

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

2016

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ASC QUALITY REPORTING (ASCQR) PROGRAM

Welcome to the Ambulatory Surgical Center Quality Reporting (ASCQR) Program. Under this program, quality data reporting requirements are instituted for care provided in the ASC setting. 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 its requirements. All ASCs reimbursed under the ASC fee schedule for Medicare are subject to ASCQR Program requirements.

The ASCQR Program is a quality measure data reporting program implemented by the Centers for Medicare & Medicaid Services (CMS) for ASC services. The ASCQR Program exists to promote higher quality, more efficient healthcare for Medicare beneficiaries through data reporting, quality improvement, and measure alignment with other clinical care settings. ASCs that meet program requirements during a given calendar year (CY) receive their full payment update for the upcoming calendar year; ASCs that do not participate or fail to meet these requirements may receive a **two percent reduction** of their payment update.

The reporting process consists of including quality data codes (QDCs) on the Form CMS-1500 version 02/12, or associated electronic data set, and submitting data via web-based tools. Once an ASC submits any quality measure data, either by including QDCs on its claim forms or by answering the web-based measure questions, the ASC is considered to be participating in the ASCQR Program. More detailed instructions about all program requirements can be found in the **ASC Reference Checklist** provided in this packet.

Participating ASCs must permit CMS to publicly report data for the quality measures on a CMS website after the ASC previews the data. More information on the public reporting requirements is available at 42 CFR 416.315.

This information packet is designed to assist you in meeting the requirements of the ASCQR Program. Included in the packet are: an **ASC Reference Checklist** outlining the steps for ASCQR participation, **ASCQR Program Reporting Measures and Dates**, **Quality Data Codes**, **Additional Information/Resources**, and **QualityNet Registration** information.

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

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. Feel free to contact us if you have any questions.

Contact Information

ASCQR Program Support Contractor

3000 Bayport Drive, Suite 300

Tampa, FL 33607

866.800.8756

www.qualityreportingcenter.com

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ASCQR PROGRAM REQUIREMENTS SUMMARY

This document outlines the requirements for ASCs, paid by Medicare under Part B fee-for-service (FFS), to receive their full Medicare payment update under the ASCQR Program. ASCs that do not meet ASCQR Program requirements, including permitting the data collected to be made publicly available, may receive a reduction of 2.0 percentage points in their payment update for the applicable calendar year (CY). ASCs will have the opportunity to review their data prior to publication per statutory requirements.

Eligible ASCs must follow the requirements as outlined in the applicable OPPS/ASC final rule with comment period, published in the *Federal Register*. Most recent requirements are available at <https://www.gpo.gov/fdsys/pkg/FR-2015-11-13/pdf/2015-27943.pdf>, beginning on page 70526.

Requirements to date are summarized in the **ASCQR Program Reference Checklist** below. Data will be publicly reported as determined by CMS through future rule-making and the public comment process.

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 oqrsupport@hsag.com or by telephone at 866.800.8756.

ASCQR PROGRAM REFERENCE CHECKLIST

Mandatory Steps for ASCQR Program Participation

The following requirements per calendar year (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 registration forms, referenced below, are available on the QualityNet website (www.qualitynet.org).

For the CY 2017 Payment Update:

- **Submit Quality Data Codes (QDCs) for measures ASC-1 through ASC-5 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, 2015 – December 31, 2015.** The minimum threshold for successful reporting is that at least 50 percent of Medicare claims meeting measure specifications contain the appropriate QDCs.
- **Submit web-based measure data for measures ASC-6, -7, -9, and -10 via the QualityNet Secure Portal.** See qualitynet.org for reporting dates and submission guidelines. To submit web-based measure data and access reports, the ASC must have an active Security Administrator registered with QualityNet. Information about registering can be found on page 10 of this document or in the QualityNet User Guide. The deadline for submitting these measures is August 15, 2016.
- **Submit data for process of care measure ASC-8 via the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (NHSN) at www.cdc.gov/nhsn as directed.** The deadline for submitting this measure is May 15, 2016.

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For the CY 2018 Payment Update:

- Submit QDCs for measures ASC-1 through ASC-5 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, 2016–December 31, 2016.
- Submit data for process of care measure ASC-8 via the CDC's NHSN at www.cdc.gov/nhsn as directed. See the timeline posted to qualitynet.org for this measure.
- Submit web-based measure data for measures ASC-6, -7, -9, and -10 via the QualityNet Secure Portal. See qualitynet.org for reporting dates and submission guidelines. To submit web-based measure data and access reports, the ASC must have an active Security Administrator registered with QualityNet. Information about registering can be found on page 10 of this document or in the QualityNet User Guide.

Note: ASCs may voluntarily submit data for CY 2016 for **ASC-11** but will not be subject to a payment reduction with respect to this measure during the voluntary reporting period. CMS conducted a dry run of the outcome, claims-based measure **ASC-12** during 2015. No additional data submission is required for this measure.

ASCs Newly Designated as Open

Administrative requirements apply to all ASCs designated as operating in the CASPER system, Medicare's database for survey and certification purposes, for at least four months prior to January 1, 2016. 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.

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. More information about public reporting by NPI is available on page 11 of this document.

Minimum Threshold, Minimum Case Volume, and Data Completeness for Claims-Based Measures Using QDCs

ASCs that have fewer than 240 Medicare claims (primary plus secondary payer) per year during a reporting period for a payment determination year would not be 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 web-based measures.

- QDCs must be submitted correctly and completely on 50 percent of the ASC's claims. This percentage will be based on the number of claims paid by the Medicare Administrative Contractor (MAC) by April 30, 2016.
- Payment determinations will be based on final claims paid by April 30, 2016. Successfully submitting QDCs on at least one paid claim designates the 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 two or a *maximum* of five QDCs submitted to have complete quality data.

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1. 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.

Note: ASC-5 must be answered individually, regardless of how measures ASC-1 through ASC-4 are addressed.

Withdrawing from the ASCQR Program

Submitting any quality measure data, either by including QDCs on at least one Medicare Part B facility claim or answering web-based measures, 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 means of a withdrawal form to CMS. Specific instructions on how to withdraw and the withdrawal form can be found on [QualityNet](#).

ASC Measures

The measures for the applicable payment determination year are listed on page 7 and on the [QualityNet](#) website under ASC Measure Resources. These measures are retained from one calendar year 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 listing that follows is presented on one page 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. 5.0a.

Claims-Based Measures			
Number	Measures for CY 2018 Payment Year	Data Submission Dates	
ASC-1	Patient Burn	Claims submitted for services furnished between January 1, 2016 and December 31, 2016	
ASC-2	Patient Fall	Claims submitted for services furnished between January 1, 2016 and December 31, 2016	
ASC-3	Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Claims submitted for services furnished between January 1, 2016 and December 31, 2016	
ASC-4	All-Cause Hospital Transfer/Admission	Claims submitted for services furnished between January 1, 2016 and December 31, 2016	
ASC-5	Prophylactic Intravenous (IV) Antibiotic Timing	Claims submitted for services furnished between January 1, 2016 and December 31, 2016	
ASC-12	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Claims submitted for services furnished between January 1, 2016 and December 31, 2016	
Web-Based Measures (Data Submitted Via an Online Tool)			
Number	Measures for CY 2018 Payment Year	Data Collection Period	Submission Period
ASC-6	Safe Surgery Checklist Use	January 1, 2016–December 31, 2016	January 1, 2017–August 15, 2017
ASC-7	ASC Facility Volume Data on Selected ASC Surgical Procedures*	January 1, 2016–December 31, 2016	January 1, 2017–August 15, 2017
ASC-8	Influenza Vaccination Coverage among Healthcare Personnel**	October 31, 2016–March 31, 2017	May 15, 2017
ASC-9	Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	January 1, 2016–December 31, 2016	January 1, 2017–August 15, 2017
ASC-10	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	January 1, 2016–December 31, 2016	January 1, 2017–August 15, 2017
ASC-11	Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery†	January 1, 2016–December 31, 2016	January 1, 2017–August 15, 2017 (Voluntary)

*See www.qualitynet.org for procedure categories and corresponding HCPCS codes.

** Collected data for this measure will be submitted to the National Healthcare Safety Network (NHSN).

† ASCs may voluntarily submit data for CY 2016 but will not be subject to a payment reduction with respect to this measure during the voluntary reporting period.

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Quality Data Codes

The chart below indicates which QDCs to use for measures ASC-1 through ASC-5. Note that if measures ASC-1 through ASC-4 indicate that no event occurred, the composite G8907 may be used in lieu of answering these measures individually. ASC-5 must be answered separately for all patients. Patients without a preoperative order for IV antibiotics are designated with code G8918.

Ambulatory Surgical Center Measure G-Codes (QDCs)		
Measure	Measure Description	QDCs
ASC-1	Patient Burn	G8908: Patient documented to have received a burn prior to discharge G8909: Patient documented not to have received a burn prior to discharge
ASC-2	Patient Fall	G8910: Patient documented to have experienced a fall within the ASC G8911: Patient documented not to have experienced a fall within the ASC
ASC-3	Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	G8912: Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event G8913: Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event
ASC-4	All-Cause Hospital Transfer/Admission	G8914: Patient documented to have experienced a hospital transfer or hospital admission upon discharge from ASC G8915: Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from ASC
ASC-5	Prophylactic IV Antibiotic Timing	G8916: Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic initiated on time G8917: Patient with preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis, antibiotic not initiated on time G8918: Patient without preoperative order for IV antibiotic surgical site infection (SSI) prophylaxis
G8907: Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site, wrong side, wrong patient, wrong procedure, or wrong implant event; or a hospital transfer or hospital admission upon discharge from the facility. This can be used in lieu of codes ASC-1 through ASC-4 if all are negative .		

Claims-Based Data Submission

- To begin reporting QDCs, ASCs may need to consult with their Practice Management System (PMS) vendor to program their system to accept or auto-populate their Super Bill with the QDCs for electronic submission to the Medicare Administrative Contractor (MAC) or clearinghouse.
- QDCs must appear on the Form CMS-1500 version 02/12 (Fields 24D and 24F) or associated electronic data set with an associated billable charge within the first six line items in order to receive credit for this program requirement. These codes will populate Fields 24D and 24F on the form.
- Claims will have a minimum of two QDCs or a maximum of five QDCs on each claim affiliated with a billable procedure code.
- For ASC facility claims, do not use the physician's NPI in item 24J, use the facility's NPI. Otherwise, the claim will not be counted toward participation; it will be split into multiple claims, or be denied in its entirety.
- The submitted charge field cannot be blank.
- The line-item charge should be the numeral "0" (zero). Please note that dollar signs (\$) or decimal points are not accepted.
- If a system does not allow a zero line-item charge, a nominal amount (such as one cent) can be substituted; the beneficiary is not liable for this nominal amount.
- Entire claims with a zero charge will be rejected. The total charge for the claim cannot be zero for claims processing.
- When a zero charge or a nominal amount is submitted for claims processing, payment for the amount included in the ASC QDC line will be seen along with the Remittance Advice Remark Code (RARC) of **N620**.
- ASCs that bill a \$0.01 QDC line item will receive the CO 246 N572 code or N620, depending on their carrier.
- If a denied claim is subsequently corrected through the appeals process involving the MAC, QDCs must be included on the resubmitted claim in accordance with the instructions in the measure specifications for them to be available for ASCQR payment determination.
- On each CMS-1500 form, version 02/12, the place of service for all line items should be 24 for an ASC. This will ensure that the ASC receives the proper credit for all line items and program requirements.

Web-Based Data Submission

- Data for web-based measures ASC-6, -7, -9, and -10 must be submitted to CMS via the QualityNet Secure Portal during the appropriate reporting period. 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. To submit web-based measure data and access reports, the ASC must have an active Security

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Administrator registered with QualityNet. Information about registering can be found below or at the [QualityNet Training page](#).

- Data for web-based measure ASC-8 must be submitted to the NHSN, a CDC-maintained and managed secure, internet-based surveillance system.
- ASCs may voluntarily submit data for CY 2016 for ASC-11 but will not be subject to a payment reduction with respect to this measure during the voluntary reporting period.

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.

SECURITY ADMINISTRATOR/SECURITY DESIGNEE REGISTRATION PROCESS

The QualityNet Security Administrator (SA) is allowed to submit data for web-based measures, access secure reports, and facilitate the registration process for other users at the organization via the QualityNet Secure Portal. ASCs may have more than one SA and are strongly urged to maintain the active status of at least one SA. 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.
3. Mail the original, completed forms to:

**HSAG
ASCQR Program Support Contractor
3000 Bayport Drive, Suite 300
Tampa, Florida 33607**

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. The email will also contain your User ID. QualityNet will notify you of your initial password.

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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 the opportunity to preview any such data prior to it being made publicly available.

When data are submitted by NPI, those data will be publicly reported by NPI. When data are submitted by CMS Certification Number (CCN), those data will be publicly reported by CCN.

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 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, 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
ogrsupport@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, timelines, and deadlines.

- **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 knowledge database, which allows users to ask questions, obtain responses from all resolved questions, and search by keywords or phrases.

- **CMS**

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.

- www.cms.gov

- www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ASC-Quality-Reporting/index.html

- **NHSN**

The National Healthcare Safety Network (NHSN), part of the Centers for Disease Control and Prevention in partnership with CMS, is a web-based data system used for improving patient safety.

- www.cdc.gov/nhsn