



Outpatient Quality Program Systems and Stakeholder Support Team

Where in the World? Finding Your Way to Successful Reporting for the ASCQR Program Presentation Transcript

Speaker:

Outpatient Quality Program Systems and Stakeholder Support Team

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Matt McDonough: Hello, and welcome to today's webinar. Thank you for joining us today. My name is Matt McDonough, and I'm a project director with the Outpatient Quality Program Systems and Stakeholder Support Team. With the help of Karen and Pam, I'll be your travel guide through the world of ASC quality reporting.

I'm going to pass things over to Pam now who will get our journey started. Pam?

Pam Rutherford: Hello, and welcome to today's webinar. Thank you for joining us. My name is Pam Rutherford and Matt is going to be with us today presenting most of the material.

Today, we'll be travelling virtually around the country in search of clues that will help us with our ASC reporting! We'll unlock each city we'll be traveling to using some virtual clues, and then we'll fly to that city to learn important information about reporting, as well as tools and resources to assist you. At the end of each section, we'll do a quick Knowledge Check before we head off to our next destination. Along the way, I will pop in here and there to do some polling questions to see how well everybody is doing. So, pack your bags, and let's get ready to go.

Before we begin our adventure today, I would like to let you know what we will be covering. We will be discussing the requirements for the ASC quality reporting program, and we'll go over the measures, the type of measures, and how to enter the data into the two systems. We are also going to spend some time discussing all of the tools and resources available to you to ensure successful reporting. If you have a question along the way, you can put that question in the chat box and one of our subject-matter experts will respond.

So, let me hand things back over to Matt to begin your adventure. So, take it away, Matt!

Matt McDonough: Thanks, Pam. Today, we'll be visiting some landmarks across America in our quest to learn all about the ASC reporting requirements. If you know where we're heading for our first stop, type a note in the chat!

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This city is home to the oldest ballpark in Major League Baseball, opened in 1912 on the day the Titanic sank! We could also stop by Harvard University, the oldest institution of higher learning in the United States, or the Old North Church, with Paul Revere and “one if by land, two if by sea.” Of course, we’re talking about...

Boston, Massachusetts! Here in Boston, we’ll learn what it takes to successfully report for the ASC quality reporting program. There’s a lot going on and there have been changes in the last year along with COVID-19 and all of those challenges. So, let’s get started.

In this first section, we’ll be covering the program requirements, explaining the most frequently used program terms, public reporting, and the most recent final rule, as it relates to the ASC quality reporting program.

As we’re all aware, there have been various mandates issued, both state and federal.

Information on the public reporting requirements is available at the statute listed here on this slide. This regulatory text states that ASCs are paid by Medicare under Part B Fee for Service. ASCs that do not meet the ASCQR Program requirements may receive a reduction of 2.0 percentage points in their payment update for the applicable payment year. Conversely, participating ASCs that meet program requirements will not be penalized under the ASCQR Program and will receive their full Medicare payment update. Any mandates are separate from the ASC quality reporting program requirements.

The bottom line is, whatever happens with mandates, you will still need to meet the program requirements in order to avoid a payment penalty. This will not change regardless of what the end result is for any other federal vaccine mandates. So, let’s discuss program requirements.

What is it that you need to do to successfully meet program requirements? Great question.

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Currently, there are two separate systems that you need to enter data, the Hospital Quality Reporting, or HQR System, and the National Healthcare Safety Network, or NHSN, system.

The HQR System is where you are going to submit some of your web-based measures. You will need to have a HARP account to do so. Now, HARP is a secure access that allows you to access multiple CMS applications. You will also need to have at least one person who is a Security Official for that system. We do recommend having two. This will allow you to enter data, run reports, access secure reports, and things of that nature.

NHSN is where you're going to enter your healthcare personnel COVID-19 vaccination measure information. This system also has a designed secure access, which for NHSN, is called SAMS. You will also need to have a Facility Administrator for this system.

The names are different for the two systems, but it is the same principle. You must have secure access, a designated Security Official or Facility Administrator, to have appropriate access into these systems.

Now, we'll talk about the measures in just a moment, but there are claims-based measures in this program. Data for these measures is collected by CMS through paid Medicare claims. There will be no manual abstraction and reporting for these measures on the part of your ASC. Hold that thought as we'll discuss that later in more detail.

So, I just used a few terms, and a lot of people get confused by the different terms CMS uses for the program. The reporting period is the timeframe from which you are gathering data. It is also referred to as the patient encounter period by some. The submission period is the timeframe you have to report your data. The payment determination year is the year you see a payment reflection of the data you reported or did not report.

Now, a couple of slides back, we explained that, if you do not submit data by the submission deadline, then you're subject to a 2.0 percent reduction in your Medicare payments.

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In this example here, we're using ASC-9 and the current payment cycle in this example; you're using encounters for the time period of January 1 through December 31, 2021, and that would be your reporting period. You then submit that data during the submission period of January 1 until May 16, 2022, which is the submission deadline. It's the 16th because the 15th is a Sunday this year. That data collection and submission is for the payments that you will receive in the following year, which is the payment determination year 2023.

We're going to go into more detail on all of this and the measures in just a bit. Now you're a bit more familiar with the terms you will hear. Let's quickly talk about the claims threshold requirement.

ASCs that have fewer than 240 Medicare claims per year during a reporting period, that's primary plus secondary payer, are not required to participate in the ASCQR Program for the subsequent payment determination year.

What and when do you start reporting? Great question. Let me first mention the CASPER system. This is the CMS Certification and Survey Provider Enhanced Reporting system, which is Medicare's database for survey and certification purposes. Program requirements apply to all ASCs designated as operating in CASPER four months prior to January 1 of the data collection period. Upon successful submission of any quality measure data, the ASC will be deemed as participating in the ASCQR Program for the upcoming payment year determination, whether required or not. For example, if an ASC is designated as newly operating in August of 2022, the ASC would then begin collecting data in 2022 and report that data in 2023 for the calendar year 2024 payment determination. Now, if you open up after September 1, all of this moves up one year.

If at any point you need assistance, or you're not sure when or if you should report, please call our help desk. We're always glad to walk you through how to get started and answer any questions you may have.

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Any data that you report to CMS for this program will be publicly displayed. Before your data are displayed publicly, you will be sent a Preview Report. When a Preview Report become available to you, take the time to evaluate it. That is your opportunity to review what will be displayed on the Provider Data Catalog site. It's important to note, the Preview Report is just that, a preview of what will be publicly available. No changes can be made to the data in the report. This report is sent to the designated Security Official through Managed File Transfer. This is why you will need at least one Security Official, and this is one report that you will receive.

You can use this public data to compare your ASC to others, whether it be regional, state, or national. I'm going to show you a new tool we've developed to assist you with this a little later in our presentation.

In the most current rule making cycle, there were several finalized proposals for this program. This will affect your reporting and successfully meeting program requirements.

In summary, there was one new measure adoption, which was the COVID-19 Vaccination Coverage Among Healthcare Personnel measure. There were also changes to previously adopted measures, which include the resumption of data reporting for the ASC-1, ASC-2, ASC-3 and ASC-4 measures; mandatory reporting for ASC-11; and mandatory reporting for the 15a-e OAS CAHPS survey measures after a voluntary reporting period. I'm mentioning this because we're going to go over the measures and you will see they are not all reported immediately. That's because when they were finalized, they were finalized to start at different times.

CMS also requested comment on different topics, such as the potential adoption of THA/TKA measures, potential future adoption of a pain management measure, information on rural emergency hospitals, health equity, and the future of digital quality measures. These finalized changes will be discussed today as they relate to the program and to make sure that you have all the information you need to successfully report for this program.

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If you know where our next stop is, type a note in the chat! This city is pretty much the birthplace for coffee shop culture in the United States. Starbucks, anyone? Fans of its Seahawks football team have gotten so loud, they register on the Richter scale, and its iconic Space Needle towers over its skyline. Of course, we're talking about...

Seattle, Washington! Here in Seattle, we'll dive into our discussion about program measures. Let's go!

In this section we will be covering the types of measures for this program, as well as the specific measures and their deadlines.

There are two types of measures for this program. First, there are the web-based measures, which are submitted annually into the HQR System, and NHSN, where the vaccine measure is submitted. We'll go over these specific measures in just a moment. Secondly, there are the claims-based measures. That's what I mentioned before. Data for these measures are collected from paid Medicare claims your ASC submits for payment that meet the specified-measure criteria. There is no manual abstraction for these measures on the part of the ASC. Let's discuss these measures in more detail.

Let's start with the measures you'll submit through the HQR System. Right now, there are four measures entered into this system: ASC-9, ASC-11, ASC-13, and ASC-14. ASC-11 has been voluntary for this program, but it was finalized to begin mandatory reporting in the calendar year 2025 reporting period. So, ASCs have two more years to voluntarily report, or not at all. However, come the calendar year 2025 reporting period, it will be mandatory. Failure to report required measure data will result in not meeting program requirements and that will result in the 2.0 percent payment reduction we talked about at the very beginning.

Let's talk about the ASC-1 through ASC-4 measures. These measures were previously reported through Quality Data Codes placed on Medicare Fee for Service claims forms. This approach limited reporting for only Fee for Service Medicare beneficiaries who had billed services.

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The reporting of these measures was delayed. However, the final rule resumes reporting for these measures, revising the data submission method to be through a web-based tool instead of claims forms.

Since data collection begins with the calendar year 2023 reporting period, you will use that data (or encounter periods) from January 1 through December 31, 2023. You will then enter that data anytime during the submission period, which is from January through May 15 in 2024. So, it will be a while before you submit the data for ASC-1 through ASC-4 measures, but be aware they will be a requirement in the future. Those are the measures submitted through the HQR System.

The ASC-20 measure was just added to the program and, as we discussed earlier, this measure is submitted through National Healthcare Safety Network, or NHSN, using your secure access. This system is totally separate from HQR. Again, you will need access into both systems.

ASC-20 is the COVID-19 Vaccination Coverage Among Healthcare Personnel measure which assesses the percentage of personnel working in a facility who have been vaccinated for COVID-19. This measure is required beginning with the calendar year 2022 reporting period for the calendar year 2024 payment determination. That's the time frame we're currently in.

You can see in our table here that your reporting requirement starts with Quarter 1 of 2022, which you see under the Reporting Period. Quarter 1 of 2022 uses encounters of January 1 through March 31, 2022, with a submission deadline of August 15, 2022.

Following this timeline, the Quarter 2 deadline will be November 15, 2022, using the reporting period of April 1 through June 30, 2022. You can also see Quarters 3 and 4 here, as well.

The claims-based measures are shown here. Again, the data for these measures are collected via paid Medicare claims for cases that meet the measure criteria. You will not be manually abstracting and reporting data.

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You can see here that ASC-12, ASC-17, and ASC-18 are current measures, and the data are collected from claims from the timeframe listed under Reporting Period. The ASC-19 measure is for the payment year of 2024. Data for that measure are collected for the reporting period of January 1 through December 31, 2022.

In the most current rulemaking cycle, CMS finalized the mandatory reporting for ASC-15a–e: Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems measures. These measures assess patient experience of care. Implementing the OAS CAHPS Survey-based measures will enable patients to compare patient experience of care data across multiple ASCs as part of their healthcare decision-making.

Initially, CMS considered a two-year voluntary period, but, due to the ongoing, extensive impact of the COVID-19 pandemic, voluntary reporting as part of the ASCQR Program is to instead begin in calendar year 2024. Mandatory reporting will begin in the calendar year 2025 reporting period for the calendar year 2027 payment determination. You can report voluntarily up through the 2024 reporting period, but, in the 2025 reporting period, reporting will be mandatory.

This slide outlines the deadlines for the calendar year 2025 reporting period. ASCs should check in regularly with survey vendors to ensure that they are properly submitting timely survey data. Data cannot be altered after the data submission deadline, but you can review it prior to the submission deadline. This all occurs a little bit in the future, so you have time to prepare.

If you know where we're heading next, type a note in the chat! This city's Wrigley Field ballpark is known for its ivy-covered outfield walls. It's "Cloud Gate" sculpture, The Bean, is one of the most iconic outdoor sculptures in the world. From 1973 to 1998, its Sears Tower building was the tallest building on the planet. Of course, we're talking about...

Chicago, Illinois! Here in the windy city, we'll discuss entering your data into HQR. Let's go.

In this section, we'll be walking you through data submission when using the HQR System. Once you sign into HQR using your HARP credentials, this will be your landing page. You'll click on the dashboard toggle to open your menu options. You'll then select the Data Submission option to begin reporting your web-based measures.

Once you click on that Data Submission icon, this will be the next page. Now, this page asks for the way to submit your data, and it provides two options. These are the two methods that you have for data submission. You can use File Upload or Data Form.

Let's talk about the first choice, the File Upload icon. You would select this option if you are a vendor or report data for more than one ASC and want to use the CSV upload option. This allows you to upload external files for the web-based measures for multiple ASCs at a time. The approved CSV file template must be used for this option.

So, if you select the File Upload icon. You will be directed here. The File Upload method is what vendors use so that they can upload data for multiple facilities at once. With this method, you can click the Submit Files option and access your file to upload through the search or browse feature on your computer. Either click the Select Files button and choose the file to upload or drag and drop your files.

An email notification for submissions via the File Upload tab in the HQR System will now include details regarding any errors that initiate a Rejected status. Following a new submission, an email notification is sent indicating a status of either Accepted or Rejected. If a submission is rejected, an attachment will be provided giving a further explanation of any errors that you need to correct. The vast majority of you will not use this feature. So, if you are entering data for a single ASC, you will use the Data Form option that we saw a moment ago.

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Once you select the Data Form option, this will be your view. To open the submission application, you will click on Launch Data Form. This will direct you to the ASC web-based submission form, where you can enter your data.

Here we are. You'll notice on the top side of the page, you'll see your ASC's NPI number, the Submission Period, and the Reporting Period. You will ensure you have the correct Payment Year selected in the box at the top right side of the page. See the number 1? This means you're currently submitting data for the payment determination year 2023. The system will auto-default to the current payment year.

To enter your data, you will begin by selecting the green Start Measures icon. This will open the data entry page. If your ASC does not perform procedures related to this measure, you can just click on the box under the measure name and description where it says, "Please enter zeros for this measure as I have no data to submit." If you select that box, the system will auto-fill 0s in that measure for you.

Okay, so once you have submitted all of your data, the "I'm ready to submit" box will turn blue as seen here. Select that blue box. This is what moves your data into the warehouse. Your data are not submitted until you select that blue, "I'm ready to submit" box.

Now, a word of caution. If you go back in and view your data in Edit mode, then you will actually pull your data back from the warehouse, which means the system understands it as if you did not submit your data at all. We don't want that. So, in that situation, you will again have to click on that "I'm ready to submit" button. Again, click it one more time to move your data back into the warehouse.

Happy days! You have now entered all your data.

Now, once your data submission is complete, you'll see a green check mark with the word Complete next to all the measures.

This view allows you to view the numbers that you entered. You're able to quickly check the data you entered. If you did make a mistake, you can just click on the blue Edit Measure icon next to each measure, and the data entry page will open to allow you to revise your data. A word of caution though... Again, if you edit your data, make sure that you click the blue "I'm ready to submit" button again. If you don't click the blue "I'm ready to submit" button again, your revised data will not be captured and updated to the warehouse.

To make sure it has actually been submitted, look at the green banner at the top of the screen. You'll want to make sure you see the green check mark next to Submit. You can print a screen shot for your records, or you may choose to click the Export Data icon and save the information that way. Congratulations, your data submission is complete!!

Tell us in the chat if you know our next iconic city! This city's cable cars are the stuff of legend. It's Golden Gate bridge is one of the most recognizable bridges on earth, and it's row of "Painted Ladies" Victorian-style houses are some of the most photographed homes in the world. Of course, we're talking about...

San Francisco, California! Here, in the city by the bay, we'll discuss entering your data in NHSN. Off we go.

In this section, we'll show you how to enter your data into the NHSN system. To begin, you will log into the SAMS portal using the SAMS Soft Token or Grid Card at (sams.cdc.gov). You will enter your username and password. Then, enter which ever multi-factor option you are using, either the hard or soft token.

Once you've logged in, you're still in SAMS here. Remember, SAMS is the key to get into the NHSN building. So, to get into NHSN and enter your data, you will now select NHSN Reporting.

This will take you to the NHSN landing page. Select Healthcare Personnel Safety (HPS) as the Component in the drop-down menu. Select the desired facility in the next drop-down menu. Then, click Submit.

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From the navigation bar on the left-hand side, hover your cursor over Reporting Plan, and select Add. You will be unable to enter any data unless you create a Monthly Reporting Plan.

From this page, you'll select the Month, which we have January here. Then, choose the year.

Now, you may get this alert box that you see here. It's telling you that no data are found for January 2022. Well, if this is your first time going in for the month of January, that will be true. You haven't entered it yet. No worries. Just select the OK box. You'll go down to Weekly COVID-19 Vaccination Module and select the box next to COVID-19 Vaccination Summary, and hit Save.

This page will then display letting you know that your HCW plan has been successfully created. Go ahead and check your dates and that the appropriate COVID-19 Vaccination Summary box is selected. Then, click Save.

You will now go back to the left-hand navigation bar and hover over Vaccination Summary. Then, select COVID-19 Weekly Vaccination Summary. You'll then see a screen in a calendar format for the vaccination summary data. This is just a screen shot, so the dates you see will depend on the time frame that you entered.

One thing to note here is a week for this reporting tool ends on Sunday. So, for the first week shown here, it ends on January 2. The first week shown here would then correlate with the first week of January. For example, if you submit data for that week, it'll include data for January and December. The system will put the data submitted under the month of January as that is the month that the week ended.

You'll select the week you wish to enter your data. Any week that does not have data entered will have a tan color. The color map is located at the top. So, let's click on the first week here at the top.

Red asterisks indicate mandatory fields. Now, let me just say, you'll have to enter your information in one sitting. If you do not complete your data entry and you have to leave, when you come back, the data will not be there. Just an FYI. Do the whole thing at once. If you want to see what this entire data entry tool looks like, there is a blank one available on NHSN. We have the direct link to that document here on the slide. You can just print it off and keep it available if you need it. Enter 0 if no HCP are reported for a required field.

We're not going to show you step by step the data entry as we did an extensive webinar a few weeks back. If you need details on that aspect, please access the February webinar in the Archived Events option on the website. I will be showing you where to find archived data in that site today as well.

Once you've entered your data, you'll be redirected here, and the week on the calendar will turn green. You'll receive the pop-up message indicating you have successfully saved your record. Now, you'll simply repeat this process the next time you enter your data.

Our last stop is really some place special. Do you know where it is? Home to democracy in the free world, the dome of its Capitol building is known worldwide. It's obelisk shaped Washington Monument honors America's first president, and its subway system features eleven types of iconic architecture, like this "Waffle Vault" station designed by Harry Weese that is found in 32 stations. Let's finish our journey today in...

Washington DC! We'll close today talking about some tools and resources available on both QualityNet and on Quality Reporting Center that help.

In this section, we'll be looking at the tools and resources on QualityNet such as signing up for email updates, using the Q&A tool, accessing program information, and how to locate the specifications manual.

Over on Quality Reporting Center, we'll talk about accessing program information, discussing the Facility Compare tool, and using the Lookup tools.

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Let's start with the QualityNet website. We're just going to take a few moments here to review some important information for successful reporting. So, start by entering the web address that you see here at the top.

You'll land on the home page. If you'd like to stay up-to-date with all of the program notifications and updates, then signing up for QualityNet Mailer, or otherwise known as ListServe notifications, is a must. This service is a no-cost service, and it takes about five minutes to register. It's a very quick and easy way for you to stay in the loop. You'll be sent emails about deadlines, program updates, educational webinars, and more. To start this email service, you would click on that Subscribe to Email Updates icon, right there on this screen next to the number 1.

If you're abstracting data and have a question, you can ask that question by clicking on the down arrow next to Help, right there by number 2 on the screen. The Question and Answer Tool will appear, and you can select Ask a Question.

Lastly, if you want more information about the program, you will just select the Ambulatory Surgical Centers button, next to number 3. Once you select that button...

You'll see this view. Here, you can see a banner at the top of program-related sections to choose.

To access and download the specifications manual, you'll select that button, right next to the number 1.

To learn more about the program, select Learn More. That will take you to another page with information. The options at the top will also change, providing you with even more choices.

Another great resource is the support contractor website, QualityReportingCenter.com. This website is another resource that is incredibly helpful to those who are new to the program. It is full of tools and resources available to assist you with your quality reporting.

So, start by entering the web address displayed on the top of the slide here. This will take you to the home page. This website services multiple programs, which you can see at the top. So, from the home page of QualityReportingCenter.com, you will select the ASC icon located at the top of the slide.

This page will display, and, on the left, you'll see the menu options that are specific to the ASC program. You can see that there are a lot of options and resources. In the interest of time, I'm only going to show you a few.

You can see that there are Program Information, Upcoming Events, and Archived Events. There are a lot of educational webinars stored in the Archived Events tab. Please view the tabs. Upcoming Events will let you know about education we have in the immediate future, and the Archived Events tab stores all of our previous webinars. This library is expansive.

But, for now, let me show you what is under the ASCQR Program Tools and Resources tab. Here, information is divided into categories which can be accessed by clicking on the desired box.

You can tell from the titles the information that would be available within each section. For example, the New to Reporting section will have a new-to-reporting guide, information on the program, deadlines, those types of things. We won't be showing you all of these tabs today, but please be sure to check it out for yourself. Again, there's a lot of information! Now, let's look at another tool.

If we go back to the primary menu, on the left-hand side of the page, click on the down arrow next to Data Dashboard. That will open up the menu options that you see on the screen here. Here, you'll click on the ASC Compare Tool.

This will direct you to this page. For a guide on the use of this tool, select Facility Compare Tool User Guide. Below that, you see a tab named Ambulatory Surgical Centers.

If you click on the down arrow, you will see information about the dates of encounters that are reflected and where to find the archived data, as well as a link that directs you to the public display on data.cms.gov. If you continue to scroll down this same page, you will see the tool that we're going to show you.

Here we are, the CMS Quality Measures Scorecard. The program reports in this dashboard are easily accessible by clicking on the desired yellow report button. Here, you can view your facility or compare your facility to any other ASC or OQR with ASC-like measures, across the nation.

To begin, we will select, "Explore all measures reported by a single facility." This is the top yellow button.

You'll be brought to this page. Now, this report gives the user the flexibility to select a single facility to view all corresponding measures for that facility. Now, here are a few points of interest about this page. You can select the large black arrow on the left side of the page, and this will take you back to the "overall page."

Also, at the top, in light blue is your search criteria. The "Facility: NPI/CCN plus Facility Name" auto-populates with a random facility. So, click on the drop-down arrow in the current box. The drop-down opens a list of ASCs. You can either choose from the list, or you can enter your facility's NPI or name by just starting to type the information.

You can hover over the bar in the bar graph to view additional information about the measure such as the National Score and if higher or lower scores are better for that measure. To narrow down the list of facilities, click on the State or City drop-down menu to filter the list down to a specified state or city. Let me show you what that looks like.

This is what the drop-down option looks like. So, here you have to click on the down arrow to open the box, and then you can start typing your ASC by name or by NPI. ASCs search by NPI, not by their CCN.

That will display your Single Facility Report. These data contain data published to the Provider Data Catalog for the ASCQR Program for 2018, 2019, and 2020. On the left side, you see the measures are grouped in two sections, the Higher Rates are Better section and the Lower Rates are Better section. Wait! Why do we have ASC-10 and ASC-1 through 4 listed here? We don't report that anymore. We're not reporting ASC-1 through 4 via a web-based program yet. That's a great question!

You're viewing data from 2018 here, that is why these data are showing on this screen. What if your facility reported 0s for a measure? What would the report look like then?

The answer is... It would look something like this. This particular facility reported only ASC-13 and ASC-14. Now, in 2018, they did report their own Quality Data Codes, or G codes, and that is why we see them displayed. This facility reported 0s for ASC-9, ASC-10, and ASC-11 between the reporting period of 2018 through 2020. So, those categories are not displayed.

Another interesting point is, if you place your cursor over the bar graph, a pop up will display the National Score for that measure. It will also inform you if higher or lower scores are better for this measure.

Now, let's go back to the Scorecard page and select Compare Facility Performance by Measure.

This will be the view at the top of the screen and you'll once again insert your filter options at the top. You can reset filters by clicking on the red button. You can then change the state and city. Then, select the down arrow under Facility ID & Name, and select your facility from the drop-down box.

At the top of the report page, select a Measure Category, Year, State, City, and Facility ID & Name from the drop-down menus. Click the caret to the right of each menu to open the drop-down menu options.

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Click the drop-down arrow under the Filter Rate Type to Zoom box, the arrow to the far right. You can use this to filter by either measures where higher rates are better or lower rates are better.

To select a different state and/or city, first click the button to clear the selected facility. Then choose the measure you wish to compare. Here we have selected ASC-12 to compare. Once you select your measure, scroll down the page.

The facility that you selected will be represented by the gold arrow for each of the comparing facilities. You can see at a glance the facilities and their scores. There's a dotted vertical line through the center which marks the mean score.

If you hover over the blue area, it will provide details on the facilities' data for this measure. You can use the scroll bar on the far right to see all of the facilities being compared. The gold arrow within the blue area lets you know where the facility's score is. You can click on the facility gold arrow and a data breakdown will appear in a pop-up box. Here, it reminds you that Lower Rates are Better, and it gives you a facility score along with other facility or measure information.

Okay, let's go back up to the top of the page and hit that big black arrow that will take us back to the Facility Compare Dashboard.

Back at the initial Scorecard page, let's click Explore State Comparisons for related measures across programs.

The State Comparison for Selected Measure Report provides comparative views of states' scores by selected category, measure ID & name, and year. View comparisons by a visual-colored map and the top or bottom 10 states for the selected measure. A state of interest can be selected to view all corresponding facilities' scores grouped by city on both a state map and list.

At the top of the page, you can select what state you want to compare data on. Here, I've selected Florida.

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Here we are comparing measures that are the same for the Hospital OQR and ASC quality reporting programs. You will see the National Score above the dotted line for each measure. The State's Score is also displayed.

All states are shown on the graphs in gray, but Florida's data are blue. The gold and blue arrows will provide additional information about the selected state data that you are comparing. I'll show you that in a moment.

Let's take a closer look at a measure. We'll choose ASC-9 and OP-29 as they are the first ones here on the top. ASC-9 is the colonoscopy measure for ASCs, and OP-29 is the same measure for the Hospital OQR Program. Again, the other states will be in gray and your selected state will be in blue. Notice that for the ASC-9 data, 49 states reported this information. Florida's rate is 64.6. The National Score is 78.4, and there is a black dotted line showing you this. The 90th percentile is 100 percent, and the 10th percentile is 51.7 percent.

Now, we'll switch over and look at the OQR graph for Florida. We'll see the same data for this measure as reported by hospitals. The graph shows the national score as 91.0, and Florida has a state rate of 90.2.

I mentioned on the previous slide that, by clicking on the arrows, you can get more information. So, for example, if we clicked on the gold arrow next to ASC-9, this pop-up menu will appear with specifics for that measure. You could select any of the gold or blue arrows for a pop-up box with more information. Let's go back to the Scorecard and look at one more report.

What if you wanted to see the state comparison for all ASC measures? Click [Explore State Comparison for all ASC measures](#).

Again, here we're comparing Florida. The [State Comparison for All ASC Measures Report](#) displays states comparative scores for the current measures for the selected year. Included are the number of reporting states, the selected state's numeric rate, and a symbol indicating if the score is above or below the national rate.

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Symbols in blue indicate that the selected state's score is better than the national rate; brown symbols indicate worse than the national rate.

At the top of the report, you can select the state and year for comparison. You will see boxes representing the various measures with data related to that measure contained within each box.

Once again, let's take a closer look at one of these measures. Again, we'll choose ASC-9. You'll see all states in gray and your chosen state will be in blue. The state rate is 88.9; the national score is 81.2; and the 90th percentile is 100 percent. The 10th percentile is 48.6 percent. As before, you can click on the blue arrow for additional information.

Now, that is a very brief overview of this interactive tool. We really encourage you to go out and check this out for yourself.

Let me show you another tool. I told you before I would show you how to check your data submission, so that's what we're going to do here.

Let's go back to that main menu. Here, you'll now select the ASC Lookup Tool from the Data Dashboard drop-down.

This page will open and will allow you to check on your web-based measures and also check to see if reports are available. You can also check to see if reports are available by using the ASC CDR/FSR Bundle Lookup Tool, here located by number 2. Just enter your NPI number and select Enter. You'll then see if there are reports available.

To check your web-based data submission or to find your ASC CCN, you will use the ASC Facility and CCN Lookup, right there on the screen by number 1. You'll enter your ASC's NPI and click Enter.

The results page will look like this. Data submission results are clearly identified for the web-based measures you see at the top, ASC-9, -11, -13, and -14. A display of Yes indicates a successful data submission. If it displays NO, it means that data for that measure were not submitted.

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In the COVID-19 results, 2022 is the year for which data are being collected, but the applicable Calendar Year Payment Determination is 2024 in this case. Underneath each month or quarter is a value of Yes or No. For a Quarter Value to display Yes, an ASC must have reported vaccination summary data at least one week each month of the applicable quarter.

This tool is very popular and, now that we have added the ability to check on the new measure, we anticipate this to be very appreciated by the community.

Okay, that's gonna do it for me. Now, let me hand things back to Pam to summarize some quick points of what we've gone over and wrap up today's event. Pam?

Pam Rutherford: Wow Matt. What an adventure we've had. So now, let's summarize some quick points of what we've gone over today.

First and foremost, make sure you have at least one Security Official for the HQR System. You will also need a Facility Administrator for the NHSN system.

Collect and report data for web-based measures submitted through the HQR System. You will also collect and report data for the ASC-20 measure which is submitted through the NHSN system. All data should be submitted by the deadline.

Please use the program specifications manual to ensure you are abstracting correctly. You can visit our website, QualityReportingCenter.com, for additional program resources.

Of course, we have some important contact information for you. By all means, give us a call if you need our help. Our number is right there at the top under ASCQR Program Support Team. There it is.

Alas, that's all the time we have today. We thank everyone for joining us. We hope that this presentation was helpful and that we will see you on the next webinar. Thank you, everyone.