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*Quality Reporting Center News Blast*

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Every discipline has its unique vocabulary and acronyms – the healthcare industry certainly swims in a sea of them. We thought it might be time to do a little jargon-busting to make sure our swim lanes are straight. Here's one of those frequently used terms that may need some clarification:

**Calendar year payment determination** – You see this phrase used in discussions about your ASC's annual payment update. The simplest explanation? The data you enter in one year are used by the Centers for Medicare & Medicaid Services (CMS) to make its decisions about the payment update your facility receives for the next year.

For example, the data for measures you entered into QualityNet by August 15, 2017 are part of CMS' decision-making process for the calendar year 2018 payment determination – the payment update your facility will receive in 2018. Remember that those decisions are based on your data entry; the ASC Quality Reporting Program is a pay-for-reporting program.

We'd like to address your jargon confusion. What terms are puzzling to you? If you have any suggestions about what jargon needs busting, please contact us by phone at 866.800.8756 or email us at <https://cms-ocsq.custhelp.com> with your ideas, and we'll take them on in a future edition of Qualit-e-Quips. Thanks in advance!