



Outpatient Quality Program Systems and Stakeholder Support Team

Ambulatory Surgical Center (ASC) Quality Reporting Program Open House 2024

Speakers

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**Karen
VanBourgondien**

Hello everyone. This is Karen VanBourgondien and I am joined today by Danielle Leffler. We want to thank you for accessing this webinar and we would like to welcome you to the CMS Ambulatory Surgical Center Quality Reporting Program. In this presentation we will discuss what you need to know and requirements you need to meet to be successful in your reporting for this program. As the support team we want you to know you can reach out to us by phone or by email at any time to help you be successful in your reporting. Our contact information will be given later and we're just a phone call away.

This presentation will provide the basics to the ASC Quality Reporting Program, the beginning steps for registration, as well as the steps for reporting your data. We will also provide access to the ASCQR (ASC Quality Reporting) Guide to Successful Reporting, and other documents to assist you throughout this presentation. As reporting in this program is required by CMS for most ASCs, the important message we want to communicate is that we're here for you, you are not alone, and we are here to support you and your success!

Let's start by reviewing the types of measures in the ASC Quality Reporting Program. First are the Web-based measures and these are submitted online via two distinct systems. The Hospital Quality Reporting (or HQR) system and the National Healthcare Safety Network (or NHSN). They are referenced as Web-based measures because each system has its own online site that you will submit your data into. Secondly, our Claims-based measures and these data are collected via paid Medicare claims. And what that means is that CMS gathers these data from the paid Medicare claims that meet the measure-specific criteria and these measures do not require manual abstraction or reporting on the part of the ASC. Next, are Survey measures. These data are collected via patient surveys. And this is a new category for this program, and we will be explaining this in a little bit more detail and giving examples of these measures – this measure - a little later in this presentation.

When looking at reporting requirements, you will hear some common terms. And the first term here is “reporting period.” The term “reporting period” is referring to the time frame from which data are being pulled, or otherwise known as patient encounter dates. A “submission period” is the time frame when you will report these data to CMS. The “payment determination year” is the year that your ASC will see a payment reflection for the data you collected and reported.

Let’s look at an example of these terms used in context with some of the reporting requirements; and this is for the calendar year 2024 reporting period for the 2026 payment determination year. For the web-based measures submitted into HQR, the reporting period runs from January 1st of 2024 to December 31st of 2024. As we discussed on the previous slide, this is the time frame from which data are being pulled, or your patient encounter period. The submission period runs from January 1st of 2025 to May 15th of 2025, and this is the time period where you will actually enter your collected data into the HQR system. Now notice for these measures you have five months to organize and enter these data into the HQR system. Next, the payment determination year is when your ASC will see a payment reflection for the data that you entered and submitted. A facility that does not submit data by the deadline will not meet the program requirements and you will incur a 2 percent point reduction in your 2026 Medicare payment update. And that would begin with January 1st, 2026, and run through the end of the year at December 31st, 2026. Notice, there are two years between the reporting period and the payment determination year.

Some other common terms associated with the ASC Quality Reporting Program are the proposed and final rule. So, let’s start with the proposed rule. Once a year, CMS reviews each quality program. And when this review is complete, CMS makes decisions on modifications to the programs such as maybe adding, updating, deleting existing regulations. We say regulations because this program has legislative and regulatory authority by federal law under the Department of Health and Human Services. Now during the proposed rule cycle, CMS does provide a

comment period in which the public can provide feedback on any of the proposals contained within the proposed rule. So, after considering public comments received by the close of the comment period, CMS finalizes their proposals and publishes a final regulation, which is referred to as the “final rule” and is published in the *Federal Register* with a scheduled effective date. So, it is this final rule that guides the ASC Quality Reporting Program and its requirements.

The ASCQR Successful Reporting Guide was created to support ASCs with reporting quality data to CMS and to provide detailed information you will need to be successful in your reporting. This guide is an excellent resource to reference throughout the reporting process.

To access the guide, you will navigate to our website which is qualityreportingcenter.com and the live link is right there at the top of the slide. And from the homepage, in the blue box for ASC on the far right, you will select “Tools and Resources.”

Once you select that tools and resources option, this will be your view. And you’ll notice many other resources here to help support you with the program. However, to access the ASC Successful Reporting Guide specifically, you are going to select the “New to Reporting” option.

Next, you will select the first link for “Successful Reporting in the ASCQR Program: A Step-by-Step Guide.” This is a PDF that we recommend you download or bookmark - that way you will always have it available for your reference. As we move through today’s presentation, we will reference the guide and will include associated page numbers on the bottom of the slides, where applicable.

At this point, you might be wondering who, what, why and how. So, you might be wondering who is required to report to the program? Or you might be wondering what specific requirements are included for reporting? You may even be wondering why facilities are required to

participate, and how do you participate? So, we will spend the next several slides clarifying the **who**, **what**, **why** and **how** of the ASCQR Program.

ASC's that have 240 or more Medicare claims in a reporting period are required to participate for the subsequent reporting period. This includes all program requirements - claims-based, web-based, and survey measures. So, for example: An ASC with 240 or more Medicare claims in calendar year 2023 would be required to submit 2024 data for the 2026 payment determination. And this information is summarized on page three of your Successful Guide.

Next, what is required for the ASC Quality Reporting Program, and specifically what is required to be reported into the HQR system, the Hospital Quality Reporting system. On this slide you will see a list of the web-based measures that are submitted annually into the HQR system. What you are looking at here is for the calendar year 2024 reporting period for the 2026 payment determination year. So, ASC-1 through ASC-14 are data that you collect and report annually for your ASC. To reiterate what we discussed a few slides back, for these measures, the reporting period is January 1st through December 31st of 2024. This is the timeline which you are collecting data, or the patient encounter period. You will then submit these data in the submission period, which is anytime between January 1st until May 15th, 2025, and this will affect your 2026 payment determination year of January 1st through December 31st, 2026. Please note that the ASC-11 measure is a voluntary measure. It is the only voluntary web-based measure in this program. As it is voluntary, you can choose to report data or not. If your ASC does report data for this measure, it will be publicly displayed.

What is required to be reported in the National Healthcare Safety Network, or NHSN? Well, ASC-20, the COVID-19 Vaccination Coverage Among Healthcare Personnel measure is the only web-based measure that is entered into the NHSN system for this program. You will collect and submit data for this measure quarterly, on or before each quarterly deadline to meet program requirements. You will submit one self-selected

week of data each month. So, here we see the 2024 reporting period and submission deadlines for the 2026 payment determination year.

Moving on to other measures that are required to be reported are the claims-based measures. That is ASC- 12, 17, 18, and 19. And here on the slide you are seeing these measures for the calendar year 2024 reporting period and again, for the 2026 payment determination. And as we talked about before, claims-based measure data are collected directly from paid Medicare claims for cases that meet measure criteria; they do not require manual abstraction or reporting. The CMS will provide claims-based measure reports called Facility Specific Reports, or FSRs, annually around October and ASCs can use the data to look for trends that would enhance the quality of care your ASC is providing to patients.

So, why is reporting required? So, if you are wondering why CMS requires facilities to report quality data, know that the intention of the program is to promote quality outcomes, safety, equity, and accessibility to care for all patients. The ASC Quality Reporting Program was authorized under the Medicare Improvement and Extension Act-Tax Relief and Health Care Act of 2006 and developed as a CMS pay-for-reporting program with the goal of informing stakeholders of quality improvement and beneficiary care decision-making regarding the ASC setting through the collection of quality measurement data and the public display of the reported data on a CMS-designated website. Data collected for the ASC Quality Reporting Program is made available to the public, which allows consumers to make more informed choices when selecting a facility. ASCs that do not meet the program requirements will incur a 2-percentage point reduction in their payment update for the applicable payment year.

The specifics on how you will collect measure data can be found in the ASC Quality Reporting Specifications Manual, available on the QualityNet website and we have linked this manual right here on the slide. From this initial page, you will select the version of the Specifications Manual specific to your reporting year. If unsure, simply review the

heading on the top of the selected manual, and this will identify the encounter period or the reporting period. The example shown here is 2024 Version 13.0 and that is the manual to be used for the 2024 reporting period. If you are to scroll down this page, you will see the different sections and you can click on a specific measure to view the measure information form, or guideline for how to collect your data.

So, looking at a measure information form, and each measure has its own measure information form, or MIF. The MIF will provide pertinent information about the measure. We won't have time to go through each measure, but we will just take a quick peek at one of them. Here we are viewing the MIF for ASC-1: Patient Burn. The description gives an overview of what each measure is collecting – what kind of data. In this partial view of the ASC-1 MIF, you will see that the measure captures the number of patients who experience a burn prior to discharge from the ASC, and it includes a denominator, numerator, and exclusions, as well as definitions and other information related to the measure. So, carefully review the measure information forms found in the specifications manual; it will provide you with the information you need to abstract and report data appropriately.

Ok, so now we have discussed the types of measures for the program, and we alluded to some ways that data are submitted. But let's review the reporting systems that you are going to use to submit web-based measures. And we are going to discuss the two types here.

To report required data to CMS, there are two separate web-based systems, each requiring registration and identity proofing for access. The two systems are the Hospital Quality Reporting, or HQR system, and the National Healthcare Safety Network, or NHSN system.

The first system we're going to talk about is the HQR system.

To access HQR, a designee must first establish credentials via HCQIS Access, Roles and Profile otherwise known as HARP. And we will be

providing these steps in the upcoming slides. It is with HARP credentials that designees will use to log in and request to be a Security Official (or SO) in HQR. The term SO is unique to the HQR system – this is the person that has administrative rights for reporting and reviewing data in HQR as well as granting others within your facility access. It is recommended that each facility have a minimum of two SOs; however, you would not request two at the same time. Establish one, who can then grant the other access. Remember, that measures reported in HQR are **annual** measures, meaning you need to abstract the data and enter them into the system once a year and we discussed those specific measures earlier in the presentation. So for the 2026 payment determination year, you're going to collect data on these web-based measures from January 1st through December 31st of 2024. Again, that is referred to as the reporting period. You are going to submit the collected data to the HQR system anytime from January 1st through May 15th, 2025, which is the submission period.

As we just summarized on the previous slide, step one of reporting data in the HQR system will begin with establishing credentials with HARP. HARP is a secure identity management portal provided by CMS. Designees will need credentials with HARP to access HQR. It is the key that allows you to access the HQR system. So to sign up for HARP, you're going to simply visit HARP.cms.gov and that link is right there at the top and on that initial page you're going to click on the "Sign-Up" link.

Once in HARP, follow the steps on the screen to complete your personal information, account information, and identity proofing, which is required, again, for secure access. This process will allow you to establish the HARP username and password that you will need to access the HQR system. If you experience any difficulty establishing your HARP credentials, please reach out to the CCSQ Service Center for assistance. And the email address and direct phone number is here on the slide.

So now you will have your HARP ID. Now you are ready to access the HQR system. With your new HARP credentials, you will log into the HQR system at HQR.cms.gov and that direct link is here on the top of this

slide. You will then enter your User ID and your password and select “Login.”

The next step to gain access to your facility in HQR will be to create an “Access Request” in HQR. From the HQR homepage, now that’s where you just logged in - this is the homepage once you use your HARP ID. In the upper right-hand corner, you will select “My Profile,” found under your name. Then you’re going to select the blue “Create Access Request” button.

ASCs should search by NPI and not your CMS Certification Number or CCN. To find your organization, you will enter your facility’s NPI in this search bar here.

If you are a new facility, your NPI may not be found and that’s okay. That’s expected; the system does not know you yet. So, if your facility NPI is not found, you will simply click on the blue “Create Access Request” link on the very bottom of that page.

And this will bring you to the registration form. And you will carefully complete the information requested on the form and list a point of contact. It’s very important to note that the organization point of contact is not you. It must be a person who will approve your request for access. So usually, this is the highest-level official of your facility. Once the form is complete, you will select “Submit Request.” The point of contact will then receive an email notification and from the system allowing them to approve your request to be the Security Official. This usually occurs through email. If your facility already has a Security Official and you are requesting to be an additional Security Official, the current Security Official can approve your access.

If, during this process, you see that there is a Security Official listed for your facility who is no longer with your organization, you will need to contact CCSQ by calling them directly and you can use this phone number on the slide and please select “Option 2.”

Okay, so now you have your HQR account established, and you are ready to submit your data. On the next few slides, we will show you how to access the system and enter your web-based measures into the HQR system. A point here is you will need to access this system about every 60 days to maintain your account. We don't want your account to be locked or cause you to start over. So, you don't have to do anything. Just log into the system about every 60 days; that keeps your account active.

So once again we're going to navigate to HQR.cms.gov and you're going to use your HARP credentials to log into the HQR system, and on the homepage of HQR, you're going to hover your cursor over the left side tool bar and it will expand and you will then select "Data Submissions."

Under "Web-based Measures" – that tab right there – you're going to select "Data Form." And then you're going to select "Launch Data Form" to open the application. The "File Upload" option next to Data Form requires the use of the approved CSV template. File Upload can be used by vendors or corporations submitting data for more than one ASC at a time.

So, once you selected that Launch Data Form, this will open the application where you will submit your facilities data. This is a partial view showing most of the measures. You will notice the yellow symbol and "Not Submitted." Once you submit your data that will change to a green checkmark and the word, Submitted, will be there. Next to each measure you will select "Start Measure." Once you click that "Start Measure" you can enter your data specific to that measure.

Once you do click on that Start Measure option, you will be able to enter your data. And to submit data for each measure, you're going to enter your Numerator and Denominator and then select "Submit." Facilities that do not have data for a required measure would simply select the box that you see at the top that says: "Please enter zeros for this measure as I have no data to submit." You are required to report data on all measures so if a

measure does not pertain to you, you must check that box. The system will then enter the zeros on your behalf. The only exception to that is ASC-11 and that is because ASC-11 is a voluntary measure.

Before we transition to the next reporting system, let's review just a few important reminders as it relates to the HQR system. Each facility should designate a minimum of two Security Officials in HQR, so there is always a backup at your facility to submit data should one of you not be available. Each new user will complete the same steps we outlined in previous slides. If there is a current SO and you are also requesting access, then that current SO will approve the access. All users must log into HQR at least every 60 days to keep the account active. So, measures that are submitted via the HQR system for the calendar year 2024 reporting period, which again is January 1 through December 31st, 2024. The submission period opens January 1st of 2025 and runs through May 15th, 2025. And again, you must submit your data by the submission deadline of May 15th at 11:59 p.m. PT. No data can be submitted after that time.

So, that covers the HQR system. And for discussion on the NHSN system specifically, let me hand things over to Danielle Leffler. Danielle?

Danielle Leffler: Thank you, Karen. Next, we will review the Center for Disease Control's National Healthcare Safety Network, or NHSN. This is the system you will report your facility's COVID-19 Vaccination Coverage Among Healthcare Personnel data, quarterly. There are similarities between HQR and NHSN access but some of the terms are different.

Just like you had to have a HARP account to access HQR, to access NHSN, a designee must register with Secure Access Management Services, or SAMS. For HQR, you had to have an SO. You need a similar access for NHSN. Each facility must have a designated Facility Administrator, or FA, for the NHSN system. For this system, there is only one FA, and it is strongly encouraged to add additional users for reporting data. Remember, NHSN is where you will report ASC-20: COVID-19 Vaccination Coverage Among Healthcare Personnel data for your facility,

quarterly. We discussed this back on slide 14. This is the only measure for this program that you will enter into the NHSN system. The first submission deadline for 2024 is August 15th which is for Quarter 1 data, which will include the months of January, February, and March of 2024. Notice you have approximately five months at the end of a quarter to submit your data in the NHSN system – but a best practice is to log in once a month and submit the required data. As we discussed earlier, you are only required to submit one self-selected week of data per month and submit that quarterly data by the deadline.

There are multiple starting points for registering and enrolling with NHSN. Before you begin, check your facility's enrollment status by calling the ASCQR Support Team to avoid unnecessary steps. If your ASC is already enrolled with NHSN, you will need to complete a Change NHSN Facility Administrator form. The direct link is here on this slide. If your ASC is not currently enrolled with NHSN, you will be required to first register using NHSN's enrollment process on the NHSN website and that is also on the slide. In the next few slides, we will demonstrate the registration and enrollment processes for facilities that are not already enrolled with NHSN.

To register your ASC with NHSN, you will click on the NHSN link here to be taken to NHSN's 5-Step Enrollment page for ASCs. You will scroll down the page and begin at Step 2 – register facility with NHSN. Click on the "Rules of Behavior" link.

You will review and agree to NHSN's rules of behavior, which will advance you to the next step of the process: the Facility Registration form.

You will be taken to the registration page. Any field with a red asterisk is a required field. You will fill in your personal information at the top. Be sure and use the same information as you move through the various registration and enrollment processes. For the Facility Identifier, you will select the box next to CCN, and then in the Selected Identifier ID field, you will enter your CCN. For Facility Type, you will select "AMB-

SURG-Outpatient Surgery Facility” and then you will select the “Submit” button. Within a few days, you will receive a welcome email from NHSN. The system will also generate a SAMS invite by email – usually a few days after the welcome email. Be sure to check your SPAM if you don’t receive these emails within a few days.

If you received an error message that says “Your CCN Won’t Validate,” double check to ensure you entered the CCN correctly. If the CCN is still not accepted, you will need to request an NHSN enrollment number by email to the address shown on this slide. In the subject line of your email, be sure to include “ASC Weekly COVID-19 Vaccinations, Requesting NHSN Enrollment Number.” In the body, include your facility’s name, practice address, CCN, and that you are requesting an NHSN enrollment number.

Please note that when you receive this NHSN enrollment number, it will expire within 30 days. So, it will be important that you complete the remaining steps of registration within that time frame. You will also need to take steps to add your facility’s CCN in the NHSN system once the enrollment process has been completed and you have access.

With your temporary NHSN enrollment number you will return to the registration page through the NHSN enrollment link. You will carefully complete the personal identification fields. Then, under “Facility Identifier” you will select the “CDC Registration ID” option and enter your temporary NHSN enrollment number in the “Selected Identifier” field. Again, select “AMB-SURG – Outpatient Surgery Facility,” and then select “Submit.”

Once you have hit “Submit,” you will be sent two emails, generally within a few days. The first one is a confirmation welcoming you to NHSN. Next, you will receive an email from a SAMS no reply – typically within two business days after your first email from NHSN. This email will contain your assigned SAMS username and temporary password. This invitation is only valid for 30 days.

Once you have your assigned username and temporary password email from SAMS, you will log into the SAMS system. Using Chrome, the preferred browser, go to SAMS.cdc.gov. Log in using your assigned username and temporary password from the SAMS email. This information will be entered in the first column, under External Partners and SAMS credentials. Make sure you type your temporary password in as the “copy & paste” feature will not work from the email to the login screen. This will take you to the SAMS registration page.

Be sure to read and then follow all of the onscreen instructions for SAMS registration. The name and address you provide must match your legal name and address on your government ID, like your driver's license for example, for identity verification purposes. The email address you provide must match the email address you provided when registering your facility with NHSN initially. You will be required to change your password, accept the SAMS Rules of Behavior (yes, this is a different set of rules and behavior than discussed earlier) and establish five security questions.

Approximately two days after you finish SAMS online registration, you will receive an email to complete identity verification, which may be accomplished in one of two ways. The first option is completed online with Experian Precise ID Check, which takes about 10 to 15 minutes. The second option is completed through notarized document submission, which may take up to six weeks. It is important to note how much time you have before the next submission deadline – document submission may not be a good option. It is important again to note that the email you provide SAMS during this process must match the email provided when you registered your facility with NHSN. Remember to check your SPAM folder if you don't receive this within 2-3 business days. After identity verification is complete, you will move to the next phase of SAMS set up, which is establishing your multi-factor authenticator.

Once your identity verification is approved, you will receive an email from SAMS with a subject that reads: U.S. Centers for Disease Control:

SAMS Partner Portal – SAMS Activity Authorization. For security, accessing NHSN via SAMS requires the use of a multi-factor authentication process or “token” to log in. This is like a second layer of authentication on top of your password. The token is available in two forms. A soft token, which requires installation of the Entrust Identity app on your mobile phone, tablet, or computer. This will provide immediate access to your NHSN account. The second form is a hard token, which is a physical Entrust Identity grid card that is mailed to the home address associated with your SAMS profile. This option may take up to six weeks. Again, it is important to note how much time you have before the next submission deadline – document submission may not be a good option. You can request both soft token and hard token if you choose. In the next several slides, we will walk you through the process of setting up a soft token, should you choose to use that option. This is the preferred option.

To begin soft token set up, you will click on the link provided in the SAMS email and log into SAMS.cdc.gov. You will be prompted to answer the security questions that you previously established when registering with SAMS.

Here, we will walk you through set up on a mobile device such as a tablet or cell phone. You may also download the Entrust app on the same computer that you use to submit data if that is more convenient. Setup is very similar for both. First, you will need to install the Entrust Identity Soft Token app on your preferred device. Once successfully downloaded, you will choose the option to “Scan the QR Code from your identity provider” option. The connecting QR code will eventually appear on your computer in the SAMS set up portal.

To continue to soft token set up on a cell phone or tablet, an alert will display: “[Identity] Would Like to Access the Camera for QR code scanning and facial unlock” and you will select “OK” to allow access to your camera, which will be used to scan the QR code that is generated. Once selecting OK, you will set your device aside and return to your computer, which should still be logged into SAMS.

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On your computer screen in the SAMS portal, located under “Second Factor Self-Administration,” select “Setup an Entrust soft token.”

You will then confirm your selection by selecting “Yes” to the question: “Do you want to get a soft token for second factor authentication?”

The “Soft Token” screen will display; you will select “Yes” to confirm that you have already installed the Entrust Identity application.

Under “Entrust Identity or Desktop Soft Token Activation Options,” select Option 1, “I want to activate a soft token identity on a mobile device using a QR Code” and then select “Next.”

Using the camera on your mobile device, you will scan the QR code displayed on your computer screen. If setting up a token using the app on your computer, you will follow the directions provided on the screen to complete this process.

You will then be prompted to set up a four-digit PIN number on your device. Enter your chosen PIN.

You will then be prompted to enter your newly established PIN number twice on your chosen device. You will want to record this PIN for future use as you will need it anytime you access the Entrust Identity Soft Token app.

At this point, you will return to your computer which is still logged into the SAMS portal and select “Next.”

Your chosen device will now display a code or “token,” which will change every 60 seconds. You will have to enter that code into the system when logging in. The window will remain active for three minutes.

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On your computer which is still logged into the SAMS portal, you will select “OK” under “New Soft Token Creation.” You will then log out of the SAMS portal so that you can log in securely using your newly established soft token.

Your Authentication is complete. Now you will navigate back to SAMS.cdc.gov and select “Login” under the SAMS Multi-factor Login side of the External Partners window. A new screen will open, and you will enter your SAMS username, which is your email address and the SAMS password you chose during the SAMS registration process. Select “Login.”

And then retrieve and enter your token response from the device you chose to put your Entrust application on. Don’t worry if you don’t get the token in during the countdown provided – another token will be generated every 60 seconds. Now, we will complete the Facility Enrollment Process with NHSN, if needed, for those facilities not previously enrolled.

Once logged in, you will select “NHSN Enrollment” under “My Applications.” If your facility is already enrolled with NHSN, you would skip these enrollment steps and click on “NHSN Reporting” when you are ready to submit data.

Select the blue “Enroll a Facility” link, which will prompt a pop-up box recommending you print a copy of the enrollment forms. It will also state you should not fill out the enrollment forms if your facility is already enrolled. So, for our purposes today, we are showing you what to do if you are not enrolled yet. You will select “OK” for this question.

This will bring you to the facility information form and you will complete all requested fields on the form for your facility. If you are registered using your facility’s CCN, select “CCN” and “CCN Effective Date,” which is your ASC’s Medicare Acceptance Date. If you don’t know this, you can call the ASCQR Support Team, and we may be able to look that information up for you. You can also find this information on your CMS

certification letter that your facility received when your ASC opened, indicating you could begin billing Medicare at this date. If you had to request an NHSN Temporary Enrollment Number when you initially began the registration process, you will use that temporary number on this page as your Facility Identifier. To do so, place a checkmark in each of the three “Not Applicable” boxes located next to AHA ID, CMS CCN and VA Station Code. This will prompt the Enrollment Number field to appear onscreen. You will then enter your NHSN temporary enrollment number in that box. Remember, your NHSN enrollment number is only good for 30 days from the time it is issued, so you will want to complete these steps within that time frame.

Next, on the enrollment form, under “Facility Type,” you will select “AMB-SURG - Outpatient Surgery Facility.” Under “NHSN Components,” select “Healthcare Personnel Safety,” which is the component that allows COVID-19 Vaccination Coverage reporting. For the NHSN Facility Administrator section, you will use your name, the person requesting to be the Facility Administrator in NHSN. This is not the ASC’s administrator. At the bottom of the form, enter your user ID, which is the first letter of your first name followed by your entire last name, with no spaces.

You will complete required fields on each page of the NHSN enrollment form. Check the blue copy from Facility Administrator option for ease of copying and pasting information. Once you have completed the entire form, you will select “Submit.” You will be taken into a surveys page, and if you have an active survey available, you will need to complete the survey to finish the enrollment process. If there is no active survey, you can select “Submit” to complete enrollment process at this time. Once completed you will get a “Congratulations!” pop-up, indicating that your facility has been successfully enrolled. At this point, you can exit the application.

To log into NHSN after enrollment is complete, you will follow the same steps for login as we previously covered. Navigate to SAMS.cdc.gov and

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select “Login” under the SAMS Multi-factor Login side of the External Partners window. Enter your SAMS Username, which is your email address and the SAMS Password you chose during the SAMS registration process. Select “Login” and then retrieve and enter your token response from the device you chose to put your Entrust application on.

Next you will need to activate your facility. This time you will select the “NHSN Reporting” link.

On the NHSN landing page under “Select component” you will choose “Healthcare Personnel Safety” from the drop-down menu. Under “facility/group,” you will select your ASC from the drop-down options and then click “Submit.”

To use the NHSN system, you will need to sign the Agreement to Participate and Consent form. Click on the “OK” box that will initially display on the screen. After you scroll through the document, you will check the box under Accept and then select “Submit.” Once you complete this, your facility will be activated, and you can start reporting.

Okay, you are up and running! Data are sent to CMS by facility CCN, so you definitely want to make sure your CCN is in the system. If you enrolled your facility with an NHSN enrollment number, you must manually enter your facility’s CCN into the NHSN system. This is a very important step, as that is how your data is sent to CMS - by facility CCN.

You will log into NHSN and navigate to your Healthcare Personnel Safety landing page. Select “Facility” from the blue tabs on the left of the landing page and then select “Facility Info” from the drop-down menu.

That will take you to the Edit Facility Information page. We are only showing you part of that page here. So, if your CCN is not in the system, you will select “Edit CCN” on the right side of the page.

This top image will display. You will select “Add Row” and a box will open underneath, which you see in the second image. You will then, manually enter your facility’s 10-digit CCN along with the Effective Date. Ensure that you use a Capital C for the third digit of your CCN. And note the effective date is **not** today’s date, but the date CMS issued your facility’s CCN number. Click “Save” when you are done, and you will receive a pop-up that verifies your CCN has been successfully added.

When you have your facility enrolled and you are ready to submit data, you can follow the steps provided on the next few slides to submit your quarterly COVID-19 Vaccination Coverage data in the National Healthcare Safety Network.

Navigate to SAMS.cdc.gov and log in under SAMS Multi-factor Login. Select the “NHSN Reporting” link.

On the NHSN landing page under “Select component” you will choose “Healthcare Personnel Safety” from the drop-down menu. Under “facility/group,” you will select your ASC from the drop-down options and then click “Submit.”

This will take you to the NHSN Healthcare Personnel Safety Component Home Page. From the light blue tabs on the left-hand side of the page, select “Vaccination Summary.” The menu on the right will open and you will select “COVID-19 Vaccination Weekly Summary.”

You will see a calendar page with tan-colored bars under each week. In the upper left-hand corner, there is a small calendar with black arrows on either side. Use the arrow to move to the month you want to report data for. The ASCQR Program requires ASCs to report data for one self-selected week of each month. For NHSN, the week begins on a Monday and ends on a Sunday. So, for Quarter 1 of 2024, you will report one week for January, one week for February, and one week for March. Ensure the week that you are reporting ends in the month you are intending to report data for.

To further clarify this point, always ensure that your one self-selected week each month ends in the month you are intending to report. So, if you choose the first or last week of a month, make sure that week begins and ends in the same month and is in the month you are intending to report. If you are entering data at the end of February, as in our example here, you can see that the week begins in February but ends in March. Therefore, any data that you submit for that week would be applied to the month of March because that is the month that the week ends. Because you do not want to take the chance of your data being applied to a month you did not intend using, the second or third week of the month works well and avoids this issue. At the bottom of the slide here you will find a link to the CDC's most up to date guidance for COVID Vaccination reporting.

We have talked a few times about having more than one person available to report data. For the NHSN system, because there is only one Facility Administrator, a best practice is to add additional users in NHSN so there is always a backup at your facility to submit required data should you incur a change in staff, or other circumstance. In the next few slides, we will provide the simple steps your NHSN Facility Administrator can take to add users in the system.

Start by logging into NHSN through the SAMS secure portal at SAMS.cdc.gov, and as before, you will choose "NHSN Reporting." From the Healthcare Personnel Safety Page, you will select the "Users" tab, then select "Add" from the drop-down menu.

The Facility Administrator will assign the new user a User ID, using any combination of letters and/or numbers, up to 32 characters. A good practice is to make the username the first letter of the first name, followed by the entire last name, with no spaces. You will also provide a first and last name, phone number and email address for the new user. When the FA has completed the form, you will select "Save." Each new user will receive an email requiring them to agree to the Rules of Behavior. Then, they will receive an invitation via email to register with the SAMS Partner

Portal if they don't already have a SAMS account. The users will need to register with SAMS and obtain their own SAMS User ID and multi-authentication token to access the facility in NHSN.

Users can be assigned varying levels of rights within NHSN. Users who need access to enter data, analyze data, or add new users should be granted "All Rights."

Your Facility Administrator and any users will want to log in at least every 60 days to keep the account active. The ASC-20: COVID-19 Vaccination Coverage Among Healthcare Personnel data are due quarterly, with the first submission deadline for calendar year 2024 reporting period being August 15th, 2024. Your system is open all year, so a good practice is to log in at the end of each month and report your selected week.

That is all for NHSN, so at this time I can pass it back to Karen. Karen?

Karen

VanBourgondien: Thank you, Danielle. As a new measure in the ASCQR Program, CMS has initiated the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems, or OAS CAHPS Survey for short, and this measure is designated to measure patient experiences with care received from Medicare-certified hospital outpatient departments and ambulatory surgical centers. It is not part of our required measures right now as we discussed earlier in the presentation because it begins with voluntary reporting, and I'll get to that in just a minute.

Data for the OAS CAHPS is collected via a CMS-approved survey vendor. These vendors will administer the survey on behalf of your ASC and submit the data to CMS. You cannot collect this data yourself at your ASC. You will have to select an approved vendor from the CMS list and contract with that vendor to complete your surveys for this measure. Voluntary reporting for this measure begins this year in the 2024 reporting period and that will be for the 2026 payment determination. Mandatory reporting will begin in the calendar year 2025 reporting period and that

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would be for the 2027 payment determination. Certainly, for more information on the OAS CAHPS measure, including a list of CMS-approved vendors, please visit the OASCAHPS.org website and the direct link is available here on the bottom of this slide.

You have several resources available to assist you with successful reporting in the ASC Quality Reporting Program. And as we've said before during this presentation, you are not alone!

For assistance at any point during the year, you can reach out to the ASC Quality Reporting Program Support Team. We are available Monday through Friday from 7 a.m. to 6 p.m. Eastern Time. We're always happy to answer questions, provide guidance, or support you on one-on-one assistance. We can help you set up accounts, report data, really whatever you need. You'll find a complete list of resources for this program beginning on page 16 of your ASC Quality Reporting Program Successful Guide.

An important step you will want to take today is to sign up, if you haven't already, for the ASC Quality Reporting Program email updates. And this will help keep you informed of news, updates, deadlines, educational webinars related to the Program – all kinds of information and it really only takes just a couple of minutes to sign up! So, when you are ready to do that, you are going to click on the “Email Updates” here at the top of the slide. This will take you directly to the registration page of *QualityNet* and on that page under the "Public Lists" that tab, if you scroll down to the third box titled “Quality Reporting” you would just place a check in the box next to “ASCQR Notify: Ambulatory Surgical Centers Quality Reporting Program Notifications”- you just click on that box and hit “Submit” and you'll then begin receiving up-to-date information about the program by email. So really all you have to do is put in your name and email and click that box and you're ready to go.

The Quality Reporting Center website is also a resource for you, and you can access all kinds of information about reporting requirements, training

materials, and helpful data; you can look-up to see if your data has been submitted. There's just so many resources. And that website is at the very top. Also available is CMS's QualityNet website, and you'll find up-to-date news, information on quality reporting as well as a plethora of additional resources for support and guidance, including the Specifications Manual which we discussed earlier in the presentation. And that again is on *QualityNet*. Here we also have the CCSQ Service Center those are the folks you'll get in touch with, with any technical issues you have with data submission.

QualityNet hosts a wonderful Question and Answer tool that is available to you 24 hours a day, should you have questions. The title on this slide is actually the link to that tool. Within this tool, you can easily browse existing articles related to quality reporting, view frequently asked questions about the ASC Program or submit a specific question that you might have.

So, there are a lot of webinars that we provide. And we provide details on topics we covered today, and much more. You can access any archived events on our website, qualityreportingcenter.com. We also have provided a link to NHSN's Key Terms document that reflects the COVID-19 vaccination guidelines. There is also a link to additional resources found on the NHSN website to assist you in your reporting of the ASC-20 measure.

At this time, we would like to thank you for joining us today and although this is not our usual live webinar, if you do have a question, please enter it into that QualityNet Question and Answer tool that we just discussed, and we can respond to any question that you have via email. Thanks for joining us and we look forward to seeing you next time.