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**
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.

Welcome to Today’s Event

Thank you for joining us today! Our event will start shortly.
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

- ASC-1
- ASC-2
- ASC-3
- ASC-4
- ASC-5

- Fall
- Burn
- *Wrong Site, Side, Patient, Procedure, or Implant
- *Wrong Events
- Hospital Transfer or Admission
- Prophylactic IV Antibiotic Timing
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

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

*Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
When All Goes Well…

- No Fall
- No Wrong Event
- No Burn
- No Transfer

G8907
Let's 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

No Events

ASC 1-4
G8907

IV ABX
Code
G8916

Report 2
G-Codes
CMS Form-1500

HITTING THE HIGHLIGHTS
### Your CMS Form-1500 ‘Highlights’

#### ICD-10

- **ICD-10**: [Highlight]

#### CPT CODE

- **CPT CODE**: 24

#### G-CODE

- **G-CODE**: 24
- **G-CODE**: 24

#### CHARGE

- **CHARGE**: 1
- **CHARGE**: 1
- **CHARGE**: 1

- **ASC NPI**: [Highlight]
- **ASC NPI**: [Highlight]
- **ASC NPI**: [Highlight]
No Events Should Look Like This!
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

G8909
G8910
G8913
G8915

IV ABX
G8918

Report 5
G-Codes
An Event Should Look Like This

<table>
<thead>
<tr>
<th>21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY</th>
<th>22. RESUBMISSION CODE</th>
<th>23. PRIOR AUTHORIZATION NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. K40.20</td>
<td>ICD Ind.</td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>D.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>F.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>G.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>J.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>L.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>24. A. DATE(S) OF SERVICE</th>
<th>B. PLACE OF SERVICE</th>
<th>C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)</th>
<th>D. CPT/HCPCS</th>
<th>E. DIAGNOSIS POINTER</th>
<th>F. $ CHARGES</th>
<th>G. DAYS OR UNITS</th>
<th>H. EPID/T Family Plan</th>
<th>I. ID, QUAL.</th>
<th>J. RENDERING PROVIDER ID, #</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 31 16 10 31 16</td>
<td></td>
<td>49520</td>
<td>1</td>
<td>1450.50</td>
<td>NPI</td>
<td>ASC NPI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 31 16 10 31 16</td>
<td></td>
<td>G8909</td>
<td>1</td>
<td>0</td>
<td>NPI</td>
<td>ASC NPI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 31 16 10 31 16</td>
<td></td>
<td>G8910</td>
<td>1</td>
<td>0</td>
<td>NPI</td>
<td>ASC NPI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 31 16 10 31 16</td>
<td></td>
<td>G8913</td>
<td>1</td>
<td>0</td>
<td>NPI</td>
<td>ASC NPI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 31 16 10 31 16</td>
<td></td>
<td>G8915</td>
<td>1</td>
<td>0</td>
<td>NPI</td>
<td>ASC NPI</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 31 16 10 31 16</td>
<td></td>
<td>G8918</td>
<td>1</td>
<td>0</td>
<td>NPI</td>
<td>ASC NPI</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>25. FEDERAL TAX I.D. NUMBER</th>
<th>SSN</th>
<th>EIN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(for govt. claims, see back)</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIGNED</td>
</tr>
<tr>
<td>a. NPI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>32. SERVICE FACILITY LOCATION INFORMATION</th>
<th>33. BILLING PROVIDER INFO &amp; PH #</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>(</td>
</tr>
<tr>
<td>b.</td>
<td></td>
</tr>
</tbody>
</table>
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
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

<table>
<thead>
<tr>
<th>Date</th>
<th>Page 1</th>
<th>Page 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/23/2016</td>
<td>G-Codes + CPT-Code(s)</td>
<td>G-Codes + CPT Code(s)</td>
</tr>
</tbody>
</table>
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

**ASC Claims Detail Report**

**Date of Service Range:** 04/01/2015 - 06/23/2015

**Data As Of:** 06/03/2015

**Report Run Date:** 06/23/2015

<table>
<thead>
<tr>
<th>Patient’s Medicare Health Insurance Claim Number (HICN)</th>
<th>Claim Receipt Date</th>
<th>Date of Service</th>
<th>Quality Data Codes</th>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Claim Control Number (ICN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/06/2015</td>
<td>04/01/2015</td>
<td>G8907, G8918</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/06/2015</td>
<td>04/01/2015</td>
<td>G8907, G8918</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/06/2015</td>
<td>04/01/2015</td>
<td>G8907, G8918</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/06/2015</td>
<td>04/01/2015</td>
<td>G8907, G8918</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/06/2015</td>
<td>04/01/2015</td>
<td>G8907, G8918</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/06/2015</td>
<td>04/01/2015</td>
<td>G8907, G8918</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/06/2015</td>
<td>04/01/2015</td>
<td>G8907, G8918</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/06/2015</td>
<td>04/01/2015</td>
<td>G8907, G8918</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/06/2015</td>
<td>04/01/2015</td>
<td>G8907, G8918</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>04/06/2015</td>
<td>04/01/2015</td>
<td>G8907, G8918</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Provider Participation Report

ASCQR Participation Report
Payment Year: 2016

State: MD
National Provider Identifier (NPI):
ASC Name:
ASC City:
Active QualityNet Security Administrator: Yes
Participation Status:

Total Number of Claims with QDC\(^1\): 460
Total Number of Claims: 476
Data Completeness: 97%
CMS Required Threshold: 50%

Web-Based Measures:
- ASC-6: Safe Surgery Checklist Use
- ASC-7: ASC Facility Volume Data
- ASC-9: Endoscopy: Follow-up Interval for Average Risk Patients
- ASC-10: Endoscopy: Interval for Patients with History of Polyps

Submission Status:
- No

HAI Measures:
- ASC-8: Influenza Vaccination Coverage among Healthcare Personnel

<table>
<thead>
<tr>
<th>Claims-Based Measures</th>
<th>Quarter 1 – 2014 Dates of Service</th>
<th>Measure Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numerator</td>
<td>Denominator</td>
</tr>
<tr>
<td>ASC-1: Patient Burn</td>
<td>0</td>
<td>103</td>
</tr>
<tr>
<td>ASC-2: Patient Fall</td>
<td>2</td>
<td>104</td>
</tr>
<tr>
<td>ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant</td>
<td>0</td>
<td>103</td>
</tr>
<tr>
<td>ASC-4: Hospital Transfer/Admission</td>
<td>0</td>
<td>103</td>
</tr>
<tr>
<td>ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

\(^1\) The "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

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.
   [ ]

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-d6f6b9cc1ae

Existing User Link:
https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9cc1ae

Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.
CE Credit Process: New User
CE Credit Process: Existing User
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](http://www.qualitynet.org)
  
  Or

- Call the Support Contractor at 866.800.8756.