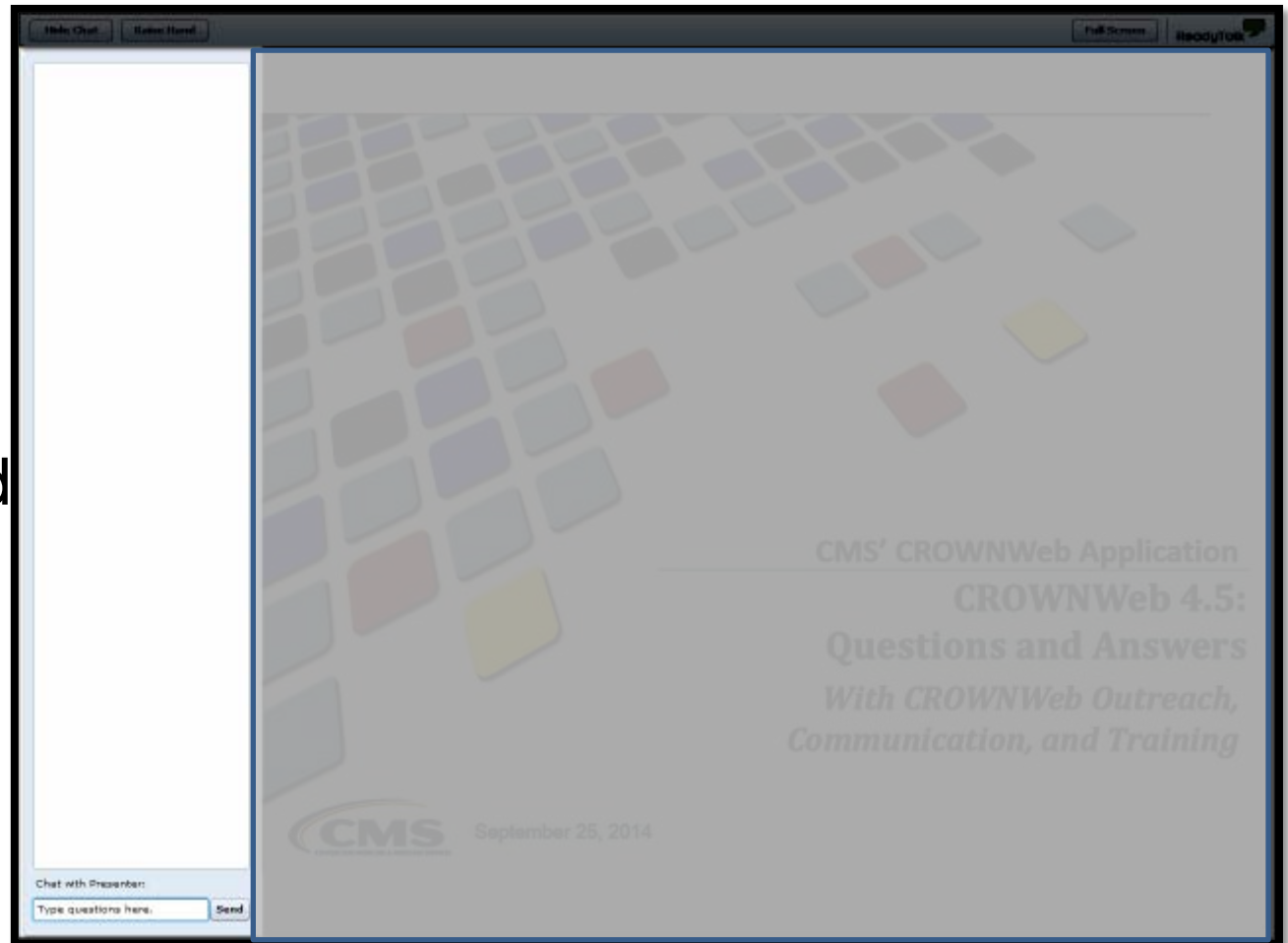


Understanding Web-Based Measures for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program

- Audio for this event is available via internet streaming.
- No telephone line is required.
- Computer speakers or headphones are necessary to listen to streaming audio.

Submitting Questions

Type questions in the “Chat with Presenter” section, located in the bottom-left corner of your screen.





Understanding Web-Based Measures for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program



***Karen VanBourgondien,
BSN, RN
Education Coordinator***

May 27, 2015

ASCQR Announcements

- The requirement for reporting the claims-based measures is 50 percent or greater for quality data code (QDC) submission via Medicare Fee-for-Service (FFS) claims.
- The submission period for the web-based measures for CY 2016 opened January 1, 2015.
- The technical issue affecting the submission of ASC-9 and ASC-10 has been resolved.
- ASC-8 will be submitted to the National Healthcare Safety Network (NHSN) at www.CDC.gov/NHSN.

Save the Date

- Next ASCQR Program educational webinars:
 - July 16, 2015: Dry Run Results for ASC-12, presented by Yale
 - July 23, 2015: Discussion of the Proposed Rule led by Anita J. Bhatia, PhD, MPH, from CMS
- Registration announcements will be sent via the ASCQR ListServe.
- Registration and handouts will be posted at www.qualityreportingcenter.com.

Learning Objectives

At the conclusion of this presentation, attendees will be able to:

- Identify all web-based measures
- Apply knowledge to chart-abstracted measures
- Identify submission period and population sampling size.



Web-Based Measures



*Karen VanBourgondien,
BSN, RN
Education Coordinator*

*Understanding the
ASCQR Web-Based
Measures*

Web-Based Measures

- ASC-6: Safe Surgery Checklist Use
- ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures
- ASC-8: Influenza Vaccination Coverage Among Healthcare Personnel
 - Reported to the Centers for Disease Control and Prevention's (CDC's) NHSN
 - Helpdesk contact: NHSN@CDC.gov

ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval...

- **Description:** Percentage of patients aged 50 years and older receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of a least 10 years for repeat colonoscopy documented in their colonoscopy report
- **Denominator:** All patients aged 50 years and older receiving screening colonoscopy without biopsy or polypectomy
- **Numerator:** Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

ASC-9 Denominator Exclusions

- Documentation of medical reason(s) for not recommending at least a 10-year follow-up interval.

Frequently Asked Questions

- Documentation of a medical reason for exclusion.
- Exclusion regarding the age of the patient.
- A lack of documentation regarding the follow-up interval.

Medical Reason

- What if there is a medical reason for exclusion?
- Medical reasons include:
 - Above average risk
 - Inadequate prep
 - Other medical reasons documented by the physician

Age and Lack of Documentation

- Does the age of the patient impact the recommendation of the follow-up interval for repeat colonoscopy?
- What if there is a range documented by the physician but not an exact number of years?

Fictitious Patient 1

- 58-year-old male
- No previous colonoscopy
- Colonoscopy report states normal exam
- Documented follow-up interval is 10 years

Fictitious Patient 2

- 68-year-old female receiving a screening colonoscopy
- No previous colonoscopy
- Colonoscopy report states no polyps, no biopsies
- Physician documents this is a high-risk patient and recommends follow-up in five years

Fictitious Patient 3

- 62-year-old male receiving a screening colonoscopy
- Physician performs a biopsy during the colonoscopy and is awaiting results
- Physician documents “awaiting biopsy results, will follow-up in the office”

ASC-10: Endoscopy/Polyp Surveillance: ...Avoidance of Inappropriate Use

- **Description:** Percentage of patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior colonic polyp(s) in previous colonoscopy findings, who had a follow-up interval of three or more years since their last colonoscopy.
- **Denominator:** All patients aged 18 years and older receiving a surveillance colonoscopy, with a history of a prior colonic polyp(s) in previous colonoscopy findings.
- **Numerator:** Patients who had an interval of three or more years since their last colonoscopy.

ASC-10 Denominator Exclusions

- Documentation of medical reason(s) for an interval of less than three years since the last colonoscopy
- Documentation of a system reason(s) for an interval of less than three years since the last colonoscopy

Frequently Asked Questions

- Documentation of medical reasons
- Acute symptoms relating to the time interval of the present colonoscopy
- Confusion in documentation of the last colonoscopy

Medical Reason

- What if there is a medical reason for exclusion?
- Medical reasons include:
 - High-risk for colon cancer
 - Last colonoscopy was incomplete
 - Last colonoscopy found greater than 10 adenomas
 - Other medical reasons documented by the physician

Date of Last Colonoscopy

- What if the patient does not know the date of the last colonoscopy?
- Can we use just the year for the date of the last colonoscopy?
- If we have an exact date for the last colonoscopy, how do we abstract that?
- Can we refer to the physician office's medical record for the date of the last colonoscopy?

Fictitious Patient 1

- 30-year-old with a history of polypectomy
- Patient is not sure when the last colonoscopy was
- Colonoscopy report is unavailable

Fictitious Patient 2

- 48-year-old female who had a previous polypectomy and biopsy with the previous colonoscopy two years prior
- Patient presents with symptoms of abdominal pain and sluggish digestion documented in the current episode of care

Fictitious Patient 3

- 62-year-old male who had a previous colonoscopy on 01/29/2012
- During the last colonoscopy the patient had multiple polyps removed with biopsy

Available Tools

- Fact sheet for both ASC-9 and ASC-10
- Endoscopy tool for both ASC-9 and ASC-10
- Denominator Codes for ASC-9 and ASC-10

Please visit www.qualityreportingcenter.com to access these documents.

Measure Tool

Endoscopy and Polyp Surveillance		
SECTION A		
ASC-9: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	Circle One	Denominator-Population / Numerator Determination
1. Patient had a screening colonoscopy, without biopsy or polypectomy, and is 50 years or older on date of encounter	Yes → No →	Include in the <i>denominator</i> population, continue to 1a Exclude from the <i>denominator</i> population
a) Documentation of medical reason(s) for not recommending at least a 10 year follow-up interval (e.g., above average risk patient or inadequate prep)	Yes →	Exclude from the <i>denominator</i> population Otherwise, continue to question 2
2. Recommended follow-up interval of at least 10 years for repeat colonoscopy is documented in the colonoscopy report	Yes → No →	Include in the <i>numerator</i> population Exclude from the <i>numerator</i> population
SECTION B		
ASC-10: Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use	Circle One	Denominator-Population / Numerator Determination
1. Patient had a prior colonic polyp in a previous surveillance/diagnostic colonoscopy and is 18 years or older on date of encounter	Yes → No →	Proceed to 1a and 1b to determine if eligible for the measure Exclude from the measure
a) Documentation of < 3 year interval since the patient's last colonoscopy due to medical reasons (e.g., last colonoscopy incomplete, last colonoscopy had inadequate prep, piecemeal removal of adenomas, or last colonoscopy found > 10 adenomas)	Yes → No →	Exclude from the <i>denominator</i> population Include in the <i>denominator</i> population, continue to question 2
b) Documentation of < 3 years since the patient's last colonoscopy due to system reason (e.g., unable to locate previous colonoscopy report, previous colonoscopy report was incomplete)	Yes → No →	Exclude from the <i>denominator</i> population Continue to question 2
2. Documentation that patient had an interval of ≥ 3 years since last colonoscopy	Yes → No →	Include in the <i>numerator</i> population Exclude from the <i>numerator</i> population

ASC-11: Cataracts – Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery

- **Description:** Percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery
- **Denominator:** All patients aged 18 years and older who had cataract surgery and completed both a pre-operative and post-operative visual function instrument
- **Numerator:** Patients who had improvement in visual function achieved within 90 days following cataract surgery, based on completing both a pre-operative and post-operative visual function instrument

Sample Size

Population Per Year	0-900
Yearly Sample Size	63
Quarterly Sample Size	16
Monthly Sample Size	6
Population Per Year	≥ 901
Yearly Sample Size	96
Quarterly Sample Size	24
Monthly Sample Size	8

Log in to QualityNet Secure Portal

Home		My QualityNet		Help				
Hospitals - Inpatient ▾	Hospitals - Outpatient ▾	Physician Offices ▾	Ambulatory Surgical Centers ▾	Cancer Hospitals ▾	ESRD Facilities ▾	Inpatient Psychiatric Facilities ▾	Quality Improvement ▾	

QualityNet Registration <ul style="list-style-type: none">• Hospitals - Inpatient• Hospitals - Outpatient• Physician Offices• ASCs• Cancer Hospitals• ESRD Facilities• Inpatient Psychiatric Facilities• QIOs	QualityNet News More News » FY 2015 IPPS proposed rule posted, open for public comment <p>The proposed rule for changes to the hospital Inpatient Prospective Payment Systems (IPPS) for acute care hospitals and Fiscal Year (FY) 2015 rates is on display and open for public comment. To be assured consideration, comments must be received no later than 5 p.m. EDT on June 30, 2014.</p> <p>Included in the regulation are proposed changes to quality reporting requirements for: the Hospital Inpatient Quality Reporting (IQR) Program; the Hospital-Acquired Conditions (HAC) Reduction Program; Electronic Health Records (EHRs); the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program; the Hospital Value-Based Purchasing (VBP) Program; and the Long-Term Care Hospital Quality Reporting (LTCHQR) Program.</p> <p>Full Article »</p> Headlines <ul style="list-style-type: none">• CMS proposes EBRT clinical effectiveness measure for FY 2017 PCHQR Program• CMS announces delayed implementation of cataract measure• Fiscal Year 2016 Hospital Value-Based Purchasing (VBP) Baseline Measures Report now available	Log in to QualityNet Secure Portal Login <ul style="list-style-type: none">• Download Symantec ID (<i>required for login</i>)• Portal Resources
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Getting Started with QualityNet <ul style="list-style-type: none">• System Requirements• Test Your System• Registration• Sign-In Instructions• Security Statement	Know the Security Policy <p>Before transmitting or receiving healthcare information or data, read the QualityNet System Security Policy, PDF</p>
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Choose Your Destination

CMS.gov | QualityNet
Centers for Medicare & Medicaid Services

Choose Your QualityNet Destination

Please select your primary quality program to reach the right log in screen for your QualityNet portal.

[Secure File Transfer](#)

Select your primary quality program:

- [End Stage Renal Disease Quality Reporting Program](#)
- [Ambulatory Surgical Center Quality Reporting Program](#)
- [PPS-Exempt Cancer Hospital Quality Reporting Program](#)
- [Inpatient Hospital Quality Reporting Program](#)
- [Inpatient Psychiatric Quality Reporting Program](#)
- [Outpatient Hospital Quality Reporting Program](#)

[Physicians Quality Reporting System / eRx](#)
[Quality Improvement Organizations](#)

Access the Secure Portal

CMS.gov | QualityNet
Centers for Medicare & Medicaid Services

Log In to QualityNet *Required Field
Please enter your CMS User ID and password, followed by your Symantec VIP Security Code, then click Submit.

* User ID

* Password

* Security Code

CANCEL SUBMIT

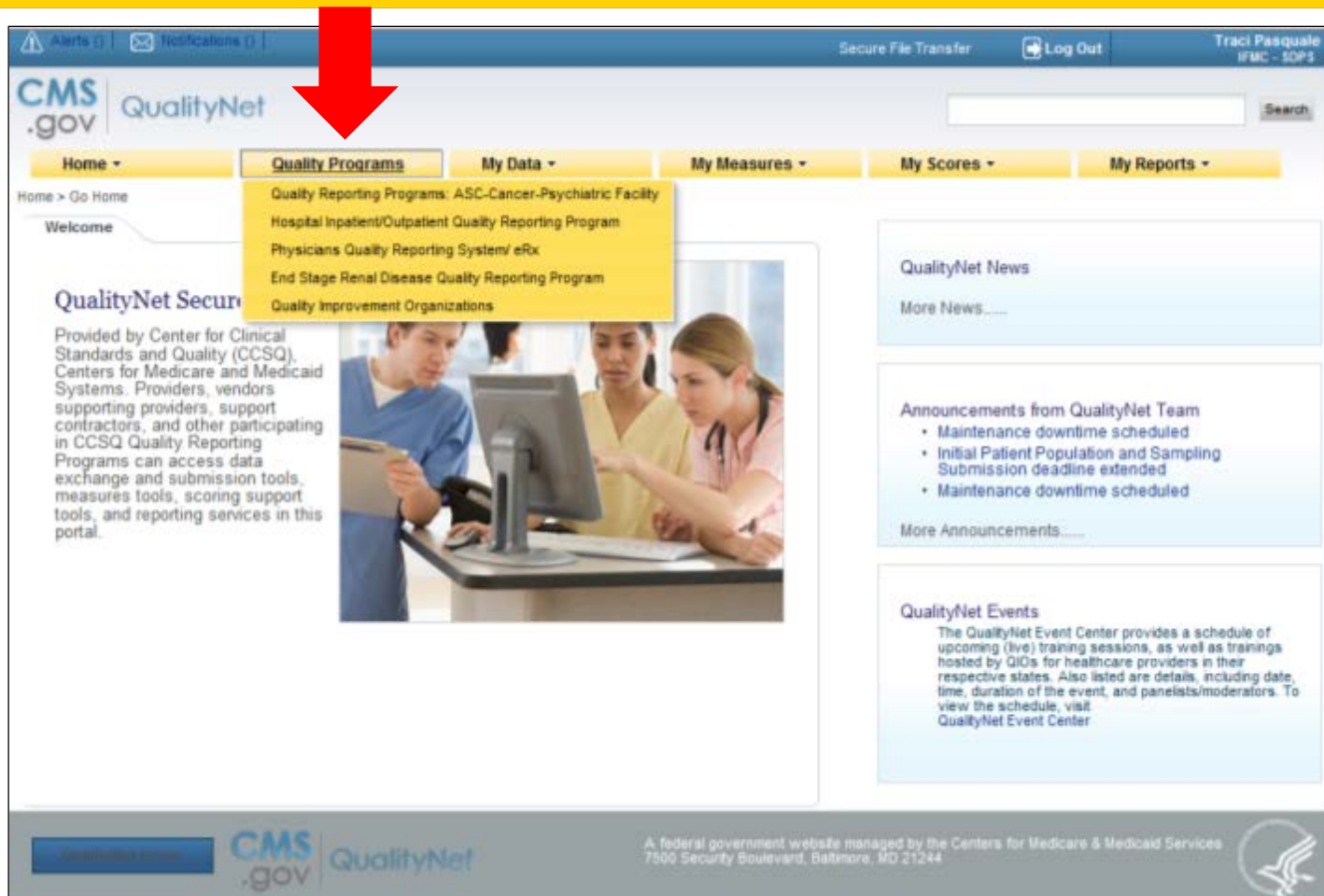
Help

- Start/Complete New User Enrollment**
- Forgot your password?
- Trouble with your Security Code?
- Need to register for a QualityNet account?

QualityNet Home CMS.gov QualityNet

A federal government website managed by the Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244

Access the ASC Program



The screenshot shows the CMS QualityNet user interface. At the top, there are navigation links for Alerts, Notifications, Secure File Transfer, Log Out, and the user's name (Traci Pasquale) and role (IFMC - SOP 3). The main navigation bar includes Home, Quality Programs, My Data, My Measures, My Scores, and My Reports. A red arrow points to the 'Quality Programs' dropdown menu, which is open and lists the following options:

- Quality Reporting Programs: ASC-Cancer-Psychiatric Facility
- Hospital Inpatient/Outpatient Quality Reporting Program
- Physicians Quality Reporting System/ eRx
- End Stage Renal Disease Quality Reporting Program
- Quality Improvement Organizations

The main content area features a 'Welcome' message, a 'QualityNet Security' section with text about the Center for Clinical Standards and Quality (CCSQ), and a photograph of healthcare professionals. On the right side, there are sections for 'QualityNet News', 'Announcements from QualityNet Team' (listing maintenance downtime and submission deadline extensions), and 'QualityNet Events' (providing information about training sessions).

QualityNet Security
Provided by Center for Clinical Standards and Quality (CCSQ), Centers for Medicare and Medicaid Systems. Providers, vendors supporting providers, support contractors, and other participating in CCSQ Quality Reporting Programs can access data exchange and submission tools, measures tools, scoring support tools, and reporting services in this portal.

QualityNet News
More News.....

Announcements from QualityNet Team

- Maintenance downtime scheduled
- Initial Patient Population and Sampling Submission deadline extended
- Maintenance downtime scheduled

More Announcements.....

QualityNet Events
The QualityNet Event Center provides a schedule of upcoming (live) training sessions, as well as trainings hosted by QIOs for healthcare providers in their respective states. Also listed are details, including date, time, duration of the event, and panelists/moderators. To view the schedule, visit QualityNet Event Center.

Footer: CMS.gov QualityNet. A federal government website managed by the Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244.

Access the Web-Based Measures

The screenshot displays the CMS QualityNet web interface. At the top left, the logo for CMS.gov QualityNet is visible. A search bar is located at the top right. Below the logo, a navigation bar contains links for Home, Quality Programs, My Data, My Reports, My Tools, and Help. The main content area shows the breadcrumb trail: Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR. The page title is "Quality Reporting System: My Tasks". Below the title, there are six task cards arranged in a 2x3 grid:

- Vendor Authorization**: Authorize Vendors to Submit Data
- Hospital Reporting Inpatient**: View / Edit Measure Designation
- Hospital Reporting Inpatient / Outpatient**: View / Edit Population & Sampling
- Report Authorization**: View/Request/Approve Access
- Manage Notice of Participation**: View/Edit Notice of Participation, Contacts, Campuses
- Manage Security**: Manage Multifactor Credentials, My Account

The "Manage Measures" link is circled in red. Its description is: View/Edit Structural/Web-Based Measures/Data Acknowledgement (for CA).

Access Manage Measures

The screenshot displays the CMS QualityNet interface. At the top left is the CMS.gov logo and 'QualityNet'. A navigation bar contains links for Home, Quality Programs, My Data, My Reports, My Tools, and Help. Below this is a breadcrumb trail: Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR > Manage Measures > View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA). The main content area has a 'Start' button and a tab for 'Structural/Web-Based Measures'. The current page title is 'View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)' with a 'Print' icon. On the left, there is a text box explaining structural and web-based measures. On the right, a yellow box titled 'Select a Program' lists two options: 'Outpatient Web-Based Measures' and 'Ambulatory Surgical Center Web-Based Measures'. The date and time '02/23/2015 08:19:14 PT' are shown in the top right corner.

Start Structural/Web-Based Measures 02/23/2015 08:19:14 PT

View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)

A structural measure reflects the environment in which providers care for patients. Structural measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes requesting structural measures information will encourage facilities to increase the use of tools, ultimately improving the quality of care provided to Medicare beneficiaries.

Web-Based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. CMS believes reporting Web-Based measures information will encourage facilities to improve the quality of care provided to all patients.

Select a Program

- Outpatient Web-Based Measures
- Ambulatory Surgical Center Web-Based Measures

Select Payment Year

The screenshot shows the CMS QualityNet interface. At the top left is the CMS.gov logo and QualityNet text. A navigation bar includes links for Home, Quality Programs, My Data, My Reports, My Tools, and Help. Below this is a breadcrumb trail: Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR > Manage Measures > View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA). The main content area has a 'Start' button and a tab for 'Structural/Web-Based Measures'. The page title is 'Ambulatory Surgical Center Web-Based Measures' with a 'Print' icon. A text box on the left explains that Web-Based measures assess characteristics linked to the capacity of the provider to deliver quality healthcare. The 'Payment Year' dropdown menu is highlighted with a red circle and shows '2016'. Below the dropdown is a large grey button labeled 'CONTINUE'.

Select the Measure

CMS.gov QualityNet

Home - Quality Programs - My Data - My Reports - My Tools - Help -

Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR > Manage Measures > View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA)

Start | Structural/Web-Based Measures | 02/23/2015 08:22:08 PT

Ambulatory Surgical Center Web-Based Measures

Print

Submission Period: 01/01/2015 - 08/15/2015

With Respect to Reporting Period:
ASC-6/7: 01/01/2014 - 12/31/2014
ASC-9/10: 04/01/2014 - 12/31/2014

Web-Based Measures | PY 2016

Provider ID	ASC-6	ASC-7	ASC-9	ASC-10
	Incomplete	Incomplete	Incomplete	Incomplete

Exit to My Tasks | Payment Year Selection

Entering Data in QualityNet for ASC-9 and ASC-10

ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients

Population (Not Required)

What was your hospital's Total Population?

What was your hospital's sample size?

What was your hospital's sampling frequency?
 Quarterly Not Sampled N/A - Submission not required

Numerator

* Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report

Denominator

* All patients aged 50 years and older receiving screening colonoscopy without biopsy or polypectomy

Returning to the Summary

The screenshot shows a web-based interface for 'Hospital Outpatient: View/Edit Structural Measures'. At the top, there is a 'Start' button and a 'Structural/Web-Based Measures' tab. The date and time '05/08/2014 08:24 PT' are displayed in the top right corner. Below the title, there are fields for 'Provider', 'CCN', 'NPI', and 'Submission Period' (07/01/2014 - 11/01/2014). A green notification bar indicates 'OP-12 Updated'. The main content area displays 'Structural Measures | PY 2015' with a note that it is required for providers participating in the Hospital Outpatient Quality Reporting Program. A dialog box is overlaid on the page, containing the text: 'You are about to leave this page. If you have made any changes, they will not be saved. Click 'OK' to continue without saving. Click 'Cancel' to remain on the current page.' The dialog box has 'OK' and 'Cancel' buttons. Below the dialog, the 'OP-12: The Ability for Providers with their ONC Certified EHR System as' section is visible, with two questions: 'Does/Did your facility have the ability to use their certified EHR system as discrete search?' and 'Did your facility use this feature during the performance period?'. Both questions have 'Yes' and 'No' radio button options. At the bottom of the page, there are buttons for 'Return to Summary', 'Submit', and 'Print'.

Web-Based Measure Summary

The screenshot displays the CMS.gov QualityNet interface. At the top, there is a navigation bar with links for Home, Quality Programs, My Data, My Reports, My Tools, and Help. Below this is a breadcrumb trail: Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, IPFQR, PCHQR > Manage Measures > View/Edit Structural/Web-Based Measures/Data Acknowledgement (DACA). The main content area is titled "Structural/Web-Based Measures" and shows the date "02/23/2015 08:33:40 PT". The primary heading is "Ambulatory Surgical Center Web-Based Measures", with a "Print" icon to its right. Below the heading, the "Submission Period" is listed as "01/01/2015 - 08/15/2015". To the right, under "With Respect to Reporting Period", two rows are shown: "ASC-6/7: 01/01/2014 - 12/31/2014" and "ASC-9/10: 04/01/2014 - 12/31/2014". A section titled "Web-Based Measures | PY 2016" contains a table with the following data:

Provider ID	ASC-6	ASC-7	ASC-9	ASC-10
	Completed	Completed	Incomplete	Incomplete

At the bottom of the table area, there are two buttons: "Exit to My Tasks" and "Payment Year Selection".

Summary

We covered many points of interest today such as:

- The web-based measures for the ASC Program.
- A detailed explanation of ASC-9 and ASC-10.
- Examination of some fictional cases.
- Evaluation of screen shots on the *QualityNet* website.

Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professional organizations:
 - Florida Board of Nursing
 - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
 - Florida Board of Nursing Home Administrators
 - Florida Council of Dietetics
 - Florida Board of Pharmacy
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing boards.

CE Credit Process

- Complete the ReadyTalk[®] survey you will receive by email within the next 48 hours or the one that will pop up after the webinar.
- The survey will ask you to log in or register to access your personal account in the Learning Management Center.
 - A one-time registration process is required.

CE Credit Process: Survey

No

Please provide any additional comments

10. What is your overall level of satisfaction with this presentation?

Very satisfied

Somewhat satisfied

Neutral

Somewhat dissatisfied

Very dissatisfied

If you answered "very dissatisfied", please explain

11. What topics would be of interest to you for future presentations?

12. If you have questions or concerns, please feel free to leave your name and phone number or email address and we will contact you.

Done

Powered by **SurveyMonkey**
Check out our [sample surveys](#) and create your own now!

CE Credit Process

Thank you for completing our survey!

Please click on one of the links below to obtain your certificate for your state licensure.

You must be registered with the learning management site.

New User Link:
<https://lmc.hshapps.com/register/default.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

Existing User Link:
<https://lmc.hshapps.com/test/adduser.aspx?ID=da0a12bc-db39-408f-b429-d6f6b9ccb1ae>

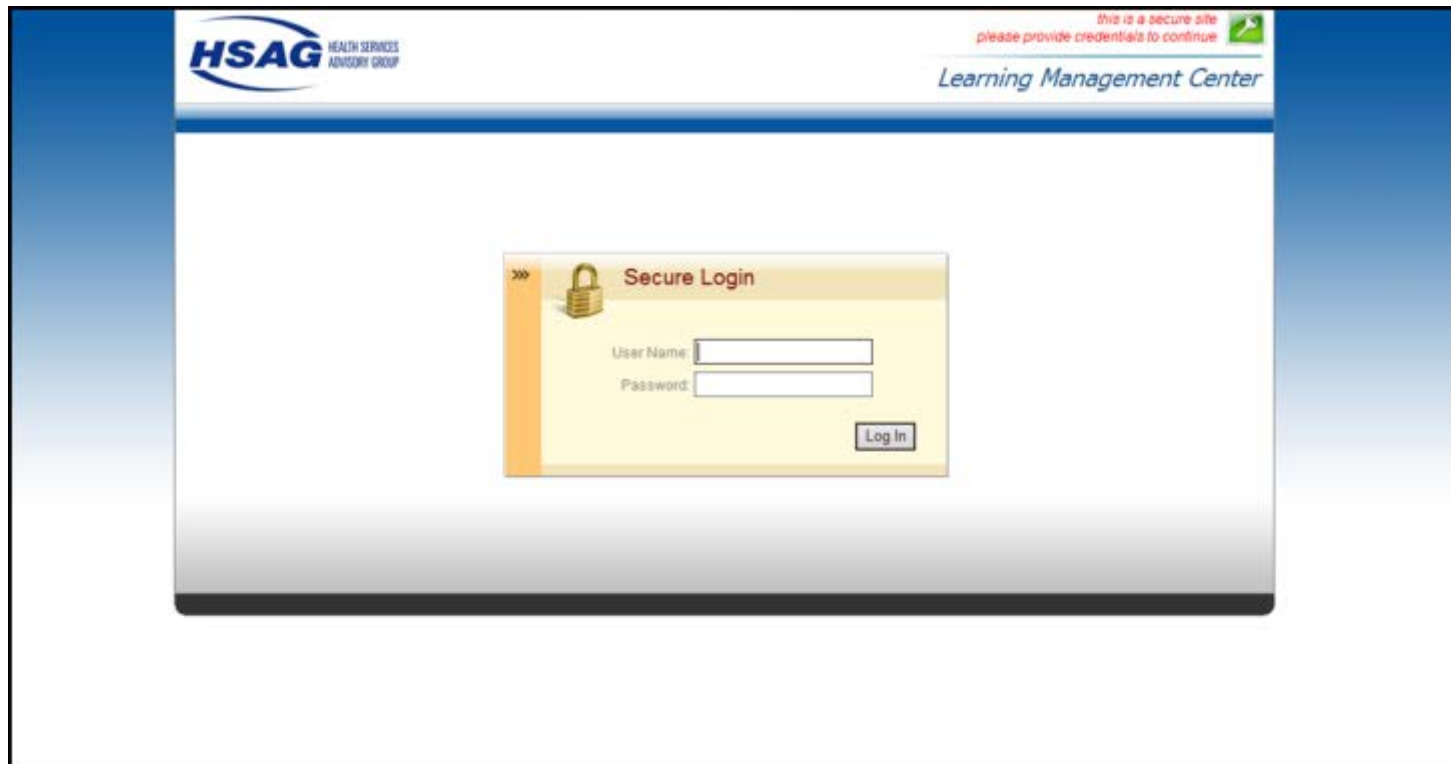
Note: If you click the 'Done' button below, you will not have the opportunity to receive your certificate without participating in a longer survey.

Done

CE Credit Process: New User

The screenshot shows a web browser window displaying the registration page for a CE credit course. The page features the HSAG logo (Health Services Advisory Group) in the top left corner. In the top right corner, there is a security warning: "this is a secure site please provide credentials to continue" with a green padlock icon. Below the logo, the text "Learning Management Center" is displayed. The main heading of the page is "Learning Center Registration: OQR: 2015 Specifications Manual Update - 1-21-2015". The registration form includes four input fields: "First Name:", "Last Name:", "Email:", and "Phone:". The "Phone:" field has a small dropdown menu for country codes. A "Register" button is located below the form fields. The page has a blue header and a white background with a blue gradient on the sides.

CE Credit Process: Existing User



The screenshot displays the login interface for the HSAG Learning Management Center. At the top left, the HSAG logo is accompanied by the text "HEALTH SERVICES ADVISORY GROUP". At the top right, a security notice reads "this is a secure site please provide credentials to continue" with a small green icon. Below this, the text "Learning Management Center" is displayed. The central focus is a "Secure Login" box with a yellow background and a lock icon. It contains two input fields: "User Name" and "Password", and a "Log In" button.

Thank You for Participating!

Please contact the ASCQR Support Contractor if you have any questions:

- Submit questions online through the QualityNet Question & Answer Tool at www.qualitynet.org

Or

- Call the ASCQR Support Contractor at 866.800.8756.

This material was prepared by the Outpatient Quality Reporting Outreach and Education Support Contractor under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). FL-OQR/ASC-Ch8-05152015-01