Keeping you “in the know” in the ASC industry
CMS Quality Reporting for ASCs

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Director of Education and Clinical Affairs
Ambulatory Surgery Center Association (ASCA)
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
<table>
<thead>
<tr>
<th>Number</th>
<th>Measure Title</th>
<th>Type of Measure</th>
<th>Data Collection Dates</th>
<th>Data Reporting Dates</th>
<th>Payment Determination Year</th>
<th>Measure Applies To</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC-1</td>
<td>Patient Burn</td>
<td>Claims-Based</td>
<td>January 1-December 31, 2016</td>
<td>January 1-December 31, 2016</td>
<td>CY 2018</td>
<td>Medicare Part B fee for service patients</td>
</tr>
<tr>
<td>ASC-2</td>
<td>Patient Fall</td>
<td>Claims-Based</td>
<td>January 1-December 31, 2016</td>
<td>January 1-December 31, 2016</td>
<td>CY 2018</td>
<td>Medicare Part B fee for service patients</td>
</tr>
<tr>
<td>ASC-3</td>
<td>Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant</td>
<td>Claims-Based</td>
<td>January 1-December 31, 2016</td>
<td>January 1-December 31, 2016</td>
<td>CY 2018</td>
<td>Medicare Part B fee for service patients</td>
</tr>
<tr>
<td>ASC-4</td>
<td>Hospital Transfer/ Admission</td>
<td>Claims-Based</td>
<td>January 1-December 31, 2016</td>
<td>January 1-December 31, 2016</td>
<td>CY 2018</td>
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</tr>
</tbody>
</table>
## ASCQR Program Measures Summary

<table>
<thead>
<tr>
<th>Number</th>
<th>Measure Title</th>
<th>Type of Measure</th>
<th>Data Collection Dates</th>
<th>Data Reporting Dates</th>
<th>Payment Determination Year</th>
<th>Measure Applies To</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC-6</td>
<td>Safe Surgery Checklist Use</td>
<td>Web-Based via QualityNet secure portal</td>
<td>January 1-December 31, 2016</td>
<td>January 1-August 15, 2017</td>
<td>CY 2018</td>
<td>All patients</td>
</tr>
<tr>
<td>ASC-7</td>
<td>ASC Facility Volume Data on Selected ASC Surgical Procedures</td>
<td>Web-Based via QualityNet secure portal</td>
<td>January 1-December 31, 2017</td>
<td>January 1-May 15, 2018</td>
<td>CY 2019</td>
<td>All patients</td>
</tr>
</tbody>
</table>

**Notes:**
- **ASC QR:** Robust risk adjustment system for ASCs.
- **ASC:** Ambulatory Surgical Center.
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<th>Measure Applies To</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC-10</td>
<td>Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use</td>
<td>Web-Based via QualityNet secure portal</td>
<td>January 1-December 31, 2016</td>
<td>January 1-August 15, 2017</td>
<td>CY 2018</td>
<td>Sampling</td>
</tr>
<tr>
<td>ASC-11</td>
<td>Cataracts- Improvement in Patient’s Visual Function within 90 days following Cataract Surgery</td>
<td>Web-Based via QualityNet secure portal</td>
<td>January 1-December 31, 2016</td>
<td>January 1-August 15, 2017</td>
<td>CY 2018</td>
<td>Sampling</td>
</tr>
<tr>
<td>ASC-12</td>
<td>Facility Seven-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy</td>
<td>Administrative Claims-Based</td>
<td>Paid Medicare Fee for Service Claims January 1-December 31, 2016</td>
<td>Paid Medicare Fee for Service Administrative Claims Preview Reports were available in December 2016 for January - August 2016 data</td>
<td>CY 2018</td>
<td>Paid Medicare Fee for Service Claims</td>
</tr>
</tbody>
</table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>ASC-14</td>
<td>Unplanned Anterior Vitrectomy</td>
<td>Web-based via QualityNet secure portal</td>
<td>January 1-December 31, 2018</td>
<td>January 1-May 15, 2019</td>
<td>CY 2020</td>
<td>All Patients Meeting Criteria</td>
</tr>
</tbody>
</table>
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
## ASC Claims Detail Report

**Date of Service Range:** 04/01/2015 - 06/23/2015

**Data As Of:** 06/03/2015

<table>
<thead>
<tr>
<th>Patient’s Medicare Health Insurance Claim Number (HICN)</th>
<th>Claim Receipt Date</th>
<th>Date of Service</th>
<th>Quality Data Codes</th>
<th>Last Name</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Claim Control Number (ICN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/02/2015</td>
<td>04/01/2015</td>
<td>G8607, G8918</td>
<td></td>
<td></td>
<td></td>
<td>11/20/1935</td>
<td></td>
</tr>
<tr>
<td>04/02/2015</td>
<td>04/01/2015</td>
<td>G8607, G8918</td>
<td></td>
<td></td>
<td></td>
<td>09/20/1930</td>
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</tr>
<tr>
<td>04/03/2015</td>
<td>04/01/2015</td>
<td>G8607, G8918</td>
<td></td>
<td></td>
<td></td>
<td>10/25/1937</td>
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</tr>
<tr>
<td>04/04/2015</td>
<td>04/01/2015</td>
<td>G8607, G8918</td>
<td></td>
<td></td>
<td></td>
<td>10/28/1937</td>
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<tr>
<td>04/05/2015</td>
<td>04/01/2015</td>
<td>G8607, G8918</td>
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<td></td>
<td></td>
<td>03/08/1941</td>
<td></td>
</tr>
<tr>
<td>04/05/2015</td>
<td>04/01/2015</td>
<td>G8607, G8918</td>
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<td></td>
<td>08/15/1937</td>
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<tr>
<td>04/06/2015</td>
<td>04/01/2015</td>
<td>G8607, G8918</td>
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<td></td>
<td></td>
<td>02/09/1947</td>
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</tr>
<tr>
<td>04/06/2015</td>
<td>04/01/2015</td>
<td>G8607, G8918</td>
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<td></td>
<td></td>
<td>11/08/1943</td>
<td></td>
</tr>
<tr>
<td>04/06/2015</td>
<td>04/01/2015</td>
<td>G8607, G8918</td>
<td></td>
<td></td>
<td></td>
<td>03/13/1956</td>
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</tr>
<tr>
<td>04/06/2015</td>
<td>04/01/2015</td>
<td>G8607, G8918</td>
<td></td>
<td></td>
<td></td>
<td>05/20/1945</td>
<td></td>
</tr>
</tbody>
</table>
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

### ASCOR Participation Report
Payment Year: 2016

**Report Run Date:** 06/03/2015

<table>
<thead>
<tr>
<th>State: MD</th>
<th>National Provider Identifier (NPI):</th>
<th>Active QualityNet Security Administrator: Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASC Name:</td>
<td>ASC City:</td>
<td>Participation Status:</td>
</tr>
</tbody>
</table>

### Total Number of Claims with QDC:
- Total Number of Claims: 478
- Data Completeness: 67%
- CMS Required Threshold: 50%

### Web-Based Measures:
- ASC-6: Safe Surgery Checklist Use
- ASC-7: ASC Facility Volume Data
- ASC-8: Endoscopy: Follow-up Interval for Average Risk Patients
- ASC-10: Endoscopy: Interval for Patients with History of Polyps

### HAI Measures:
- ASC-8: Influenza Vaccination Coverage among Healthcare Personnel

### Claims-Based Measures

<table>
<thead>
<tr>
<th>Measure Value</th>
<th>Quarter 1 – 2014 Dates of Service</th>
<th>Denominator</th>
<th>Numerator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per 1000 Admissions</td>
<td>0</td>
<td>103</td>
<td>0.000</td>
</tr>
<tr>
<td>Per 1000 Admissions</td>
<td>2</td>
<td>104</td>
<td>19.231</td>
</tr>
<tr>
<td>Per 1000 Admissions</td>
<td>0</td>
<td>103</td>
<td>0.000</td>
</tr>
<tr>
<td>Per 1000 Admissions</td>
<td>0</td>
<td>103</td>
<td>0.000</td>
</tr>
<tr>
<td>Per 1000 Admissions</td>
<td>7</td>
<td>8</td>
<td>88%</td>
</tr>
</tbody>
</table>

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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.
2. **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

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

- Released on November 1, 2016

- 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
- *Deadline 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.
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/](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](mailto: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](mailto:samshelp@cdc.gov)
References

- 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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Director of Education and Clinical Affairs
Ambulatory Surgery Center Association (ASCA)
gthroneberry@ascassociation.org
Questions??

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

QUALITY REPORTING: DATA REPORTING

Overview

Data Collection and Submission

Data for claims-based measures ASC-1 - ASC-6 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 fee-for-service beneficiaries and Medicare secondary payer patients. Medicare Advantage patients are not included. ASC-12 is for paid Medicare care for service costs.

Data for web-based measures (ASc-1 through ASC-11) 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-d) are for all patients with exclusions (200 completed surveys per year are required).

Claim-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/HCPCS codes or Level I G codes that describe the clinical action evaluated by the measure. Claim-based measures apply in more than one condition and therefore can apply to more than one outcome. Make sure you verify all reporting instructions carefully.

Web-based Measures

Data for web-based measures ASC-1 through ASC-7 are to be submitted using a web-based tool hosted on the Secure QualityNet Portal. Ensure that you are using a supported web browser and that your computer meets the minimum system requirements. Go to the ASC QualityNet page for more information.

Web-based measures (ASC-8 through ASC-11) are reported via the CDC’s National Healthcare Safety Network (NHSN). The CDC has released Operational Guidance for ASCs to report these measures. Make sure you get your Facility Administrator enrolled to ensure you are ready for the reporting season. Click here for the CDC’s Operational Guidance for ASCs. 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 ASC Compliance.

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

- CDC Lookup Tool - in order to find your facility’s CMS Certification Number (CCN) enter your facility’s location (city, state, ZIP code, or NAIP ID)
- Web-Based Status Listing - for information on your facility’s web-based measures data submission for ASC-1, 2, 3, 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 cost category. If your center does not perform codes 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

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

Compliance/Quality Reporting/Data Reporting

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-9R Patient Questionnaire (for Measure ASC-11)
Quality Reporting G-Codes
Navigating QualityNet: Where to Find What You Need When You Need It (PPT Presentation)
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