



Outpatient Quality Program Systems and Stakeholder Support Team
**How to Succeed at Ambulatory Surgical Center Quality Reporting:
A Program Review**

Presentation Transcript

Speakers

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Karen

VanBourgondien: Hello everyone. My name is Karen VanBourgondien, and I am joined by Danielle Leffler. We appreciate you joining us today as we talk about successful reporting for the ASC Quality Reporting Program.

I will go over some CMS policy goals and drivers and then I am going to hand things over to Danielle and she will discuss program requirements and deadlines, how to verify your data submission, public reporting, program resources. All kinds of important information you need to know to be successful in this program. We will also be taking your questions at the end of the presentation, and we will pull them from the chat box, so we will be able to share those with you during this presentation. And we will try to get to as many as we can.

The objectives are here on the slide. If you need the slides, just click on that icon you see on your screen, it should be on the right side. The slides are also always posted on our website before every event and that's QualityReportingCenter.com. And that link was also included in the email notification that you were sent announcing this event. And again, we do have the chat box open for any questions you may have. Just enter your question in there and one of our subject matter experts will respond to you directly.

Before we discuss the program requirements, let me first share some policy goals and drivers that serve as the premise for all CMS programs. CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes. CMS works to improve people's lives through advancing policy, public policy, to ensure that the U.S. health care system works for everybody. Last year, CMS announced the CMS strategic vision and six strategic pillars. Those pillars are advance equity, expand access, engage partners, drive innovation, protect programs, and foster excellence. You can see those here on this slide. CMS teams remain committed to collaborate across its Centers and Offices to establish shared strategic objectives, define success measures, and holistically look across the

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agency to identify policy levers and opportunities to advance these priorities.

Additionally, 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. It is divided into 50 titles and represent broad areas subject to Federal regulation. Title 42 is the Public Health section and details the requirements for not only the ASCQR Program, but others as well. There are two important points to note in this section. First, ASCs that do not meet the program requirements will 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. So, if you would like to view the Code of Regulations, we have provided the direct link at the bottom of this slide in the dark blue.

So, now that we understand some of the policies and goals that drive the ASC program, let's shift our focus to ASCQR program requirements. And with that, let me hand things over to Danielle Leffler. Danielle?

Danielle Leffler: Thank you, Karen. 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 I will share at the end of this presentation.

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. Secondly, there are the claims-based

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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. Let's take a closer look at each measure in the ASCQR Program. First, we will take a look at web-based measures submitted in HQR. In the calendar year 2022 Final Rule, CMS finalized the addition of the ASC-1, ASC-2, ASC-3, and ASC-4 measures into the program beginning with the calendar year 2023 reporting period for the calendar year 2025 payment determination. As some of you may recall, these measures were previously reported through Quality Data Codes placed on Medicare fee-for-service claim forms. Data for these measures will now be reported in HQR as web-based measures. 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.

Just a few quick notes on these measures. The denominator for these measures is All ASC Admissions. So, every patient that is admitted into your ASC will be included in the measure denominator. The definition of Admission is "Completion of registration upon entry into the facility." As we saw on the previous slide, data for these measures are collected and submitted annually. For more information on each of these measure's specifications, including what patients should or should not be included in the numerators and denominators of these measures, we refer you to the calendar year 2023 ASCQR Specifications Manual located on the *QualityNet* website.

The next four measures we will look at, ASC-9, ASC-11, ASC-13, and ASC-14, are also web-based measures that are submitted in HQR. The reporting period for these measures are just like your other web-based measures in HQR. The reporting period is January 1st through December 31st of this year. Remember, this is also known as your patient encounter period. This data is due in HQR by May 15 of next year. ASC-11 is a voluntary measure in this program 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.

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Before we move on to the ASC-20 measure in the NHSN system, here are a few important reminders for HQR. First, if your ASC has no data to submit for a measure, then the attestation must be completed, or zeros must be submitted. If any measure is left blank in HQR, except for ASC-11, your ASC has not met the ASC program requirements for the applicable payment determination year. Make sure that the Security Official for your ASC logs into HQR at least every 60 days to keep their account active. You don't have to do anything in the system, you just need to log in to keep your account active. To avoid any late submissions due to turnover, we recommend that each ASC have at least two Security Officials. And finally, don't forget, your web-based measures in HQR are due on May 15, 2024. Remember, we provide directions for creating your HARP account and gaining access to HQR on slide seven.

You have a couple of months before the submission period for web-based measures in HQR opens, but we wanted to take a moment to show you a small makeover to the web-based submissions page on HQR. The submission page on this slide should look familiar, this is what the data submission page used to look like. Notice the "Lower/Higher Score is Better" verbiage under each green score.

The image on this slide is what the new data submission page in HQR will look like when the submission period for calendar year 2023 opens on January 1, 2024. The measure score moved to the right in the light blue boxes. If you hover your cursor over the measure score, you will see the "Lower/Higher Score is Better" verbiage is now a tool tip. We will provide more education on submitting data in HQR prior to the submission deadline of May 15 next year, so keep an eye out for that. Now, let's look at how the data entry page for the ASC-1 through 4 measures will look this January. You are getting a sneak peek here today. Here we are viewing the data entry page for ASC-1. You will enter a numerator and a denominator, which are defined for you right on the page. Once you enter your data, the Submit box will turn green. You will select that green Submit box and your data will be entered.

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For ASC-2,-3, and -4, you will have the same format. You will enter the data for these measures the same way. It really is going to be pretty easy to enter your data. Again, we will have another webinar right after the first of the year to go over this and other important topics. Now, let's take a look at our web-based measure submitted in NHSN, ASC-20.

ASC-20 is the COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) 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 the only web-based measure submitted through NHSN, using your SAMS secure access. You can see in our table here on this slide that your reporting requirement for calendar year 2025 payment determination started with Quarter 1 of 2023, which you see under Reporting Period. Quarter 1 should already be submitted in the NHSN system. Quarter 2 2023 reporting period data are due in NHSN by November 15, 2023.

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 zero 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 into your SAMS account at least every 60 days to keep your account active. We highly recommend having at least two additional Users in addition to the Facility Administrator. This way, someone has access and can enter data into NHSN. And finally, don't forget that your next submission deadline for ASC-20 is November 15, 2023. That will be for Quarter 2 2023 data. One last reminder. Ensure that your one self-selected week each month ends in the month you are intending to report. This is important if you choose the last week of a month like the example on this slide. You can see here that this week begins in November but ends in December.

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Therefore, if you submit data for this week, the data would be applied to the month of December because that is the month that week ends. We have many instances where an ASC thinks they have submitted data for a month, but that data was applied to the following month.

On this slide, we have provided a link to our archived educational events. There are a lot of webinars that provide details on SAMS, the registration and enrollment process in NHSN, and data entry for the ASC-20 measure in NHSN. We have also provided a link to NHSN's key terms document that reflects changes to the surveillance tool as COVID-19 vaccination guidelines evolve. It is important to stay up to date on these key terms, particularly the definition of up to date, and to submit data according to the definition of up to date for the respective reporting period. For example, individuals are only considered up to date in Quarter 1 2023 and Quarter 2 2023 if they received an updated bivalent booster dose or if they completed their primary series less than two months ago. Monovalent boosters are no longer considered up to date for these reporting periods. Finally, we provided a link to the NHSN Weekly Healthcare Personnel COVID-19 Vaccination page which provides announcements, training, and other resources related to the ASC-20 measure.

Lastly are claims-based measures, ASC-12, ASC-17, ASC-18, and ASC-19. 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 around September and the second is usually around March. Your ASC will need to have an active Security Official to access these reports. 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. We will provide more information on public reporting a little later in this presentation.

In a previous rulemaking cycle, CMS finalized the mandatory reporting for ASC-15a-e: Outpatient and Ambulatory Surgery Consumer

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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, but due to the ongoing, extensive impact of the COVID-19 pandemic, voluntary reporting as part of the ASCQR Program will begin in the calendar year 2024 reporting period for the calendar year 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 and updated prior to the submission deadline. For more detailed news and information about the OAS CAHPS survey, we refer you to the official website linked at the bottom of this slide.

Once you have entered your data, there are a few ways you can confirm your submission.

First, we have a data look-up tool on our website, QualityReportingCenter.com. We have provided the link to this site in the dark blue box at the bottom of this slide. On this slide, you see the home page of QualityReportingCenter.com. To verify your data submission, you will select the CCN/NPI Look-up Tools option in the ASC box.

These are partial views of the page you will see when you select the CCN/NPI Look-up Tools option. On the top, you are looking at the section that refers to the web-based measures that are entered into HQR. This will not be updated again until next year when the data submission period is open for those measures. The bottom screen shot is for the current reporting period. To find your data submission result for the ASC-20 measure, you add your CCN number and select enter.

And this is the result page. A “YES” indicates a successful data submission. A “NO” indicates no data were submitted for that measure. These data are not live. It is updated as we get reports from NHSN. Partial data for a quarter will not be reported to us as complete. You must enter complete data for the quarter to see a “YES.” So, if you think you entered data for Quarter 1 and you are seeing a “NO,” do not ignore this. The most common issue we see is that people enter data on a week that begins in one month but ends in another. This is why I have said a couple of times make sure the week you select ends in the month you intend to submit data. Also, you will want to look at the “Data last updated” date. This will tell you the date this tool was updated. So, if you entered your data on August 16th and the date last updated was August 16th, your data may not be included. Just check back and ensure your data is there and the data last update date has also changed. If you ever have doubts or questions, don’t hesitate to give us a call.

Another way you can verify your data submission is in HQR. Here we see the HQR home page. From this page, hover your cursor 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 for. Then just select the Export CSV option.

This will be your result in Excel. You can see your provider summary on top, then the state and national summaries below. This is the data that will be publicly reported for the ASC-20 measure. And 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 be reflective on this report.

Now let’s discuss public reporting. You all should have received your preview report back in August and that data is now due to be displayed or refreshed this month. Let’s just take a few minutes to discuss public display of the data you all submit.

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This month, the data being refreshed is for the web-based measures. You can see on the slide here, for ASC-9, 11, 13, and 14, the data for the reporting period of January 1st through December 31st, 2022, is what is being refreshed this month. For the ASC-20 measure, these data are refreshed quarterly, so this month's refresh will be for Quarter 4 2022 data.

Here is an overview of what measures are refreshed and for what reporting periods. We are looking at next year, 2024. The COVID data are with each quarterly release. The claims-based measures are refreshed annually in January. One thing to point out for the claims-based measure OP-12, due to the COVID-19 PHE, data for January 1 through June 30, 2020, was not included in the measure calculations and results. All web-based measures are refreshed in October. Next year, data for ASC-1 through 4 will also be included. It is a nice cheat sheet to use to help you keep things straight. So, where is your data located? Public displayed data for ASCs can be found on the Provider Data Catalog, or PDC. The link is data.cms.gov and the direct link is [here](#).

If you were to click on that data.cms.gov link you would be directed to a page that, if you scrolled down a bit, would look like this. You can see a description of the measures, and if you wanted to run data specific to any measure you would select the link under Measuring Quality.

This is a partial view of what you would see. Here you are only seeing ASC-11 but on the page you open to all the measures would be available. You can filter data sets, manage columns, download, etc. You can get to this same place from the Hospital Compare website. Now, these data are not on the Care Compare website like they are for Hospital Outpatient facilities; however, again, you can access the PDC from the Care Compare website. There are a couple of ways to find your data. From the Care Compare home page, you will select the Hospitals option. Yes, you are not a hospital, but that is the category ASCs have been placed in. Once you select that Hospitals option.

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You will see this view. You will select the Visit the ASC data on CMS.gov option, right here with the red box. That will take you to the place we just walked through and obtain your data. Or you can simply use the ASC Compare Tool we have on our website for one-stop shopping. To access this ASC Compare Tool, you will begin at the home page of QualityReportingCenter.com. Once there, you will select the ASC option at the top of the page.

From the primary ASC menu on the left, click the down-arrow next to Data Dashboard. That will open the Data Dashboard menu options you see here. You will select ASC Compare Tool.

These are the options that appear as selections to choose from. You have a lot of options, and we will not have time to go over each selection available on the Scorecard. Today, I will only be showing you a small portion of our newest feature, the “Explore all claims-based measures”. This will be your initial view. Here we are looking at ASC-12. The boxes at the top from left to right will show you: the number of facilities included in the calculation, the 10th, 90th, 95th, and higher than national percentiles. Next to the red arrow, you can see that for his calculation, lower rates are better. Looking at this image you would want to be on the left side since those are the lower numbers and demonstrate better performance.

You can choose the measure year you wish to explore by clicking on the down-arrow under Measure Year. You can also choose the measure you wish to explore by selecting the measure by clicking the down-arrow under Claims Measure. You can see here that for ASC-12, you can compare data for the same measure for the Hospital Outpatient Quality Reporting Program. That measure is OP-32.

This is an interactive tool and by moving your cursor along the graph, you can access data on ASCs that fall within any area of the graph. You can also compare the same measure.

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There are other options that you can choose from. The names indicate the functionality. Again, giving you the ability to compare your ASC with other ASCs and compare like measures for the ASCQR Program to that of the Hospital OQR Program. I don't have time to go over all of these options today. So, we highly encourage you to access this great tool. There are a lot of resources for you. We are going to start with the one on the QualityReportingCenter.com website.

While we are on the Quality Reporting Center website, let me point out other great resources for the ASCQR Program, especially for those that are new to reporting. Again, to access these resources specific to Ambulatory Surgical Centers, click the ASC tab at the top of the page, or click the ASC Overview in the blue ASC box at the bottom right of the main page. This page will display. On the left, you will see the menu options specific to the ASC program. In the interest of time, I am only going to highlight a few of these options, 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 program requirements. Finally, the Data Dashboard is a great place to confirm your data submissions have met program requirements. This is the tool we just looked at a few slides ago.

Another great resource for the ASCQR Program is the *QualityNet* website. QualityNet.cms.gov is established by CMS and provides 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, you can subscribe to email updates to ensure you are up to date with all program notification and you can ask a question using the Q&A tool by clicking Help in the upper right-hand corner. Finally, if you would like more information about

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the program, select the Ambulatory Surgical Centers button on the main page.

By 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. Remember, the specifications manual provides comprehensive information on program requirements, including a complete description of required data points for each measure. Alright, that wraps it up for me today. At this time, I can pass it back to Karen for some updates and questions and answers. Karen?

Karen

VanBourgondien:

Thanks Danielle. Wow, you covered a lot. So, some main takeaways here, and we really can't say this enough, please make sure you have active HQR and NHSN system accounts. You need those to support your data. Please have more than one person for a Security Official to access the HQR system. That's where you enter your web-based measures. And at least two additional users besides a Facility Administrator for the NHSN system. Make sure that you submit all required measure data by the designated submission deadlines. And keep your accounts active for both the HQR and NHSN systems. Danielle did cover that. Certainly, if you have any questions let us know.

So, Danielle, we have some time, but before we get to the questions, let me just give a few updates and reminders. The claims-based measures 2023 reports are now available in a CSV format in the HQR system. Previously, only some of the reports could have been downloaded in CSVs. Future CBM reports will have both Excel and CSV download options. There was an email sent last month stating that your Claims Detail Reports, or CDRs, for Calendar Year (CY) 2025 Payment Determination are available. So, again, you can download a CSV by logging into the HQR system and navigating to the Claims-based Measures under the Program Reporting option. You would select the

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Release Year, Program, and Report, then select Export, where a menu will offer you the choice and you can either download in CSV or Excel version for your report. If you're not familiar and you need assistance with that, please give us a call. Our number will be on the slide at the end. We are always happy to help and walk you through that. Another relatively recent update, NHSN has a Q&A, question and answer, platform called ServiceNow, and you can access that through your SAMS account. They do prefer that you ask questions using that platform, if at all possible. However, if you are an individual who is working on your SAMS account and you do not have access yet, and you have a question, you would use their old email address which is NHSN@cdc.gov. Of course, we have that on our resource slide at the end, as well. So, if you need assistance before you have your SAMS account, you would email them through that. While we are talking about NHSN, the Quarter 2 COVID vaccination information, that's for ASC-20, that is due next week November 15th. Danielle went over that. Please do not wait to get your data in, if you haven't done so yet. We do send emails to remind you that you that we haven't received your data yet. If you get one of those emails, please don't ignore it. Give us a call! Sometimes, you know, people enter their data and they think they have done it correctly and we send them an email and they ignore us. Please don't do that. Give us a call. It could be that it's just a data cross; meaning, that you entered the data very close to the time when the NHSN/CDC pulled the data, so it just crossed. However, it may not. It might be an error. Don't take the chance, give us a call. Please. We are always here to help you. So, Danielle let's go ahead and get into some questions here. First question. We get this a lot. What do we do if we do not perform a procedure? And I am guessing this questioner is asking about what do they do in the HQR system if they're entering data and they don't do one of the procedures that relate to one of the measures. So, Danielle, what are your thoughts?

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Danielle Leffler: Yes, Karen. This is a great question, like you said. And this one is especially important. If your ASC has no data to submit for a measure, do not leave it blank in HQR! You must either: Check the attestation box or enter zeros into the fields. If any measure is left blank in HQR, with the exception of ASC-11, your ASC has not met program requirements.

Karen

VanBourgondien: Thank you, Danielle. And to just reiterate maybe for those of you that are new, the only reason that ASC-11 is an exception to that rule is because it's voluntary. Some people go ahead and enter zeros for 11 and that is perfectly fine, too. Danielle, we got a lot of questions about ASC-1 through ASC-4. I 'm going to sort of clump them together here, but we are going to address them separately. So, the first question related to the ASC-1 through 4 measures is, and just to reiterate the ASC-1 is Patient Burn; ASC-2 is Patient Fall; ASC-3 is Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant; and ASC-4 is All-Cause Hospital Transfer/Admission measure. And this person wants to know how those measures are being reported.

Danielle Leffler: Okay. Another great question. ASCs will submit a numerator and denominator for each measure in the Hospital Quality Reporting, which we refer to as HQR often. Data can be submitted any time during the submission period which begins January 1, 2024, and ends on May 15, 2024.

Karen

VanBourgondien: Thank you, Danielle. And I know we did provide a sneak peek to everybody on what those slides look like. I think that was back on slides 15 and 16. So you have an idea of what those views are going to look like in January when the system opens for submission. So, Danielle, the next question is: What is meant by "all-cause" for the ASC-4 measure?

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Danielle Leffler: “All-cause” is any transfer or admission from an ASC directly to an acute care hospital, and this does include the hospital emergency room. More measure specifics are in the program specifications manual on the CMS website, *QualityNet* website and we did show you directions to access that document on a previous slide in this presentation.

Karen

VanBourgondien: Thank you, Danielle. We can also put that link in the chat box, as well. So, the next question is also regarding ASC-1 through 4. And the questioner wants to know: Will we sample the ASC-1 through ASC-4 measures?
Danielle?

Danielle Leffler: No. The ASC-1 through ASC-4 measures are not sampled. You will enter your full population for each of these measures for the denominator and then you will enter your numerator. Again, measure details can be found in the ASCQR Specifications Manual. And like Karen said on our last question, we will put a link to that in the chat box.

Karen

VanBourgondien: Okay. Thank you, Danielle. So, let’s move on to some of the questions we got for ASC-20. And we always seem to get a lot of questions about that measure. So, again, I am going to sort of clump them together. And boy do we get this first one a lot. So, we just have to cover it. So, that question is, will we stop reporting data for ASC-20 because the Public Health Emergency ended back in May?

Danielle Leffler: Yes, this is another great question and we do get this one a lot. Reporting for ASC-20 will continue even after the Public Health Emergency ended. Any measures that are added or removed from the ASCQR Program must go through the rulemaking process. So, until that happens, ASC-20 remains a measure in this program.

Karen

VanBourgondien: Okay, good. Thank you, Danielle. So, here is a great question. If our

facility does not require COVID vaccination anymore, what data are we to report?

Danielle Leffler: So, to meet program requirements, your facility will need to report data for the COVID-19 Vaccination Among Healthcare Personnel (HCP) measure quarterly. The data you enter should reflect the accurate vaccination status of your staff and that should be according to the CDC's definition of up to date for the applicable reporting period. Remember, we discussed on a previous slide that the CDC's definition of up to date evolves and, so you need to check that document that we provided, and we can put it in the chat box again as well, so you can stay up to date with the CDC's definition of up to date.

Karen

VanBourgondien: So, Danielle. Just to clarify, if they have 10 nurses, and we are just making this up, 10 nurses and none of them have gotten boosters, they're just going to report zeros and that's okay. Is that correct?

Danielle Leffler: Yes, that is correct. To be up to date, they would have to have a bivalent booster or have received their primary vaccine within the last two months.

Karen

VanBourgondien: Okay. So, next question. And this is sort of related to what we just talked about. If our ASC does not report any data for ASC-20, the vaccination measure, is there a 2-percent payment reduction like the measures we report through HQR? The other web-based measures. Danielle?

Danielle Leffler: Yes, this is a great question. If an ASC does not report data for all required measures in the ASCQR Program, including ASC-20, it will not meet the program requirements. Failure to meet program requirements will result in a 2-percent payment reduction to the ASC's Annual Payment Update.

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Karen

VanBourgondien: Okay. Thank you, Danielle. So, here is a different question, sort of related again, but it is a little different, so I am pulling this. The question is: Does a facility's staff vaccination rate affect payment? We touched on that before, but maybe you can clarify a little bit. Does a facility staff vaccination rate affect our payment? Danielle?

Danielle Leffler: Yes, another great question. No. The ASCQR Program is a pay-for-reporting program. So, if you accurately submit data for the required measures by the submission deadline, then your annual payment will not be reduced.

Karen

VanBourgondien: Okay, so thank you, Danielle. In summary, I think it's safe to say just report the required data by the deadline and you should meet program requirements. Again, if anybody has any questions, give us a call. So, one more question about NHSN. And the person says: When I log into NHSN, it shows an alert that states: Missing Weekly Summary Data. What does this mean?

Danielle Leffler: So, the NHSN system allows for weekly data submissions, and the system automatically issues this soft reminder if weekly data are not submitted. However, for purposes of the ASCQR Program, facilities are only required to submit data for one self-selected week per month. So, as long as you have submitted at least one self-selected week of data per month, these soft reminders can be disregarded. Ensure - remember we talked about this several times in the presentation - the week you are reporting ends in the month you are intending to report data for.

Karen

VanBourgondien: Great comment. Thank you, Danielle. Alright, I think we have time for one last question, and this is about the OAS CAHPS measure. The person wants to know: How will we report data for the OAS CAHPS measure?

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Our very small center performs ophthalmology only cases. Can we use our own vendor for this measure?

Danielle Leffler: Great question. And unfortunately, the answer is no, you cannot use your own vendor. Data must be submitted using CMS-approved survey vendors. The ASC can choose their vendor from the approved vendor list on the OAS CAHPS website. But you must use a CMS-approved vendor for this measure.

Karen

VanBourgondien: Okay, thank you. We can put that website link for the OAS CAHPS website in the chat box. Anything else Danielle before we close things up?

Danielle Leffler: Yes, Karen. Just a few reminders before we wrap things up. Don't forget to log into NHSN and HQR at least every 60 days to keep your account active. If too much time goes by, you will not be able to just simply update your password. Don't get yourself locked out, especially around a submission period. Also, please pay attention to the day that the week ends when submitting data in NHSN, make sure your one self-selected week each month ends in the month you are intending to report. I went over this back on slide 19 and in our question-and-answer section. We have had people thought they submitted data for each month, but it turned out that data for one month was applied to a different month than they intended. That also goes back to what Karen said earlier, if you get an email from us saying your data is missing, give us a call. We will trouble shoot with you and we will get things straightened out. And finally, please remember that it is highly recommended that each facility has two Security Officials. If someone is off, out of the office, wins the lottery, whatever it may be – you don't want to miss a submission deadline because you don't have an active Security Official in HQR. Alright Karen, I think that's all I have, so I can pass it back to you.

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Karen

VanBourgondien: Okay, thank you Danielle. I appreciate your time with the questions and answers. So, just a few important additional things to mention here. I know we discussed during the presentation, there are a lot of resources available to you. On our QualityReportingCenter.com website, there is a Staying Informed page, and this page has easy access and links to important program information like the successful guide, listserv notifications, newsletters, things like that. So, that is a good place to go. Also, I neglected to mention this first, signing up for the email updates on *QualityNet*, that is so important. It is such an easy way to stay in the loop if you will. We will put that direct line in the chat box. It is the first bullet here, signing up for communications. It is just a no cost way of getting emails sent directly to you on what's going on and what's important. Data deadlines and things of that nature. Lastly, if you have changes in your staff, please let us know. It is easier for your facility to stay informed if we know the current staff member to contact for important data submission communication. So, there is a contact change form on our website. We will put that link in the chat box as well. So, if people have left your facility and you are now the one in charge of entering data and what not, you'll want to let us know so we can communicate directly to you.

Alright, so we have gone over a lot of information today, but don't worry the support team is always here to help. And again, we have said this many times, don't hesitate to reach out to us with any questions. We are always glad to help. Our phone number is right there at the top. We also have some other important contact information if you have problems with HQR, technical issues, you want to call CCSQ, that's the *QualityNet* help desk, you can email them or call them. There is a phone number here for the SAMS help desk; however, you only call that number if you have trouble with your SAMS account. They are unable to help you with any NHSN data submission questions and things like that. And remember that NHSN does have the ServiceNow Question and Answer Tool available,

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but if you do not have your SAMS access yet, you will use the email here that you see on this slide at the bottom, NHSN@cdc.gov. So, I think that's all the time we have. Thanks for attending. I hope this was helpful to you. Thank you, Danielle, so much for all the time and effort and the great information you shared. Have a great day everybody. We will see you next time.