PROGRESSIVE SURGICAL Huddle

Keeping you “in the know” in the ASC industry

CMS Quality Reporting for ASCs

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Learning Objectives

- Participants will:
  - Define the quality reporting that is required by Centers for Medicare and Medicaid Services (CMS) for ambulatory surgery centers (ASCs)
  - Identify the different reports and look-up tools available for participants to utilize
  - Discuss future implications in the ambulatory surgery center quality reporting program

ASCQR Program Measures Summary

Number	Measure Title	Type of Measure	Data Collection Dates	Data Reporting Dates	Payment Determination Year	Measure Applies To
ASC-1	Patient Burn	Claims-Based	January 1-December 31, **2016**	January 1-December 31, **2016**	CY 2018	Medicare Part B fee for service patients
			January 1-December 31, **2017**	January 1-December 31, **2017**	CY 2019	
ASC-2	Patient Fall	Claims-Based	January 1-December 31, **2016**	January 1-December 31, **2016**	CY 2018	Medicare Part B fee for service patients
			January 1-December 31, **2017**	January 1-December 31, **2017**	CY 2019	
ASC-3	Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure,Wrong Implant	Claims-Based	January 1-December 31, **2016**	January 1-December 31, **2016**	CY 2018	Medicare Part B fee for service patients
			January 1-December 31, **2017**	January 1-December 31, **2017**	CY 2019	
ASC-4	Hospital Transfer/ Admission	Claims-Based	January 1-December 31, **2016**	January 1-December 31, **2016**	CY 2018	Medicare Part B fee for service patients
			January 1-December 31, **2017**	January 1-December 31, **2017**	CY 2019	
ASC-5	Prophylactic Intravenous (IV) Antibiotic Timing	Claims-Based	January 1-December 31, **2016**	January 1-December 31, **2016**	CY 2018	Medicare Part B fee for service patients
			January 1-December 31, **2017**	January 1-December 31, **2017**	CY 2019	

ASCQR Program Measures Summary

Number	Measure Title	Type of Measure	Data Collection Dates	Data Reporting Dates	Payment Determination Year	Measure Applies To
ASC-6	Safe Surgery Checklist Use	Web-Based via QualityNet secure portal	January 1-December 31, **2016**	January 1-August 15, **2017**	CY 2018	All patients
			January 1-December 31, **2017**	January 1-May 15, **2018**	CY 2019	
ASC-7	ASC Facility Volume Data on Selected ASC Surgical Procedures	Web-Based via QualityNet secure portal	January 1-December 31, **2016**	January 1-August 15, **2017**	CY 2018	All patients
			January 1-December 31, **2017**	January 1-May 15, **2018**	CY 2019	
ASC-8	Influenza Vaccination Coverage among Healthcare Personnel	Web-Based via National Healthcare Safety Network (NHSN)	October 1, 2016-March 31, **2017**	Through May 15, **2017**	CY 2018	Health Care Personnel
			October 1, 2017-March 31, **2018**	Through May 15, **2018**	CY 2019	

ASCQR Program Measures Summary

Number	Measure Title	Type of Measure	Data Collection Dates	Data Reporting Dates	Payment Determination Year	Measure Applies To
ASC-9	Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Web-Based via QualityNet secure portal	January 1-December 31, **2016**	January 1-August 15, **2017**	CY 2018	Sampling
			January 1-December 31, **2017**	January 1-May 15, **2018**	CY 2019	
ASC-10	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	Web-Based via QualityNet secure portal	January 1-December 31, **2016**	January 1-August 15, **2017**	CY 2018	Sampling
			January 1-December 31, **2017**	January 1-May 15, **2018**	CY 2019	
ASC-11 Voluntary	Cataracts- Improvement in Patient's Visual Function within 90 days following Cataract Surgery	Web-Based via QualityNet secure portal	January 1-December 31, 2016	January 1- August 15, 2017	CY 2018	Sampling
			January 1-December 31, **2017**	January 1-May 15, **2018**	CY 2019	
ASC-12	Facility Seven-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy	Administrative Claims-Based	Paid Medicare Fee for Service Claims January 1-December 31, 2016	Paid Medicare Fee for Service Administrative Claims Preview Reports were available in December 2016 for January - August 2016 data	CY 2018	Paid Medicare Fee for Service Claims

ASCQR Program Measures Summary

Number	Measure Title	Type of Measure	Data Collection Dates	Data Reporting Dates	Payment Determination Year	Measure Applies To
ASC-13	Normothermia	Web-based via QualityNet secure portal	January 1-December 31, 2018	January 1-May 15, 2019	CY 2020	All Patients Meeting Criteria
ASC-14	Unplanned Anterior Vitrectomy	Web-based via QualityNet secure portal	January 1-December 31, 2018	January 1-May 15, 2019	CY 2020	All Patients Meeting Criteria
ASC-15 (15 a-e)	Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS	Survey Administered by an approved vendor	January 1-December 31, 2018	January 1-May 15, 2019	CY 2020	All Patients with Exclusions 300 Completed Surveys via Approved Vendor

CMS Ambulatory Surgical Center Quality Reporting Program

- CMS ASC Quality Reporting Program Quality Measures Specifications Manual
  - **Verify you have the latest versions**
    - **6.0a** 1Q17-4Q17
    - **5.1** 3Q16-4Q16
    - **5.0a** 1Q16-2Q16

- Located @ www.qualitynet.org under ASC tab
- Included in this manual:
  - Measure specifications
  - Data collection and submission
  - Quality Data Codes (QDCs)

Key Points To Remember

- ASC 6, 7, 9 & 10:
  - Active Security Administrator to access QualityNet Secure Portal
  - Recommended to have two security administrators if possible
  - Sign in to QualityNet secure portal frequently (every 60 days) to keep the account active
- ASC 7 (volume data measure):
  - Use specifications manual 5.1, page 22/37 for the list of codes for 2016 data collection
  - Need to fill in all procedures listed in QualityNet even if your volume is zero

Key Points To Remember

- ASC 8 (influenza vaccination):
  - A users Secure Access Management Services (SAMS) account will be deactivated if they do not log in at all within a 12 month period (1 year).
    - SAMS sends 2 email notifications to users that have not been active approaching a year:
      - 30 days before the account is removed from SAMS
      - 10 days before the account is removed from SAMS
    - If an account is deactivated they will have to re-register with SAMS.

Key Points To Remember

- ASC 9 and 10 (colonoscopy measures):
  - sample size for each measure is determined by the number of cases that meet the denominator criteria
  - if you do not perform endoscopy procedures you STILL need to log into www.qualitynet.org secure portal and enter zero for the numerator and denominators in both measures

Key Points To Remember

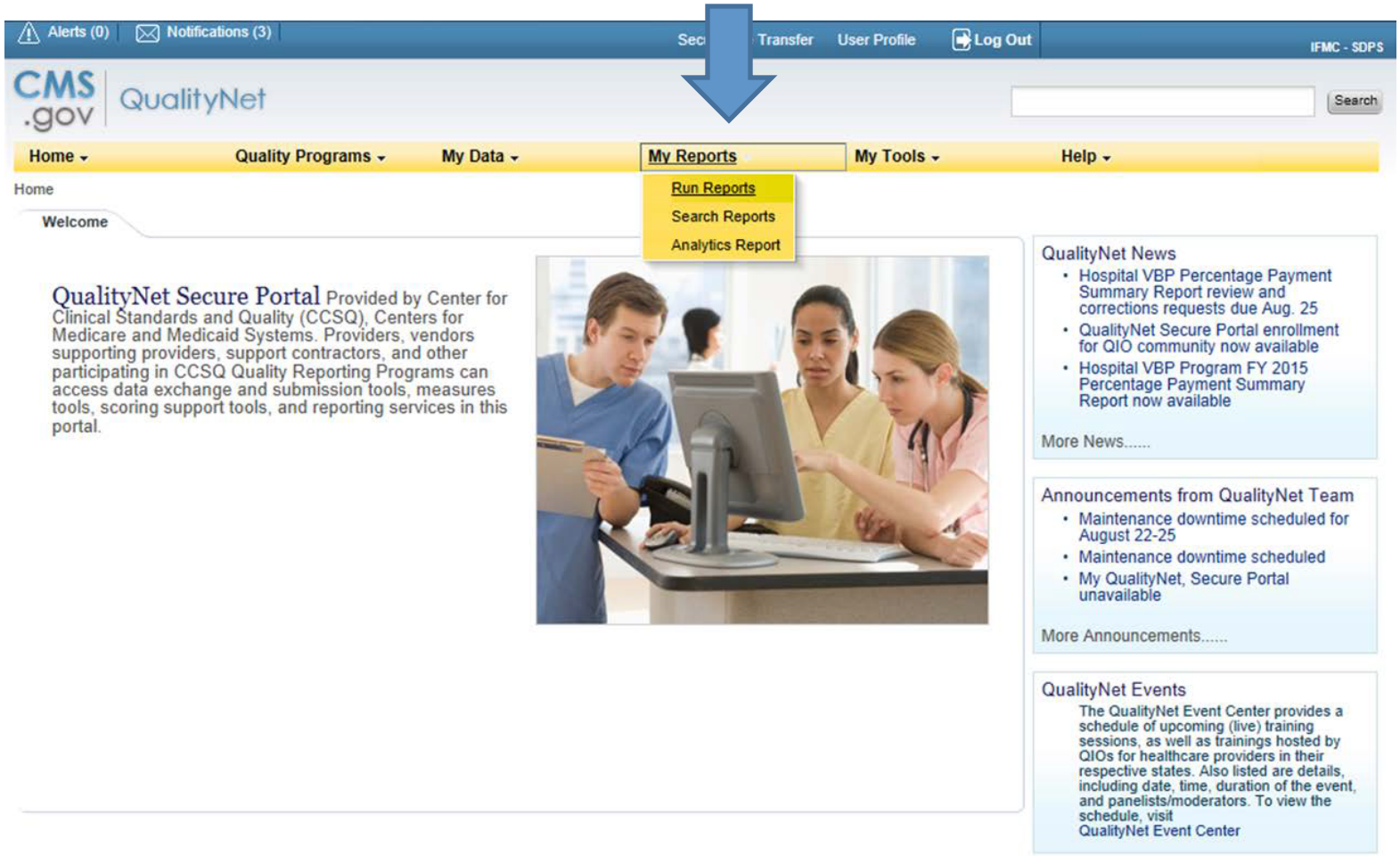
- ASC-12: (facility seven-day risk-standardized hospital visit rate after outpatient colonoscopy)
  - no data submission or reporting required from ASCs
  - *administrative* Claims based measure utilizing paid Medicare Fee for Service (FFS) claims from January 1-December 31, 2016
- Claims Detail Reports (CDR) for January 1-

  August 31, 2016 were uploaded to QualityNet secure portal in December 2016.
- Additional CDRs will be released again in March of 2017 prior to the final measure calculation and **public reporting** of measure results in December 2017.

Key Points To Remember

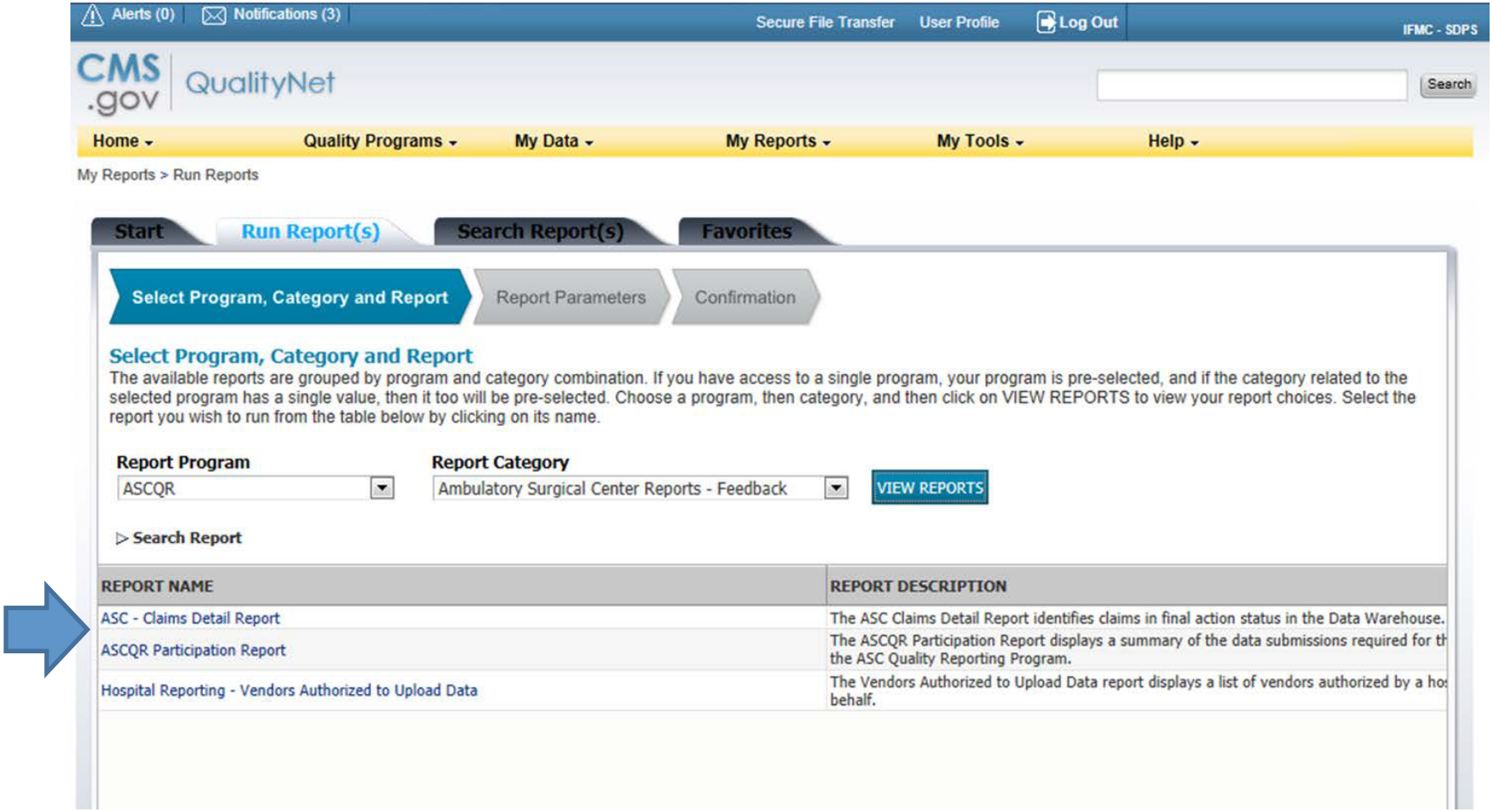
- Each facility should have at least two people signed up for the QualityNet email notifications
  - Go to www.qualitynet.org; click on ambulatory surgery center and click on email notification

Running Reports in QualityNet Secure Portal (www.qualitynet.org)



http://www.qualityreportingcenter.com/events/archive/asc/

Claims Detail and Participation Reports (www.qualitynet.org)



http://www.qualityreportingcenter.com/events/archive/asc/

Claims Detail Report: Select parameters (dates) for your report

- Provide a list of claims submitted with and without Quality Data Codes (QDCs)
- Lists claims that have been successfully submitted to the Medicare Administrative Contractor (MAC) in accordance with program requirements

Claims Detail Report from QualityNet Secure Portal

Report Run Date: 06/23/2015

ASC Claims Detail Report
Date of Service Range: 04/01/2015 - 06/23/2015

Data As Of: 06/03/2015

Patient's Medicare Health Insurance Claim Number (HICN)	Claim Receipt Date	Date of Service	Quality Data Codes	Last Name	First Name	Date of Birth	Claim Control Number (ICN)
	04/06/2015	04/01/2015	G8907, G8918			11/20/1935	
	04/06/2015	04/01/2015	G8907, G8918			09/29/1930	
	04/06/2015	04/01/2015	G8907, G8918			10/25/1937	
	04/06/2015	04/01/2015	G8907, G8918			10/28/1937	
	04/06/2015	04/01/2015	G8907, G8918			03/08/1941	
	04/06/2015	04/01/2015	G8907, G8918			08/15/1937	
	04/06/2015	04/01/2015	G8907, G8918			02/09/1947	
	04/06/2015	04/01/2015	G8907, G8918			11/08/1943	
	04/06/2015	04/01/2015	G8907, G8918			03/13/1956	
	04/06/2015	04/01/2015	G8907, G8918			05/20/1945	

Participation Report:
Select parameters (dates) for your report

- Security Administrator (active: yes or no)
- Participation Status (participating or withdrawn)
- CMS Threshold (%)
- Submission Status

Participation Report from QualityNet Secure Portal

Report Run Date: 06/03/2015 **Page 1** of

ASCQR Participation Report

Payment Year: 2016

State: MD
National Provider Identifier (NPI):

Active QualityNet Security Administrator: Yes
Participation Status:

ASC Name:
ASC City:

Total Number of Claims with QDC[1]:	460
Total Number of Claims:	476
Data Completeness:	97%
CMS Required Threshold:	50%

Web - Based Measures:	**Submission Status:**
ASC-6: Safe Surgery Checklist Use	No
ASC-7: ASC Facility Volume Data	No
ASC-9: Endoscopy: Follow-up Interval for Average Risk Patients	No
ASC-10: Endoscopy: Interval for Patients with History of Polyps	No
HAI Measures:	
ASC-8: Influenza Vaccination Coverage among Healthcare Personnel	No

	Quarter 1 – 2014 Dates of Service			
Claims-Based Measures	**Numerator**	**Denominator**	**Measure Value**	
ASC-1: Patient Burn	0	103	0.000	Per 1000 Admissions
ASC-2: Patient Fall	2	104	19.231	Per 1000 Admissions
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	0	103	0.000	Per 1000 Admissions
ASC-4: Hospital Transfer/Admission	0	103	0.000	Per 1000 Admissions
ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing	7	8	88%	

[1]The "Total Number of Claims with QDC" field displays a count of claims containing at least one Quality Data Code (QDC) relevant to each of the required measures.
**Disclaimer: This report does not confirm or deny whether an ASC qualifies for the full annual payment update.

ASCQR Program: Public Reporting of Facility Specific Data

- ASC 1-11 Facility Specific Data was submitted for calendar year 2015 and was publicly reported in December 2016.

- CMS is reporting ASC data on *Hospital Compare*, the CMS website for Medicare beneficiaries and the general public at

  https://www.medicare.gov/hospitalcompare/asc-ambulatory-surgical-measures.html

2017 Medicare Hospital Outpatient Prospective Payment System (OPPS)/ ASC Payment *Final* Rule

- Released on November 1, 2016 https://s3.amazonaws.com/public-inspection.federalregister.gov/2016-26515.pdf

- ASC Quality Reporting Program begins on page 972: Section XIV. *Requirements for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program*

2017 Medicare Hospital Outpatient Prospective Payment System (OPPS)/ ASC Payment *Final* Rule

- *Previous measures ASC 1-12*
- *D*eadline for web based measures (ASC 6, 7, 9, 10, 11) has been changed from August 15 to May 15 beginning with data **collected** in 2017 and **reported** in 2018.
- *Extended* the time to submit a request form **from** 45 days **to** within 90 days of the date that the extraordinary circumstance occurred for the CY 2019 payment determination and subsequent years

2017 Medicare Hospital Outpatient Prospective Payment System (OPPS)/ ASC Payment *Final* Rule

- Seven new measures for the CY 2020 payment determination and subsequent years:
  - The two measures that require data to be submitted directly to CMS via QualityNet are: (1) ASC-13: Normothermia Outcome; and (2) ASC-14: Unplanned Anterior Vitrectomy.
  - The five proposed survey-based measures (ASC-15a-e) are collected via the OAS CAHPS Survey administered by an approved vendor.

ASC 13: Normothermia Outcome

Numerator: Surgery patients with a body temperature equal to or greater than 96.8 Fahrenheit/36 Celsius recorded within fifteen minutes of Arrival in PACU

Denominator: All patients, regardless of age, undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes duration

ASC 13: Normothermia Outcome

Definitions:

Arrival in PACU: Time of patient arrival in PACU

Intentional hypothermia: A deliberate, documented effort to lower the patient's body temperature in the perioperative period

Neuraxial anesthesia: Epidural or spinal anesthesia

Temperature: A measure in either Fahrenheit or Celsius of the warmth of a patient's body. Axillary, bladder, core, esophageal, oral, rectal, skin surface, temporal artery, or tympanic temperature measurements may be used.

ASC 14: Unplanned Anterior Vitrectomy

Numerator: All cataract surgery patients who had an unplanned anterior vitrectomy

Denominator: All cataract surgery patients

Numerator Exclusions: None

Denominator Exclusions: None

ASC 14: Unplanned Anterior Vitrectomy

Definitions*:*

Admission: completion of registration upon entry into the facility

Cataract surgery: for purposes of this measure, CPT code 66982 (Cataract surgery, complex), CPT code 66983 (Cataract surgery w/IOL, 1 stage) and CPT code 66984 (Cataract surgery w/IOL, 1 stage)

Unplanned anterior vitrectomy: an anterior vitrectomy that was not scheduled at the time of the patient's admission to the ASC

CMS ASC Quality Reporting Program Measures

- ASC 13 Normothermia Outcome
- ASC 14 Unplanned Anterior Vitrectomy

Data submitted for *All Patients* that meet the denominator criteria

Web Based Reporting via QualityNet Secure Portal (www.qualitynet.org)

- Data ***collection***: January 1 through December 31, 2018
- Data ***reporting***: January 1 through May 15, 2019

ASC 15: Outpatient/Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS)

The final survey has 37 questions:

- 24 of the 37 questions are related to the patient, the facility, communication, and patient reported outcomes
- 13 of the 37 are demographic questions

ASC 15: OAS CAHPS Website

- Official OAS CAHPS website https://oascahps.org/

  (This is the official website for news, training and information about the OAS CAHPS survey.)

- The survey instrument was available for voluntary use in January 2016 and can be located at https://oascahps.org/Survey-Materials

- Toll-free number: 1-866-590-7468 for questions

ASC 15: OAS CAHPS Measures

The five measures (ASC-15a-e) are collected via one Survey (OAS CAHPS):

- ASC-15a: About Facilities and Staff;
- ASC-15b: Communication About Procedure;
- ASC-15c: Preparation for Discharge and Recovery
- ASC-15d: Overall Rating of Facility; and
- ASC-15e: Recommendation of Facility

Data collection of these measures starts January 2018 for CY payment update 2020.

ASC 15: OAS CAHPS Survey Vendors

- ASCs need to contract with a CMS-approved vendor.
- A list of approved OAS CAHPS vendors can be found at the OAS CAHPS website https://oascahps.org/General-Information/Approved-Survey-Vendors
- CMS-approved vendor collects survey data for eligible patients at the ASCs on a monthly basis and report that data to CMS on the ASC's behalf by the quarterly deadlines established for each data collection period.

ASC 15: OAS CAHPS Survey Vendors

- ASCs may elect to add up to 15 supplemental questions to the OAS CAHPS Survey. These could be questions the ASC develops specific to their facility or from an existing survey. All supplemental questions must be placed after the core OAS CAHPS Survey questions (Questions 1 through 24).

- Setting up billing interfaces to meet the requirements between the ASCs billing/accounting and the vendor is time consuming.

ASC 15: OAS CAHPS Survey Guidelines

- Protocols and Guidelines Manual for the OAS CAHPS Survey (https://oascahps.org/Survey-Materials), the survey has three administration methods:
  - mail-only; telephone-only; and mixed mode (mail with telephone follow-up of non-respondents).

ASC 15: OAS CAHPS Survey Guidelines

- ASCs will be required to collect at least 300 completed surveys over each 12-month reporting period (an average of 25 completed surveys per month).
- Smaller ASCs that cannot collect 300 completed surveys over a 12-month reporting period will be required to survey all eligible patients (that is, no sampling).
- An ASC's payment determination will be based upon the successful *submission* of all required survey data and not their facility *score*.
- The measure calculations, or score, will be used for public reporting.

ASC 15: OAS CAHPS Survey Guidelines

For purposes of each survey-based measure captured in the OAS CAHPS Survey, an "eligible patient" is a patient 18 years or older:

- Who had an outpatient surgery or procedure in an ASC, as defined in the OAS CAHPS Survey administration manual (https://oascahps.org/Survey-Materials);
- Who does not reside in a nursing home;
- Who was not discharged to hospice care following their surgery;
- Who is not identified as a prisoner; and
- Who did not request that ASCs not release their name and contact information to anyone other than ASC personnel.

Measures Under Consideration

- 2014
  - Outpatient and Ambulatory Patient Experience of Care Survey Instrument
  - Normothermia
  - Unplanned Anterior Vitrectomy
- 2015
  - Toxic Anterior Segment Syndrome
- 2016

  -Ambulatory Breast Procedure Surgical Site Infection (SSI) Outcome Measure

Toxic Anterior Segment Syndrome (TASS) Outcome

Intent :To capture patients having anterior segment surgery who were diagnosed with TASS postoperatively

Numerator: All anterior segment surgery patients diagnosed with TASS within 2 days of surgery

Denominator: All anterior segment surgery patients

Numerator Exclusions: None

Denominator Exclusions: None

Toxic Anterior Segment Syndrome (TASS) Outcome

Data Sources: ASC medical records, as well as incident/ occurrence reports, and variance reports are potential data sources.

Definitions:

Anterior segment surgery: for purposes of this measure, CPT codes 65400-66999

Toxic Anterior Segment Syndrome (TASS): an acute, sterile post-operative anterior segment inflammation that develops following anterior segment surgery

Measures for *Future* Consideration

- Facility-Level Quality Measures of Unplanned Hospital Visits within 7 days after Selected Ambulatory Surgical Center Procedures {orthopedic and urology}

- Photodocumentation of Cecal Intubation

Websites with Additional Information

- ASC Quality Collaboration website (measure summary and implementation guide)
  http://ascquality.org/qualitymeasures.cfm

- Ambulatory Surgery Center Association (ASCA) website
  http://www.ascassociation.org

- QualityNet website
  (CMS Specifications Manual & Email Notifications)
  http://qualitynet.org

- Quality Reporting Center HSAG (CMS national support contractor) http://www.qualityreportingcenter.com/

Questions?

- For ASC Quality Reporting Program Questions:
  Contact Health Services Advisory Group (HSAG) (formerly FMQAI) at https://cms-ocsq.custhelp.com/
  or via phone (866) 800-8756 Monday through Friday,
  7 a.m. to 6 p.m. Eastern Time

- For Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Influenza Vaccination Questions:
  Contact NHSN@cdc.gov and include "HPS Flu Summary-ASC" in the subject line

  For assistance with SAMS, contact the SAMS Help Desk @
  1-877-681-2901 or samshelp@cdc.gov

References

- Federal Register / Vol. 76, No. 230 / Wednesday, November 30, 2011 / Rules and Regulations. Available at http://www.gpo.gov/fdsys/pkg/FR-2011-11-30/pdf/2011-28612.pdf
- Federal Register / Vol. 77, No. 221 / Thursday, November 15, 2012 / Rules and Regulations. Available at http://www.gpo.gov/fdsys/pkg/FR-2012-11-15/pdf/2012-26902.pdf.
- Federal Register / Vol. 78, No. 237 / Tuesday, December 10, 2013/ Rules and Regulations. Available at http://www.gpo.gov/fdsys/pkg/FR-2013-12-10/pdf/2013-28737.pdf
- Federal Register / Vol. 79, No. 217 / Monday, November 10, 2014/ Rules and Regulations. Available at http://ww.gpo.gov/fdsys/pkg/FR-2014-11-10/pdf/2014-26146.pdf
- Federal register/ Vol. 80, No. 219 / Friday, November 13, 2015/ Rules and Regulations. Available at http://www.gpo.gov/fdsys/pkg/FR-2015-11-13/pdf/FR-2015-11-13.pdf
- Federal register/ Vol. 81, No. 219/ Monday, November 14, 2016/ Rules and Regulations. Available at https://www.gpo.gov/fdsys/pkg/FR-2016-11-14/pdf/2016-26515.pdf
- ASC Quality Collaboration Implementation Guide, Version 4.0, September 2016. Available at http://ascquality.org/documents/ASC-QC-Implementation-Guide-4.0-September-2016.pdf
- CMS ASC Quality Reporting Program Quality Measures Specifications Manuals, Versions 5.0a, 5.1, 6.0.a Available at www.qualitynet.org
- QualityNet at www.qualitynet.org
- QualityReportingCenter at www.qualityreportingcenter.com
- National Healthcare Safety Network www.cdc.gov/nhsn/

Contact Information

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Questions??

- eSupport members post to the **FORUM**
- info@pss4asc.com

Available on eSupport

- Compliance/Quality Reporting/Overview

PROGRESSIVE SURGICAL SOLUTIONS

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QUALITY REPORTING OVERVIEW

A quality reporting program for ASCs was finalized by the Centers for Medicare and Medicaid Services (CMS) in the Calendar Year (CY) 2012 OPPS/ASC Final Rule with Comment Period (CMS-1525-FC). To meet Ambulatory Surgical Center Quality Reporting (ASCQR) Program requirements, ASCs must meet administrative, data collection, and data submission requirements. ASCs submit data for quality measures by:

- Reporting quality data codes (QDCs) for claims-based measures on the Form CMS-1500 or associated electronic data set.
- Answering Web-based (structural) measure questions.

ASCs that do not meet program requirements for ASC Quality Reporting will receive a 2% reduction in their ASC annual payment update.

Click here to see the published quality data code-based data. These are for services provided in CY 2013 and CY 2014. If an ASC chose to suppress data for CY 2013, CY 2014, or both years, a footnote (FN 5) will display. There were 331 requests to suppress these data for one or both years.

Below you can find the most current OPPS/ASC Final Rule, as well as the most current version of the Quality Reporting Specifications Manual.

We will continue to keep you updated of any changes/updated made to this program.

Centers for Medicare & Medicaid Services (CMS) Ambulatory Surgical Center Quality Reporting (ASCQR) Program – The ASCQR Program exists to promote higher quality, more efficient health care for Medicare beneficiaries through measurement. Under this program, quality data reporting requirements for care rendered in the ASC setting were implemented starting with claims submitted for services beginning October 1, 2012.

The most current Specifications Manual (version 6.0), for the Quality Reporting Program can be found below. For previous versions (previous years), click here to download them.

SEARCH

QUALITY REPORTING

Overview

Data Reporting

Safe Surgery Checklist

Resources

- Version 6.0 is for Q1 2017 – Q4 2017
- Version 5.1 is for Q3 2016 – Q4 2016
- Version 5.0 is for Q1 2016 – Q2 2016

Click here to sign up for email notifications from QualityNet to help stay up-to-date on changes.

CLICK LINKS BELOW TO DOWNLOAD

2017 FINAL RULE

QUALITY MEASURES SPECIFICATIONS MANUAL: VERSION 6.0 – ENCOUNTER DATES 1/1/17 THROUGH 12/31/17

Ambulatory Surgical Center Quality Reporting Specifications Manual
Release Notes Version: 6.0

Release Notes Completed: June 22, 2016

Guidelines for Using Release Notes
These Release Notes provide modifications to the Ambulatory Surgical Center Quality Reporting (ASCQR) Specifications Manual. They are provided as a reference tool and are not intended to be used as program abstraction tools. Please refer to the ASCQR Specifications Manual for the complete and current technical specification and abstraction information.

The notes are organized to follow the order of the Table of Contents. Within each topic section, a row represents a change that begins with general changes and is followed by data elements in alphabetical order. The **implementation date is 01/01/2017**, unless otherwise specified. The row headings are described below:

- **Impacts** – Used to identify which portion(s) of the Manual Section is impacted by the change listed. Examples are Measure Information Forms, Quality-Data Coding and Sampling Specifications, or Appendix A.
- **Rationale** – Provided for the change being made.
- **Description of Changes** – Used to identify the section within the document where the change occurs. (e.g., Definitions, Numerator, and Denominator).

Available on eSupport

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QUALITY REPORTING: DATA REPORTING

Data Collection and Submission

Data for claims-based measures ASC-1 – ASC-5 are to be reported for Medicare Part B FFS patients admitted to the ASC during required reporting periods (see table below). Medicare Part B FFS patients include Medicare Railroad Retirement Board patients and Medicare Secondary payer patients. Medicare Advantage patients are not included. ASC-12 is for paid Medicare fee for service claims.

Data for web-based measures ASC-6 and ASC-7 are for **all** ASC patients (Medicare and non-Medicare); ASC-8 is for all healthcare personnel; ASC-9 – ASC-11 are for all patients (per the sampling specifications); ASC-13 and ASC-14 are for all patients meeting criteria; and ASC-15 (a-e) are for all patients with exclusions (300 completed surveys per year are required).

Claims-Based Measures

ASCs are to submit information on the five claims-based measures using Quality Data Codes (QDCs) entered on their claims submitted using the CMS-1500 or associated electronic dataset. QDCs are specified CPT Category II codes or Level II G-codes that describe the clinical action evaluated by the measure. Clinical actions can apply to more than one condition and therefore can also apply to more than one measure. Make sure you review all reporting instructions carefully.

Web-Based Measures

Data for web-based measures are to be submitted using a web-based tool located on the Secure QualityNet Portal. Ensure you are signing into the QualityNet website at least every 60 days to keep the account active. If possible, it is recommended to have 2 security administrators for the QualityNet website.

Web-based measure ASC-8 will be reported via the CDC's National Healthcare Safety Network (NHSN). The CDC has release Operational Guidance for ASCs to report this measure. Make sure you get your Facility Administrator enrolled so you are ready for the reporting to begin. Click here for the NHSN Facility Administrator Enrollment Guide...this document will help walk you through the process of enrollment. It is similar to the QualityNet registration and takes approximately 2 hours, per the CDC website. Click here to register. Click here for information from the ASC Association on *What You Need to Know to Successfully Report*. A users Secure Access Management Services (SAMS) account will be deactivated if they do not log in at all within a 12 month period. SAMS sends 2 email notifications to users that have not been active approaching a year.

You can verify your facility's status by clicking here. There are the following tools:

- CCN Lookup Tool – In order to find your facility's CMS Certification Number (CCN) enter your facility's National Provider Identifier (NPI)
- Web-Based Status Listing – For information on your facility's web-based measures data submission for ASC 6, 7, 9 and 10
- NHSN Status Listing – To see if your facility has completed the National Healthcare Safety Network (NHSN) enrollment and submission of data for ASC-8 (Influenza Vaccination Coverage Among Healthcare Providers)

ASC Quality Measures Summary

FULL MEASURES SUMMARY

ASC-9 and ASC-10 data must be reported by all Medicare certified ASCs, regardless of specialty or case mix. If your center does not perform colonscopies, for both ASC-9 and ASC-10 you will enter "0" in the numerator and the denominator. ASC-11 has been made voluntary.

Sampling Size Specifications

SEARCH

QUALITY REPORTING

- Overview
- **Data Reporting**
- Safe Surgery Checklist
- Resources

Population Per Year	**0-900**
Yearly Sample Size	63
Quarterly Sample Size	16
Monthly Sample Size	6
Population Per Year	**≥ 901**
Yearly Sample Size	96
Quarterly Sample Size	24
Monthly Sample Size	8

ASC-15 (a-e): OAS CAHPS Survey

The official OAS CAHPS website has news, training and information about the survey. The survey instrument was available for voluntary use in January 2016 and can be located here. You can call this toll-free number, 866-590-7468, for questions. The five measures are collected via one survey:

- ASC-15a: About Facilities and Staff
- ASC-15b: Communication About Procedure
- ASC-15c: Preparation for Discharge and Recovery
- ASC-15d: Overall Rating of Facility
- ASC-15e: Recommendation of Facility

The final survey has 37 questions:

- 24 of 37 questions are related to the patient, the facility, communication, and patient reported outcomes
- 13 of 37 questions are demographic questions
- The facility may add up to 15 supplemental questions to the OAS CAHPS – these questions could be specific to your facility and must be placed after the core OAS CAHPS survey questions 1-24

ASCs **must** contract with a CMS-approved vendor. A list of approved OAS CAHPS vendors can be found here. The approved vendor collects survey data for eligible patients at the ASCs on a monthly basis and report that data to CMS on the ASC's behalf by the quarterly deadlines established for each data collection period. Click here for the Protocols and Guidelines Manual for the OAS CAHPS Survey.

CLICK LINKS BELOW TO DOWNLOAD

NHSN HEALTHCARE PERSONNEL VACCINATION MODULE INFLUENZA VACCINATION SUMMARY

NHSN GUIDANCE LETTER FOR ASC ENROLLMENT & REPORTING INTO NHSN

NHSN FACILITY ENROLLMENT & SET-UP CHECKLIST FOR ASCS

VF-8R PATIENT QUESTIONNAIRE (FOR MEASURE ASC-11)

QUALITY REPORTING G-CODES

NAVIGATING QUALITYNET: WHERE TO FIND WHAT YOU NEED WHEN YOU NEED IT (PPT PRESENTATION)

- Compliance/Quality Reporting/ Data Reporting

Link to verify your facility's status with Quality Reporting Center

Join the community!

- For access to these resources and SO MUCH MORE…
- Request your free web demo today www.progressivesurgicalsolutions.com/esupport
- Email us at info@pss4asc.com
- Or call us! (855) 777-4272

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Friday March 3, 2017

HIPAA RISK ASSESSMENTS 101
HOW TO AVOID A DATA BREACH

Nancy Stephens

with

Art Gross

Karen Conduragis

(HIPAA Secure Now)

~~$75~~

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PROGRESSIVE SURGICAL Huddle

March 20, 2017 11am PT/ 2am ET

RISK ASSESSMENTS AND HAZARD VULNERABILITY ANALYSIS

Debra Stinchcomb, MBA, BSN, RN, CASC