



Ambulatory Surgical Center Quality Reporting Program

Support Contractor

Ambulatory Surgical Center Quality Reporting (ASCQR) Program Requirements: CY 2015 OPPS/ASC Final Rule AM Questions and Answers

Moderator:

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- Question 1: Good morning. Could you please explain why, for ASC-12, you will be utilizing only one year of paid claims for the analysis when the reliability testing for the measures suggest that at least two years is required, if not three? Thank you.
- Answer 1: Hi there. We are utilizing one year because we view that the measure is reliable enough utilizing one year of paid claims data. That is something that we could reassess if we see that that's not the case. But, as we discuss in the rule, we are satisfied with the level of reliability of the measure at this -- as has been shown in its development, though we are aware of those concerns, and we will monitor that if we decide that that's not going to hold.
- Question 2: Hi. I was wondering, with the ASC-11, I heard you say that the measure was voluntary. Just clarifying that, it says "submission of this measure has

Ambulatory Surgical Center Quality Reporting Program

Support Contractor

been made voluntary." So was that just for 2014 data, or is that going forward until we hear more is voluntary?

Answer 2: The reason why the language is stated as such is that it was finalized last year as a requirement. So this year we made that submission of that data voluntary so that whether or not a facility submits it, it does not affect -- it's not going to be factored into any payment determination. I can't say what's going to happen with that measure going forward, but as of right now and going forward, it is voluntary.

Question 2: Okay, so in the middle of the year they're not going to say "dating back to January, we need to gather data," and then we're all scrambling to get it?

Answer 2: We couldn't do that, actually. That's one of the points of rule-making. That is one thing we are bound to: what we publish in rule-making, so we can't change that. We can't go back and say, "Well, you have to go back and do that." We won't do that.

Question 3: Hi. This is regarding the ASC-12, and can you just give me a high level on how they connect the facility where the colonoscopy was done with the hospital if they're not affiliated at all?

Answer 3: Affiliated at all? Are you talking about for the outpatient measures?

Question 3: Yes, with the seven-day risk standardized hospital visit right after outpatient colonoscopy?

Answer 3: Are they connected to the subsequent hospital?

Question 3: Yes.

Ambulatory Surgical Center Quality Reporting Program

Support Contractor

Answer 3: Through the Medicare identifier. They look at the paid claims that link to the Medicare identifier. They look at the Part A -- okay, so the outpatient procedure is a Part B benefit, but they can find the follow-up care through the Part A clients, and so they link those.

Question 3: Okay, thank you.

Question 4: Hi, I'm just calling to ask why are GI practices really the only ones that are being, I guess, picked on?

Answer 4: We're not picking on GI facilities. We do have -- I mean, we did finalize a cataract measure to accompany the colonoscopy measures, so we are seeking to fill in our measure set to the extent possible. We do have challenges with devising this program for ASCs because we realize that they are very specialized in what they do, and we are limited, also, by the measures that are available. So it's not that we don't want to look at some of the other areas. We do have measures that are undergoing MAP review now that touch on other areas, and so we will be, I guess, picking on some of the other settings as much as we pick on the GI settings. But we don't mean to. We are doing the best that we can with what we have available.

Question 5: Hi. My question -- we have one NPI, which covers four of our locations, which we believe should have separate CCNs. So, kind of, a twofold question -- one, do we report separately for each location at each CCN for those four web-based measures to QualityNet? And, if so, how can we find the separate CCNs? When we look at the look-up tool, it only brings up one CCN for that NPI number, and we're not able to look at the other ones.

Ambulatory Surgical Center Quality Reporting Program

Support Contractor

Answer 5: Well, it's -- then we may not have separate CCNs for you. That's something you could talk to your Support Contractor, but your data to CMS should be entered utilizing your -- it should be entered by NPI. The only data that is being collected directly by CCN is the CDC/NHSN measure. But if you really do believe that you have different CCNs, we can try to investigate that. Is there a reason that you think you have separate CCNs? That you were certified separately? Have you? So you might want to contact FMQAI to investigate that.

Question 5: I'm sorry -- where?

Answer 5: You should contact the Support Contractor. They're actually here on this last slide; there's a phone number.

Question 5: Okay.

Answer 5: They may be able to help you.

Question 5: Okay, thank you.

Question 6: This is related to ASC-12, and -11, -10. I also feel that you -- that there is a continued focus on measures that are related to events that occur outside of the facility, and ASC-12 is another example of the facility having to capture information from the physicians. And, especially if it's a single-specialty GI center, they may have all that patient data, but multi-specialty centers have no way of keeping track of what happened to patients after they're discharged. And so even though we comment and try to go through the right channels, it seems that there is a continued focus on things that happen outside of our facilities instead of inside our facilities, and it's -- I'm just wondering why.

Ambulatory Surgical Center Quality Reporting Program

Support Contractor

Answer 6: Okay. First, for ASC-12, there is no additional data submission required. It is calculated purely on claims data. So you do not have to collect anything or submit anything, and you don't even have to do anything with your facility-specific reports if you do not want to.

The reason why CMS is interested in events that occur outside is that we are seeking to have continuity of care. This measure was -- is not picking on ASCs. This measure was also finalized for the hospital outpatient program, and if you look at some of these measures, I mean, we made the cataract measure voluntary because we do realize that there are some difficulties in collecting that information. However, it would seem that ASCs would want to know what happens to their patients, how well they are actually performing.

So this is something that can aid ASCs if they actually want to see how they're doing. But that is a goal of CMS is to build that continuity of care view into the program.

Question 7: Thank you. This is for ASC-11. I just -- I may have missed this, but what is the data capture date range? And is the first reporting required in January of 2015?

Answer 7: There is no required reporting for that measure. It was -- it's not required, so that requirement that was finalized previously was dismissed, so to speak. If a facility wants to begin reporting, they can begin reporting beginning with January 1, 2015, services.

Question 8: Hi. My question is about the ASCs with less than 240 Medicare claims. I know you said something about it's hard for the ASC to know if they have 240 as the year is transpiring. Our center was approved for Medicare June

Ambulatory Surgical Center Quality Reporting Program

Support Contractor

30th, so, obviously, they meet the threshold. So as far as reporting things like the flu data, we would wait until the end of -- in other words, 12/31 at the end of this month, and then see how many Medicare cases we had, and if it was less than 240, then we don't have to report the flu data and the other web-based measures. The claims measures will already be reported, but we could ignore the web-based measures. Is that a reasonable conclusion?

Answer 8: Okay, what year did you come into existence?

Question 8: This past June 30 of 2014.

Answer 8: Of 2014, right?

Question 8: Yes.

Answer 8: Okay, so you actually -- you'll have to start reporting until -- you don't start participation until 2015. You don't have to play catch-up with all that data that occurred this -- data collections that occurred this year. You would begin in 2015.

Question 8: Okay, then, I guess I misunderstood. So even --

Answer 8: It's the language. It's --

Question 8: Okay.

Answer 8: You don't -- yes, if you were alive, so to speak, before September 1st of 2014, you then are required to begin participation in 2015.

Ambulatory Surgical Center Quality Reporting Program

Support Contractor

- Question 8: Okay, and when you say "participate" --
- Answer 8: You do have a -- let's see, 2015 -- yes, so that would be for the next year, so you don't have to do any for this year.
- Question 8: So even though we've turned on, in our claims submission, the quality codes, they're not -- it's not going to make any difference one way or the other?
- Answer 8: If you have data, but it's not going to affect your payment because we've already made payment determinations for calendar year 2015.
- Question 8: Okay. So I don't have to report the volume, the flu stuff, the -- any of that for 2014 data in 2015. But in 2015, we have to start collecting and reporting in 2016?
- Answer 8: Yes. Renéé, is that correct?
- Answer 8: That's correct.
- Question 8: Thank you.
- Question 9: Good morning. I'd like some additional information for the ASC-9 and ASC-10. From what I gather, the reporting period would be from April 2014, is that correct? Hello?
- Answer 9: That's your collecting of your data, yes, ma'am.

Ambulatory Surgical Center Quality Reporting Program

Support Contractor

Question 9: From April 2014. Okay, another thing I'd like to know -- is this something that a biller should be doing or a nurse? I mean, I'm not sure how to collect the data.

Answer 9: It is something that your nurses, more than likely, would do or whoever reads the colonoscopy report because a biller wouldn't be entering a code, like, a quality data code for this. So there are tools on the qualityreportingcenter.com that may assist you with that. There are flowcharts, and then there is a one-page document that will assist your nurses or whoever reads the colonoscopy report or takes the patient's history. Because, remember, one of the measures looks at the colonoscopy report only for what the recommendation is moving forward. And the other measure looks at the history of when the patient received a colonoscopy where they had -- were diagnosed with polyps, and looking at that time frame. And that can be obtained from anywhere in the chart. That could be done from the nurse doing the admission assessment anywhere that can be documented.

So if you have further questions, please feel free to give us a call here, and we'll be happy to walk you through that.

Question 10: Thank you, good morning. So I was going -- mine is going back to the minimum case volume threshold, and what if, on one year, let's say, 2014, you did not meet that threshold, but as subsequent years go on, your volume increases, and then you do become eligible?

Answer 10: Then you would begin participating once you cross that threshold. But I will note that there is an intent to look at that policy next year so that ASCs will know in advance so they don't have to do this tracking. Now, if you cross --

Ambulatory Surgical Center Quality Reporting Program

Support Contractor

Question 10: If we didn't qualify for 2014, then we wouldn't need to report in 2015?

Answer 10: Right now we don't know that. Right now, it's in the given year.

Question 10: Okay.

Answer 10: And if you see -- add a position to your center, and you know that your volume is going to go up, if you think that you're going to be close with your primary and secondary code, it would be in the facility's best interest because, come December, when you realize you're at 240 and you've got three weeks left that will push you over, you would need to have had been doing that all along.

But as Dr. Bhatia has stated, you know, that's something that will be looked at and may be addressed in the next proposed rule.

Answer 10: Yes, I admit that policy needs some refinement.

Reneé Parks: Thank you, Erin. That being the case, that will conclude our program for today, and I'd like to thank Dr. Bhatia from CMS for the valuable information she provided and the questions you, as participants, have asked. And we hope that you have heard useful information that will assist you with your facility in meeting this program requirement. And please remember that you will not receive the program evaluation survey for the CE certificate today. Thank you, and this concludes our program. Have a great day.

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