Start   Structural/Web-Based Measures   04/13/2018 05:13:30PT

Ambulatory Surgical Center Web-Based Measures   🖶 Print

Submission Period
01/01/2018 - 05/15/2018

With Respect to Reporting Period
01/01/2017 - 12/31/2017

Web-Based Measures | PY 2019

Provider ID	ASC-9	ASC-10	ASC-11
1639290026	Completed	Completed	Completed

◄   ►

[Back]   [Payment Year Selection]

Ambulatory Surgical Center Quality Reporting (ASCQR) Program
2017 Mid-Year Status Report
White Marsh Surgery Center (1639290026)

The Centers for Medicare & Medicaid Services (CMS) is pleased to provide the following preliminary report on your facility's data submission. As a reminder, program requirements are to submit appropriate quality data codes (QDCs) on at least 50 percent of your Medicare fee-for-service (FFS) claims and to submit web-based measure data for the following measures via QualityNet: ASC-6, ASC-7, ASC-9, and ASC-10.

This report contains a preview of your ASC's data submission status as of July 5, 2017, and contains a summary of your ASC claims, QDC submissions, and performance on both claims-based and web-based measures (as compared to ASCs nationwide). A full listing of the measures can be found in Appendix A.

The data in this report covers two payment determination years' worth of information (calendar year [CY] 2018 and CY 2019). Table A-1 provides an overview of the encounter period, deadline, and associated payment determination year for each of the measures displayed in this report.

Facility-Specific Information

Table 1 provides an overview of your facility's claims, current 2017 QDC rate, which applies to the CY 2019 payment determination, as well as the historical 2016 QDC rate. Additionally, Table 2 provides measure submission information for ASC-6, ASC-7, ASC-8, ASC-9, and ASC-10, which are applicable to the CY 2018 payment determination. Please note that all data contained in these tables is current as of July 5, 2017.

Table 1 – Your Facility's Information, Claims, and QDC Rates							
NPI	State	CMS Region	ASC Specialty	2017 Claims Number	2017 QDCs Submitted	2017 QDC Rate	2016 QDC Rate
1639290026	MD	3	Multi	376	369	98.1%	98.5%

Source: Medicare FFS Claims.
Note: The 2017 claims, QDCs submitted, and QDC rate include data up through the production of this report.
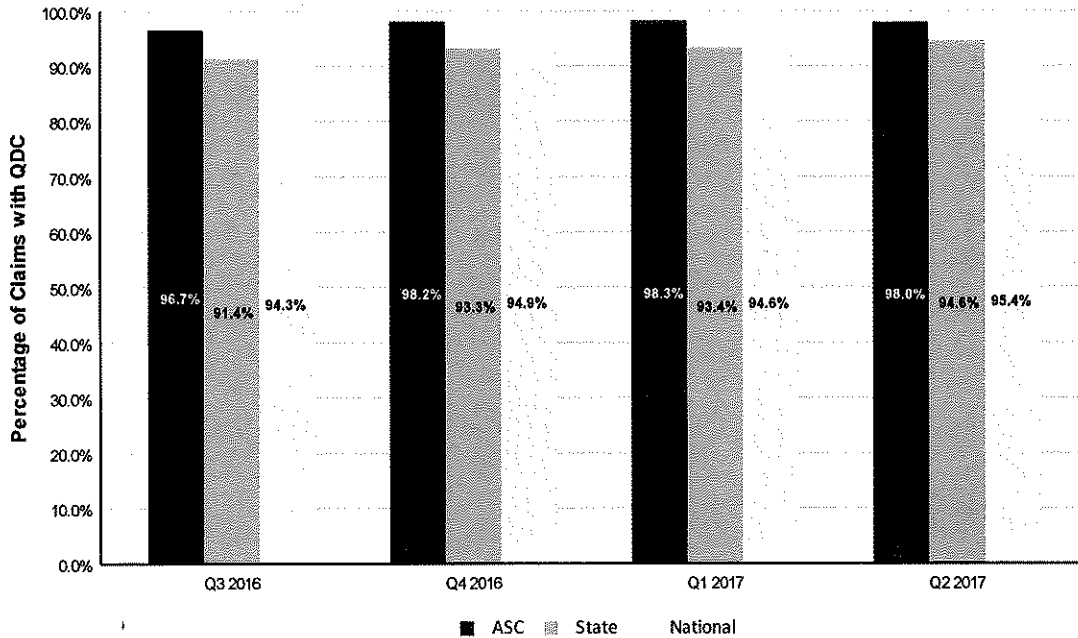
Table 2 – Your Facility's Measure Submissions Status				
ASC-6 Submission	ASC-7 Submission	ASC-8 Submission	ASC-9 Submission	ASC-10 Submission
Yes	Yes	Yes	Yes	Yes

Source: Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) and QualityNet Secure Portal.
Note: Data for ASC-8 was due to the NHSN on May 15, 2017. Data for ASC-6, ASC-7, ASC-9, and ASC-10 are due to the QualityNet Secure Portal on August 15, 2017.
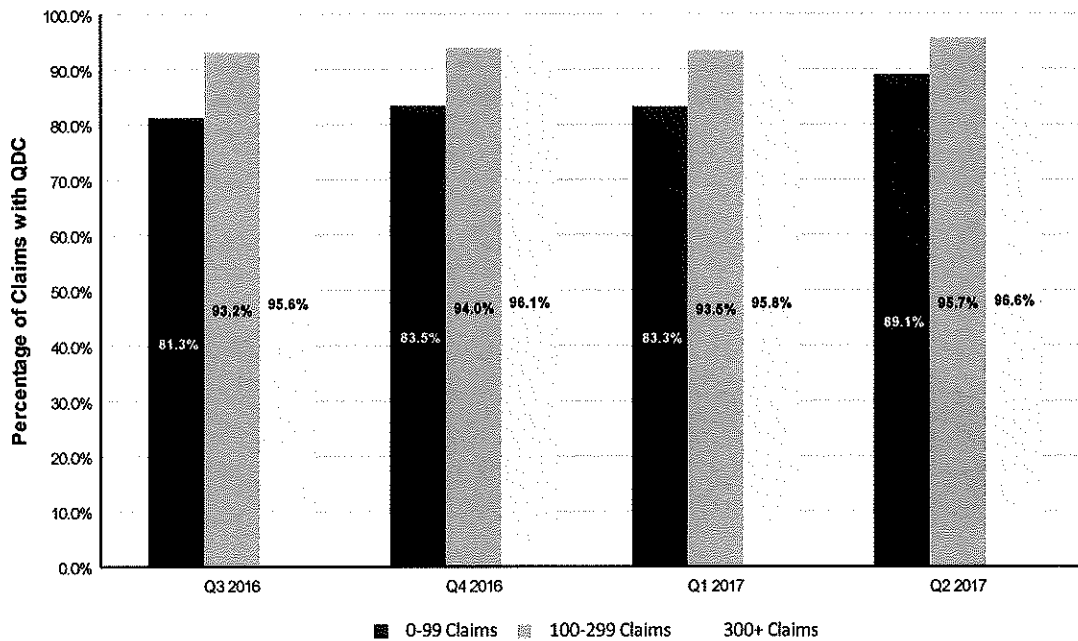
The following figures provide your facility's data compared to state and national aggregate values for QDCs submitted, claim volume, and specialty (Figure 1 - Figure 3).

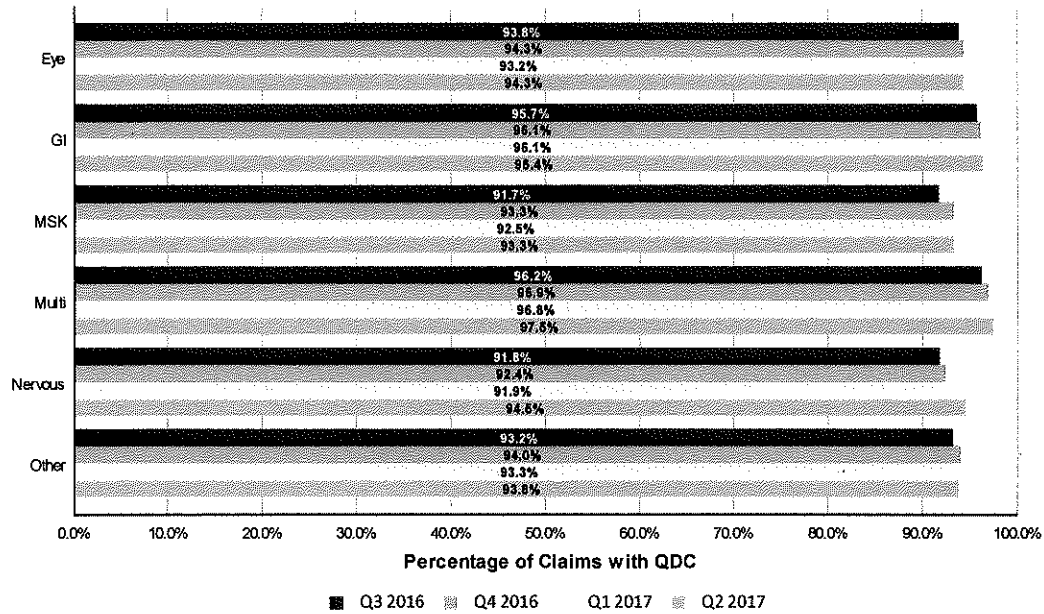### Figure 1—Percentage of Claims Containing QDCs

Source: Medicare FFS Claims.

Figure 2—National Aggregates by Claim Volume

Source: Medicare FFS Claims.

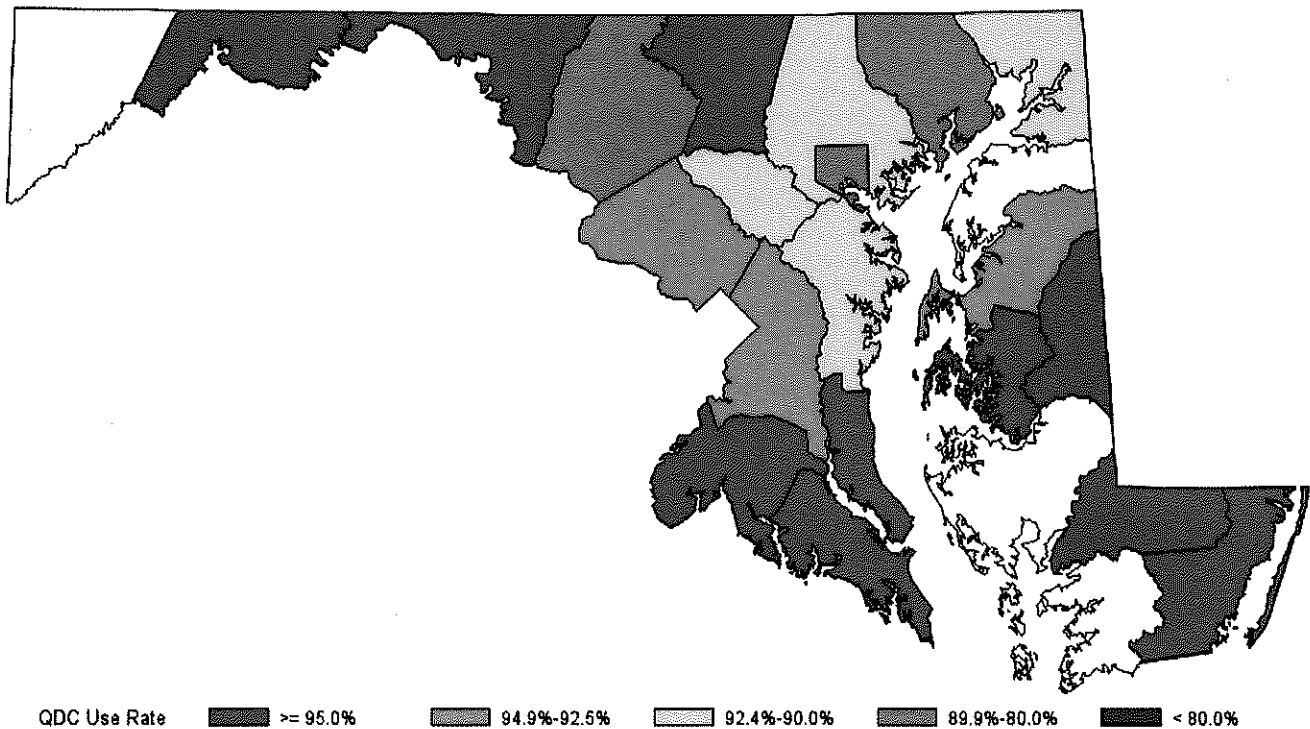## Figure 3—National Aggregates by ASC Specialty

Figure 3—National Aggregates by ASC Specialty

Source: ASC-7 data submitted via QualityNet Secure Portal and Medicare FFS Claims.
Note: Gastrointestinal (GI); Musculoskeletal (MSK)
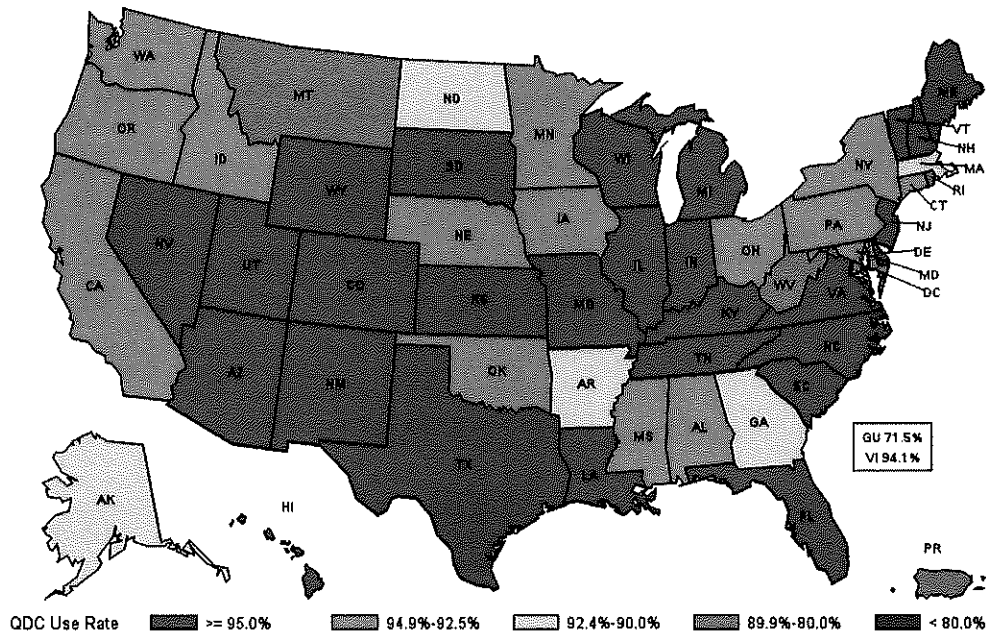
The following figures provide the QDC rate by county (Figure 4) and QDC rate by state (Figure 5).

Figure 4—Average QDC Rate, by County

QDC Use Rate: >= 95.0% | 94.9%-92.5% | 92.4%-90.0% | 89.9%-80.0% | < 80.0%

Source: Medicare FFS Claims.

Figure 5—Average QDC Rate, by State

Source: Medicare FFS Claims 07/01/2016 – 06/30/2017

Table 3 provides an overview of your facility's claims-based measure rates and the national rate. Please note that all data are displayed as rate per 1,000 claims. Additionally, please note that for ASC-1, ASC-2, ASC-3, and ASC-4, lower rates indicate better performance, while higher rates indicate better performance for ASC-5.

Table 3 – Claims-Based Measure Rates, per 1,000 Claims, by Measure				
Measure	Quarter	Claims with QDCs	Measure Rate	National Rate
ASC-1	Q3 2016	145	0.000	0.133
	Q4 2016	160	0.000	0.153
	Q1 2017	225	0.000	0.139
	Q2 2017	144	0.000	0.129
ASC-2	Q3 2016	145	0.000	0.057
	Q4 2016	160	0.000	0.079
	Q1 2017	225	0.000	0.135
	Q2 2017	144	0.000	0.131
ASC-3	Q3 2016	145	0.000	0.016
	Q4 2016	160	0.000	0.020
	Q1 2017	225	0.000	0.069
	Q2 2017	144	0.000	0.039
ASC-4	Q3 2016	145	0.000	0.344
	Q4 2016	160	0.000	0.330
	Q1 2017	225	0.000	0.395
	Q2 2017	144	6.944	0.325

Table 3 – Claims-Based Measure Rates, per 1,000 Claims, by Measure				
Measure	**Quarter**	**Claims with QDCs**	**Measure Rate**	**National Rate**
ASC-5	Q3 2016	7	857.143	972.767
	Q4 2016	5	1,000.000	970.802
	Q1 2017	6	1,000.000	970.319
	Q2 2017	2	500.000	966.049

Source: Medicare FFS Claims.

Table 4 provides an overview of the national claims-based measure rates, by specialty.

Table 4 – Claims-Based Measure Rates per 1,000 Claims, by Specialty							
ASC Specialty	**Quarter**	**Number of Facilities**	**ASC-1**	**ASC-2**	**ASC-3**	**ASC-4**	**ASC-5**
Eye	Q3 2016	827	0.150	0.021	0.014	0.056	922.094
	Q4 2016	827	0.146	0.021	0.007	0.070	929.479
	Q1 2017	827	0.129	0.276	0.244	0.341	898.608
	Q2 2017	827	0.154	0.345	0.128	0.096	911.223
GI*	Q3 2016	949	0.157	0.070	0.014	0.505	831.436
	Q4 2016	949	0.169	0.125	0.015	0.456	865.314
	Q1 2017	949	0.191	0.103	0.011	0.489	774.472
	Q2 2017	949	0.158	0.076	0.005	0.431	840.444
Multi	Q3 2016	1,811	0.107	0.056	0.021	0.443	977.120
	Q4 2016	1,811	0.148	0.076	0.036	0.439	976.954
	Q1 2017	1,811	0.091	0.101	0.026	0.445	979.888
	Q2 2017	1,811	0.095	0.051	0.013	0.451	978.307
MSK**	Q3 2016	197	0.110	0.368	0.000	0.221	975.226
	Q4 2016	197	0.223	0.447	0.000	0.186	948.693
	Q1 2017	197	0.627	0.074	0.000	0.184	948.729
	Q2 2017	197	0.408	0.175	0.000	0.408	951.265
Nervous	Q3 2016	235	0.064	0.080	0.016	0.096	981.276
	Q4 2016	235	0.129	0.081	0.000	0.097	948.537
	Q1 2017	235	0.066	0.050	0.000	0.116	981.132
	Q2 2017	235	0.076	0.152	0.025	0.051	977.688
Other	Q3 2016	209	0.148	0.000	0.000	0.418	991.235
	Q4 2016	209	0.100	0.025	0.025	0.249	984.656
	Q1 2017	209	0.197	0.049	0.000	0.197	985.072
	Q2 2017	209	0.079	0.000	0.039	0.236	991.864

*Gastrointestinal (GI)
**Musculoskeletal (MSK)
Source: ASC-7 data submitted via QualityNet Secure Portal and Medicare FFS Claims.

Please note that all data are displayed as rate per 1,000 claims. Additionally, please note that for ASC-1, ASC-2, ASC-3, and ASC-4, lower rates indicate better performance, while higher rates indicate better performance for ASC-5.

For further information or questions about the ASCQR Program, please contact the ASCQR Program Support Contractor at 866.800.8756 weekdays from 7 a.m. to 6 p.m. Eastern Time (ET), or visit http://www.qualityreportingcenter.com.

ASC Measures

- Claims-Based Measures
  - ASC-1–Patient Burn
  - ASC-2–Patient Fall
  - ASC-3–Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
  - ASC-4–All-Cause Hospital Transfer/Admission
  - ASC-5–Prophylactic Intravenous (IV) Antibiotic Timing
- Web-Based Measures
  - ASC-6–Safe Surgery Checklist Use
  - ASC-7–ASC Facility Volume Data on Selected ASC Surgical Procedures
  - ASC-8–Influenza Vaccination Coverable among Healthcare Personnel
  - ASC-9–Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
  - ASC-10–Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps–Avoidance of Inappropriate Use

ASC Measure Reporting Information

Table A-1—Measure Reporting Information			
Measure	Encounter Period	Deadline	Payment Year Affected
ASC-1	January 1, 2016–December 31, 2016	Paid by the Medicare Administrative Contractor (MAC) by April 30, 2017	CY 2018
ASC-2	January 1, 2016–December 31, 2016	Paid by the Medicare Administrative Contractor (MAC) by April 30, 2017	CY 2018
ASC-3	January 1, 2016–December 31, 2016	Paid by the Medicare Administrative Contractor (MAC) by April 30, 2017	CY 2018
ASC-4	January 1, 2016–December 31, 2016	Paid by the Medicare Administrative Contractor (MAC) by April 30, 2017	CY 2018
ASC-5	January 1, 2016–December 31, 2016	Paid by the Medicare Administrative Contractor (MAC) by April 30, 2017	CY 2018
ASC-6	January 1, 2016–December 31, 2016	Submitted by August 15, 2017 via the QualityNet Secure Portal	CY 2018
ASC-7	January 1, 2016–December 31, 2016	Submitted by August 15, 2017 via the QualityNet Secure Portal	CY 2018

Table A-1—Measure Reporting Information			
Measure	**Encounter Period**	**Deadline**	**Payment Year Affected**
ASC-8	October 1, 2016–March 31, 2017	Submitted by May 15, 2017 via the National Healthcare Safety Network (NHSN)	CY 2018
ASC-9	January 1, 2016–December 31, 2016	Submitted by August 15, 2017 via the QualityNet Secure Portal	CY 2018
ASC-10	January 1, 2016–December 31, 2016	Submitted by August 15, 2017 via the QualityNet Secure Portal	CY 2018
QDC Rate (2017)	January 1, 2017–December 31, 2017	Paid by the MAC by April 30, 2018	CY 2019