

Welcome!

- Audio for this event is available via ReadyTalk® Internet Streaming.
- No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.
- Limited dial-in lines are available. Please send a chat message if needed.
- This event is being recorded.



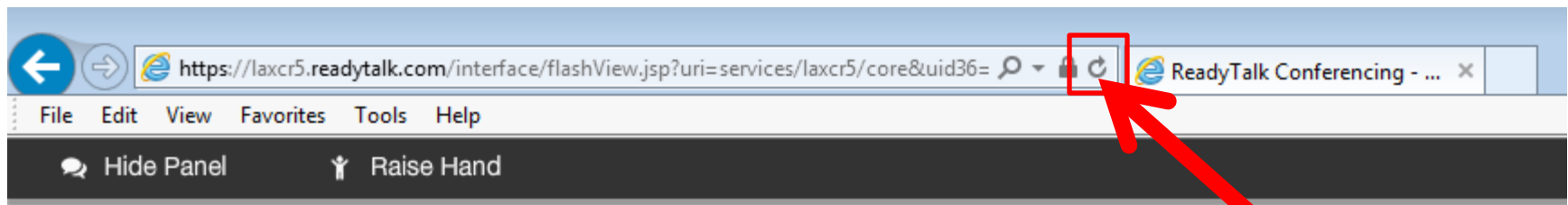
Troubleshooting Audio

Audio from computer speakers breaking up?
Audio suddenly stop?

- Click Refresh icon
or
- Click F5



F5 key
Top row of keyboard

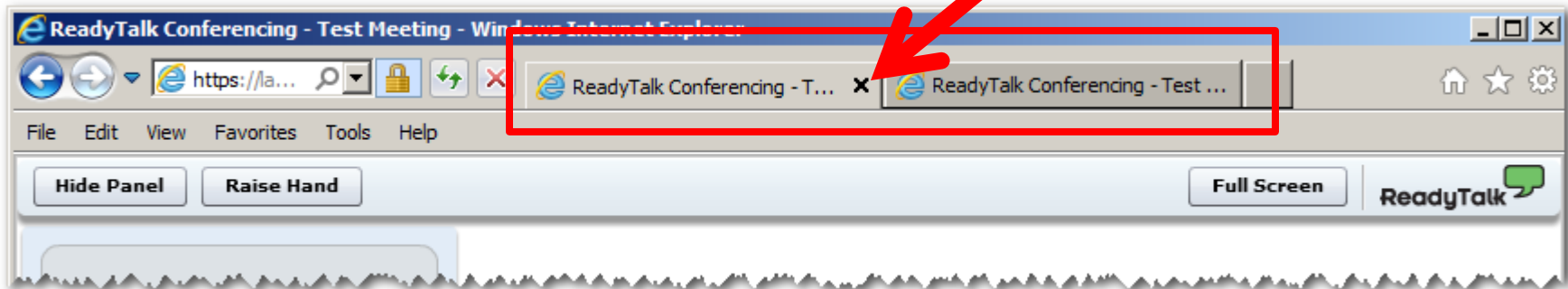


Location of buttons

Refresh

Troubleshooting Echo

- Hear a bad echo on the call?
- Echo is caused by multiple browsers/tabs open to a single event – multiple audio feeds.
- Close all but one browser/tab and the echo will clear up.



Example of two browsers/tabs open in same event

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.



A screenshot of a web application interface. The top bar contains buttons for "Hide Chat", "Raise Hand", "Full Screen", and "ReadyToGo". The main content area is split into two sections. The top section features the CMS logo (Centers for Medicare & Medicaid Services) and a large "Welcome to Today's Event" message. The bottom section contains a "Thank you for joining us today! Our event will start shortly." message. On the left side, there is a vertical chat window. At the bottom of this chat window, there is a "Chat with Presenter:" label, a text input field containing "Type questions here.", and a "Send" button. A yellow arrow from the text on the left points to this input field.



Pieces of the Puzzle: Understanding Quality Data Codes

March 23, 2016

Announcements (1 of 2)

- January 1, 2016–August 15, 2016, is the data submission period for the web-based measures entered through QualityNet.
- ASC-8, entered through the Centers for Disease Control and Prevention’s (CDC’s) National Healthcare Safety network (NHSN), has a submission deadline of May 15, 2016.
- The submission tool for ASC-9 has not yet been updated to reflect the denominator change to “50 to 75 years of age.”

Announcements (2 of 2)

- Access your QualityNet and NHSN accounts routinely to ensure your passwords stay active.
- For QualityNet password problems, contact QualityNet at 866.288.8912.
- For NHSN account issues, contact the NHSN Help Desk at nhsn@cdc.gov.

Save the Date

Upcoming Ambulatory Surgical Center Quality Reporting (ASCQR) educational webinars:

- April 27, 2016: Pieces of the Puzzle, Part 2
- May 25, 2016: Data and Quality Improvement for the ASCQR Program
- Notifications of additional educational webinars will be sent via the ListServe.

Learning Objectives

At the conclusion of the program, attendees will be able to:

- List the claims-based measures associated with Quality Data Codes (QDCs)
- Identify how many codes should be reported on each claim submitted
- Identify at least three resources to check and verify QDC compliance



Pieces of the Puzzle: Understanding Quality Data Codes



***Karen
VanBourgondien,
RN***

A Little Background

- 2012: The ASCQR Program was established by the Centers for Medicare & Medicaid Services (CMS) to promote high quality care for patients receiving services in ASC settings.
- Public reporting allows for informed consumers and challenges providers to continue to provide excellence in care.

Why Do We Care?

- CMS
 - Better care
 - Smarter spending
 - Healthier people
- Public reporting
 - Promotion of higher quality, more efficient healthcare
 - Ability to compare performance nationally
 - Opportunities for continued improvement

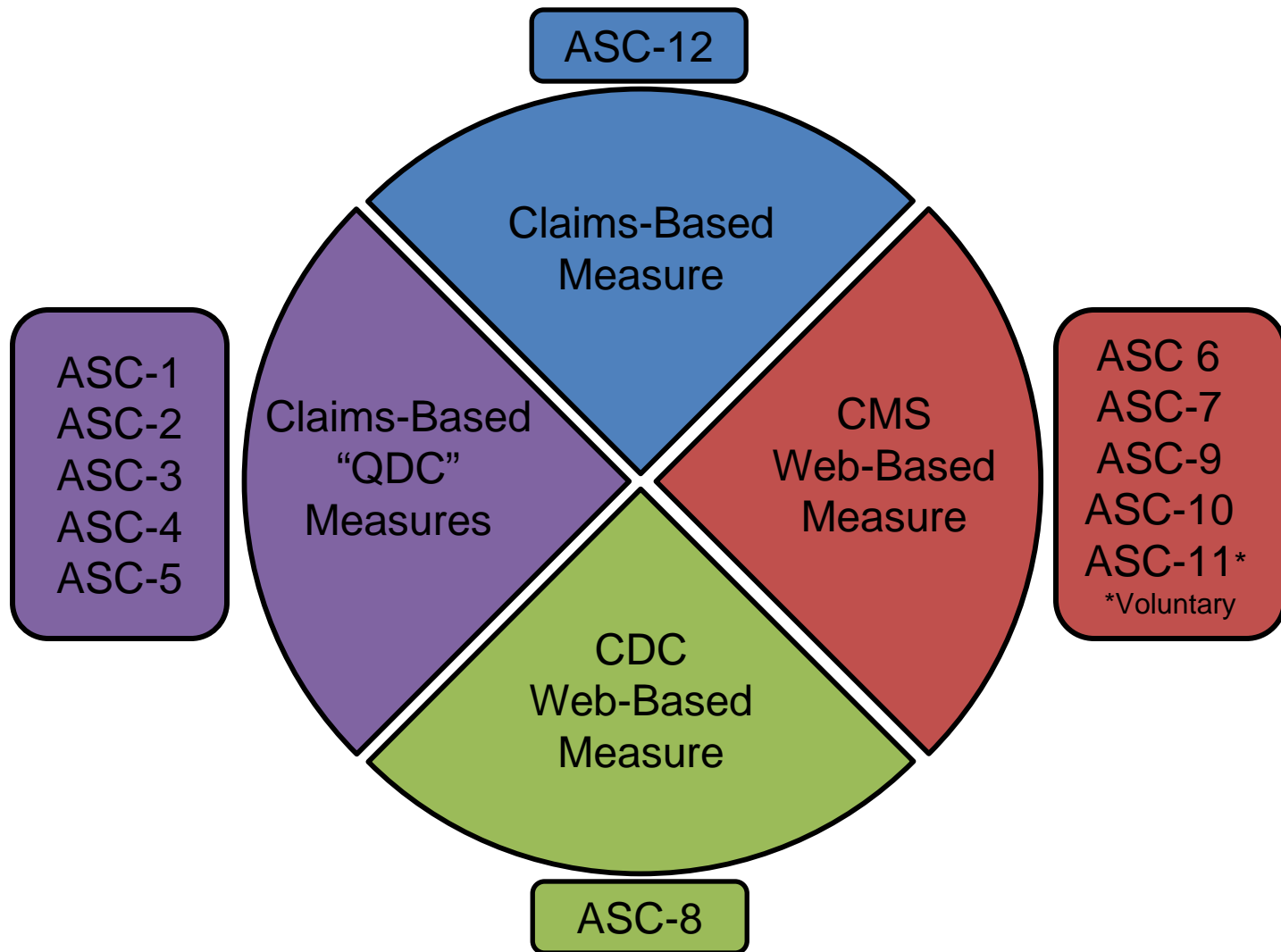


Program Requirements

Facilities with 240 or more Medicare claims/year:

- Reporting claims-based measures
 - ASC-1 through ASC-5: Calculated through QDCs
 - ASC-12: Calculated from CPT codes on paid Medicare Fee for Service claims
- Reporting web-based measures
 - ASC-6, ASC-7, ASC-9, ASC-10, and ASC-11: Reported via the QualityNet submission tool
 - ASC-8: Reported via the NHSN/CDC submission tool

ASCQR Program: The Big Picture



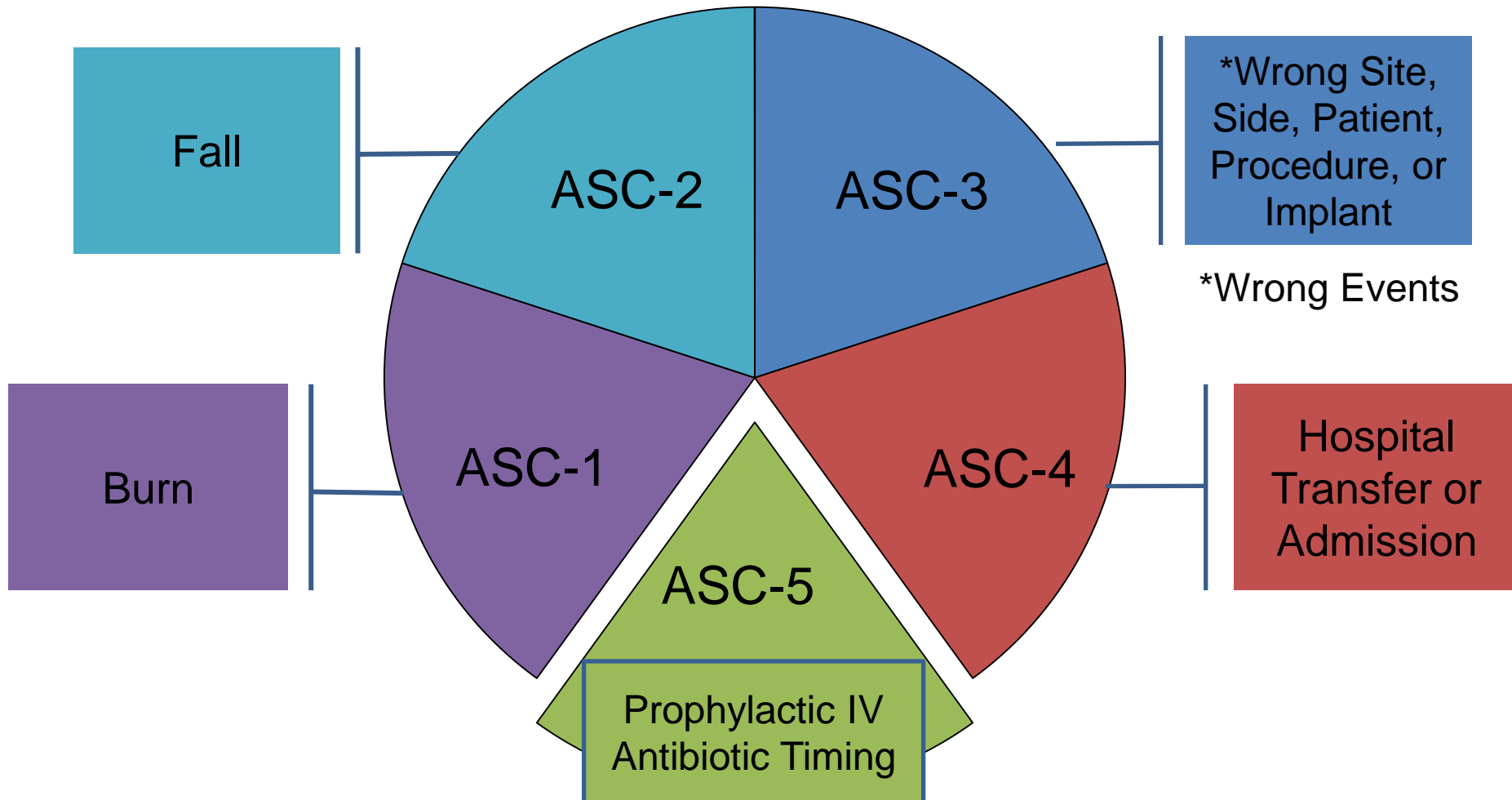
What Are Quality Data Codes?

- Specialized Level II CPT (G-Code) used for performance tracking
- Non-reimbursed code
- Populated by the facility on CMS Form-1500 version 02/12 paper claim or electronic document
- Submitted to data warehouse

What Are the Quality Data Code Measures?

- ASC-1: Patient Burn
- ASC-2: Patient Fall
- ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
Wrong Events
- ASC-4: All-Cause Hospital Transfer/Admission
- ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing

Let's Look at the Five QDC Measures

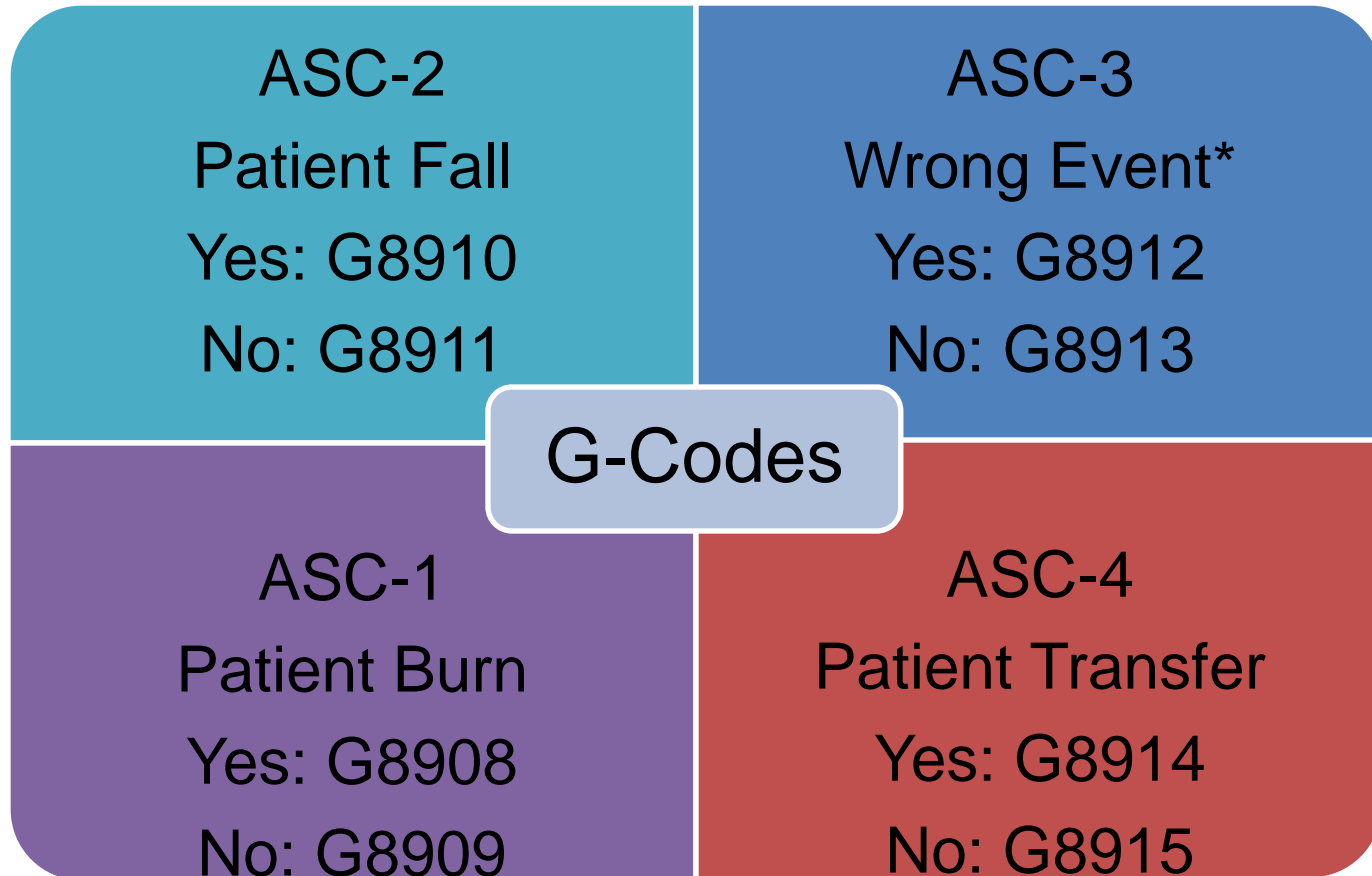


How Are the Measures Coded?

ASC-1 to ASC-4: Patient Outcomes

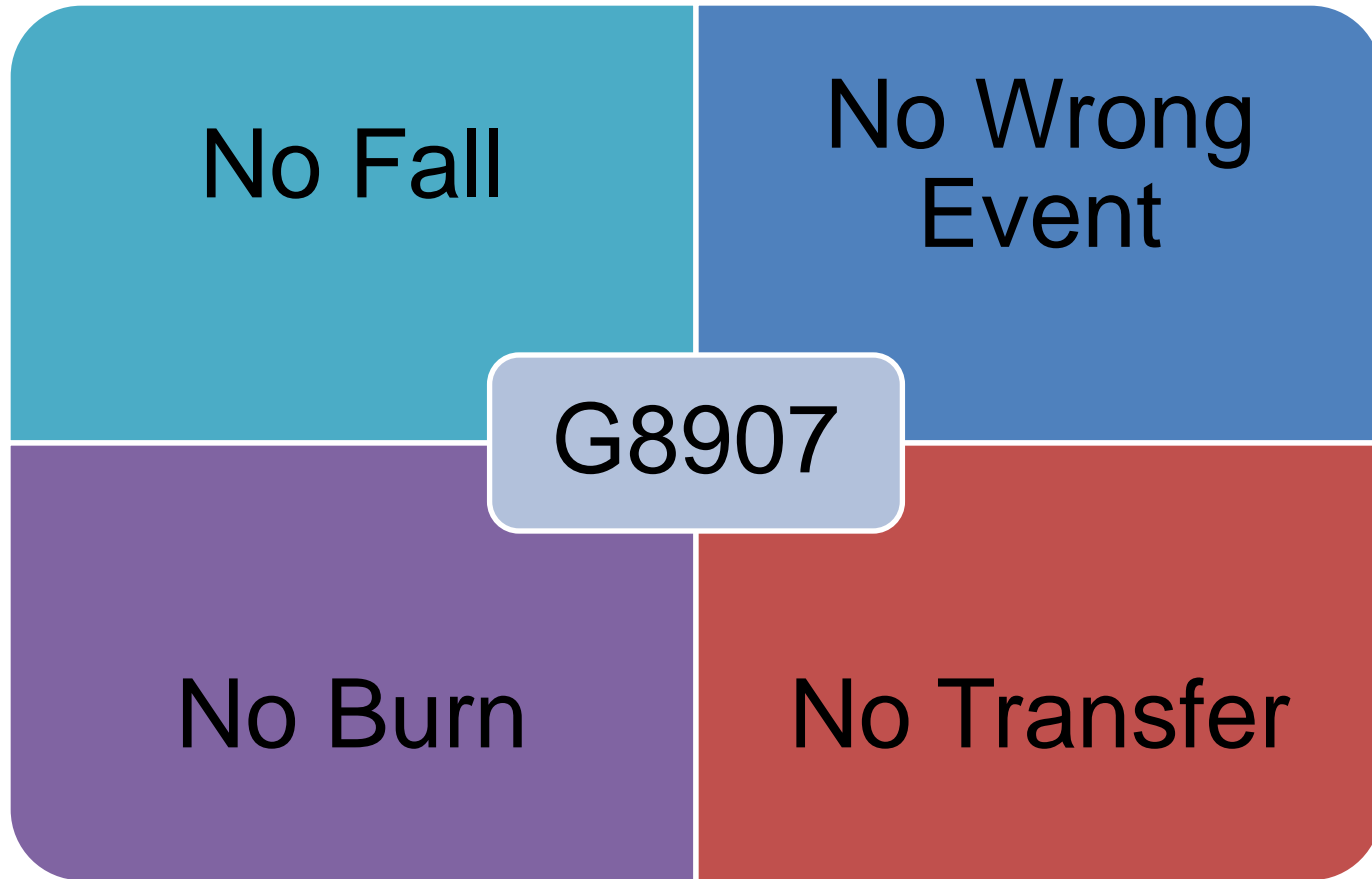
- Each measure has two G-Code options:
 - The first G-Code for each measure indicates an event occurred.
 - The second G-Code for each measure indicates an event did not occur.
- A third option allows you to report the G-code G8907 when no event occurred across all four measures.

The G-Code Breakdown



*Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant

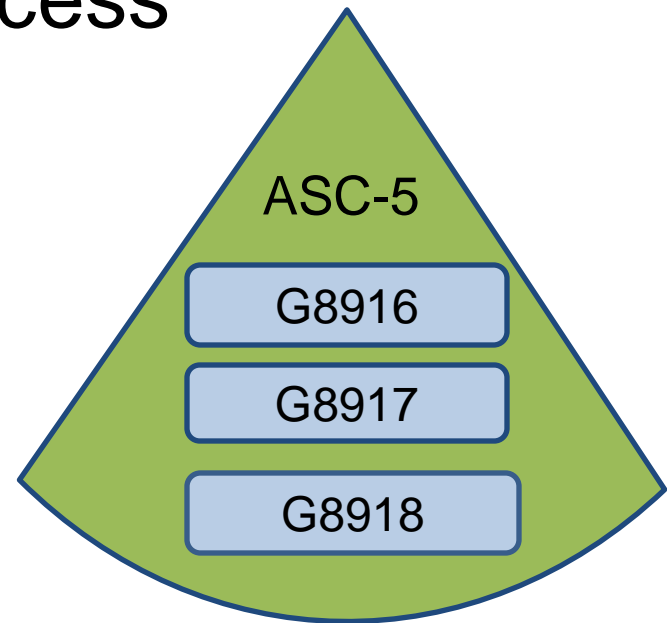
When All Goes Well...



Lets Talk About ASC-5 (1 of 2)

ASC-5: Prophylactic IV Antibiotic Timing

- Measures a facility process
- Three G-Code options



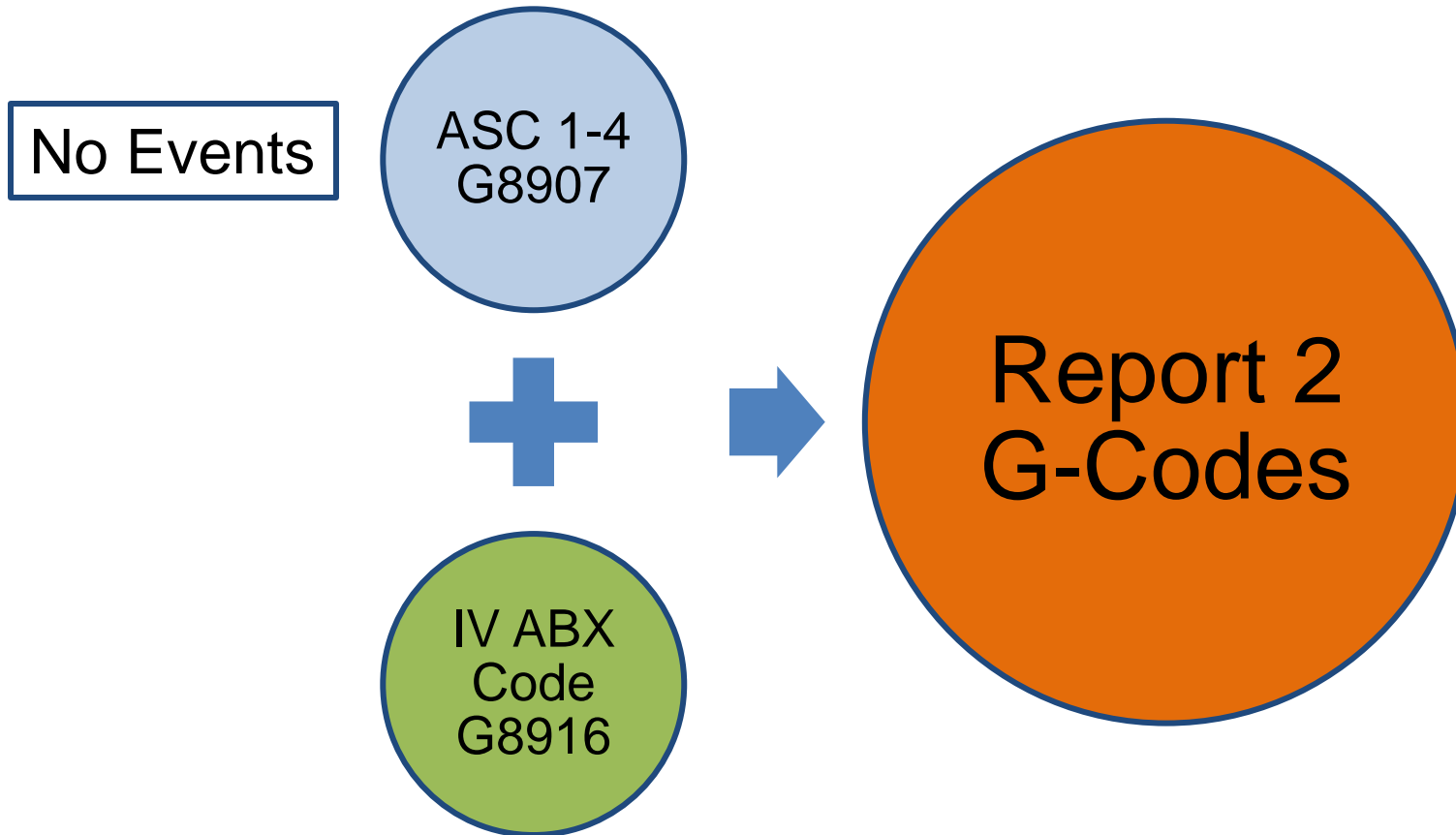
Lets Talk About ASC-5 (2 of 2)

- G8916: Pre-Operative Order Given On Time
- G8917: Pre-Operative Order Given Late
- G8918: No Pre-Operative Order



Remember! One of These Codes Must Be Documented along with your ASC 1-4 Code(s) on CMS Form 1500.

Putting the Pieces Together



CMS Form-1500

HITTING THE HIGHLIGHTS

Your CMS Form-1500 'Highlights'

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.		22. RESUBMISSION CODE		ORIGINAL REF. NO.			
A. ICD-10		B.		C.		D.		E.		F.		G.		H.			
I.		J.		K.		L.		23. PRIOR AUTHORIZATION NUMBER									
24. A. DATE(S) OF SERVICE				B	C. D PROCEDURES, SERVICES, OR SUPPLIES				E	F		G.	H.	I.	J		
From To				SERVICE	EMG	(Explain Unusual Circumstances)				DAYS	OR	Family	ID.	RELATING			
MM	DD	YY	MM	DD	YY	CPT/HCPCS	MODIFIER	POINTER	\$ CHARGES		UNITS	Plan	QUAL.	PROVIDER ID. #			
						24	CPT CODE	1	CHARGE				NPI	ASC NPI			
						24	G-CODE	1	0.0				NPI	ASC NPI			
						24	G-CODE	1	0.01				NPI	ASC NPI			
													NPI				
													NPI				
													NPI				
25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT?		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use	
				<input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> YES <input type="checkbox"/> NO		\$		\$			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)						32. SERVICE FACILITY LOCATION INFORMATION						33. BILLING PROVIDER INFO & PH # ()					
SIGNED						a. NPI						a. NPI					
DATE						b.						b.					

PHYSICIAN OR SUPPLIER INFORMATION

No Events Should Look Like This!

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.		22. RESUBMISSION CODE		ORIGINAL REF. NO.															
A. K40.20		B. _____		C. _____		D. _____		E. _____		F. _____		G. _____		H. _____		I. _____		J. _____		K. _____		L. _____							
24. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OR UNITS		H. EPSDT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
From		To		YY		MM		DD		YY		CPT/HCPCS		MODIFIER															
10		31		16		10		31		16		49520				1		1450.50						NPI		ASC NPI			
10		31		16		10		31		16		G8907				1		0						NPI		ASC NPI			
10		31		16		10		31		16		G8916				1		0						NPI		ASC NPI			
																								NPI					
																								NPI					
																								NPI					
25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For gov't, claims, see back)				28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use											
				<input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> YES <input type="checkbox"/> NO				\$		\$													
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)						32. SERVICE FACILITY LOCATION INFORMATION						33. BILLING PROVIDER INFO & PH # ()																	
SIGNED						DATE						a. NPI		b.		a. NPI		b.											

PHYSICIAN OR SUPPLIER INFORMATION

Recap: When All Goes Well

- Two G-Codes placed on each CMS Form-1500
 - One aggregate G-Code represents all four claims-based measures ASC-1 to ASC-4
 - One antibiotic timing code (ASC-5)
- Each G-Code needs a diagnosis and a charge
 - Use a '0' (zero) or nominal (0.1) charge

WHAT IF AN EVENT OCCURS?

When an Event Happens...

One of your patients experienced a fall

ASC-2
Patient Fall
Yes: G8910
No: G8911

ASC-3
Wrong Event
Yes: G8912
No: G8913

ASC-1
Patient Burn
Yes: G8908
No: G8909

ASC-4
Patient Transfer
Yes: G8914
No: G8915

Summing It Up

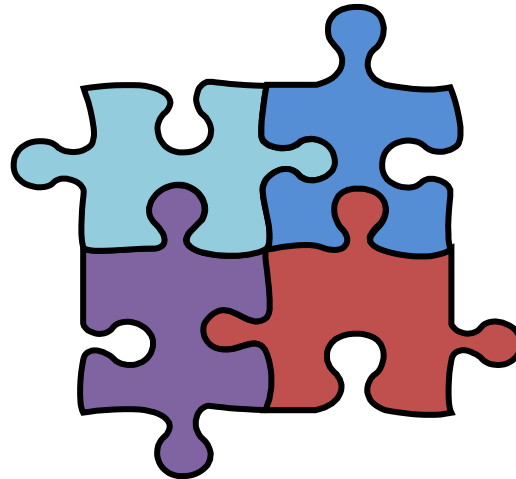
- You are no longer able to use the aggregate code G8907 with an event.
- You must input a G-Code from each of the four measures (ASC-1 to ASC-4) on CMS-1500.

G8910

Fall

G8909

No Burn



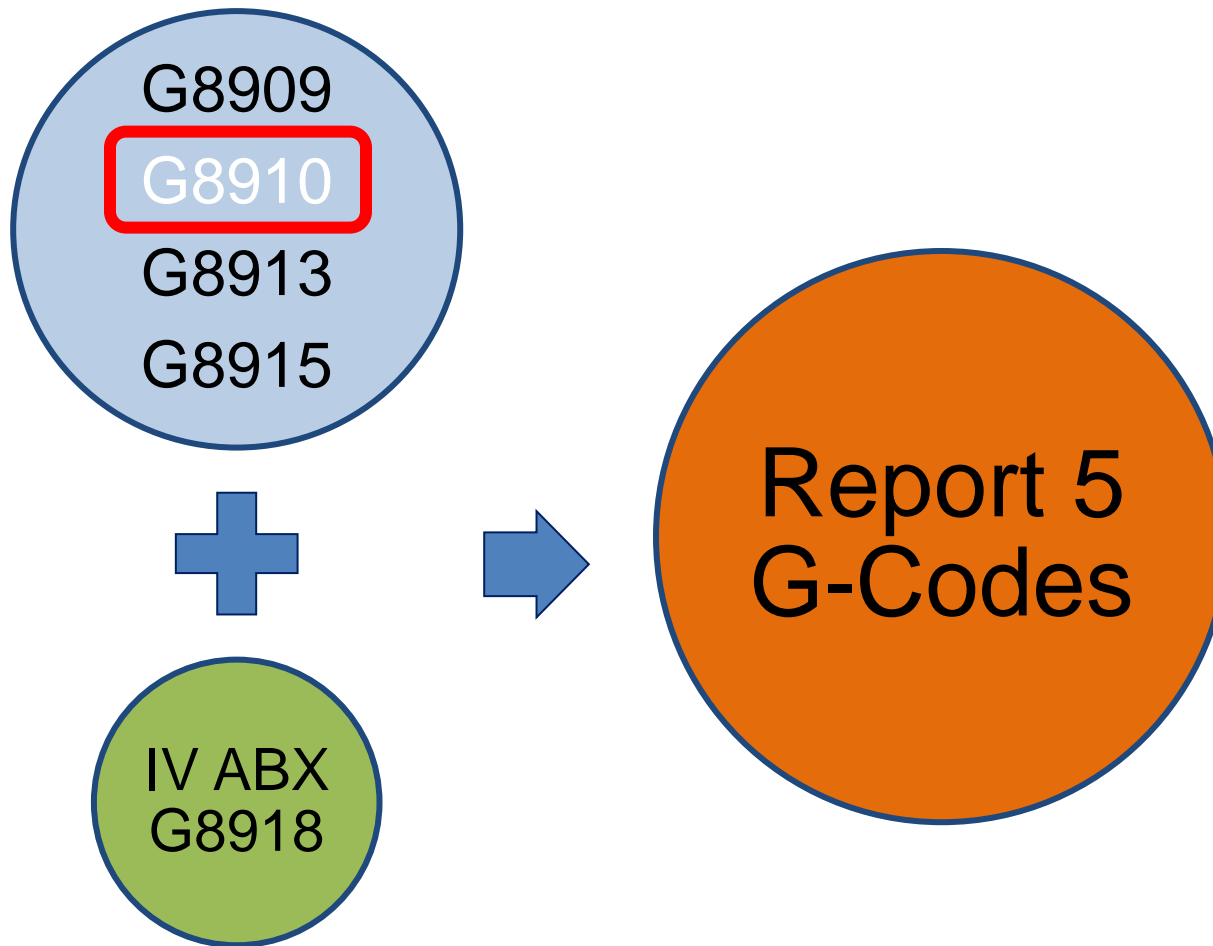
G8913

No Wrong Event

G8915

No Transfer

Putting the Pieces Together



An Event Should Look Like This

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)										ICD Ind.		22. RESUBMISSION CODE		ORIGINAL REF. NO.	
A. K40.20		B. _____		C. _____		D. _____		E. _____		F. _____		G. _____		H. _____	
I. _____		J. _____		K. _____		L. _____		23. PRIOR AUTHORIZATION NUMBER							
24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #		
MM	DD	YY	MM	DD	YY	CPT/HCPCS	MODIFIER								
10	31	16	10	31	16	49520		1	1450.50			NPI	ASC NPI		
10	31	16	10	31	16	G8909		1	0			NPI	ASC NPI		
10	31	16	10	31	16	G8910		1	0			NPI	ASC NPI		
10	31	16	10	31	16	G8913		1	0			NPI	ASC NPI		
10	31	16	10	31	16	G8915		1	0			NPI	ASC NPI		
10	31	16	10	31	16	G8918		1	0			NPI	ASC NPI		
25. FEDERAL TAX I.D. NUMBER				SSN EIN		26. PATIENT'S ACCOUNT NO.			27. ACCEPT ASSIGNMENT? (For gov. claims, see back)		28. TOTAL CHARGE		29. AMOUNT PAID		30. Rsvd for NUCC Use
				<input type="checkbox"/> <input type="checkbox"/>					<input type="checkbox"/> YES <input type="checkbox"/> NO		\$		\$		
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)						32. SERVICE FACILITY LOCATION INFORMATION						33. BILLING PROVIDER INFO & PH # ()			
SIGNED		DATE				a. NPI		b.		a. NPI		b.			

PHYSICIAN OR SUPPLIER INFORMATION

Recap: When an Event Happens

- Five G-Codes placed on CMS Form-1500
 - One G-Code representing each of the four claims-based measures ASC-1 to ASC-4
 - One antibiotic timing code (ASC-5)
- Each G-Code needs a diagnosis and charge
 - Use a '0' (zero) or nominal (0.1) charge
- Explanation of Benefits (EOB) will flag the G-Code with N620 (for zero) or N572 (for 1 cent) indicating the non-payable charge

How to Ensure Your Facility's Continued Success

TROUBLESHOOTING

Things Happen

Question: My codes are not being collected but I know I reported them; what happened?

- Answer 1: Check that your bill is being correctly populated. If you use a vendor or billing program, be sure to view a sample of the claims to verify accuracy.
- Answer 2: Did you have a recent system update or change?
 - Check that Place of Service is '24'
 - Check that you have entered the facility's National Provider Identifier (NPI)
 - Check that all populated fields are being filled correctly

More Things Happen

Question: I know I am reporting and I checked the claims; what am I missing?

- Answer: Be sure you are populating the G-Codes on every page of the claim associated with the encounter.
 - Ensure that the second G-code is not on line item 7 or 14.

Single Encounter with Multiple Pages

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)							22. MEDICAID RESUBMISSION CODE						
1. _____			3. _____				ORIGINAL REF. NO.						
24. _____							23. PRIOR AUTHORIZATION NUMBER						
A	B DATE(S) OF SERVICE			C	D	E	F	G	H	I	J	K	
MM	DD	YY	MM	DD	YY	DIAGNOSIS CODE	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	EMG	COB	RESERVED FOR LOCAL USE	

**Page 1
G-Codes + CPT-Code(s)**

PHYSICIAN OR SUPPLIER INFORMATION

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE)							22. MEDICAID RESUBMISSION CODE						
3. _____			4. _____				ORIGINAL REF. NO.						
25. FEDERAL TAX I.D. NUMBER							23. PRIOR AUTHORIZATION NUMBER						
D	E	F	G	H	I	J	K						
PROCEDURES, SERVICES, OR SUPPLIES	DIAGNOSIS CODE	\$ CHARGES	DAYS OR UNITS	EPSDT Family Plan	EMG	COB	RESERVED FOR LOCAL USE						

**Page 2
G-Codes + CPT Code(s)**

PHYSICIAN OR SUPPLIER INFORMATION

Drilling Down to the Issue

- Check with your bills, biller, or billing system
- Read your EOB
- Identify the Remittance Advice code N620/N572
- N620 indicates the charge code (G-code) is for reporting purposes only

How Can I Check My Performance?

- Reports you can run on QualityNet:
 - Claims Detail Report
 - Provider Participation Report
- Hospital Compare
 - Preview Report

Claims Detail Report

Report Run Date: 06/23/2015

Page: 1 of 33

ASC Claims Detail Report
Date of Service Range: 04/01/2015 - 06/23/2015

Data As Of: 06/03/2015

Patient's Medicare Health Insurance Claim Number (HICN)	Claim Receipt Date	Date of Service	Quality Data Codes	Last Name	First Name	Date of Birth	Claim Control Number (ICN)
	04/06/2015	04/01/2015	G8907, G8918				
	04/06/2015	04/01/2015	G8907, G8918				
	04/06/2015	04/01/2015	G8907, G8918				
	04/06/2015	04/01/2015	G8907, G8918				
	04/06/2015	04/01/2015	G8907, G8918				
	04/06/2015	04/01/2015	G8907, G8918				
	04/06/2015	04/01/2015	G8907, G8918				
	04/06/2015	04/01/2015	G8907, G8918				
	04/06/2015	04/01/2015	G8907, G8918				
	04/06/2015	04/01/2015	G8907, G8918				

Provider Participation Report

Report Run Date: 06/03/2015

1

ASCQR Participation Report
Payment Year: 2016

State: MD
National Provider Identifier (NPI):

Active QualityNet Security Administrator: Yes
Participation Status:

ASC Name:
ASC City:

2

Total Number of Claims with QDC¹: 460
Total Number of Claims: 476
Data Completeness: 97%
CMS Required Threshold: 50%

Web - Based Measures: Submission Status:
ASC-6: Safe Surgery Checklist Use No
ASC-7: ASC Facility Volume Data No
ASC-9: Endoscopy: Follow-up Interval for Average Risk Patients No
ASC-10: Endoscopy: Interval for Patients with History of Polyps No

3

HAI Measures:
ASC-8: Influenza Vaccination Coverage among Healthcare Personnel No

Claims-Based Measures	Quarter 1 – 2014 Dates of Service		Measure Value	
	Numerator	Denominator		
ASC-1: Patient Burn	0	103	0.000	Per 1000 Admissions
ASC-2: Patient Fall	2	104	19.231	Per 1000 Admissions
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	0	103	0.000	Per 1000 Admissions
ASC-4: Hospital Transfer/Admission	0	103	0.000	Per 1000 Admissions
ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing	7	8	88%	

¹The "Total Number of Claims with QDC" field displays a count of claims containing at least one Quality Data Code (QDC) relevant to each of the required measures.
^{**}Disclaimer: This report does not confirm or deny whether an ASC qualifies for the full annual payment update.

Summary

- QDCs must be reported on a minimum of 50 percent of your Medicare claims.
- Check your compliance and be vigilant in ensuring you are meeting program requirements.
- Be sure to join us for the second part of this presentation in April.

Questions



Continuing Education Approval

This program has been approved for 1.0 continuing education (CE) unit for the following professional boards:

- Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
- Florida Board of Nursing Home Administrators
- Florida Council of Dietetics
- Florida Board of Pharmacy
- Board of Registered Nursing (Provider #16578)
 - It is your responsibility to submit this form to your accrediting body for credit.

CE Credit Process

- Complete the ReadyTalk® survey that will pop up after the webinar, or wait for the survey that will be sent to all registrants within the next 48 hours.
- After completion of the survey, click “Done” at the bottom of the screen.
- Another page will open that asks you to register in HSAG’s Learning Management Center.
 - This is separate from registering for the webinar. If you have not registered at the Learning Management Center, you will **not** receive your certificate.
 - Please use your **personal** email so you can receive your certificate.
 - Healthcare facilities have firewalls that block our certificates.

CE Certificate Problems?

- If you do not immediately receive a response to the email you used to register in the Learning Management Center, a firewall is blocking the survey link.
- Please go back to the New User link and register your personal email account.
- Personal emails are not blocked by firewalls.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by **SurveyMonkey**
Check out our [sample surveys](#) and create your own now!

CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:

<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:

<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a CE credit course. The page features the HSAG logo (Health Services Advisory Group) in the top left corner. In the top right corner, there is a security warning: "this is a secure site please provide credentials to continue" with a small green icon. Below the logo and warning, the text "Learning Management Center" is displayed. The main heading of the page is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form includes four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small icon of a telephone handset. Below the input fields is a "Register" button. The entire form is set against a white background with a blue border.

HSAG HEALTH SERVICES ADVISORY GROUP

this is a secure site
please provide credentials to continue

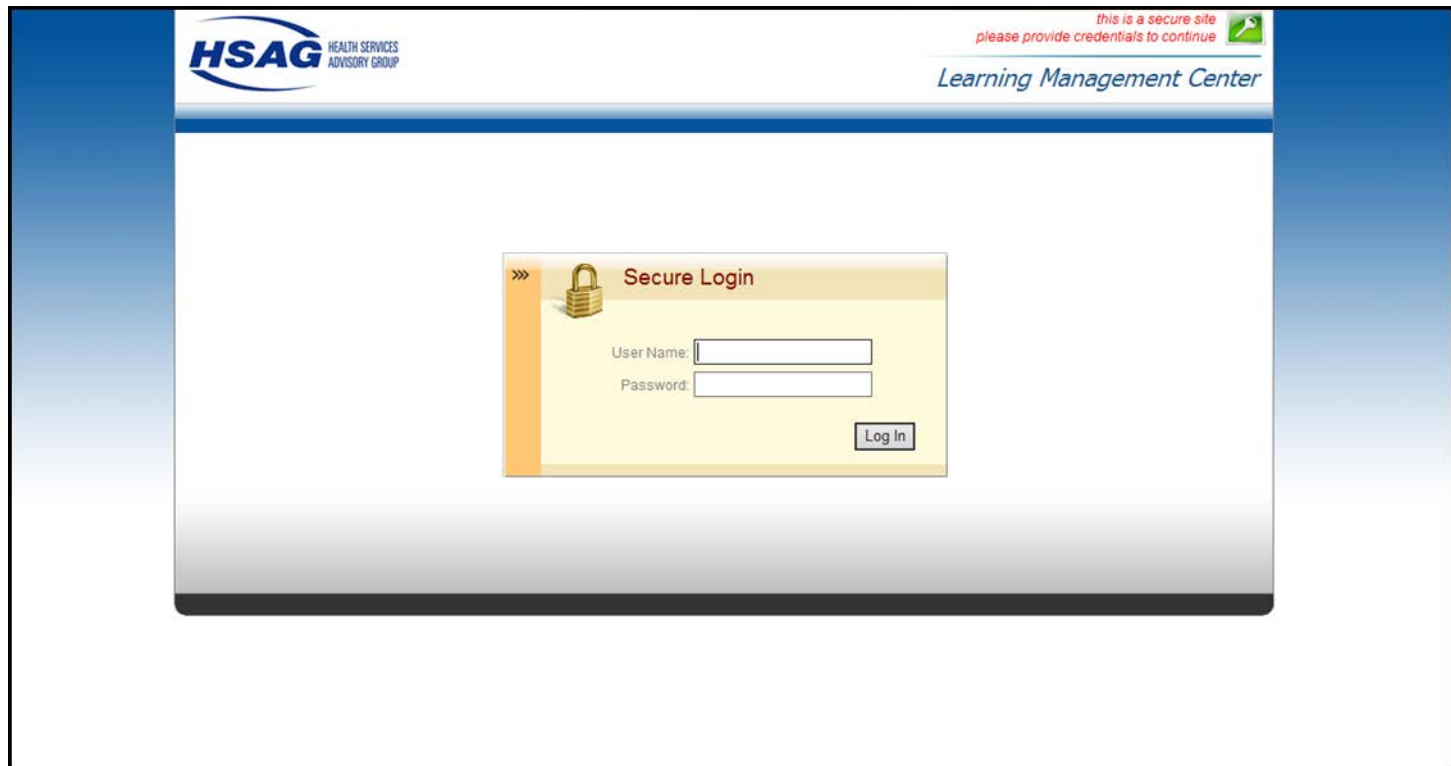
Learning Management Center

Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015

First Name: Last Name:

Email: Phone:

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left is the HSAG logo with the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a red security warning reads "this is a secure site please provide credentials to continue" next to a green padlock icon. Below this is the text "Learning Management Center". The central focus is a "Secure Login" box with a yellow background and a gold padlock icon. It contains two input fields: "User Name:" and "Password:". A "Log In" button is positioned at the bottom right of the login box.

Thank You for Participating!

Please contact the Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at www.qualitynet.org

Or

- Call the Support Contractor at 866.800.8756.