Outpatient Quality Program Systems and Stakeholder Support Team

Springtime Refresh:
Exploring the Specifications Manual
and Other Important Resources

Presentation Transcript

Moderator
Pamela Rutherford, BSN, RN
Outpatient Quality Program Systems and Stakeholder Support Team

Speaker
Karen VanBourgondien, BSN, RN
Outpatient Quality Program Systems and Stakeholder Support Team

April 28, 2021

DISCLAIMER: This presentation question-and-answer summary document was current at the time of publication and/or upload onto the *Quality Reporting Center* and *QualityNet* websites. Medicare policy changes frequently. Any links to Medicare online source documents are for reference use only. In the case that Medicare policy, requirements, or guidance related to these questions and answers change following the date of posting, these questions and answers will not necessarily reflect those changes; given that they will remain as an archived copy, they will not be updated. The written responses to the questions asked during the presentation were prepared as a service to the public and are not intended to grant rights or impose obligations.

Any references or links to statutes, regulations, and/or other policy materials included are provided as summary information. No material contained therein is intended to take the place of either written laws or regulations. In the event of any conflict between the information provided by the question-and-answer session and any information included in any Medicare rules and/or regulations, the rules and regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.

Outpatient Quality Program Systems and Stakeholder Support Team

Pamela Rutherford: Hello everyone, welcome to the webinar. Thank you for joining us. Today we are going to provide a little bit of a review for the program requirements, and we are going to go over some tools and resources, and we are going to spend quite a bit of time talking about the specifications manual.

The learning objectives for this presentation are listed here on this slide.

We will briefly review the program requirements and how to initiate a HARP account and registration as a Security Official. We will be spending time reviewing the specifications manual, as we have found that some people are not aware of some aspects of the manual. We will also venture into the Quality Reporting Center website, as there are so many resources available there.

During the presentation, if you have a question, please put that question in the chat box located on your screen. One of our subject-matter experts will respond. If you have not yet downloaded today's slides, you can get them from our website, QualityReportingCenter.com, and we will also put a direct link to the slides in the chat box. Slides for our presentations are always posted prior to the event, and the reminder Listserve notification we send out the week of the event will state that and direct you to the slides.

Just a few announcements. Don't forget the upcoming deadline for the web-based measures data submission. You can make any edits or changes up to the deadline. After the deadline passes, no changes can be made.

We always have a survey at the end of our webinars, and we have gotten a lot of feedback from everyone, which we really appreciate. We want your opinions and want to address the things you want to see, in terms of education. As a result, we will be presenting a measure-specific Frequently Asked Questions (FAQ) webinar and it will be presented in June. Make sure you are signed up for the Listserve notifications through *QualityNet* to make sure you get the email announcement for that webinar.

Well, it's time to get started. So, let me turn things over to Karen. Karen?

Outpatient Quality Program Systems and Stakeholder Support Team

Karen VanBourgondien: Thanks, Pam. It's Spencer, and he is back at his desk after months of dealing with all the problems caused by COVID. Today, Spencer is going to review a few things for the ASC Quality Reporting Program, just to make sure he's not missing anything. So, let's see if we can help him out a little bit. First, let's talk about program requirements.

To avoid a reduction in Annual Payment Update (APU), ASCs must meet the program requirements. The claims threshold for this program is 240 or more claims a year. If your ASC bills 240 or more Medicare claims in a year, you should be participating in the ASC Quality Reporting Program.

So, if your ASC is required to report, then you must have an active Security Official, or SO, registered through *QualityNet* in order to enter your data.

You will collect and submit your data through the Hospital Quality Reporting, or HQR, platform. We will discuss the measures that you are going to be reporting just a moment.

All the information about this program, and others, are always put forth publicly in the final rule. In short, everything for the program, like changes, additions, or removals, are always put forth through the rulemaking process.

Around July of every year, CMS publishes the proposed changes to the Outpatient Prospective Payment System, or OPPS, for the upcoming calendar year; and these changes are put forth in what is known as the proposed rule.

There is a comment period with each proposed rule cycle to provide anyone, including ASCs, an opportunity to voice their feedback on these proposals. CMS strongly urges the ASC community to participate in the comment process. Public comments are vital, and CMS reviews each comment before finalizing these changes in the final rule.

So, once the comment period closes, CMS collects all of the feedback, and the final rule is released around November with the finalized proposals made for the program. So, it's really important to keep up with the rule-making process so that you know what changes were made to the program. So, let's talk about the measures for this program.

There are two types of measures for this particular program, the ASC Quality Reporting Program.

First, there are web-based measures, which are submitted annually into the HQR platform. You will need to obtain the appropriate access into this platform, which I will cover with you in just a minute if you are not aware. These web-based measures are to be reported annually.

Secondly, there are claims-based measures. Data for these measures are collected from paid Medicare claims your ASC submits for payment that meet the specific-measure criteria. There's no manual abstraction for these measures on the part of the ASC. So, let's discuss these in a little more detail and we will begin with the web-based measures.

Listed here are the current web-based measures you should be entering for the current payment year.

You will access the specifications manual to obtain details for all of the measures for this program. So, hold that thought, we will be going over the specifications manual and how to locate it in just a few moments.

This slide explains the web-based measures reporting and submission periods for the payment determination year 2022. The current web-based measures are ASC-9, ASC-11, ASC-13, and ASC-14. The reporting period for these measures are typically January 1 through December 31, 2020. The submission period, which is period of time you submit these data, is from January 1 through May 17, 2021.

Now, CMS did extend exceptions due to COVID-19. Under the COVID-19 exception, abstraction for encounters from January through June 30 was voluntary for payment year 2022.

CMS understands that many ASC were closed due to COVID-19 in those early months. So, you can choose to submit data only for the time period of July 1, 2020. through December 31, 2020, Or, you could add the encounters of January 1, 2020, through June 30 voluntarily. Either way is just fine.

On this slide, we have listed the claims-based measures for this program. Now, claims-based measures do not have to be manually abstracted or reported by the ASC. The data for claims-based measures are obtained by CMS through paid Medicare claims for cases that meet the measure criteria.

The ASC-17 and ASC-18 measures began with the current payment year. ASC-19 will begin with the payment year 2024.

The timeline for these — ASC-12, ASC-17 and ASC-18 — are listed here. The ASC-12 measure uses three years of data preceding the payment determination year. So, the reporting period for that measure is January 1, 2018. through December 31, 2020. That is the period of time when the patient was in your facility. For ASC-17 and ASC-18, the reporting period is two years. So, data is collected from January 1, 2019, through December 31, 2020, and ASC-19 is not listed here because, as we just said a moment ago, calculation for that measure will not begin until payment year 2024.

Now, we do get a fair number of questions about the measures listed here. ASC-1 through ASC-4 are currently suspended for this program. They are still part of the program but reporting for them is not a requirement. These are the measures that you would have applied G codes or data codes on your Medicare Fee-For-Service claim forms. So, for those of you that ask if you still have to apply those codes on your claims, the answer is no. This suspension stays intact pending further rulemaking.

We also have the survey measures ASC-15a through 15e and these measures are delayed. Reporting these measures is currently not required. Again, that is pending any further rulemaking.

So, let's talk about the *QualityNet* website. Now remember *QualityNet* has a new address which is [QualityNet.cms.gov.](QualityNet.cms.gov) We are just going to take a few minutes to review some important information that you need to know for some successful reporting.

From the *QualityNet* home page you can sign up for *QualityNet* Mailer notifications, ask a question using the Question and Answer Tool, as well as initiate credentialing for access into HQR.

Now, if you want to stay up to date with all of the program notifications and updates, then signing up for *QualityNet* Mailer, or otherwise known as ListServe notifications, is a must. This service is a no-cost service and takes about five minutes to register for. It's a very quick and easy way to stay in the loop. With this service, you will be sent emails about deadlines, program updates , educational webinars, and more. To initiate this email service, you would click on the Subscribe to Email Updates icon, right there by the number 1.

If you are abstracting data and you have a question, you can ask that question by clicking on that down arrow next to Help, right there by number 2. The Question and Answer Tool will appear, and you can select Ask a Question. Lastly, if you need to obtain a HARP account and/or register to be a Security Official, you will click on that Register icon, next to the number 3. So, let's click on that Register icon.

Once you click on that Register box, this page will then display, and you will see all of the HARP resources available to you, which you see here boxed in red. These resources will direct you, in detail, on how to initiate your HARP account. You must have a HARP account before you can move forward with any other registration process, including becoming a Security Official. To begin this process of actually creating a HARP account, just click on the blue HCQIS Access Roles and Profile, or HARP link, right there next to the arrow.

Recently, CMS launched a new Access Request Form that replaces the Electronic Access Request, or EAR, Form.

A notification was sent last week with instructions. The new process is all electronic with no need for digital signatures. They implemented this new process to expedite the ability to obtain access as a Security Official. Again, the first step to this process is, of course, obtaining a HARP ID, which we just discussed.

Once you obtain your HARP ID you will log into the Hospital Quality Reporting, or HQR, system using your new HARP ID. The direct link to this HQR system is seen here on the slide. In order to begin the process of becoming a Security Official, once you log into HQR, you will need to search your facility by NPI. Do not enter the name of your facility or the CCN, but rather the NPI. Once your access has been granted, you will be able to enter your data.

We are not going to go into detail on this process because communications were sent out covering the step-by-step-process. However, you know we are always available to you if you need assistance. You are welcome to call our help desk at any time at 866.800.8756, and we will have that number again on the closing slide.

Recently, CMS launched a new Access Request Form that replaces the Electronic Access Request, or EAR, form. A notification was sent last week with instructions. The new process is all electronic with no need for digital signatures. They implemented this new process to expedite the ability to obtain access as a Security Official.

Again, the first step to this process is, of course, obtaining a HARP ID, which we just discussed. Once you obtain your HARP ID, you will log into the Hospital Quality Reporting, or HQR, system using your new HARP ID. The direct link to this HQR system is seen here on the slide. In order to begin the process of becoming a Security Official, once you log into HQR, you will need to search your facility by NPI. Do not enter the name of your facility or CCN, but rather the NPI. Once your access has been granted, you will be able to enter your data.

Now, let me just mention a few things here about the Security Official process. When you fill out the request form to become a Security Official, this will need to be verified. The highest-level executive that you put down on this request form will be contacted to verify and authorize the person requesting to be the facility's Security Official. If this person cannot be reached, it will delay the application process. So, make sure that this person is, you know, relatively easy to get a hold of and that they know that there will be a verification call.

If you previously submitted an old EAR form, Electronic Access Request form, using the old process with the digital signature but you have not received your Security Official role for your facility, you should have received an email notification letting you know that you will need to resubmit your request using this new process.

If you have not received your access, or received an email, please complete the new online process.

So, we are still on the *QualityNet* website. Let's say you are abstracting data, and you have a question regarding the correct data to submit. Where do you go to find this guidance? Well, you should always refer to the specifications manual to guide you through your abstraction process. This manual was developed to provide a uniform set of quality measures that reflects the final rule. The specifications manual is your guide to the ASC Quality Reporting Program. So, how do we find this great book of knowledge?

Well, you find it on *QualityNet*, of course! From the home page of *QualityNet*, to find the specifications manual for this program, you are going select Ambulatory Surgical Centers, that box right there in red.

Here on the right side, you have several choices. You do have the ability to view all of the specifications manuals by selecting View all Specifications Manuals, right there by the red arrow. This will provide access to all of the various versions and the encounter periods they refer to.

However, today, we are going to select the option Download 2020 Specifications Manual because that will refer to the encounter period of 2020, which is what we are currently reporting data for.

Once you click on that box and agree to the terms and conditions, the first page you will see will be the release notes. Release notes are updates that were made since the release of the previous version of the specifications manual. Any yellow highlighting that you will see, either in the release notes or in a manual version, indicates a change since the previous version. This initial release notes section will provide guidelines for using these notes and summarize the updates.

So, moving down from the release notes, you will see this section. What you can find in the manual is seen here, in the Table of Contents. Here you do see yellow highlighting that I referred to. This means a change since the last update. We are going to hit the highlights versus going through every page, but the sections we will be discussing today are Section 1: Measure Information Forms; Section 2: Sampling Specifications; Section 3: Quality-Data Transmission; Appendix A: Tools and Resources ; and Appendix B: the Preview Section. So, first up, we are going to talk about the Measure Information Forms.

So, Section One of the manual will contain all of the Measure Information Forms, or MIFs. The Measure Information Forms provide detailed information for each measure. You can see yellow highlighting, and again, this highlighting indicates a change for that MIF since the last version of the manual was released. So, let's go ahead, and we are going to look at the MIF for ASC-9.

Here is the Measure Information Form for the ASC-9 measure. It provides information necessary to abstract the measure correctly. It provides a measure description, numerator and denominator statements, as well as denominator criteria and exclusions. It will also provide additional instructions to consider when abstracting. This is only one MIF. You will find a MIF for each measure in Section 1 to assist you when abstracting.

We do get a lot of questions about how to obtain the denominator, numerator, total population, and sample size. So, let's break this down as it relates to ASC-9.

The Numerator Statement for this measure is patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report. All cases that meet this numerator statement will be in the numerator.

The Denominator Statement for ASC-9 is all patients aged 50 to 75 years of age receiving screening colonoscopy without biopsy or polypectomy. To determine the denominator, you will refer to the MIF using that denominator statement, denominator criteria, and denominator exclusions.

All cases that meet these criteria will be your total population. Let's say, in your ASC, you have a total number of 786 cases that meet these denominator criteria. So, that is going to be your total population.

Now, that is a large number of cases. CMS does not want to burden ASCs with having to abstract 786 cases. So, then you will refer to the sampling guidelines in Section 2 of your specifications manual.

Table 3, found in Section 2 of the manual, tells you what your sampling specifications are for ASC-9, ASC-11, and ASC-13. You can see it provides yearly, quarterly, and monthly sample size specifications. For our purposes today, we are going to look at the yearly sample as it relates to the ASC-9 abstraction that we are currently talking about. So, remember our total population is 786. According to this table, for 0–900 cases, the minimum sample size is 63.

At this point, we have a total population of 786, which is a sample size of 63 according to Table 3. That 63 will also be your denominator. Let's say, for the sake of argument, that 60 cases out of those 63 cases that you are abstracting meet the numerator criteria, which, as you remember, is patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.

So, we are going to say that number is 60. So, we have a total population of 786, a denominator of 63, which is also our sample size and we have a numerator is 60.

In our example case today, we have a total population of 786 and, according to Table 3 in the specifications manual, our minimum number of cases to report is 63, which is also our denominator. Out of those 63 cases, 60 of them met the numerator criteria.

This is the way your submission should look in HQR. The numerator and denominator are the only mandatory fields; but, please note, that the sampling frequency is auto-selected as N/A and you can certainly change that, if you wish. So, based on our example here, your numerator is 60, your denominator is 63, population is 786, and your sample size is also 63. I hope this clarifies the question regarding total population and same size. Let's turn our attention back to the specifications manual.

Section 3, the Quality Data Transmission section, covers guidelines for submission of data, provides the batch submission file layout and the steps in data upload process.

We are not going to go into detail on data submission today as we did present a very detailed webinar on data submission into the HQR in February. You can certainly access that webinar on our website, QualityReportingCenter.com, under the Archived Events tab for this program.

Next up is Appendix A. This is your tools and resources section. Listed here are the resources available to assist you with your abstraction. By selecting the various options, you are given guidelines, tools, fact sheets, algorithms, examples, and guidance.

Since we have been working with ASC-9 in our example, let's click on the ASC-9 data collection tool. Then, we will take a look at the example questions for ASC-13.

Here it is, the ASC-9 data collection tool. You will just answer these questions in the table to determine whether or not patients fall into this measure. This is a snapshot of this tool. It is very handy, along with the other tools, a very handy tool to have. It really seems to help people work through the cases they have to determine what meets the denominator and numerator criteria. So, that's one tool.

Next, we are going to look at the ASC-13, Normothermia, outcome example questions tool, which you see a snapshot of here.

This tool provides steps to walk you through the measure and it also provides scenarios to assist you. Here, on the slide, you can see two of those scenarios that are provided in this tool. If you find you are stuck with a chart when you are abstracting, give these tools a try. They really are very helpful, and many people are not even aware that these tools are in the manual. So, take advantage of them.

So, going back to the manual, the last section we are going to talk about is Appendix B, the Preview Section. The Preview Section provides information on new measures. The measures identified in this section would not be collected for the encounter period that relates to the current version of the manual. It would be simply be signaling you as to what is coming in the future.

So, no new measures were added in the last rulemaking cycle. Therefore, no measures were introduced for CY 2023, and that goes back to what we talked about at the beginning of the presentation about the rulemaking cycle. Any changes to the program are communicated through the proposed and final rulings. So, we expect the CY 2022 proposed rule to be published sometime in July. Stay tuned, we want to see if there's going to be any changes to the ASC Quality Reporting Program. So, that sums up the specifications manual. Again, please use this resource. You cannot accurately submit data without this manual.

Outpatient Quality Program Systems and Stakeholder Support Team

We always encourage you all to call us if you ever have questions. We also have a very helpful website. This website is just another resource that is incredibly helpful to those especially new to the program. This website is full of tools and resources that will help you with your quality reporting for this program.

So, if you were to enter the address QualityReportingCenter.com into your browser, this would be the home page. This website services multiple programs. So, from this home page, you are going to select the ASC box up at the top. This page will display. On the left, you will see a menu option specific to the ASC program. You can see there are a lot of options and resources but, in the interest of time, I am only going to show you a few. So first, I will show you what is under the ASC Program Tools and Resources tab.

This is a partial view of what is available to you under this tab. We won't take time today to go through all of these. We just want to show you really what is there and that you have additional resources; but, one of the most frequently downloaded items is the Successful Reporting in the ASCQR Program: A Step-by-Step Guide For New Facilities, that's seen towards the top of the page. This lays out the program for you in one easy-to-read document. It's really worth a review, even if you are not new to the program. One of my favorite resources is the ASCQR Program Reference Checklist. This is a summary of program requirements, deadlines, and things of that nature. So, of course, you can access the ASC Contact Change Form from this page, and this allows you to update your facility's contact information, so reminder calls and emails are directed to the right person, and that is extremely important. Again, much more in this category and this is just a quick snapshot.

If you were to return to that drop-down menu, you can see here the Upcoming Events and Archived Events categories. So, Upcoming Events would display any events that are coming up in, say, the next month or so. The Archived Events stores all of our presentations that were previously presented, and it starts with the most current webinar.

So, here under the Archived Events, you would have access to all of our webinars, and they are archived in descending order with a recording of the event, the slides, and a presentation transcript. You can access these, watch them, look at the slides, any of that at your leisure.

Going back to the main drop-down menu, if you click on the arrow next to Data Dashboard, you will see these options. Today, we are only going to click on the ASC Lookup Tools option. This is where you can go to make sure your web-based measures were successfully submitted.

This is a partial view of that page and this disclaimer box here that's circled will tell you when the last time this tool was updated. So, if you entered your data after this date, this tool will not reflect any data that you submitted.

If you wanted to check to make sure you successfully submitted your web-based measures, after the last update, you would just simply enter your ASC's CCN or NPI and then click on the Enter box.

Your results view will look something like this. The Yes next to each measure indicates a successful submission. So, again, this website does have a lot of information available. Please take advantage of it.

Yes, we have covered a lot of information today. So, let's just summarize what we have gone over real quick. First and foremost, make sure you have at least one Security Official. You absolutely cannot report data without having at least one Security Official.

You will collect data for the web-based measures and submit these data by the deadline. Please use the program specifications manual to ensure you are abstracting correctly and don't forget all those tools and resources that are in the manual. Also, you can visit our website, QualityReportingCenter.com, and that also has so many tools and resources right there at your fingertips.

Here, we have some resources available for you. Again, the slides are available on QualityReportingCenter.com. You can simply click here on the link here to access those slides.

Remember, we will have the recording of this event up in just a few days, as well as a transcript, which will be available in the next few weeks.

With any issues related to the HQR, please contact the *QualityNet* support team. We highly recommend you opening a help desk ticket to address any concerns or issues you have with data submission.

As always, with any program related questions, give us a call. Our number is here on the screen 866.800.8756. I think that's all I have to cover with you today. Pam, let me turn things back to you.

Pamela Rutherford: Thanks, Karen. As always, the questions and answers from the chat box will be posted on our website.

That's all the time we have today. Thank you everyone for joining us. We hope it was helpful and we will see you on the next webinar.