ASCQR PROGRAM REFERENCE CHECKLIST

ASCQR PROGRAM REQUIREMENTS SUMMARY

This document outlines the requirements for ambulatory surgical centers (ASCs), paid by Medicare under Part B fee-for-service (FFS), to receive their full Medicare annual payment update (APU) under the Ambulatory Surgical Center Quality Reporting (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 APU 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 www.gpo.gov/fdsys/pkg/FR-2014-11-10/pdf/2014-26146.pdf. Guidance for ASC reporting begins on page 198 of the pdf (page 66966 of the *Federal Register*). Requirements to date are summarized in the **ASCQR Program Reference Checklist** below. Data will be publicly reported as determined by the Centers for Medicare & Medicaid Services (CMS) through future rulemaking 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 are established for participation in the ASCQR Program and for receipt of the applicable calendar year's APU. The ASCQR Specifications Manual, QualityNet User Guide, and Security Administrator registration forms referenced below are available on the QualityNet website (www.qualitynet.org).

For CY 2016 APU:

- **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, 2014– December 31, 2014.**

- **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 7 of this document or in the QualityNet User Guide.

- **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 this measure is May 15, 2015.

For CY 2017 APU:

- **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, 2015–December 31, 2015.**

- **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 7 of this document or in the QualityNet User Guide.

Note: ASCs may voluntarily submit data for CY 2015 for **ASC-11** but will not be subject to a payment reduction with respect to this measure during the voluntary reporting period. CMS will conduct a dry run of the outcome, claims-based measure **ASC-12** during 2015.

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, 2015. 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.

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, 2015.

- Payment determinations will be based on final claims paid by April 30, 2015. 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.
    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.
    2. *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 4 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 (76 FR 74574, 74509, and 74510).

The measure listing that follows is presented on one page for use as a reference.

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.4.0a.

Claims-Based Measures		
Number	**Measures for CY 2017 Payment Year**	**Data Submission Dates**
ASC-1	Patient Burn	Claims submitted for services furnished between January 1, 2015 and December 31, 2015
ASC-2	Patient Fall	Claims submitted for services furnished between January 1, 2015 and December 31, 2015
ASC-3	Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	Claims submitted for services furnished between January 1, 2015 and December 31, 2015
ASC-4	Hospital Transfer/Admission	Claims submitted for services furnished between January 1, 2015 and December 31, 2015
ASC-5	Prophylactic Intravenous (IV) Antibiotic Timing	Claims submitted for services furnished between January 1, 2015 and December 31, 2015
ASC-12	Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Dry Run in 2015*

Web-Based Measures		
Number	**Measures for CY 2017 Payment Year**	**Data Collection Period**	**Submission Period**
ASC-6	Safe Surgery Checklist Use	January 1, 2015– December 31, 2015	January 1, 2016– August 15, 2016
ASC-7	ASC Facility Volume Data on Selected ASC Surgical Procedures†	January 1, 2015– December 31, 2015	January 1, 2016– August 15, 2016
ASC-8	Influenza Vaccination Coverage among Healthcare Personnel**	October 31, 2015– March 31, 2016	May 15, 2016
ASC-9	Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	January 1, 2015– December 31, 2015	January 1, 2016– August 15, 2016
ASC-10	Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	January 1, 2015– December 31, 2015	January 1 , 2016– August 15, 2016
ASC-11	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery††	January 1, 2015– December 31, 2015	January 1, 2016– August 15, 2016 **(Voluntary)**

*This measure will have no payment impact until the CY 2018 payment determination and subsequent years.

†See www.qualitynet.org for selected procedures and corresponding codes.

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

†† ASCs may voluntarily submit data for CY 2015 but will not be subject to a payment reduction with respect to this measure during the voluntary reporting period.

Quality Data Codes

The chart below indicates which QDCs to use for the 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	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 MAC or clearinghouse.

- QDCs must appear on the form CMS-1500 version 02/12 (Fields 24D and 24 F), 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 version 2/12, 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 Administrator registered with QualityNet. Information about registering can be found below or in the [QualityNet User Guide](#).

- 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 2015 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. 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 DESIGNATE 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 Designate 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
   300 Bayport Drive, Suite 300
   Tampa, Florida 33607

Once your completed registration materials have been received, the Support Contractor 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 QualityNet, is accessible. The email will also contain your User ID. QualityNet will notify you of your initial password.

Public Reporting

ASCs reimbursed under Medicare Part B FFS are required to meet data reporting requirements to receive their full APU. 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.

APU Reconsideration Process

A reconsideration process is available for the ASCQR Program for those ASCs that do not receive the full APU. Procedural rules that govern the ASCQR Program reconsiderations can be found on page 75141 of the OPPS/ASC CY 2014 Final Rule at www.gpo.gov/fdsys/pkg/FR-2013-12-10/pdf/2013-28737.pdf. 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
    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, 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**
    1401 50th St., Suite 200
    West Des Moines, IA 50266
    866.288.8912
    qnetsupport@HCQIS.org

- ▪ **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 initiatives. 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.

- ▪ **ASC-Outpatient Questions/Answers**
  https://cms-ocsq.custhelp.com/
  The ASCQR Program SC maintains the ASC-Outpatient 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