



Ambulatory Surgical Center Quality Reporting Program

Support Contractor

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

Moderator:

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Speaker:

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December 5, 2014

2 p.m.

Question 1: Hi, thanks. Just to kind of wrap my head around the measure specifications, I hope I can ask a question about that here. The denominator is all ASC admissions for the claims-based ones, but only 50 percent – the QDC Codes only go on 50 percent of the Medicare claims. So I'm having a hard time making sense of that. Can you explain that a little?

Answer 1: Okay, so you are correct. Your denominator is everybody that comes in, that's been admitted. You only have to get the codes correct for 50 percent of them. That doesn't mean you stop after 50 percent; it's just that we have kept a low threshold at this point because some ASCs continue to have issues with getting that data in. So we are just providing a low – we started off with a low threshold, and we haven't increased it as of yet.

Now, we may do so as ASCs gain more experience, but it was really to provide like a starter low threshold to get as we started up the program.

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Because there are ASCs – some facilities – that still grapple with getting those correct.

Question 1: Okay, so I guess what I don't quite understand is if only – you only have to get 50 percent of them correct, but you're expecting all of them to have the QDC codes. And then if a measure's reported, we're based upon the QDC codes submitted whether or not they're correct?

Answer 1: That is correct. We are paying for reporting only at this time.

Question 1: Got you, okay. All right. Well, thank you very much.

Answer 1: I realize you're checking out, but I would add that it really does look like people are doing a good job at submitting their data.

Question 2: Hi, yes. I am wondering if you could just explain exactly what is being reported in ASC-12.

Answer 2: Well, nothing's being reported just yet. But what do you mean? What does the measure give you?

Question 2: Yes. What is the measure? What is the data, when that becomes active, that's actually being measured in ASC-12 to be reported?

Answer 2: It's going to be the number and/or rate of hospital-related events following the colonoscopy at the facility. And those are the events that occur within seven days of the procedure. So you're going to be able to see what that really looks like when the preliminary data analysis reports come out because those are still being worked out completely.

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Question 3: Hi. My question is regarding the ASC-11 for the cataracts. Is that still going to be voluntarily done for 2015, reportable in '16, or starting January 1?

Answer 3: It begins to be voluntary starting with the January 1, 2015, services. If it were to change, we would make that change through rule-making. I don't anticipate that we will be doing that very soon, but it is possible that that measure could go from being voluntary to being required. Most likely for that to happen, that measure would need to be retooled, and it would have to go through the MAP review process. So it would not be anything that would happen immediately.

We made it voluntary because we realized there were issues with collecting the information, not because we thought it was a bad measure.

Question 4: Hi. I was just wondering – and you may have kind of answered this previously about the reports that would be available for our analysis prior to the effective date of Measure 12 – do you know when you would expect those to be available? I think we're kind of concerned about admissions seven days after our event that are unrelated but get counted anyway. When will we be able to see what our numbers may look like?

Answer 4: It's going to be some time in 2015, but we are currently working through database sources and how we're going to distribute reports and things like that. But we are anticipating that that would be done towards the third quarter of 2015, so at that time you would be able to provide feedback on your reports.

Question 5: Hello. My question is actually twofold. We are an ophthalmology surgery center. So if I don't need to enter anything in for ASC-9 or -10, is it going to

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prompt me just to skip through those, or will I have to fill in zero in the denominator? That's one question.

And then the other question is, as an ophthalmology surgery center for ASC-11, if we choose not to enter that data again, will it prompt me just to say, "No, we don't want to do that," or how will that look when I go to enter this data into the Portal?

Answer 5: Reneé, do you want to take that one?

Answer 5: I will. The answer for you as an ophthalmology center– the way the Portal is designed; it doesn't know whether or not you are a multi-specialty center, an endo center, or an ophthalmology. Every web-based measure needs a numeric value entered, so you would need to, from that summary screen where it will have ASC-6, -7, -9, and -10 listed, it will state that you have not completed unless you enter a numeric value.

So you would need to, certainly, go in for -9 and -10 and enter zeros under the numerators and the denominators. And for ASC-11, it will be voluntary, and you would only enter data there if you desired to participate with that. And realize that, I believe – Anita, correct me if I'm wrong – if you do submit data on the ASC-11 as voluntary, understand that that is entered into CMS' system, so that data can be publicly reported.

Answer 5: And that is correct. As we stated, if you submit it to us, we can make it publicly available.

Question 6: Yes, hello. This question is in regards to the NHSN flu shot requirement. I noticed that we have to put in where a provider got their flu shot, whether at the health service at the facility or, like, at Walgreen's. My question is –

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what makes the difference where they got it as long as they got it? I was just wondering what CMS was looking for in delineating where it was received. I don't know if you can answer that question for me.

Answer 6: What I can answer is that the NHSN is CDC's system, that they have designed that. We are utilizing their system to collect information, but we did not design that system or formulate that question. Reneé, do you have any thoughts on the—?

Answer 6: I think they are just looking to see how many of your employees received their vaccination through your facility, and then if they didn't, was it via their family practice, or was it at – as you stated earlier – Walgreen's, or if they declined as well. So that's merely CDC's, the way that they segmented that population for this particular measure.

Question 7: Hi. I'm calling from an ophthalmologist's office, and my question is surrounding Measures 6 and 7. I want to know what the deadline is for those measures for the calendar year 2015.

Answer 7: For payment determination or for—?

Question 7: For reporting. So data that would have been collected through 2014 reporting in 2015.

Answer 7: August 15, 2015. Reneé?

Answer 7: That's correct. You have January 1 through August the 15th. Instead of the six to eight weeks that you had in 2013 to enter 2012's data, it has been extended. However, we highly suggest that you do not wait until the last month in August, those last two weeks, to enter your data, in case you

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encounter difficulty in the Portal. So again, you have roughly 7.5 months in which to enter 2014's data. So you can run your year-end reports to obtain – you're an ophthalmology center, so I'm sure you know to enter zeros into all of the other categories because each category needs a numeric value. And then enter under the eye category, the total volume for your population.

Question 7: Thank you.

Answer 7: You're welcome.

Question 8: Hi. Going back to ASC-12, I am wondering if the hospital visit rate after a patient colonoscopy is being calculated based on all types of hospital visits after the outpatient colonoscopy or just the valid issues or problems related to the colonoscopy. So, for example, like if, let's say, a patient goes the same day after their colonoscopy – goes into the emergency room complaining of dizziness, which is expected after they're sedated, is that going to be counted into our rate?

Answer 8: That would be counted into your rate because it would be an associated event. Now remember, this is a pay-for-reporting program, that we're not evaluating the numbers. But that is an associated event. They are coming because it's related to what happened during their colonoscopy.

Question 8: So then if, let's say, later on down the week, if they break their arm and they go in, that's not going to be counted towards it?

Answer 8: Later in the week—if it happened within the seven days, it would be counted. However, those numbers are going to be very, very small. As it is, the numbers are going to be very, very small. But the complication rate, the rates look to be between one percent and two percent. So these, as they

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are claims-based measures, it's the same issue that happens with readmissions in that you can't factor everything out. So you can have some events that are not necessarily due to the colonoscopy. We are going to see – with this dry run, you'll be able to look at your results and see what happens with those.

Question 8: Okay, thanks.

Answer 8: Now, there's just always this plus or minus that you have, and you try to reduce burden by having data where you have measures calculated from claims versus having high levels of accuracy with chart-abstracted measures, but those are highly burdensome. So these are some of the issues that we have to grapple with as we try to design the program for you. You know, how much do we really want to burden you while we try to measure what's going on?

Question 9: Hi. My question is, okay, when you're running the reports that require numerator and denominators, for the denominator, is it all the ASC cases that you had, and then the numerator is just your Medicare-insured? Or is the denominator Medicare-insured only as well?

Answer 10: Reneé, can you take that?

Answer 10: Which measure are you referring to?

Question 10: I don't normally report for ASC, but I do work for one. So I just want to know so I can let her know what she has to run the data for. We're a pain center.

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Answer 10: Right now, the numeric values that you are entering if you're a pain center, the endoscopy measures, you would enter zeros for the numerators and the denominators. And those sampling are allowed if you were an endoscopy center. So that's why—and the numerators and denominators for the ASC-12 are all claims-based, and there's nothing for the center to enter. Does that answer your question?

Question 10: Yes.

Answer 10: Okay, great.

Question 11: This is a similar question to the previous question. But on ASC-7, could you tell me one more time, would the facility – for the denominator and the numerator, is that on all cases or just Medicare cases? And also where—?

Answer 11: That's on all cases.

Question 11: All cases.

Answer 11: Because we can calculate your Medicare numbers.

Question 11: Okay, so all the cases that come in, no matter what type of insurance?

Answer 11: Right.

Question 11: Okay. And where do you find the list of the surgical procedures that you have to send data in on?

Answer 11: Those are currently in the ASC Specifications Manual that is posted on QualityNet. And that will be broken down by the system categories – eyes,

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GI, GU, integument, and the specific procedural codes that they are looking for calculations on will be there.

Question 11: Thank you.

Answer 11: Erin, we have time for one more question.

Question 12: Sorry. I was asking about the cataract improvement. I didn't understand that. Is that going to be finalized?

Answer 12: Yes, ma'am. That was finalized, that is, you have the capability to voluntarily report or to not.

Question 12: So, voluntarily, okay.

Answer 12: Yes, we finalized it for the program, but it is not – the reporting data for that measure is not required. You may report that information if you want to.

Question 12: Okay, thank you so much.

Answer 12: We did have ASCs out there who set up systems to collect this information and who want to collect this information, and that was one of the reasons that we made the measure voluntary.

Question 12: Okay, thank you.

Reneé Parks: That will conclude our program for today. I'd like to thank Dr. Bhatia and the participants for the valuable information and questions that you provided. We hope that you have heard some useful information that will assist you in your ambulatory surgery center to meet the program

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requirements. And please remember that you will not receive the program evaluation survey for the CE certificate today. And if you think of a question later on, please remember that you can always go to the QualityNet website and enter the question through the Q&A tool, and a subject matter expert will send you a timely response. Thank you for joining us today, and have a great rest of your day.

This material was prepared by the Outpatient Quality Reporting Outreach and Education Support Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. HHSM-500-2013-13007I, FL-OQR/ASC-Ch8-01052015-05