

Successful Reporting in the ASCQR Program: A Step-by-Step Guide

2019

ASCQR Program Support Contractor
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Welcome to the Ambulatory Surgical Center Quality Reporting (ASCQR) Program. The ASCQR Program is a quality measure data reporting program implemented by the Centers for Medicare & Medicaid Services (CMS) for care provided in the ASC setting. This program promotes higher quality, more efficient healthcare for Medicare beneficiaries through data reporting, quality improvement, and measure alignment with other clinical care settings.

As the national Support Contractor (SC) for the ASCQR Program, the SC team wants to ensure that you are aware of the ASCQR Program and understand its requirements. All ASCs reimbursed under the ASC fee schedule for Medicare are subject to ASCQR Program requirements. ASCs that meet program requirements during a given calendar year (CY) receive their full payment update for the upcoming CY; ASCs that do not participate or fail to meet these requirements may receive a **two percent reduction** of their payment update.

Once an ASC submits any quality measure data, the ASC is considered to be participating in the ASCQR Program.

Detailed instructions about all program requirements can be found in the **ASC Reference Checklist** provided in this packet. The packet also includes **ASCQR Measures and Dates**, **QualityNet Website Registration**, and other **Resources**.

Note that dates and deadlines are subject to change. Dates and deadlines can be verified on the QualityNet website (www.qualitynet.org).

Any data submitted for the ASCQR Program may be made publicly available after CMS provides ASCs with an opportunity to review the data. ASCs will have approximately 30 days during the Hospital Compare preview period to review their data before the data are published. More information on the public reporting requirements is available at 42 CFR 416.315.

As you begin participating in the ASCQR Program, the SC team is available to answer questions or supply any additional information you may need. We invite you to visit www.qualityreportingcenter.com to view and download explanatory materials about the program and tools to help in its implementation at your surgical center. We also encourage you to join the ASCQR Program ListServe at www.qualitynet.org to receive notifications about program developments.

We hope you find this information helpful. Please feel free to contact us if you have any questions.

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CONTACT INFORMATION

ASCQR Program Support Contractor

3000 Bayport Drive, Suite 300

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866.800.8756

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AMBULATORY SURGICAL CENTER QUALITY REPORTING (ASCQR) PROGRAM REFERENCE CHECKLIST

ASCQR PROGRAM REQUIREMENTS SUMMARY

This document outlines the requirements for ASCs, paid by Medicare under Part B Fee-for-Service (FFS), not to be penalized under the ASCQR Program and to receive their full Medicare payment update. ASCs that do not meet ASCQR Program requirements may receive a reduction of 2.0 percentage points in their payment update for the applicable calendar year (CY).

Any data submitted for the ASCQR Program may be made publicly available after the Centers for Medicare & Medicaid Services (CMS) provides ASCs with an opportunity to review the data. ASCs will have approximately 30 days during the Hospital Compare preview period to review their data before the data are published. This preview period does not serve as a correction period. More information on the public reporting requirements is available at 42 CFR 416.315.

Eligible ASCs must follow the requirements as outlined in the applicable OPPS/ASC Final Rule with Comment Period, published in the *Federal Register*, or may incur a payment penalty. The most recent requirements are available at <https://www.gpo.gov/fdsys/pkg/FR-2018-11-21/pdf/2018-24243.pdf>, beginning on page 59110. Requirements to date are summarized in the **ASCQR Program Reference Checklist**.

Claims Threshold

ASCs that have fewer than 240 Medicare claims (primary plus secondary payer) per year during a reporting period for a payment determination year are not required to participate in the ASCQR Program for the subsequent reporting period for that subsequent payment determination year. This includes all program requirements, both claims-based and measures entered via a web-based tool. For example, an ASC with fewer than 240 Medicare claims in 2018 would not be required to submit data for the CY 2021 payment determination.

ASCs Newly Designated as Open

Administrative requirements apply to all ASCs designated as operating in the CMS Certification and Survey Provider Enhanced Reporting (CASPER) system, Medicare's database for survey and certification purposes, 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. For example, if an ASC is designated as operating on October 17, 2019, the ASC would begin collecting data in 2020 to enter in the Secure Portal of QualityNet during the submission period of January 1–May 15, 2021.

Technical Support

ASCs can contact the ASCQR Program Support Contractor (SC) with questions regarding data or for technical support. Contact the ASCQR Program SC by email at qrsupport@hsag.com or by telephone at 866.800.8756.

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Mandatory Steps for ASCQR Program Participation

The following requirements per CY are established for participation in the ASCQR Program and for receipt of the applicable CY's payment update. The ASCQR Specifications Manual, QualityNet User Guide, and Security Administrator (SA) registration forms referenced below are available on the QualityNet website (www.qualitynet.org).

For the CY 2020 Payment Update (based on the January 1, 2018 through December 31, 2018 reporting period):

- **Submit QDCs for measures ASC-1 through ASC-4 on the Form CMS-1500 version 02/12, or associated electronic data set, for services furnished where Medicare is the primary or secondary payer for dates of service from January 1–December 31, 2018.** The minimum threshold for successful reporting is that at least 50 percent of Medicare claims meeting measure specifications contain the appropriate QDCs.
- **Collect data to be submitted via a web-based tool to CMS (ASC-9, -10, -13, and -14) and submit these data via the QualityNet Secure Portal as directed.** See qualitynet.org for registration information, reporting dates, and submission guidelines. To submit data for these measures and access reports, the ASC must have an active SA registered with QualityNet. The deadline for submitting these measures is **May 15, 2019**.

For the CY 2021 Payment Update (based on the January 1, 2019 through December 31, 2019 reporting period):

- **Collect data to be submitted via a web-based tool to CMS (ASC-9, -13, and -14) and submit these data, either directly or through an ASC agent, via the QualityNet Secure Portal as directed.** Reporting dates are available on p. 9 and 10, and submission guidelines are in the Specifications Manual, version 8.0a. Deadlines are subject to change and should be verified on www.qualitynet.org. To submit data for these measures and access reports, the ASC must have an active SA registered with QualityNet. The deadline for submitting these measures is **May 15, 2020**.

Note: ASCs may voluntarily submit data for CY 2020 and CY 2021 for **ASC-11** but will not be subject to a payment reduction with respect to this measure during the voluntary reporting period. **ASC-12** is calculated from paid Medicare FFS claims; no additional data submission is required.

National Provider Identifiers (NPIs)

An ASC that shares the same NPI with other ASCs must report for all such facilities; payment determinations will be made by and applied to the facility's NPI applicable to any and all facilities billing under this NPI.

Data Completeness for Claims-Based Measures Using QDCs for Payment Year 2020

Please Note: Measures ASC-1 through ASC-4 have been retained in the ASC Quality Reporting Program; however, data collection has been suspended beginning with the CY 2021 payment

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determination until further action in rulemaking with the goal of updating the data submission method.

- QDCs must be submitted correctly and completely on 50 percent of an ASC's Medicare claims for CY 2018. For the CY 2020 payment determination, this percentage will be based on the number of claims paid by the Medicare Administrative Contractor (MAC) by April 30, 2019.
- Successfully submitting QDCs on at least one paid claim designates an ASC as participating in the ASCQR Program. A complete submission is determined upon the submitted quality data satisfying the required criteria published and maintained in the ASCQR Specifications Manual.
- Each claim must have a *minimum* of one or a *maximum* of four QDCs submitted to have complete quality data.
 - Measures ASC-1 through ASC-4 must be answered with the "blanket" code of G-8907 for no event for this group of measures *or* they must be answered individually, per the Specifications Manual.

Withdrawing from the ASCQR Program

Submitting any quality measure data, either by including QDCs on at least one Medicare Part B facility claim or submitting data via a web-based tool, designates the ASC as participating in the ASCQR Program. An ASC is considered to be an ASCQR Program participant until the ASC withdraws from the program by submitting a withdrawal form to CMS. Specific instructions on how to withdraw and the withdrawal form can be found on [QualityNet](#).

ASCQR Measures

The measures for the CY 2020 payment determination year and the CY 2021 payment determination year are listed on page 8 and 9 of this document. Unless these measures are removed, suspended, or replaced, the measures are retained from one CY payment determination to the next so that measures adopted for a previous payment determination year would be retained for subsequent payment determination years (42 CFR 416.320).

The measure listings for CY 2020 and CY 2021 that follow are presented on individual pages for use as a reference.

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AMBULATORY SURGICAL CENTER QUALITY REPORTING MEASURES AND DATES

The chart below summarizes the Ambulatory Surgical Center Measure Reporting dates as outlined in the Specifications Manual v. 7.0a. Deadlines are subject to change and should be verified on www.qualitynet.org.

CY 2020 PAYMENT DETERMINATION YEAR			
Number	Claims-Based Measures	Data Submission Dates	
ASC-1	Patient Burn	Claims submitted for services furnished from January 1, 2018 to December 31, 2018	
ASC-2	Patient Fall	Claims submitted for services furnished from January 1, 2018 to December 31, 2018	
ASC-3	Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Claims submitted for services furnished from January 1, 2018 to December 31, 2018	
ASC-4	All-Cause Hospital Transfer/Admission	Claims submitted for services furnished from January 1, 2018 to December 31, 2018	
Number	Outcome Claims-Based Measure	Data Submission Dates	
ASC-12	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy*	Claims submitted for services furnished from January 1, 2016 to December 31, 2018	
Number	Measures Submitted via a Web-based Tool	Reporting Period	Submission Period
ASC-9	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	January 1, 2018 – December 31, 2018	January 1, 2019 – May 15, 2019
ASC-10	Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	January 1, 2018 – December 31, 2018	January 1, 2019 – May 15, 2019
ASC-11	Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery (Voluntary)**	January 1, 2018 – December 31, 2018	January 1, 2019 – May 15, 2019
ASC-13	Normothermia	January 1, 2018 – December 31, 2018	January 1, 2019 – May 15, 2019
ASC-14	Unplanned Anterior Vitrectomy	January 1, 2018 – December 31, 2018	January 1, 2019 – May 15, 2019

*No additional data are required for this measure.

** ASCs may voluntarily submit data but will not be subject to a payment reduction with respect to this measure during the voluntary reporting period.

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AMBULATORY SURGICAL CENTER QUALITY REPORTING MEASURES AND DATES

The chart below summarizes the Ambulatory Surgical Center Measure Reporting dates as outlined in the Specifications Manual v. 8.0a. Deadlines are subject to change and should be verified on www.qualitynet.org.

CY 2021 PAYMENT DETERMINATION YEAR			
Number	Outcome Claims-Based Measure	Data Submission Dates	
ASC-12	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy*	Claims submitted for services furnished from January 1, 2017 to December 31, 2019	
Number	Measures Submitted via a Web-based Tool	Reporting Period	Submission Period
ASC-9	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	January 1, 2019 – December 31, 2019	January 1, 2020 – May 15, 2020
ASC-11	Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery (Voluntary)**	January 1, 2019 – December 31, 2019	January 1, 2020 – May 15, 2020
ASC-13	Normothermia	January 1, 2019 – December 31, 2019	January 1, 2020 – May 15, 2020
ASC-14	Unplanned Anterior Vitrectomy	January 1, 2019 – December 31, 2019	January 1, 2020 – May 15, 2020

*No additional data are required for this measure.

** ASCs may voluntarily submit data but will not be subject to a payment reduction with respect to this measure during the voluntary reporting period.

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Claims-Based Data Submission for the CY 2020 Payment Determination

For information on how to meet program requirements for measures ASC-1–ASC-4, please see the [Quality Data Codes Submission Guidelines](#) document available on the www.qualityreportingcenter.com website under Tools and Resources, Measure Guidelines and Tools.

For information on the Outcome Claims-Based measure ASC-12, please see the [Resources page](#) available on www.qualitynet.org under the Ambulatory Surgical Centers tab, Measures section and click on Colonoscopy Measure. No additional data submission is required. Data for this measure are collected via paid Medicare FFS claims.

Data Submitted Via a Web-Based Tool

To meet program requirements for web-based measures, facilities should note the following:

- Data for measures submitted via a web-based tool for CY 2020 (ASC-9, ASC-10, ASC-13, and ASC-14) must be submitted to CMS via the QualityNet Secure Portal during the **submission period ending May 15, 2019**. Data for measures submitted via a web-based tool for CY 2021 (ASC-9, -13, and -14) must be submitted to CMS via the QualityNet Secure Portal during the submission period ending May 15, 2020.
- All files and data exchanged with CMS via the Portal are encrypted during transmission and stored in an encrypted format until the recipient downloads the data. The Portal website meets all current Health Insurance Portability and Accountability Act (HIPAA) requirements.
- ASCs must have an active Security Administrator (SA) registered with QualityNet to submit data via the Portal's tool and to access reports. Information about registering can be found on the next page or at the [QualityNet Training section](#) of QualityNet.
- ASCs may voluntarily submit data for ASC-11, but will not be subject to a payment reduction with respect to this measure.
- Submission instructions:

Data entry will be achieved through the secure side of QualityNet.org via an online tool available to authorized users. After logging into the Secure Portal:

1. Select Hospital Quality Reporting from the Quality Programs drop-down menu to open the Quality Reporting System: My Tasks page.
2. Select the Manage Measures option to view/edit Structural/Web-Based Measures.
3. Select Ambulatory Surgical Center Web-Based Measures.
4. Select the appropriate payment year from the drop-down menu.
5. Select the measure, submit measure data, and save the data.
6. Repeat the process for each measure until all required measures are complete. Facilities that do not have data for a required measure should report zeros in both the Numerator and Denominator.

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QUALITYNET WEBSITE REGISTRATION

All users requesting access to the QualityNet Secure Portal must be individually approved and verified. ASCs should submit documentation required for the creation of a QualityNet account at least four to six weeks prior to any quality measure data submission deadline for the ASCQR Program. This mandatory registration process is required to maintain the confidentiality and security of healthcare information and data transmitted via the Portal. Please consult the QualityNet website at www.qualitynet.org for more information about security requirements for this process.

SA/Security Designee Registration Process

The QualityNet SA is allowed to submit data via the web-based tool on QualityNet, access secure reports, and facilitate the registration process for other users at the organization via the QualityNet Secure Portal. ASCs should have more than one SA and are strongly urged to maintain the active status of another SA that is in an administrative position less likely to fluctuate. Each facility with a unique NPI must have an SA, but an SA may be approved for more than one facility.

The QualityNet SA also creates, approves, edits and/or terminates basic QualityNet user accounts (except the SA's) within the organization. The Security Designee assists the QualityNet SA with managing user accounts as well as resetting passwords.

To register:

1. Download the QualityNet SA Registration Packet available on [QualityNet](#).
2. Follow the instructions for completing the Registration Form and Authorization Form. The Authorization Form must be completed by the highest level executive at your organization.

Once your completed registration materials have been received by the Support Contractor, they will enter your registration information and forward the original registration materials to the QualityNet Help Desk. You will be notified by email when the registration process is complete and the Portal, the secure portion of the QualityNet website, is accessible to you. The email will also contain your User ID. QualityNet will notify you of your initial password.

PUBLIC REPORTING AND RECONSIDERATION

Public Reporting

ASCs reimbursed under Medicare Part B FFS are required to meet data reporting requirements to receive their full payment update. For these ASCs, reported ASCQR Program data for selected time periods will become publicly available as required by section 1833 (t)(17)(E) of the Social Security Act. ASCs will have approximately 30 days to preview any such data prior to it being made publicly available.

APU Reconsideration Process

A reconsideration process is available for the ASCQR Program for those ASCs that do not receive the full payment update. Procedural rules that govern the ASCQR Program

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reconsiderations can be found at 42 CFR 416.330. The reconsideration process and forms are available on the [QualityNet](#) website.

RESOURCES

- **ASC Quality Reporting Program Support Contractor (SC)**
As the ASCQR Program SC, Health Services Advisory Group (HSAG) supports activities under the ASCQR Program, including providing technical support and feedback to assist ASCs with quality data reporting.
 - **ASCQR Program SC**
3000 Bayport Drive, Suite 300
Tampa, FL 33607
866.800.8756
oqrsupport@hsag.com
 - **ASCQR Program Website**
www.qualityreportingcenter.com
This site contains numerous resources concerning reporting requirements, including reference and training materials, tools for data submission, educational presentations, and deadlines.
 - [ASC 101](#)
This page includes links to essential information for those new to quality reporting for ASCs.
 - [Lookup Tools](#)
This page allows access to databases that will provide the CCN associated with an ASC's NPI, the status of web-based measure data submitted, and the availability of data reports for other measures on QualityNet.
 - [Agent \(Vendor\) Authorization Forms](#)
This page provides instructions and forms for authorizing a third party to enter data for one or multiple ASCs.
- **QualityNet**
www.qualitynet.org
Established by CMS, the QualityNet website 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.
 - **QualityNet Help Desk**
12000 Ridgemont Dr.
Urbandale, IA 50323
866.288.8912
qnetsupport@hcqis.org

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- **ASCQR ListServe**
www.qualitynet.org/dcs/ContentServer?pagename=QnetPublic/ListServe/Register
Notices are generated on an auto-notification list (ListServe), which disseminates timely information related to quality reporting. QualityNet users are urged to register for these email notifications to receive information on enhancements and new releases, notification of timeline or process/policy modifications, and important alerts about applications and initiatives.
- **ASCQR Questions/Answers**
<https://cms-ocsq.custhelp.com/>
The ASCQR Program SC maintains the ASCQR Questions and Answers database, which allows users to ask questions, obtain responses from all resolved questions, and search by keywords or phrases.
- **CMS**
www.cms.gov
CMS is the U.S. Department of Health and Human Services' agency responsible for administering Medicare, Medicaid, SCHIP (State Children's Health Insurance Program), and other health-related programs.
- **ASCQR Program section of Hospital Compare**
<https://www.medicare.gov/hospitalcompare/asc-ambulatory-surgical-measures.html>