

Successful Reporting in the ASCQR Program

ASCQR PROGRAM REQUIREMENTS SUMMARY

Welcome to the Ambulatory Surgical Center Quality Reporting (ASCQR) Program! Participating in this quality program allows you to showcase the high standard of care and performance your facility provides to the Ambulatory Surgical Center (ASC) community. The information in this document will outline the program requirements and the tools needed to ensure your facility succeeds.

ASCs are paid by Medicare under Part B Fee-for-Service (FFS). ASCs that do not meet ASCQR Program requirements may receive a reduction of 2.0 percentage points in their payment update for the applicable payment year. Eligible ASCs that meet program requirements will not be penalized under the ASCQR Program and will receive their full Medicare payment update. ASCs below the claims threshold are not penalized while not having to participate.

This program reference guide is your resource for meeting the ASCQR program requirements. Our goal is your success!

Any data submitted for the ASCQR Program may be made publicly available after the Centers for Medicare & Medicaid Services (CMS) provides ASCs with an opportunity to review the data. ASCs will have approximately 30 days during the preview period to review their data before the data are published. This preview period does not serve as a correction period. More information on the public reporting requirements is available at 42 CFR 416.315.

Eligible ASCs are to follow program requirements as finalized in applicable rulemaking documents, usually the Outpatient Prospective Payment System/Ambulatory Surgical Center (OPPS/ASC) Final Rule with Comment Period, published in the *Federal Register*. ASCs that do not follow these requirements may incur a payment penalty. The most recent changes to requirements are available at <https://www.govinfo.gov/content/pkg/FR-2021-11-16/pdf/2021-24011.pdf> beginning on page 418. Requirements from the final rule to-date are included in this document.

Claims Threshold

ASCs that have fewer than 240 Medicare claims (primary plus secondary payer) per year during a reporting period for a payment determination year are not 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 measures and measure data entered via a web-based tool. For example, an ASC with fewer than 240 Medicare claims in 2020 would not be required to submit 2021 data for the calendar year (CY) 2023 payment determination.

ASCs Newly Designated as Open

Administrative requirements apply to all ASCs designated as operating in the CMS Certification and Survey Provider Enhanced Reporting (CASPER) system, Medicare's database for survey and certification purposes, four months prior to January 1 of the data collection period. 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. For example, if an ASC is designated as newly operating on October 17, 2020, the ASC would begin collecting data in calendar year 2022 for the calendar year 2024 payment determination. The ASCQR Program Measure Set for the CY 2024 Payment Determination can be found below.

Program Support

ASCs can contact the ASCQR Program Support Team with questions regarding program requirements. Contact the ASCQR Program Support Team by email using the [QualityNet Q&A \(Question & Answer\) Tool](#) or by telephone at **866.800.8756**.

ASCQR Reference Checklist

Mandatory Steps for ASCQR Program Participation

CMS has established the following requirements for participation in the ASCQR Program and for receipt of the applicable CY's payment update. The ASCQR Specifications Manual, QualityNet User Guide, and Security Official (SO) registration forms referenced below are available on the QualityNet website (<https://qualitynet.cms.gov>).

NOTE: If your ASC has no data to submit, then the attestation must be completed, or zeros must be submitted. If any measure is left blank (with the exclusion of ASC 11), your ASC has not met the ASC program requirements for the applicable payment determination year.

For the CY 2023 Payment Update (based on the January 1, 2021, through December 31, 2021, reporting period):

- Collect data to be submitted via a web-based tool to CMS (ASC-9, -13, and -14) and submit these data, either directly or through an ASC agent, via CMS' Hospital Quality Reporting (HQR) system as directed. See <https://qualitynet.cms.gov> for registration information, reporting dates, and submission guidelines. To submit data for these measures and access reports, the ASC must have an active SO registered with HQR. The deadline for submitting these measures is **May 16, 2022**.

For the CY 2024 Payment Update (based on the January 1, 2022, through December 31, 2022, reporting period):

- Collect data to be submitted via a web-based tool to CMS (ASC-9, -13, and -14) and submit these data, either directly or through an ASC agent, via HQR as directed. Reporting dates are available on p. 6, and submission guidelines documented in the Specifications Manual, version 11.0. Deadlines are subject to change and should be verified on <https://qualitynet.cms.gov>. To submit data for these measures and access reports, the ASC must have an active SO registered with HQR. The deadline for submitting these measures is **May 15, 2023**.
- Collect data to be submitted via National Healthcare Safety Network (NHSN) web-based tool to CMS (ASC-20 COVID-19 Vaccination Coverage for Healthcare Personnel (HCP) measure). Data are reported quarterly through the Centers for Disease Control and Prevention (CDC) NHSN website at: <https://www.cdc.gov/nhsn/datastat/index.html>. To submit data for this measure, the ASC must have an active Facility Administrator registered with Secure Access Management Services (SAMS) to access the NHSN web-based data submission tool.

Note: ASCs may voluntarily submit data for CY 2022 and CY 2023 for **ASC-11**, but will not be subject to a payment reduction with respect to this measure during the voluntary reporting period. **ASC-12, ASC-17, ASC-18, and ASC-19** are calculated from paid Medicare FFS claims; no additional data submission is required from the ASC for these measures.

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 and are applicable to any and all facilities billing under this NPI.

Withdrawing from the ASCQR Program

Submitting any quality measure data 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 submitting a withdrawal form to CMS. Specific instructions on how to withdraw and the withdrawal form can be found on <https://qualitynet.cms.gov>.

Note: Withdrawal from the ASCQR Program will not prevent the ASC from receiving a 2.0 percentage point reduction in their payment update for the applicable payment determination year and in fact will cause the ASC to receive a payment penalty for this and subsequent years.

The measures for the CY 2023 payment determination year and the CY 2024 payment determination year are listed on pages 5 and 6 of this document. Unless these measures are removed, suspended, or replaced, the measures are retained from one CY payment determination to the next. This means that measures adopted for a previous payment determination year are retained for subsequent payment determination years (42 CFR 416.320).

The measure listings that follow for the CY 2023 payment determination year and the CY 2024 payment determination year are presented on individual pages for use as a reference.

ASCQR MEASURES AND DATES

CY 2021 Reporting Period/CY 2023 Payment Determination

The chart below summarizes the Ambulatory Surgical Center Measure Reporting dates as outlined in the Specifications Manual v.10.0a. Deadlines are subject to change and should be verified on <https://qualitynet.cms.gov>.

CY 2023 PAYMENT DETERMINATION YEAR			
Number	Outcome Claims-Based Measure	Reporting Period	
ASC-12	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	January 1, 2019 - December 31, 2021	
ASC-17	Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures	January 1, 2020 - December 31, 2021	
ASC-18	Hospital Visits after Urology Ambulatory Surgical Center Procedures	January 1, 2020 - December 31, 2021	
Number	Measures Submitted via a Web-based Tool	Reporting Period	Submission Period
ASC-9	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	January 1, 2021– December 31, 2021	January 1, 2022 – May 16, 2022
ASC-11	Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery (Voluntary)*	January 1, 2021– December 31, 2021	January 1, 2022 – May 16, 2022
ASC-13	Normothermia	January 1, 2021– December 31, 2021	January 1, 2022 – May 16, 2022
ASC-14	Unplanned Anterior Vitrectomy	January 1, 2021– December 31, 2021	January 1, 2022 – May 16, 2022

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

ASCQR MEASURES AND DATES

CY 2022 Reporting Period/CY 2024 Payment Determination

The chart below summarizes the Ambulatory Surgical Center Measure Reporting dates as outlined in the Specifications Manual v.11.0. Deadlines are subject to change and should be verified on <https://qualitynet.cms.gov>.

CY 2024 PAYMENT DETERMINATION YEAR			
Number	Outcome Claims-Based Measure	Reporting Period	
ASC-12	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	January 1, 2020 - December 31, 2022	
ASC-17	Hospital Visits after Orthopedic Ambulatory Surgical Center (ASC) Procedures	January 1, 2021 - December 31, 2022	
ASC-18	Hospital Visits after Urology Ambulatory Surgical Center Procedures	January 1, 2021 - December 31, 2022	
ASC-19	Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers	January 1, 2021 - December 31, 2022	
Number	Measures Submitted via a Web-based Tool	Reporting Period	Submission Period
ASC-9	Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	January 1, 2022 – December 31, 2022	January 1, 2023 – May 15, 2023
ASC-11*	Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery (Voluntary)*	January 1, 2022 – December 31, 2022	January 1, 2023 – May 15, 2023
ASC-13	Normothermia	January 1, 2022 – December 31, 2022	January 1, 2023 – May 15, 2023
ASC-14	Unplanned Anterior Vitrectomy	January 1, 2022 – December 31, 2022	January 1, 2023 – May 15, 2023
ASC-20	COVID-19 Vaccination Coverage Among Health Care Personnel	Q1 2022: Jan 1, 2022 – Mar 31, 2022	Q1: August 15, 2022
		Q2 2022: Apr 1, 2022 – Jun 30, 2022	Q2: November 15, 2022
		Q3 2022: Jul 1, 2022 – Sep 30, 2022	Q3: February 15, 2023
		Q4 2022: Oct 1, 2022 – Dec 31, 2022	Q4: May 15, 2023

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

HQR REGISTRATION

All users requesting access to CMS' Hospital Quality Reporting (HQR) system must be individually approved and verified. ASCs should start the process of creating their HCQIS Access Roles and Profile (HARP) account and requesting access to their facility in HQR at least six weeks prior to any quality measure data submission deadline for the ASCQR Program. This mandatory registration process is required to maintain the confidentiality and security of healthcare information and data transmitted via HQR. Please consult the QualityNet website at <https://qualitynet.cms.gov> for more information about security requirements for this process.

Security Official (SO) Registration Process

The HQR Security Official (SO) of a facility facilitates the registration and account management process for other users at the organization via HQR, can submit data via the web-based tool, and access secure reports in Managed File Transfer (MFT). ASCs should have more than one SO and are strongly urged to maintain the active status of another SO that is in an administrative position less likely to fluctuate. Each facility with a unique NPI must have a SO, but a single SO may be associated with multiple facilities.

To register:

- Enter your HARP credentials and login to the HQR system at <https://hqr.cms.gov/>. If you do not have a HARP account visit <https://harp.cms.gov>.
- In the upper right corner of the screen select "Your Name" and **My Profile**
- Click on Create Access Request
- Search for your Organization by typing the National Provider Identifier (NPI) into the Organization Search bar.
- If your organization is not found, select **Create Access Request**, and submit the form.
- If your organization is found, click on the name of the Organization.
- Select Security Official and click Continue.
- When completing the SO Request, ensure that you provide an Organization Point-of-Contact that is not yourself.
- Review the SO request and select **Submit**.
- Once the request has been approved, you will receive a confirmation email.

If you encounter issues requesting access or have questions about using this new online process, please contact the QualityNet Service Center at 866-288-8912 or qnetsupport@hcqis.org for assistance.

Data Submitted Via the HQR Web-Based Tool

To meet program requirements for web-based measures, facilities should note the following:

- Data for measures submitted via a web-based tool for the CY 2021 reporting period (ASC-9, -13, and -14) must be submitted to CMS via HQR during the submission period ending May 16, 2022.
- All files and data exchanged with CMS via HQR are encrypted during transmission and stored in an encrypted format until the recipient downloads the data. The HQR website meets all current Health Insurance Portability and Accountability Act (HIPAA) requirements.
- ASCs must have an active Security Official (SO) registered for their facility's NPI to submit data via HQR and to access reports. Registration information can be found on the next page of this document or at the [HQR](#) section of the QualityNet website.
- ASCs may voluntarily submit data for ASC-11, but will not be subject to a payment reduction with respect to this measure.
- Submission instructions:

ASCs will submit data via HQR <https://hqr.cms.gov/>, an online tool available to authorized users. After logging into HQR:

1. Select **Data Submission** from the left side screen Lock Menu.
2. Select Data Form.
3. Select **Launch Data Form** to open the submission application.
4. Select **Start Measures** to enter data.
5. Enter data for a measure and then select the **Save and Return** icon. Repeat this process for each required measure until all required data is complete.
Note: Facilities that do not have data for a required measure should select the checkbox marked: **Please enter zeros for this measure, as I have no data to submit.**
6. Select the **I'm ready to submit** dial at the bottom of the page. The **All Measures Successfully Submitted** screen will display, and the data submission process is complete.
 - The dial will remain grayed out until all required measures are completed. The dial will turn blue when all required measures are completed.
 - Data are not recognized as officially submitted until the **I'm ready to submit** icon is selected and the **All Measures Successfully Submitted** screen displays.

7. Select “edit” to view or update previously submitted measure data. Once data is viewed or edited, select the **I’m ready to submit icon** again. Failure to do so will cause data to be removed from the submission file and may result in your ASC failing to meet the program requirements.

The **File Upload** option is a new feature and requires the use of the approved CSV template. File upload may be used by vendors or corporations submitting data for more than one ASC at the same time.

Data Submitted Via the NHSN Web-Based Tool

Registration and measure requirements can be found at:
<https://www.cdc.gov/nhsn/index.html>

Data submitted Via Medicare Fee-for-Service (FFS) Claims

For information on the claims-based outcome measures ASC-12, ASC-17, ASC-18, and ASC-19, please see the [Resources page](#) available on <https://qualitynet.cms.gov/>. No additional data submission is required. Data for these measures are collected via paid Medicare FFS claims.

PUBLIC REPORTING AND RECONSIDERATION

Public Reporting

ASCs reimbursed under Medicare Part B FFS are required to meet data reporting requirements to receive their full payment update. 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 approximately 30 days 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 payment update. The reconsideration process is explained and all necessary forms are available on the [QualityNet](#) website. Codified procedural rules that govern the ASCQR Program reconsiderations can be found at 42 CFR 416.330.

RESOURCES

ASC Quality Reporting Program Support Team

As the ASCQR Program Support Team, Health Services Advisory Group (HSAG) supports activities under the ASCQR Program, including providing technical support and feedback to assist ASCs with quality data reporting.

- **ASCQR Program Support Team**

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, and deadlines.

- **ASC 101**

- This page includes links to essential information for those new to quality reporting for ASCs.

- **Lookup Tools**

- This page allows access to databases that will provide the CCN associated with an ASC's NPI, the status of web-based measure data submitted, and the availability of data reports for other measures on QualityNet.

QualityNet

<https://qualitynet.cms.gov>

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**

866.288.8912

qnetsupport@hcqis.org

- **ASCQR QualityNet Mailer**

<https://www.qualitynet.org/listserv-signup>

Email notices are sent via the QualityNet Mailer system. 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.

ASCOR Questions/Answers

https://cmsqualitysupport.service-now.com/qnet_qa

The ASCQR Program Support Team maintains the ASCQR Questions and Answers database, which allows users to ask questions, obtain responses from all resolved questions, and search by keywords or phrases.

CMS

www.cms.gov

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.

- **ASCQR Program**

<https://data.cms.gov/provider-data/>