## Outpatient Quality Program Systems and Stakeholder Support Team

# A Guide to Successful Reporting in the Ambulatory Surgical Center Quality Reporting (ASCQR) Program Presentation Transcript

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**Karen**

**VanBourgondien:** Hi, and welcome to today's webinar, *A Guide to Successful Reporting in the Ambulatory Surgical Center Quality Reporting Program*. This is Karen, and I have Danielle Leffler with me today. Today's webinar is a comprehensive guide for those who are new to reporting or for those of you that just need a refresher. By the end of this webinar, you will be prepared to successfully report all data as part of the ASCQR Program. By the way, if you guys want to download and/or view the PowerPoint, you can access them by clicking on that icon on the right-hand side. It sort of looks like a piece of paper, and the slides are there for you.

So, each tab of our successful guide notebook will cover what you need to know to understand program requirements and how to successfully submit required data. We will be discussing requirements for the ASCQR Program, common program terms, program measures and their deadlines, and how to enter data in the NHSN and HQR systems. Also, we are going to discuss how to access program tools and resources that are easily available to you. If you have questions along the way, you can put them in our Q&A box, and that is also located on your screen, and one of our subject matter experts will respond. So, I am going to turn things over to Danielle to talk about common terms.

**Danielle Leffler:** Thank you, Karen. The three terms you see on this slide are very important to understanding the ASCQR Program. You will hear us use these terms a lot throughout this presentation and you will see these terms in all ASCQR resources.

First, the reporting period is the timeframe from which you are gathering data. It is also referred to as the patient encounter period. Once you have collected patient encounter data during the reporting period, the submission period is the timeframe you must report your data. Finally, the payment determination year is the year you see a payment reflection of the data you did or did not report during the submission period.

Throughout the presentation, and in most of your resources, you will hear and see the term calendar year used frequently. The term calendar year simply refers to January 1 through December 31 of the respective year.

There are two types of measures for the ASCQR Program. First, there are the web-based measures, which are submitted annually into the Hospital Quality Reporting system, or HQR, and the National Healthcare Safety Network system, or NHSN. We will go over these specific measures and the data submission systems in just a moment. Secondly, there are the claims-based measures. Data for these measures are collected from paid Medicare claims your ASC submits for payment that meet the specific-measure criteria. There is no manual abstraction for these measures on the part of the ASC.

Now that we have covered a few important common terms, we are going to shift our focus to ASCQR Program requirements.

The Code of Federal Regulations, or CFR, is the codification of the general and permanent rules published in the *Federal Register* by the executive departments and agencies of the federal government. Title 42 is the Public Health section and details the requirements of the ASCQR Program. There are two important points to note in this section. First, ASCs that do not meet the ASCQR Program requirements may receive a reduction of 2 percent in their payment update for the applicable payment year. Second, ASCs with fewer than 240 Medicare primary and secondary claims during an annual reporting period are not required to participate for the subsequent annual reporting period and payment determination. We will provide more details on this point in the next two slides. To view the ASCQR section of the Code of Federal Regulations, click the sticky note on this slide.

So, when is a new facility required to begin reporting? Let's first discuss the CASPER system. CASPER 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 the CASPER system at least four months prior to January 1 of the reporting period. Let's look at an example. Your facility was designated as newly operating in August of 2022 and had more than 240 Medicare Fee-for-Service claims, and that's both primary and secondary payer, before December 31, 2022. As such, your ASC is required to report and should begin collecting measure data during the calendar year 2023 reporting period. You would report this data for the calendar year 2023 reporting period during each measure's submission deadline, and this data submission would be for payments your ASC receives for the 2025 payment determination year.

Now, if your facility opened in October of 2022, that would be less than four months, so you would not be required to report 2023 reporting period data. However, voluntary reporting is always encouraged.

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.

Now, how are the general reporting requirements determined if you are an established facility? Let's look at another example together. If your facility has more than 240 Medicare claims this year, calendar year 2023, you will be required to collect data for program measures during the calendar year 2024 and submit data during each measure's submission deadline. Your data submission is for payments you will receive in the payment determination year 2026. Ultimately, if you ever have any questions or need support, you can always call our help line that I will share at the end of this presentation.

In order to submit data in each of the data submission systems, each facility must have a Security Official in the Hospital Quality Reporting system, or HQR, and a Facility Administrator in the National Healthcare Safety Network system, or NHSN. The two links on this slide direct you to step-by-step directions for setting up your credentials and your facility in each of the required systems.

Again, if you need support throughout each of these processes, please do not hesitate to contact the ASC Quality Reporting Program Support Team line which, again, I will share at the end of this presentation.

Now, assuming you have your access in HQR and NHSN, let's take a closer look at the measures you are required to report. First, we are looking at the web-based measures that are submitted in HQR. Right now, there are four measures entered into this system, ASC-9, ASC-11, ASC-13, and ASC-14. The reporting period for your web-based measures in HQR is January 1 through December 31 of last year. Remember, this is also known as your patient encounter period. This data is due in HQR by May 15 of this year. ASC-11 has been voluntary for this program; however, as some of you may know, in previous rulemaking, this measure was finalized to be mandatory. But, in the most recent rulemaking cycle, it was finalized that this measure would remain voluntary. In short, ASC-11 will continue to remain voluntary, which means there is no penalty for not reporting this measure. If you do choose to report data for ASC-11, though, that data will be publicly reported.

ASC-20 is the COVID-19 Vaccination Coverage Among Healthcare Personnel measure which assesses the percentage of personnel working in a facility who are up to date with COVID-19 vaccinations. The ASC-20 measure is a web-based measure submitted through NHSN, using your SAMS secure access. This system is separate from HQR which is why you need access into both systems. This measure began with the calendar year 2022 reporting period for the calendar year 2024 payment determination, which is the time frame we are currently in. You can see in our table here that your reporting requirement started with Quarter 1 of 2022, which you see under Reporting Period. Quarters 1, 2, and 3 should already be submitted in the NHSN system. Quarter 4 reporting period data is due in NHSN by May 15, 2023. We included calendar year 2023 reporting period for the calendar year 2025 payment determination year because you have quarterly submission deadlines that continue throughout calendar year 2023.

On this slide, you see your claims-based measures. Remember, 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 for these measures. ASCs receive two Claims Detail Reports, or CDRs, per payment year. One is around September, and a second is around March. ASCs also receive one Facility-Specific Report, or FSR, around October each year. The FSR is what the ASC will use to preview the data that will be publicly available in the January Provider Data Catalog, or PDC, refresh.

In the 2022 final rule, the measures seen here on the slide were added back into the reporting requirements. They were previously part of the ASC Quality Reporting Program but were suspended so that CMS could update the way these measures were submitted. These are web-based measures that will be submitted in HQR beginning with the calendar year 2023 reporting period. This means that you will use data from patient encounters from January 1 through December 31 of this year, and you will then enter that data anytime during the submission period, which is from January 1 through May 15, 2024. As some of you may recall, these measures were previously reported through Quality Data Codes placed on Medicare Fee-for-Service claim forms. This approach limited reporting for only Fee for Service Medicare beneficiaries who had billed services. As a result, reporting of these measures were suspended. The final rule resumes reporting for these measures but revises the data submission method to be through the web-based tool HQR instead of Medicare claim forms.

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

Due to the ongoing, extensive impact of the COVID-19 pandemic, voluntary reporting as part of the ASCQR Program will begin in calendar year 2024 reporting period for the 2026 payment determination. Mandatory reporting will begin in the calendar year 2025 reporting period for the calendar year 2027 payment determination.

This slide represents the deadlines for the calendar year 2025 reporting period. ASCs should check-in regularly with survey vendors to ensure they are properly submitting timely survey data. Data cannot be altered after the data submission deadline but can be reviewed prior to the submission deadline. This is a little into the future, so you have time to prepare.

All right, now that we have covered important program requirements, we are going to shift our focus to data submissions in HQR and NHSN.

In this section, we will be walking you through data submission in the HQR system. Remember, this is where you will submit data for measures ASC-9, 11, 13 and 14. You will start by logging into HQR at hqr.cms.gov using your HARP user name and password, and select Log in. If you need to create a HARP account, click Sign Up in the upper right-hand corner. Just a friendly reminder, there is a link to step-by-step directions for this process on a previous slide in this presentation.

Next, complete the two-factor authentication process, using the authentication method that you set up in your HARP registration. It could be your cell phone, or you can choose Use Another Method.

Once you have signed into HQR using your HARP credentials, this will be your landing page. On the left side of your screen, click the dashboard toggle to open your menu options, and select data submissions to begin reporting your web-based measures.

Once you click on that data submissions icon, this will be the next page. This page is asking how you would like to submit your data. It provides two options, File Upload or Data Form.

You will select the File Upload 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 one time. The approved CSV file layout must be used for this option. CSV file layout details can be found in the ASCQR Specifications Manual which I will direct you to later in this presentation. The Data Form option will be what most of you choose to upload your web-based measure data. Let's take a closer look at both options. If you are a vendor, again, or are uploading data for multiple ASCs, you will choose the File Upload option, which you see here on the left. You can choose the Select Files option and search for your completed CSV file on your computer, or you can drag and drop your file into the Drag files here to upload box.

Like I said on the last slide, most of you will choose the Data Form option, which you see here on the right. To open the data submission application, click on Launch Data Form. This will direct you to the ASC web-based submission form, where you can enter your data.

This will be your view when you select Launch Data Form. You can see here that all four web-based measures are here and none of them have been submitted at this time. Before you begin entering data, always check the top of the page to ensure the NPI, Submission Period, Reporting Period, and Payment Year are all correct. You are currently submitting data for the payment determination year 2024. The system should 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 for the selected measure, but, before we take a look at our first measure, if your ASC does not perform procedures related to one of these measures, you can just click on the box under the measure name and description, where is says, "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.

All right, let's take a closer look at ASC-9 by clicking the green Start Measure Icon.

This is what the data submission tool looks like for the ASC-9 measure. Enter your numerator first, then enter your measure denominator. Don't worry if you accidentally mix up the numerator and the denominator, you will get an error message letting you know that the numerator cannot be bigger than the denominator. You can complete the Population section, but it is not required. Only the numerator and denominator are required fields indicated by the red asterisks.

Click Submit when you have finished entering data for each measure.

This is what your screen will look like once your data is submitted for ASC-9. You will see your score for your measure in green and a summary of the data you entered. Make sure you look for the green checkmark and the word Submitted next to the measure. You can see here that you also have the option to edit your measure data, if necessary. If you click the Edit Measure link and change any data, you will need to click the Resubmit button to capture your changes. You will repeat this process for each measure.

I just want to quickly show you that ASC-11 and ASC-13 look just like ASC-9. Remember, ASC-11 is voluntary to report. If you do submit data for ASC-11, it will be publicly displayed. Also, remember, the Population section of each of these measures is also voluntary. Again, the only required fields are the numerator and the denominator, which is indicated by the red asterisks.

Finally, for ASC-14, notice there is not a Population section for this measure. That is because you cannot provide sampled data for ASC-14. If this measure applies to your ASC, you will just enter the numerator and the denominator for this measure and click Submit.

Once you have completed the data submission process for all four measures or checked the box indicating that you have no data to submit, you should see a green check mark and the word Submitted next to each measure on the data submission page. This means you are finished submitting your web-based measures in HQR. We highly recommend that you click the Export PDF button at the top right which provides a summary of your data submission that you can save and/or print. For those of you that have submitted data in HQR before, there is no more "I Am Ready To Submit" button. If you see a green check and the word Submitted next to each measure, you completed the submission process.

On this slide, you see an example of the PDF you will receive when you select the Export PDF button we talked about on the previous slide. Like I said before, this gives you a summary of your data submission and we highly recommend that you save this document for your records.

Before we move on the data submissions in the NHSN system, here are a few important reminders for HQR. Make sure that the Security Official for your ASC logs into HQR at least every 90 days to keep their account active. To avoid any late submissions due to turnover, we recommend that each ASC have at least two Security Officials. Finally, don't forget, your web-based measures in HQR are due on May 15th of this year.

Click the link on this slide if you need directions for creating your HARP account.

All right, now, let's take a look at data submissions in the NHSN system.

In this section, we will be walking you through data submission in the NHSN system. Remember, this is where you submit data for the ASC-20 measure. Start by logging into the NHSN system at sams.cdc.gov. Select Login under the SAMS multi-factor login. Enter your SAMS user name and password and select Login. At this point, you are in still in SAMS. To get into the NHSN system and enter your data, select NHSN reporting.

This will take you to the NHSN landing page. Select Healthcare Personnel Safety as the component in the first drop-down menu. Select the facility you are reporting data for in next drop-down menu, and click Submit.

You will now go to the left-hand navigation bar and hover over Vaccination Summary. Then, select COVID-19 Weekly Vaccination Summary. You will then see a screen in a calendar format for the vaccination summary data. Remember, you are only required to report data for one self-selected week for each month of the quarter. It is important to make sure the week you select to report ends in the month you are intending to report. For example, the third week in November ends in November, so if you chose this week to report data, the data would be applied to the month of November. However, if you choose the fourth week in November, this week ends in the month of December, so the data for this week would be applied to the month of December.

Once you select the week that you would like to submit data, you will be prompted to enter data for five questions. In short, you will provide data on the healthcare personnel that work at your facility. Then, of them, how many received the primary vaccine series? How many had contraindications or other reasons for not receiving COVID-19 vaccines? How many received booster doses, and how many are up to date according to the CDC's most current definition of "up to date"? Very important note here, the sum of questions 2 and 3 must equal question 1. You will receive an error message and you will not be able to submit your data until question 2 plus question 3 equals the data you entered in question 1. Speaking of the CDCs definition of "up to date," it is important to stay current with the definition of "up to date" for each reporting quarter and to report data according to the definition for the applicable quarter.

On this slide, you will see the definitions of "up to date" for Quarter 4 2022 and Quarter 1 2023. Quarter 4 2022 data are due in NHSN by May 15, 2023, the same day as your other web-based measures, and Quarter 1 2023 data are due in NHSN by August 15, 2023.

Once all five questions are entered for your selected week, the week you selected should be the greenish color you see here on the slide. Again, just another quick reminder that the week you are reporting should end in the month you are intending to report.

Before we move on to resources, here are a few important reminders regarding data submission in NHSN. All data must be entered in one session. If you walk away from your computer in the middle of your submission, the data you entered will not be there when you get back to your computer. Red asterisks indicate mandatory fields. You cannot leave any of these fields blank. This means that you will need to enter a 0 if you do not have any personnel that apply to a particular field. Remember, the sum of questions 2 and 3 must equal question 1. You will receive an error message, and you will not be able to submit your data until question 2 plus question 3 equals question 1. Be sure to log in to your SAMS account at least every 60 days to keep your account active. Again, ensure that your self-selected week ends in the month you are intending to report. Finally, don't forget your next submission deadline for ASC-20 is May 15, 2023. We have provided a link to NHSN resources and a link to our archived educational events. There are a lot of webinars that provide details on SAMS, the registration and enrollment process, and data entry, so be sure to check those out if you need support.

All right, and finally, let's review some awesome resources that are available to you.

QualityNet.cms.gov was established by CMS to provide healthcare quality improvement news, resources, and data reporting tools and applications used by healthcare providers and others. The QualityNet website is the only CMS-approved website for secure communications and healthcare quality data exchange. From the home page of QualityNet, you can subscribe to email updates to ensure you are up to date with all program notification, you can ask a question using the Q&A tool by clicking Help in the upper right-hand corner, and you can register for access into HQR by clicking on the Register in the top right-hand corner next to Help.

Finally, if you would like more information about the program, select the Ambulatory Surgical Centers button on the main page.

Clicking the Ambulatory Surgical Centers button takes you to this page where you can see a banner of the important program resources. It is also here that you can access the ASCQR specifications manuals. The specifications manual provides comprehensive information on program requirements, including a complete description of required data points for each measure.

Another great resource is the support contractor website, www.QualityReportingCenter.com. This website is incredibly helpful to those that are new to the program. It provides a lot of tools and resources to assist you with your quality reporting. You can also access upcoming and archived events and you can confirm your ASC's data using our Data Dashboard.

You can see at the top of this page that this website services multiple programs. To access these resources specific to Ambulatory Surgical Centers, click the ASC tab at the top of the page, or you can click in the blue ASC box.

When you select one of the ASC boxes, this page will display. On the left, you will see the menu options specific to the ASC program. Look at all these options and resources! In the interest of time, I am only going to highlight a few of them, but I encourage you to click around and explore beyond what we cover today.

ASCQR 101 is an excellent place to start for those of you that are new to reporting for the ASCQR Program. I also recommend exploring ASCQR Program Tools and Resources, as this page provides details on measure deadlines, public reporting, and details on how to stay informed. Upcoming and archived events are great places to stay up to date on program changes and upcoming deadlines. If you are new to reporting, watching recent archived events is a great way to catch up on the program requirements.

Finally, the Data Dashboard is a great place to confirm your data submissions have met program requirements. Let's take a closer look at this one. When you click the dropdown arrow next to Data Dashboard, this is the menu you will see. To confirm your data submission meets program requirements, click on ASC Lookup Tools.

Enter your ASC's CCN or NPI in the appropriate box, and click Enter. It is important to note that data provided in this tool is not live. It is important that you check the Data Last Updated dates at the bottom.

At the top of this page, you will see your web-based measures that are submitted in HQR. A YES next to a measure indicates a successful data submission. A NO indicates no data were submitted for that measure.

At the bottom of this page, you will see your web-based measure that is submitted in NHSN. This is ASC-20. Quarters will only show YES if all three months in the quarter have been submitted. Otherwise, all three months and the subsequent quarter will show NO until all three months of the quarter have been submitted. Again, it is important to check the Data Last Updated date under the chart. If you entered your data after this date, your facility's data will not reflect in this tool.

Now I am going to show you where you can view your ASC-20 data in HQR. We are back in the HQR system. From the home screen, hover your mouse over the dashboard and select Performance Reports under Program Reporting.

This will then be your view. From the drop-down menu that will open, you will choose ASCQR. Next, choose the encounter quarter you wish to view data. Then, just select the Export CSV option.

This will be your result in Excel. You can see your provider summary, state summary, and national summary data. This is the data that will be publicly reported for the ASC-20 measure. Again, don't forget to check the Last NHSN Update Date column to see the last time these data were updated.

Just like the Lookup Tool we looked at a few slides ago, if you entered your data after the date in this column, it will not reflect on this report.

All right! I know that we have given you a lot of information today, but don't worry, The ASCQR Program Support Team is always here to help. Please do not hesitate to reach out to us with any questions. The Center for Clinical Standards and Quality Service Center is also available for technical support with HARP and HQR access. The SAMS help desk is available only for technical support with SAMS-related issues or access. NHSN is available for support via email for system issues, but again, we always recommend that you give the program support team a call anytime you need anything. We are always here and happy to hear from you.

That is all we have time for today. We hope this presentation has helped you prepare to submit your web-based measures by May 15 of this year. Thank you, again, for joining us. At this time, I am going to pass it to Karen.

**Karen VanBourgondien:** Thank you. With that, we are going to close out. Everybody have a great rest of your day.