

# Ambulatory Surgical Center Quality Reporting (ASCQR) Program

## Frequently Asked Questions About the ASCQR Program

- 1. Where can I find information on how to begin reporting for the ASCQR Program?** Visit the Quality Reporting Center website and download “[Successful Reporting in the ASCQR Program.](#)”
- 2. Why do I need a Security Official (SO) in the Hospital Quality Reporting (HQR) system?**  
ASCs submitting data via the HQR system (or using a corporate vendor or third-party agent to submit data on their behalf) are required to designate an SO. It is highly recommended that each facility has at least two SOs. The HQR SO facilitates the registration process for other users at the organization. Having an SO also allows the facility to have a secure point of contact for CMS quality reporting and to receive data reports for tracking the facility’s performance.
- 3. Why do I need to keep my HQR account active?**  
To avoid your accounts being locked out, you must log into the National Healthcare Safety Network (NHSN) system once every 60 days and HQR once every 90 days to keep your accounts "active."
- 4. Where do I find steps to add another SO?**  
The individual will first need a Health Care Quality Information System (HCQIS) Access Roles and Profile (HARP) account. Once a HARP account is established, log into the [HQR system](#), and click on the *Create Access Request* button.
- 5. What do I need to do meet the program requirements for the claims-based measure ASC-12?\***  
Data for this measure are collected via paid Medicare Fee-for-Service (FFS) claims. No additional data submission is required.
- 6. What is a CCN?**  
A CMS Certification Number, or CCN, is established by the Centers for Medicare & Medicaid Services (CMS) for each facility and designates the facility as a CMS-certified ASC.  
An ASC CCN is an alphanumeric 10-digit number—the first two digits represent the state’s number, and the first letter is a “C.” For example, an ASC in Florida would have a CCN beginning with “10C000xxxx.”
- 7. If an ASC does not have Medicare claims or has few claims, is it required to participate in the program?**  
No. ASCs with fewer than 240 Medicare claims (Medicare primary and secondary payer) per year during an annual reporting period are not required to participate in the ASCQR Program for the **subsequent** payment determination year.
- 8. What are the minimum requirements to participate in the ASCQR Program?**  
To receive the full payment update for the calendar year (CY) 2025 Payment Determination, an ASC must complete the following:
  - 1) Submit data for web-based measures ASC-1, -2, -3, -4, -9, -11, -13, and -14\* in the HQR system by May 15, 2024. Submission of ASC-11 is voluntary.

- 2) Submit data for ASC-20\* in the NHSN system via the SAMS Secure Portal. The first submission deadline for Quarter 1 is August 15, 2023.

More detailed information on the ASCQR Program and measures can be found on [QualityNet](#).

**9. What if I miss the deadline for submitting a web-based measure?**

If your facility misses the deadline for submitting any of the web-based measures, it will have failed to meet one of the program requirements and may be subject to a 2-percent reduction in its payment update.

**10. When will our facility receive notification that we passed or failed the CY 2024 payment determination?**

Each facility will be notified about CMS' decision promptly after the determinations are finalized in the fall of 2023.

**11. How may an ASC request that CMS change its decision about the facility's payment update determination?**

The ASC can submit a Reconsideration Form, available on [QualityNet](#), on or before March 17, 2024, for the CY 2024 payment determination year. After the form is received, CMS or the Support Contractor will provide a formal response to the facility of the outcome of the reconsideration within 90 days following the March 17 deadline.

**12. Where can I locate the Extraordinary Circumstances Exceptions (ECE) Form?**

The ECE form is located on the [QualityNet](#) website.

**13. If required reporting is not completed by the submission deadlines, how long does the 2-percent payment reduction last?**

The payment penalty is applied to the full calendar year. For example, if a facility fails the CY 2024 payment determination, the payment penalty will apply to Medicare claims from January 1 through December 31, 2024.

**14. Why should I join the Listserv?**

Join the Listserv to receive the latest program information from CMS and the Support Contractor for the ASCQR Program, including webinar registration links and important program deadlines.

**15. Is submitting data for the flu vaccine still required?**

No. Reporting data for the flu vaccine is not a measure in the ASCQR Program. The measure was removed in the CY 2019 ASC final rule.

**16. If our ASC submits the ASC-20 measure data in the NHSN system, do we also submit that data in the HQR system?**

No. The submission of data for the ASC-20 measure is submitted through the NHSN system only.

**17. If our ASC does not report the ASC-20 measure, is there a 2-percent Medicare payment reduction like the measures reported in HQR?**

If an ASC does not report data for all required measures in the ASCQR Program, including ASC-20, it will not meet the program requirements. Failure to meet program requirements will result in a 2-percent payment reduction to the ASC's Annual Payment Update (APU).

**18. Are we still required to report data for ASC-20 since the Public Health Emergency (PHE) ended in May 2023?**

Yes, reporting for ASC-20 will continue even after the PHE ends. Any measures added or removed from the ASCQR Program must go through the rule-making process.

**19. Will we sample ASC-1, -2, -3, and -4 measures?**

No. The ASC-1 through ASC-4 measures are not sampled. You will enter your full population for each of these measures for the denominator and then enter your numerator. Measure details can be found in the ASCQR [Specifications Manual](#).

**20. The ASC-13\* measure is for surgical patients. Would endoscopy centers need to complete this measure?**

Yes. The ASC-13 measure is a required measure and must have a value entered for cases that meet measure criteria. If your facility has no data that meet the measure criteria for ASC-13, select: *Please enter zeros for I have no data to submit*. Measure criteria can be found in the ASCQR [Specifications Manual](#).

**21. When I log into NHSN, it shows an alert that states: Missing Weekly Summary Data. What does this mean?**

The NHSN system allows for weekly data submissions, and the system automatically issues this soft reminder if weekly data are not submitted. However, for purposes of the ASCQR Program, facilities are only required to submit data for one self-selected week per month. As long as you have submitted at least one self-selected week of data per month, these soft reminders can be disregarded. Ensure the week you are reporting ends in the month you are intending to report.

**22. Where can I find the 2023 ASC-20 submission deadlines?**

All program measures with associated deadlines can be found on [QualityNet](#).

**23. Does a facility's staff vaccination rate affect payment?**

No. The ASCQR Program is a pay-for-reporting program. If you accurately submit data for the required measures by the submission deadline, your annual payment will not be reduced.

**24. For the ASC-20 measure, do we report one week per month or one week for the quarter?**

To meet program requirements for the ASC-20 measure, ASCs must report one self-selected week per month and submit these data by the designated submission deadline. The day the selected week ends will determine the month the data will be applied. For example, if your self-selected week begins in December but ends in January, those data will be applied to the month of January.

**25. Can you provide a list of approved vendors for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey measure?**

Yes. A list of approved vendors is on the [oascahps.org](#) website.

**26. Can you provide insight on how CMS will compare the OAS CAHPS survey results?**

All OAS CAHPS survey data submitted for facilities will be publicly displayed. The survey measures address the experience received in both hospital outpatient departments (HOPDs), as well as ASCs. CMS believes the survey-based measures will be useful to assess aspects of care where the patient is the best source of information and would encourage healthcare facilities to make continued improvements in care quality. Facilities will have the option to compare their data against other facilities once data are displayed in the [Provider Data Catalog](#) (PDC).

\*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-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients; ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery; ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy; ASC-13: Normothermia; ASC-14: Unplanned Anterior Vitrectomy; and ASC-20: COVID-19 Vaccination Coverage Among Healthcare Personnel