Measures where you would enter -6 and -7. However, as we noted earlier in the webinar, there have been some technical difficulties with the submission of -9 and -10, but you will go under Manage Measures. There will be a box there. If you go back and you try to enter it, and you just get confused, please call our 800 number which is on the slide right now, and we would be more than happy to walk you through that step-by-step if you need help with that.
- Question 13:** Hello? Can you hear me okay? My question actually was related to this other caller about the volume for ASC-7. I was actually under the impression it was supposed to be only for Medicare patients but it is for the entire volume for your facility. Is that correct?
- Answer 13:** Yes ma'am, that is correct.
- Question 13:** Okay, and a side question would be that if there was an error in inputting that information, how would you go about fixing that?
- Answer 13:** If you have already entered that, you have through August 15th of this year in which you can make changes. So if you entered something already and you just captured your Medicare population, run your report, go back in, and enter the volume. And as long as you do that before the close of business on August 15th, you will have your data entered correctly.
- Question 13:** Okay, and as for previous years, I notice the volume was incorrect for 2013. Does that make any difference? Does it matter to go back and repair that?

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- Answer 13:** You cannot go back and repair that because the submission deadline for that calendar year has come and gone. So the data that is entered in is there and there, is not a way to – there's not a correction period.
- Question 14:** Our question is in regard to the calendar year 2014. Is it – it was my understanding that no submission information for the ASC had to be put in for that calendar year. That if we submitted in 2013 – for 2013 there was a year off, and then you would report 2015 information. Are we understanding that incorrectly?
- Answer 14:** You collected your data during calendar year 2014 for your endoscopy measures and then entered those codes on the claims, your G codes or quality data codes. That process never stopped. What was – what you were somewhat given a bye, or a year off, on was last year in 2014, there were no web-based measures for which you entered data on. That was for ASC-6 or -7. The data that you will enter during the web-based measure submission time, January 1 through August 15th of this year, is for all of the events that occurred in calendar year 2014.
- Question 15:** Hello. My question has to do with the ASC numerator and denominator for the two colon – for -9 and -10. In the Specifications Manual, there's a suggested sampling size dependent upon your volume. So I guess my question is, is your denominator, then, your sample size and your numerator the results from those sampling size?
- Answer 15:** Yes ma'am. If you had 900 or less, you could do 63. And then if it was greater than 901, you were to sample 96. So that would be your–
- Question 15:** So your denominator is your sampling size.
- Answer 15:** That is correct.
- Question 15:** Okay, thank you very much.
- Answer 15:** You're welcome. And just to add onto that, if your sample size – if you are a small facility and have less than 63 cases, you would need to – there would not be sampling allowed. You would have to submit 100 percent. Say you only had 42 cases for the year. You would just use 42 as your denominator.
- Question 16:** I'm calling from a surgery center. So this year when we report, are we still using ASC-6 and -7?
- Answer 16:** Yes ma'am. The current submission period is open now through August 15th of this year for you to enter the information for ASC-6, -7, -9, and -10.

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- Question 16:** Oh, okay. So they added two more ASC questions, right?
- Answer 16:** Yes ma'am, that you collected that information on last year through the calendar year.
- Question 16:** All right, thank you.
- Answer 16:** You're welcome.
- Question 17:** Yes, thank you. My question goes back to the ASC-12 and is similar or related to the question Brenda asked before. Our endoscopy center, and that's all we do, is part of a larger regional referral center community. So it's not uncommon for individuals to travel an hour or more for their procedures. If we discover a cancer during the course of our examination – so there's no previous medical history noted – we work very hard to help those individuals transition sometimes on the exact same day to radiology and into the hands of a surgeon so they can take advantage of having been prepared. Therefore, they will have an unscheduled hospital experience as part of their continuity of care – it's good care. Would I then understand that that would show up in the profile of our ASCs as an admission within seven days post-colonoscopy and could possibly be interpreted by a public review as lesser quality?
- Answer 17:** Again, that, I think, is the big reason why they are doing the dry run. They understand that certain issues are arise – will arise, and they're trying to, you know, really recognize some of this information, the point that you're bringing being one of them. So I think after the dry run, and they do get all the 100 percent of the claims with regard to the dry run, they will be speaking to that and give the facilities opportunity to respond to that as well.
- Question 18:** Yeah, my question for a GI exclusive ASC has to do with measure 12. And I was just curious about, as we're going through and determining which patients qualify for reporting, this 15 point risk adjustment variables – are those exclusions from the reporting? These patients would be excluded if they have any of these? I mean, coming into our facility? And if not, who keeps track of all of that to make sure that they don't end up in the sample? Is that incumbent upon us, or is that something that's going to be feedback from a claims perspective?
- Answer 18:** Okay. Yes, ASC-12 is a claims-based driven measure. You have no abstraction responsibility whatsoever. The information will be collected by CMS from the billing system, and that information will then be disseminated back to the facility, and you will be provided facility-specific reports and patient-level reports. And, again, with the dry run, there's going to be a lot more information forthcoming on what they

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found with the data and how they're going to move forward with that. When we have information on when the dry run will take place and when it was complete, this will certainly be disseminated promptly.

Question 19: Hi, yes. My question is I – you know the number you said of 240, is that less than 240 Medicare Part B Fee-for-Service patients? Or is that the total number of patients visiting the endoscopy center?

Answer 19: That is for your CMS population less than 240. That is the – what you can look at on your Provider Participation Report through QualityNet, the Secure Portal, to look at your volume, as well as it will not include the, you know, any of your HMO Medicare replacement policies.

Question 20: Thank you. My question actually kind of goes hand-in-hand with the just previous question. We're kind of new to this, and what I'm trying to find out is that less than 240 Medicare population, is that for total ASC surgeries or total endoscopy surgeries, or total surgeries per measure? Can you help me understand that, please?

Answer 20: It is 240 for your Medicare Fee-for-Service to include railroad and secondary as a collection. It's not per measure. It is 240 Medicare Fee-for-Service claims annually, and that can be broken out quarterly. However, you know, look at it from your facility, whether it's a year-end report or you run them quarterly, to know that you, you know, if you're running close to the threshold. And make certain that you know before you enter the next calendar year whether you're over that 240 threshold and would need to then begin placing G codes on your Medicare claims and looking to abstract any of your ASC-9, -10 data. And then the ASC-8 would also come back into play.

Karen VanBourgonien: Okay, that concludes our program for today. I'd like to thank Reneé for – and the participants for the valuable information and questions they provided. We hope you've all heard useful information that will help you in your ASC Program reporting.

Please remember that you will not receive the WebEx survey for your CE certificate today. It is sent by WebEx, and it's usually sent within 48 hours. If we didn't get to your question today, please feel free to use our question-and-answer tool that is located on QualityNet.org, and a representative will give you a timely response.

Thank you again and enjoy the rest of your day.

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