

# ASC Agent Authorization/Change Instruction Sheet

Ambulatory Surgical Centers (ASCs) have the option to authorize, de-authorize or change a third party agent to submit data on their behalf for the Centers for Medicare & Medicaid Services' (CMS) ASC Quality Reporting (ASCQR) Program. Such agents include external vendors as well as an entity within a corporate structure separate from the individual ASC. If authorized, an agent may submit ASCQR Program measure data via the QualityNet Secure Portal. ASCs are responsible for the data submitted or for the lack of data submitted for their facilities, regardless of whether ASCs or authorized agents submit their data.

To authorize, change, or de-authorize an agent, an ASC must complete the corresponding ASC Agent Authorization or an ASC Agent Change/Withdraw Form at least one month prior to the data submission deadline (currently May 15) applicable to the next payment year.

1. The individual who signs the form **must** be a Security Administrator for the ASC(s).
2. ASCs must designate on the form the main point of contact (POC) for the facility who will review all data submitted by the agent on behalf of the ASC. Contact information may also be updated at the [Tools and Resources](#) page on [www.qualityreportingcenter.com](http://www.qualityreportingcenter.com).
3. Once authorized, ASC agents will have access on the QualityNet Secure Portal to all of the selected facilities' data and reports.
4. Incorrectly submitted data or non-submission of data by the agent on behalf of the ASC will not meet the criteria for an Extraordinary Circumstance Exception (ECE) request since the contractual arrangement between an ASC and agent is not considered by CMS to be outside the control of the facility.
5. When completing the ASC agent authorization for multiple facilities, these ASCs may be listed on a separate page with identifying information including the facility's name, National Provider Identifier (NPI), CMS Certification Number (CCN), POC, address, phone number, fax number, and email address.

Submit a copy of the Security Administrator's valid Driver's License or government-issued ID with the form. Mail or fax the signed form and a copy of the ID to:

HSAG  
Attention: ASCQR Program  
3000 Bayport Drive, Ste. 300  
Tampa, FL 33607  
Phone: 866.800.8756  
Fax: 877.789.4443