



# **Ambulatory Surgical Center Quality Reporting Program**

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## **Support Contractor**

### **QualityNet Reports and Utilization of the Secure File Transfer Presentation Transcript**

#### **Moderator:**

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#### **Speaker:**

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#### **PRESENTATION**

Mollie Carpenter: Hello, and welcome to the Ambulatory Surgical Center Quality Reporting Program educational webinar. Thank you for joining us today. My name is Mollie Carpenter, and I am the Education Coordinator.

If you have not had the opportunity to download today's handouts, you can do so from our website, [www.OQRSupport.com](http://www.OQRSupport.com). Go to the **Ambulatory Surgical Center Program** tab, click on the **Education** link, then click on the **Webinars** link. You will find the handouts on the top of that page.

Before we begin today's program, I would like to highlight some important dates and announcements. The 2015 OPPS/ASC final rule is scheduled for display on November 1, 2014. You must register with the National Healthcare Safety Network in order to submit data for ASC-8, and registration is now available at [www.CDC.gov/NHSN](http://www.CDC.gov/NHSN).

The 2015 APU determination should be completed by the end of November.

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ListServe announcements will be forthcoming for future ASC program webinars as we get closer to those dates. On November 26, CMS will present the 2015 OPPS/ASC Final Rule.

Today's learning objectives are located here on slide number 4. This program is being recorded. A transcript of today's presentation and the audio portion of today's program will be posted at [www.OQRSupport.com](http://www.OQRSupport.com) at a later date. During today's webinar, please do not use the chat feature on the WebEx screen, as we do not monitor this function during the presentation. We will follow the presentation with a question-and-answer session until the top of the hour.

I am pleased to introduce today's speaker, Reneé Parks. She joined FMQAI/HSAG in 2012 as a Project Coordinator, and is now the ASCQR Program Lead. Reneé received her Bachelor of Science in Nursing from the University of Central Arkansas. Her previous experience includes coding, reimbursement, home health and infusion services, hospital-based patient care, managed care, and administration.

She has developed some best practices and implemented healthcare standards and regulations. She was also an instructor for the surgical technical program of the U.S. Army Nurse Corps and at the University of Arkansas Fort Smith for surgical services. And now, I'll turn the program over to Reneé.

Reneé Parks: Thank you Mollie, and welcome, everyone, to this afternoon's session. Today we'll be presenting the reports that are available for the ASC Program, as well as how to download those, and then we'll take a look at the examples of sample reports. Then we'll walk you through how to do a

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secure file exchange through the QualityNet Portal, and then wrap up with some slides around ASC-8 and NHSN reporting.

On this slide -- slide 6 shows the two reports that are currently available for the ASCs. That is, your Claims Detail Report and your Provider Participation Report. In order to have the capability to run these reports, you must first either be a Security Administrator for your facility or a Basic User with the appropriate roles. For more information on how to become a Security Administrator or a Basic User, please go to [www.QualityNet.org](http://www.QualityNet.org). There, on the left-hand side of the page, you will find the Security Administrator registration forms and links.

Now, let's move on to the next slide. Once you actually enroll and actually log in to the Secure Portal, this is the landing page that will come up. It is called the **My Tasks** page. You will notice that there is a yellow ribbon running across the top of the page. This shows all of the categories available to you that you can perform. The one that we are most interested in for this portion of the presentation is **My Reports**.

As we move on to slide 8, you will notice that the **My Reports** section is highlighted. These are the tasks that are available underneath the dropdown menu. You have **Run Reports**, **Search Reports**, and then **Analytic Reports**. The ones that we are going to utilize the most will be your **Run Reports** feature, and you can select that, and it will take you to the next screen.

Once the **Run Reports** page loads that you can see on slide 9, you will see a yellow box appear on the right-hand side of the page. This allows you to again select **Run Reports** and move to the next slide. You will notice that

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the start button on the left-hand side of the page is going to walk you through the process, and we will start to run reports.

The run reports page you can see highlighted with the red circle highlights what you need to do. It is to select the program category and the report. So, under the drop down menu, the report program will be for ASC. If you are affiliated and do some work at hospitals and are assisting them, there are other programs; this is also where you would find those. But for this particular program, the ASC category is where we will be. And the report category, as you'll see on the right-hand side, states **Ambulatory Surgical Center Reports**, your feedback reports. This is where you will click and make sure that that is highlighted. Then you will click on the **View Reports** radio button to the right-hand side.

Once you select the **View Reports**, the reports will appear under the report name at the bottom of the page that is highlighted within the circle. You will select the desired report that you wish to run and move on to the next slide, which we will go through as we select the report parameters.

On slide 12 you will notice that the report parameters radio button up under the **Run Reports** section is highlighted, and below there are drop-down menus affiliated with each of the parameters for the state that you are in. You simply use the drop-down menu; select your state; select the facility. If you are a user that has been assigned and has access to multiple roles and facilities, this is where the ASC names -- there may be more than one, specifically if it is in the same state. So, all of the facilities that you have access to based on your role assignment as a Security Administrator or a basic role will appear here, and you can highlight the facility you wish to run the report on.

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Then you will simply select the date ranges, your start and end date, for which you wish the report to run. You can select from January 1 through October 22, and receive the claims for those reports in the Claims Detail Reports, or the Provider Participation Report.

We are -- for this example, we are going to use the Case Detail Report, and this report can be populated in a CSV format or a PDF format. You would then simply select the button, **Run Report**, at the bottom of the page.

Once you select that, you will notice, on the two bars below your **Run Reports** tab, that state that we have selected, the program, and the category. We have now selected the report parameters, and we're going to confirm by clicking and selecting the **Run New Report** button. So, you would simply select that to advance to the next slide, which will be your **Search Report**. You can select multiple reports to run at a time, and then you can go to your **Search Reports** feature which is highlighted here. And in this example, we have both a Provider Participation Report with a green check box under the status, as well as a Claims Detail Report.

Moving from left to right across the page, you will see the date that these reports were requested, and these were requested on August the 25<sup>th</sup>. The report name, again, Provider Participation Report, your Claims Detail Report, and the last downloaded date. Had this report been utilized before, there would be a name, an actual date, and the -- under that category -- the size of the report, and then the actions available with the magnifying glass, the green download button, favorite star, and then the red delete button. So, you would simply highlight the report you wish to view.

This is what I call a cheat sheet, another slide that takes away in a simplified step those steps that need to be taken in order to view your

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Claims Detail Report or your Provider Participation Report. And as we walk through this, the next slide will go through the icons.

On slide 16, you will notice that the magnifying glass is highlighted. This will -- selecting this action will allow you to view your report, so we have taken a look at how the parameters that we want to engage, and basically the parameters for both of these reports, Claims Detail and Provider Participation Reports, are basically the same.

So, I want to switch gears now. We've gotten into the Portal, selected the reports we want to run, we have viewed the reports, so I want to take you through the process of what is actually on the Claims Detail Report in the next few slides. And then, we will look at an example in a few slides.

On slide 17 you will notice that the Claims Detail Report provides an ASC with the ability to monitor their claims submitted through Medicare Fee-for-Service through your MAC that end up in the National Claims History Warehouse. These are uploaded generally once a month around mid-month. However, that being said, there is an application upgrade that is currently being processed, so as of today, October claims have not been uploaded or downloaded from the warehouse. And, once the application is completed, you will then have your monthly downloads available to you that are typically around mid-month. And at this point, I do not have an estimated time of when those will -- the application will be completed.

The Claims Detail Report provides a listing of each and every claim that has been submitted. The report is detailed, and it basically will give you a list of each of your claims and the QDC codes affiliated with each claim. This allows you to review claims that have been submitted for service, look at the dates of service, and allows you to monitor your process. And you may

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utilize this with education, with your staff. Or if you find that your percentages are lower than what you feel they need to be, you can look at each of these claims and know that you can reflect as to whether or not it has the minimum of the two G codes -- which are G8907 mostly and the G8918 typically -- or a maximum of five, where if you had an isolated incident occur in the first four measures you could end up with five quality data codes. This line item of each of these claims will specify which codes you have on each one, and as we look through the claims detail example in a few slides, you will notice that there are some that may just have one code, some that may not have any codes, or some that have conflicting codes as if you had G8907 and then G8909, meaning that you stated in the first code that there were no events occurred but then the G89 reflects that there was an incident occurred, such as a burn.

So, again, it is for your information and benefit, and you can utilize that to track the progress and know how you are doing within these program requirements.

As we look at the data, Claims Detail Report and the field parameters, again, these are the same for both of the reports. You will have your state, your facility name, the date ranges, the reported format which you wish to receive your report in, whether it's a PDF or a CSV for your claims detail. Now, the Provider Participation Report we'll go through a little later; it only allows you to have it in a PDF format.

The Claims Detail Report fields, again, will be at the top of the page. It will also have your NPI and the date of claims where the last data was refreshed.

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Now, this field we'll share with you what are some of the field descriptors or the categories along your Claims Detail Report. You will have personally identifiable information, or PII, on this, so you will download this from the Secure Portal. You will have a Medicare health insurance claim number that would identify the patient. You have the claim receipt date, the first name, last name, their date of birth, but then you will also have what's called an internal control number, or ICN, that is assigned by each of the MACs. And should you need to have a conversation with your MAC that you know when it went out of your facility that was coded and billed out appropriately, it had the two G codes on it, but when you received this claims detail, you are seeing that there are no G codes there. This is a claim number that will allow you to have a conversation with the MAC and carrier to know that you're looking at the same information so you can find what in the process is broken and where the breakdown occurred.

As we move on to slide 21, you will notice that this talks a little bit about that internal number from your carrier that is assigned. You can format this on the CSV format, and this just goes through how you can select and format yourself, so this is just an FYI on the reports and how you can get your numerical values.

On slide 22, this highlights a Claims Detail Report, and it's an example where all of the patient information has been sanitized, but you will notice that it shows in the left-hand corner the date the report was run. Over in the right-hand corner, you'll notice that this is a short page, a short report. There are only two pages during this service date range that they were looking at claims, essentially in about a six-week time frame, from July 1 through August 20. And you can see as you go across the field in the categories where the HIC number would be: the claims date, the service



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date, what the quality data codes are, first and last name, date of birth, and then your control number that your MACs use.

As you'll see on the first line item, there were no G codes that went into the MAC and ended up in the national claims warehouse on that particular individual. Then on the fifth line item, you will notice that there is a G8907, but they have neglected to put the corresponding G code that goes with ASC-5 or the antibiotic measure. So, this is very useful when you may have a new staff member that is new to the facility doing coding, and you can use this as an educational opportunity to help with the process in your facility.

So now let's look at the other, at the second report that is available for the ASC, and that is your Provider Participation Report. This is a tool that enables the ASCs to monitor their compliance within the ASC Quality Reporting Program and where they are meeting those requirements. It provides assistance, and you can pull this down at any time. And I think the most valuable time that this will become a valuable resource for you is once we get into 2015, beginning January 1 through August 15 of 2015, that is the submission period of where you will go in and enter your web-based measures for your 2014 data.

So again, once you enter your web-based measures, you will be able to run your Provider Participation Report and know that you have successfully completed all of your measures. This report, however, will not guarantee or state that a provider qualifies for full APU.

As we move into slide 24, as we stated earlier, the parameters are the same for the Claims Detail Report and the Provider Participation Report. The one caveat that the Provider Participation Report gives is it will tell you

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whether or not there is an active or approved Security Administrator affiliated with the ASC that is on this report. And it's interesting because everyone that runs this report has to have a Security Administrator or a Basic User in order to obtain this report because it's done through the Secure Portal. You may have multiple SAs, and this will determine that you have one active, or there is not an active, Security Administrator.

The participation status displays whether you are participating or withdrawing. And remember, if you are submitting G codes on your claims, on your CMS 1500, there was no notice of participation form that you had to submit. Once you start making those G codes accessible and putting those on your claims, that is your indication to us at CMS that you are participating in this program. The only way that you can withdraw is through filling out a form. So, most of you who will be running these reports, the Claims Detail Report or the Provider Participation Report, will be participating.

As we move into slide 25, this is the second of four slides that we are discussing the actual fields or descriptors that are located on the Provider Participation Report previous to us looking at an example. This will show you the number of claims with the quality data codes and the total number of claims that your facility billed during that reporting period that you ran when you selected your time frame. The data completeness is in a percentage, expressed as a percentage, and then the CMS threshold currently is at 50% and will be reflected on your report.

In the future, as the program evolves and moves forward, we would anticipate that that 50% threshold will go up, and, just as a caveat, you would know that way ahead of time because that will be done through the rule-making process first as a proposed and then if it would be finalized.

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And we are due in November for the final rule to come out around November 1.

So, as we move to slide 26, you will notice that it will also express and show on your Provider Participation Report the web-based measures. Here, you've currently only submitted on ASC-6 or the Safe Surgery Checklist, as well as ASC-7 for your Facility Volume on Selected Surgical Procedures. The column will display under each measure as to whether or not the submission was completed or it is incomplete, so it would be a yes/no category. And there will be a placeholder as we move on to slide 27 for ASC-8, as we are now into the flu season and the ASC-8 will be -- data will be captured as well as entered through the National Health Safety Network on the CDC website. That is different than your claims-based measures for ASC-6 and -7, and then beginning in January, you will also have reporting of the numerators and denominators for your ASC-9 and -10.

This will be based on quarters and calendar years so that you can see your measures as they are reflected. The claims-based measures section will also allow you to look at by quarter and calendar year, and it will be expressed in your numerator and denominator measure values.

Remember, for ASC-1 through -4, the lower the number the better, as these are rare, isolated events. For ASC-5, the higher the number the better, or the closer to 100% the better, so most facilities with last year's data were ranging anywhere from 94% to 98% on average.

As we move on to slide 28, after entering this data, you would select, **Run the Report** from your parameters, and again, the elements that will be on the report will run through and then take a look at a Provider Participation Report. So again, the state that is associated with your facility, you can select one or multiple. If you are over several and generate those reports,

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and it is broken out by payment year. So, as we look into the QualityNet, and you will go there to select, currently you could look at 2014, 2015, and then you will be entering data for 2016.

So remember that this report is only available in a PDF format, and again, it will also have the footnote with the disclaimer that this report does not confirm or deny whether an ASC qualifies for the full annual payment update. And, as Mollie stated in the announcement, the 2015 annual payment update should be completed around the end of November.

As we move into slide 30, this is a sample of an example report of the provider participation. As you'll notice at the top left-hand corner, it gives you the date that this report was generated. On the right-hand corner it lets you know how many pages there are, and for the program, it is a participation report -- the name of the program, then you will have in the middle the payment year that you're looking at. Over on the left-hand side in the circled area, it will show you the state that the facility resides in, the name of the city, the name of the facility, and the NPI affiliated with this report. It will also give you your QDC rate. It will give you the number of claims, your total number of claims, your percentage that will be expressed. In this particular report it appears as though they were at 78%, and then the CMS-required threshold is at 50%.

As you move across, you will notice the web-based measures, as you continue left to right, are listed, both ASC-6 and ASC-7. You will notice that it states, "Completed: No," and that is correct because you are looking at payment year 2016, and that payment year for entering the data will begin January 1 of 2015.

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As you look down below, you will see the individual measures for ASC-1 through -5 and how they are broken out by the numerators, denominators, and in the measure values that are expressed per 1,000 admissions. And at the bottom you will see the disclaimer.

So, now that we've talked about how you run the report, how to select your parameters, and examined examples of each of these two reports, there is another feature that we want to talk about that is located in the Portal, and that is the Secure File Exchange.

There are a couple of ways that you may need to utilize the Secure File Exchange, and that is if you had a question on a Claims Detail Report -- wanted to send that to us here as the Support Contractor -- you would use the Secure File Exchange so that we could be looking at the same report that has patient identifiable information, or PII, on it. And that's a secure way that you can transfer that information and then both be looking at the same report.

In the future, there will be this -- all of your data will be publicly reported, so there is a preview period once that occurs. And realize that we have not made any of this data publicly available, and that will be coming in the future, but prior to it going publicly available, there will be a preview period. This will be sent to you through the Secure File Exchange, and you will be able to download those preview reports, review them prior to all of that data going public.

So, let's talk about the Secure File Transfer. These are the advantages: it gives you flexibility; there were some existing Java compatibility problems, they've been eliminated; it has the heightened security enhancement; and the large files are accepted and easily sent up, to as large as one gigabyte.

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So, you have increased mechanisms of which you can send secure data, and it makes your messaging more adaptable.

As you move to slide 32, this is the landing page once you actually enter the Secure Portal, and on this page highlighted with the red arrow at the top, along the blue ribbon running across the top, you will see where it states, "**Secure File Transfer**." This function will be used for autorouting, again, for the preview reports once data will be publicly submitted, and again, no time frame on those, but that is one way that you will have access through the Secure File Exchange.

As we move on to the next slide, 33, you will see that this is fairly intuitive. It's very similar to most email systems, whether you are using a Windows-based or not. You will see the toolbar, the main menu, and then the work area. So you will spend the larger portion of your time when you are crafting and sending a secure file message on the number 2, that box which is located on slide 34. The **My Computer** is not functional, that's part of the Axway system, and it's not supported or available in the secure file application at this time. The mailbox menu, which is under number 2, you will see that it has several functions, most definitely similar to composing any email. The mailbox, however, is not an email system, it is a method for securing and sending files containing personally identifiable information, PII, or protected health information, PHI.

The messages in the files will automatically be deleted after a time frame, and so you do not want to use this mailbox as a long term storage of files.

As we move to slide 35, you will see that this is the **Compose Email** page, very similar, very intuitive, to start a new mail message. The tab will open in the workspace. You can save or discard your draft message at any time,

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and the system has a feature where it will auto save your draft at regular intervals. You also have a link that will allow you to look up the **To** link that gives you access to the address book through the Secure Portal. This shows lists of groups based on your role, and you can send messages to a group, multiple groups, or individuals in a selected group.

Once you select the **To**, this is the form that will come up, and we have blinded all of the groups and recipients so that it is not publicly available in this format. However, depending on your roles and your access, you will have these pre-populated. Another feature is that if you know the individual's name of who you are trying to send the file to, please select and enter it, their first name and their last name, and it will have that search feature for you.

Once you complete all of the recipients, simply add or remove, and then you had them entered under the selected recipients, select **OK** on the bottom right-hand corner. This will take you to the next slide, slide 37. The last time your draft was saved will be displayed, and it will give you a time, so if you have to take a phone call, you're distracted, you know where you are and what time the last message was saved. You can clear the recipient addresses simply by clearing those and the **To** message box. And again, make certain to not put any personally identifiable information in the subject line or in the body of the email. That needs to be in the file that you are transmitting.

And again, just to reiterate, not any PII or PHI in the subject line or in the body of the email, and then you can select your attached file which is your - - actually at the bottom, right-hand corner of this, number 4, to attach your file. And remember that you can change the expiration date by the drop-down menu. It defaults to 60 days. If you want the message to be deleted

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or unavailable earlier on the recipient end, you can select that from one day, seven days, and 30 days.

This is the confirming message status that will alert you that your message was sent, your attachment went, and it was attached. In number 2, it is in your **Sent** folder. It will not pop up immediately, and it's not as quick as your routine email system that you are used to, so you may have to go away, do something, and then come back to ensure that the file was actually sent. So that is where you can confirm that your attached files and the message went out to the prospective recipient.

So now, over the last few slides, I want to focus -- that concludes how to send a secure file and the couple of reasons that you would be sending a secure file message, or in receipt of one. Over the last few slides, we want to review some pages on the NHSN website. As October is the beginning of the flu season, and you have already begun to report or collect the data for your Influenza Vaccination among Healthcare Personnel, and to date there have been roughly 1,100 ASCs that have successfully completed enrollment. We know that there have been challenges because ASCs operate off of their NPI numbers, and many do not know what their CMS certification number is because you bill and work operationally off of your NPI. There was a ListServe sent out where there was a NPI to CCN look-up tool that had a link that you can call up here as a Support Contractor, and we can send that link to you or look it up based on your NPI and have your CCN available for you, because everything on the NHSN website is based on your CCN. That is how you would need to register.

The NHSN recently sent out a ListServe with guidance for ASCs and enrollment into NHSN, and this ListServe went out on October 8 from here.



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And there was a checklist -- an enrollment setup and checklist -- that I know you will find useful when walking through this.

I also want to point out on this slide the landing page for NHSN that is on the right-hand side you will need to -- if you are having issues that you have not -- you've submitted your paperwork, but you haven't received the card that you get in the mail so that you can log in. You will need to send them an email, and realize that the process for them will take a little bit of time, with only 1,100 having successfully completed this. You will, there probably have several applications because there's roughly 5,600, 5,800 ASCs that will need to go through this process. But if you do not hear back from them, please send them an email through [NHSN@CDC.gov](mailto:NHSN@CDC.gov). And again, that email is on this page.

If they do not respond to the email within two weeks, send them another one. We have been in contact with the CDC and are trying to help facilities expedite this process as much as possible.

As you move to the next page, you will notice that it is the facility enrollment page. There is a category there for ambulatory surgical centers, and select this, and it will take you to the next page which is the five-step enrollment process. Please allot yourself some time to walk through this. And again, if you do not know your facility's CCN, you may call us at the Support Contractor at 866-800-8756 for assistance, or send us an email through the Question and Answer tool right on the QualityNet website.

So again, allot yourself some time. And we know that the enrollment period is open, and there was a proposed date for the deadline on NHSN that was for May 15, and the rule that will be finalized in November will let us know if that's going to stand or if it will be changed to something else. But again,

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the time frame that you are collecting the data is from October 1, 2014, through March 31 of 2015. You will enter this data on the National Healthcare Safety Network.

The last slide will schedule, and shows once you obtain your registration numbers, you've walked through all of the material, and also just to let you know, the CDC or NHSN did provide a webinar earlier in the year to help people walk through the registration process that was recorded and is on their website.

So, this is the set-up page where you will create your monthly reporting plans, and know that each time you go into the monthly reporting plan, you will need your log-in information. And any data that you submit will overwrite the previous month, so realize that you need to keep your total available for you, should you elect to create the monthly reporting plan.

And with that, that concludes this portion of the presentation, so I will turn the program back to Mollie.

Mollie Carpenter: Now I'd like to remind you that this webinar has been approved for one continuing education credit by the boards listed here on slide 44. We now have an online CE certificate process, so if you have personally registered and logged in to this webinar, you will receive a short program satisfaction evaluation survey sent to you by WebEx within the next 48 hours. Additional details are available on slide 44 and on the educational page of our website, [OQRSupport.com](http://OQRSupport.com).

If you are listening to this webinar with a colleague, ask the colleague to forward you the email with the WebEx link for the survey so you can receive your CE certificate. If you are listening to this webinar by phone only, and

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did not log in to WebEx, you will be required to complete a brief post-test that will be posted on our OQRSsupport.com website within a few weeks.

**END**

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