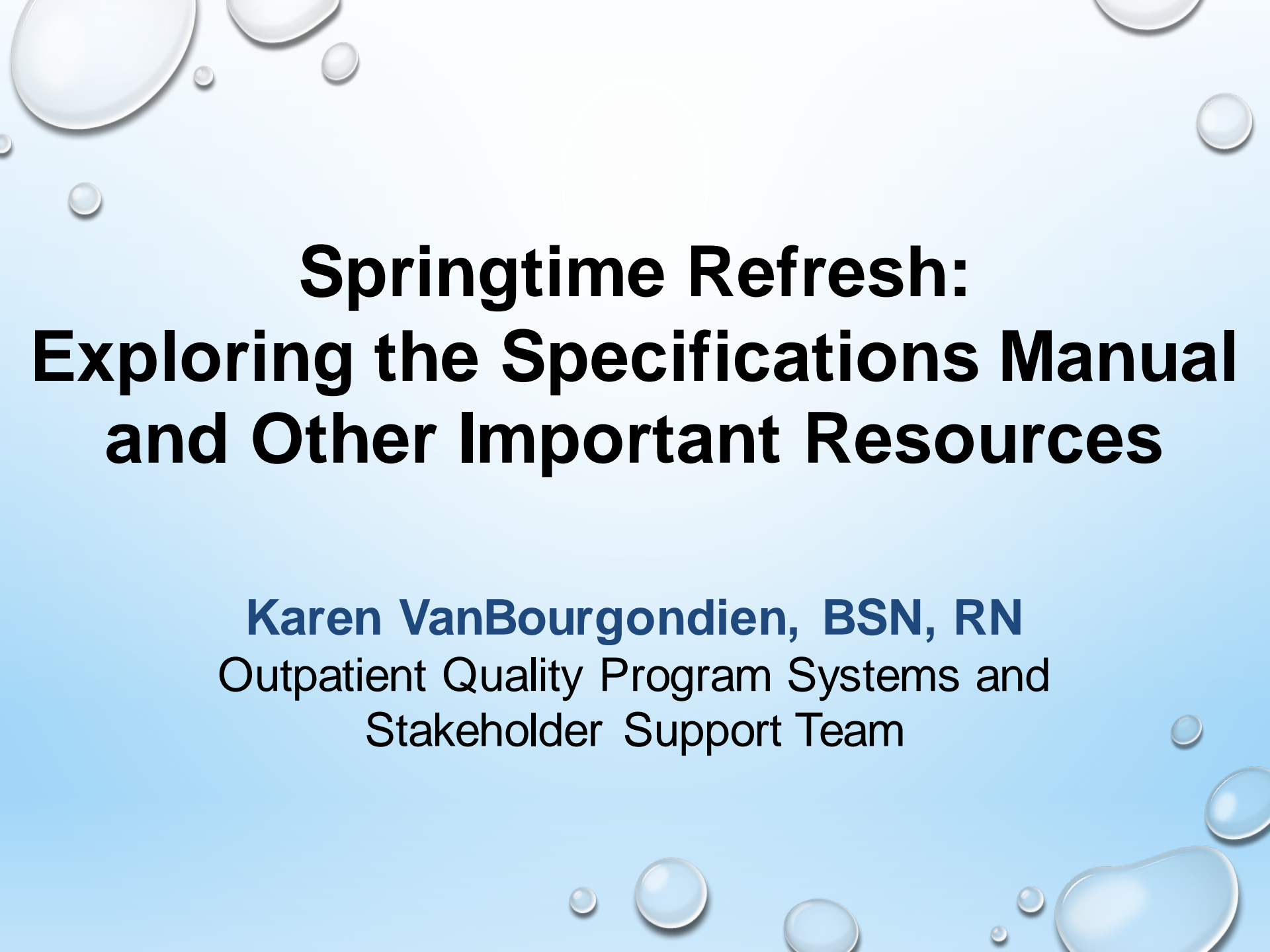




CENTERS FOR MEDICARE & MEDICAID SERVICES



Springtime Refresh: Exploring the Specifications Manual and Other Important Resources

Karen VanBourgondien, BSN, RN
Outpatient Quality Program Systems and
Stakeholder Support Team

Learning Objectives

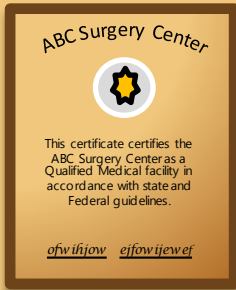
Attendees will be able to:

- Define the program requirements for the Ambulatory Surgical Centers Quality Reporting (ASCQR) Program.
- Explain how to successfully create a HARP* account and register as a Security Official (SO).
- List and describe the sections in the program Specifications Manual.
- Describe the resources available on the [QualityReportingCenter.com](https://www.qualityreportingcenter.com) website.

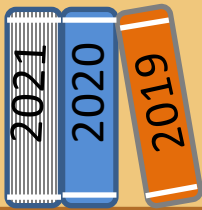
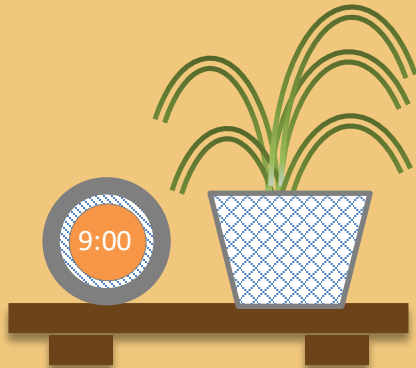
*Healthcare Quality Information System (HCQIS) Access Roles and Profile (HARP)

Announcements

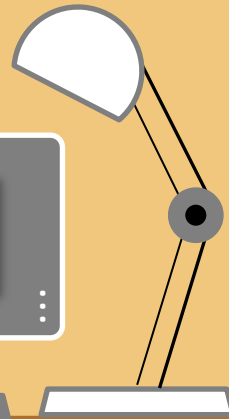
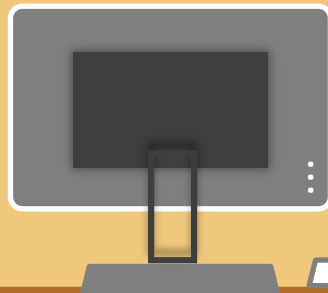
- The web-based measures data submission deadline is coming up.
 - You can make any edits or changes up to the deadline. After the deadline passes, no changes can be made.
- A measure-specific Frequently Asked Questions (FAQ) webinar will be presented in June.



ABC Surgery Center



Quality Coordinator



Program Requirements

- Facilities that bill 240 or more Medicare claims per year are required to participate.
- ASCs should:
 - Have an active SO registered with *QualityNet*.
 - Collect data to submit in the Hospital Quality Reporting (HQR) platform.

CMS Rulemaking

- The Proposed Rule:
 - Contains proposed changes for the program.
 - Is typically released in July with a 60-day public comment period.
- The Final Rule:
 - Contains the finalized changes to the program.
 - Is typically released in November.

Types of Measures

- Measures submitted using a Web-Based Tool:
 - Reported annually in HQR platform.
- Claims-Based Measures:
 - Are collected via paid Medicare claims
 - Requires no manual abstraction or reporting by the facility

Web-Based Measures

- **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-13:** Normothermia Outcome
- **ASC-14:** Unplanned Anterior Vitrectomy

* Voluntary

Timeline: Web-Based Measures

Payment Year 2022

Measure	Reporting Period *	Submission Period
ASC-9	January 1–December 31, 2020	January 1–May 17, 2021
ASC-11**	January 1–December 31, 2020	January 1–May 17, 2021
ASC-13	January 1–December 31, 2020	January 1–May 17, 2021
ASC-14	January 1–December 31, 2020	January 1–May 17, 2021

* Under the Covid-19 exception, abstraction for encounters January through June was voluntary for PY 2022.

**Voluntary

Claims-Based Measures

- **ASC-12:** Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- **ASC-17:** Hospital Visits After Orthopedic Ambulatory Surgery Center Procedures
- **ASC-18:** Hospital Visits After Urology Ambulatory Surgery Center Procedures
- **ASC-19*:** Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers

*Beginning with Payment Year 2024

Timeline

Payment Year 2022

Claims-Based Measure	Reporting Period
ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	January 1, 2018–December 31, 2020
ASC-17: Hospital Visits After Orthopedic Ambulatory Surgery Center Procedures	January 1, 2019–December 31, 2020
ASC-18: Hospital Visits After Urology Ambulatory Surgery Center Procedures	January 1, 2019–December 31, 2020

Other Measures

Measure	Status
ASC-1: Patient Burn	Suspended
ASC-2: Patient Fall	
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	
ASC-4: All-Cause Hospital Transfer/Admission	
ASC-15a-15e: Outpatient and Ambulatory Surgery Consumer Assessment (OAS CAHPS)	Delayed

The *QualityNet* Website



The screenshot shows the homepage of the QualityNet website. At the top left, it says "CMS.gov | QualityNet". To the right is a search bar with the text "Search QualityNet" and a magnifying glass icon. The main content area has a blue background with the text "Welcome to QualityNet!" in large white font, followed by "Your one-stop shop for CMS Quality Programs." in a smaller white font. Below this are two buttons: a dark blue button with white text that says "Subscribe to Email Updates" and a white button with a dark blue border and dark blue text that says "Log into QualityNet Secure Portal".

From the Home Page

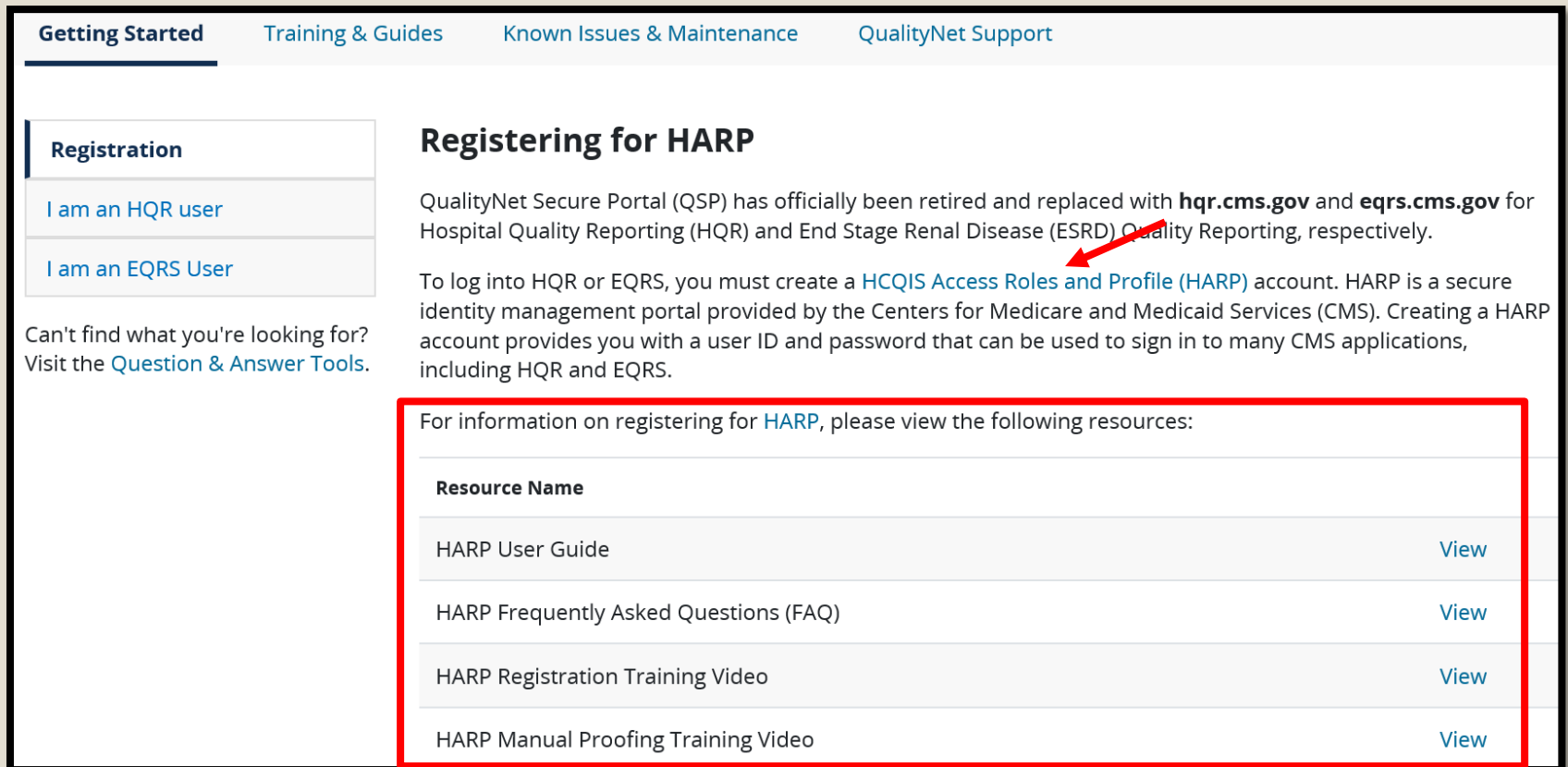
From the [QualityNet](#) Home Page you can:

1. Subscribe to email updates.
2. Ask a subject matter expert a question.
3. Register to report data.

The screenshot shows the QualityNet Home Page. At the top left is the CMS.gov logo and QualityNet text. A search bar is in the top center. On the top right, there are links for 'Quality Programs', 'Help', and 'Log into Secure Portal' with a 'Register' button below it. The main content area has a blue background with the text 'Welcome to QualityNet! Your one-stop shop for CMS Quality Programs.' Below this is a 'Subscribe to Email Updates' button (circled 1) and a 'Log into QualityNet Secure Portal' button. On the right side, there is a 'Recent News' section with two news items: 'CMS extends third quarter (Q3) 2020 submission deadlines for select programs' (dated Dec 17, 2020) and 'Axway Secure File Transfer (Data Exchange) Has Been Decommissioned' (dated Dec 16, 2020). A 'View more' link is also present. Three red circles with arrows point to the 'Help' dropdown (circled 2), the 'Register' button (circled 3), and the 'Subscribe to Email Updates' button (circled 1).

Available Resources

You can access HARP resources to assist you in registering for your HARP account.



The screenshot shows a web page with a navigation bar at the top containing links for "Getting Started", "Training & Guides", "Known Issues & Maintenance", and "QualityNet Support". On the left, there is a "Registration" sidebar with links for "I am an HQR user" and "I am an EQRS User". The main content area is titled "Registering for HARP" and contains text explaining the transition from QSP to HQR and EQRS, and the requirement to create a HARP account. A red arrow points to the "HARP" link in the text. Below the text, a red-bordered box highlights a table of resources for registration.

Getting Started Training & Guides Known Issues & Maintenance QualityNet Support

Registration

[I am an HQR user](#)

[I am an EQRS User](#)

Can't find what you're looking for?
Visit the [Question & Answer Tools](#).

Registering for HARP

QualityNet Secure Portal (QSP) has officially been retired and replaced with **hqr.cms.gov** and **eqrs.cms.gov** for Hospital Quality Reporting (HQR) and End Stage Renal Disease (ESRD) Quality Reporting, respectively.

To log into HQR or EQRS, you must create a [HCQIS Access Roles and Profile \(HARP\)](#) account. HARP is a secure identity management portal provided by the Centers for Medicare and Medicaid Services (CMS). Creating a HARP account provides you with a user ID and password that can be used to sign in to many CMS applications, including HQR and EQRS.

For information on registering for [HARP](#), please view the following resources:

Resource Name	
HARP User Guide	View
HARP Frequently Asked Questions (FAQ)	View
HARP Registration Training Video	View
HARP Manual Proofing Training Video	View

Registration Process

- CMS launched a new Access Request Form that replaces the Electronic Access Request (EAR).
 - A notification was sent last week with instructions.
- To begin the new process, you must:
 - Create a HARP ID: <https://harp.cms.gov>.
 - Log into the HQR system with your new HARP ID: <https://hqr.cms.gov/hqrng/login>.
 - You will need to search your facility by NPI.

Important Tips

- Your request will need to be verified.
 - The Highest-Level Executive will be contacted to verify and authorize the individual requesting to be the facility's Security Official. If this person cannot be reached, it will delay the application process.
- If you previously submitted an EAR but have not received you SO role for your facility, you should have received an email notification letting you know that you will need to resubmit your request using the new process.
 - If you have not received your access, or received an email from us, please complete the online process indicated on the previous slide.

Where do I find
guidance for the
measures I am
reporting?



Participating in the ASCQR Program?

[Download 2021 Specifications Manual](#)

[Download 2020 Specifications Manual](#)

[View all Specifications Manuals](#)

Choose Your Program

QualityNet.cms.gov

Welcome to QualityNet!
Your one-stop shop for CMS Quality Programs.

[Subscribe to Email Updates](#)

[Log into QualityNet Secure Portal](#)

Recent News [View more](#)

Feb 16, 2021
Q3 2020 HCAHPS and CY 2020 eCQM Submission Deadline Extensions

Feb 2, 2021
FY 2021 Results for Three Value-Based Purchasing Programs Now on Provider Data Catalog

I am looking for quality information associated with...

- Hospitals - Inpatient
- Hospitals - Outpatient
- Ambulatory Surgical Centers**
- PPS-Exempt Cancer Hospitals
- ESRD Facilities
- Inpatient Psychiatric Facilities

Locating the Specifications Manual

Home /

Ambulatory Surgical Centers

Overview Measures Public Reporting Data Submission Resources Notifications

Ambulatory Surgical Center Overview

The Ambulatory Surgical Center (ASC) Program is a pay-for-reporting, quality data program finalized by the Centers for Medicare & Medicaid Services (CMS). Under this program, ASCs report quality of care data for standardized measures to receive the full annual update to their ASC annual payment rate.

[Read more](#)

Participating in the ASCQR Program?

[Download 2021 Specifications Manual](#)

[Download 2020 Specifications Manual](#)

[View all Specifications Manuals](#)

Release Notes

Ambulatory Surgical Center Quality Reporting Specifications Manual

Release Notes Version: 9.0

Release Notes Completed: 06/01/2019

Guidelines for Using Release Notes

These Release Notes provide modifications to the Ambulatory Surgical Center Quality Reporting (ASCQR) Specifications Manual. They are provided as a reference tool and are not intended to be used as program abstraction tools. Please refer to the ASCQR Specifications Manual for the complete and current technical specifications and abstraction information.

The notes are organized to follow the order of the Table of Contents. Within each topic section, a row represents a change that begins with general changes and is followed by data elements in alphabetical order. The **implementation date is 01/01/2020**, unless otherwise specified. The row headings are described below:

- **Impacts** – Used to identify which portion(s) of the Manual Section is impacted by the change listed.
Examples are Measure Information Forms, Quality-Data Coding and Sampling Specifications, or Appendix A.
- **Rationale** – Provided for the change being made.
- **Description of Changes** – Used to identify the section within the document where the change occurs.
(e.g., Definitions, Numerator, and Denominator).

Release Notes are updates since the release of the previous version of the Specifications Manual. The yellow highlight indicates changes.

Table of Contents

Table of Contents

Acknowledgement.....	ii
Program Background and Requirements.....	iii
Section 1: Measure Information Form Introduction.....	1-1
Measure Information Forms	
ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients.....	1-2
ASC-11: Cataracts – Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery.....	1-4
ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy.....	1-6
ASC-13: Normothermia Outcome.....	1-11
ASC-14: Unplanned Anterior Vitrectomy.....	1-14
ASC-17: Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures.....	1-16
ASC-18: Hospital Visits After Urology Ambulatory Surgical Center Procedures.....	1-21
Section 2: Sampling Specifications.....	2-25
Section 3: Quality-Data Transmission.....	3-26
Appendix A: Tools and Resources.....	A-28
Appendix B: Preview Section.....	B-38

The manual is divided into sections:

- Section 1:** Measure Information Forms
- Section 2:** Sampling Specifications
- Section 3:** Quality-Data Transmission
- Appendix A:** Tools and Resources
- Appendix B:** Preview Section

Section One

Section 1: Measure Information Form Introduction	1-1
Measure Information Forms	
ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients.....	1-2
ASC-11: Cataracts – Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery.....	1-4
ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy.....	1-6
ASC-13: Normothermia Outcome	1-11
ASC-14: Unplanned Anterior Vitrectomy.....	1-14
ASC-17: Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures.....	1-16
ASC-18: Hospital Visits After Urology Ambulatory Surgical Center Procedures	1-21

The Measure Information Forms (MIFs) provide detailed information for each measure. Yellow highlight indicates a change since the last version.

ASC-9: Measure Information Form

Measure Information Form

Performance Measure Name: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients

Measure ID #: OP-29

Measure Set: Measures submitted via a web-based tool

Description: Percentage of patients aged 50 to 75 years of age receiving a screening colonoscopy without biopsy or polypectomy who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.

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

Denominator Statement: All patients aged 50 to 75 years of age receiving screening colonoscopy without biopsy or polypectomy.

Denominator Criteria (Eligible Cases):

Patients aged ≥ 50 and ≤ 75 on date of encounter

and

ICD-10-CM Diagnosis code: Z12.11

and

CPT or HCPCS: 44388, 45378, G0121

without

CPT Category I Modifiers: 52, 53, 73, 74

without

ICD-10-CM Diagnosis codes: Z83.71, Z86.010, Z80.0, Z85.038

Denominator Exclusions:

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

inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is ≥ 66 years old, or life expectancy is < 10 years, other medical reasons). Medical reason(s) are at the discretion of the physician. Documentation indicating no follow-up colonoscopy is needed or recommended is only acceptable if the patient's age is documented as ≥ 66 years old, or life expectancy < 10 years.

Documentation of a medical condition or finding can be used as a medical reason(s) for denominator exclusion purposes only if the documented recommended follow-up interval is less than 10 years.

Examples:

- Diverticulitis documented in the medical record and a follow-up interval of 5 years in the colonoscopy report.
- Family history of colon cancer and a follow-up interval of 3 years documented in the colonoscopy report.
- Less than adequate prep documented in the medical record with a repeat colonoscopy in 3 years in the colonoscopy report.

Annual data submission period: See the timeline posted to QualityNet.org for this measure; select Hospitals-Outpatient and then Data Submission in the drop-down menu. Data entry will be achieved through the secure side of QualityNet.org via an online tool available to authorized users.

Additional instructions: Patients will be counted in the numerator if there is reference in the final colonoscopy report that the appropriate follow-up interval for the repeat colonoscopy is at least 10 years from the date of the current colonoscopy (i.e., the colonoscopy performed during the measurement period). A range that includes "10 years" (e.g., 7 to 10 years) is not acceptable.

Numerator Specifics

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

- All cases that meet the numerator statement will be the numerator.

Denominator Specifics

- Denominator Statement:** All patients aged 50 to 75 years of age receiving screening colonoscopy without biopsy or polypectomy
- To determine the denominator, you will refer to the MIF using the denominator statement, denominator criteria, and denominator exclusions.
 - All cases that meet these criteria will be your total population.

Our example total population is 786 cases.

Section 2

Sampling Specifications

ASC-9, ASC-11*, and ASC-13 – The sampling size specifications for ASC-9, ASC-11*, and ASC-13 have been established and are specified in the table below.

Table 3: Sample size requirements per year per ASC for Endoscopy/Polyp Surveillance (ASC-9) or Cataracts (ASC-11*) measures, or Normothermia Outcome (ASC-13).**

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

*Submission of data for ASC-11 is voluntary.

**For ASCs with fewer than 63 cases, the total population of cases is required.

For 786 cases, your minimum sample size is 63.

Putting It Together

The total annual
measure
population is 786.

- Sample Size is 63.

Denominator

- The denominator is 63, the number of your minimum sample size.

Numerator

- The numerator is 60 (from the 63 cases that met the numerator criteria).

Example Submission

Please enter zeros for this measure as I have no data to submit

Numerator

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

60

Denominator

* All patients aged 50 to 75 years of age receiving screening colonoscopy without biopsy or polypectomy

63

Population

What was your hospital's Total Population?

786

What was your hospital's sample size?

63

What was your hospital's sampling frequency?

Monthly

Quarterly

Not Sampled

N/A

Our example case is described as having a:

- Total population of 786.
- Sample size of 63, according to Table 3 in the manual.
- Denominator of 63.
- Numerator of 60, as 60 cases out of the sample size of 63 cases met the numerator criteria.

Section Three

- Quality Data Transmission:
 - Guidelines for submission of data
 - Provides the batch submission file layout
 - Data upload process
 - A detailed webinar on data submission into the HQR platform was provided in February. Access the webinar at QualityReportingCenter.com.

Appendix A

Appendix A: Tools and Resources

Alphabetical Tools and Resources List

Measure Name	Page #
ASC-9 : Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients-Algorithm	A-29
ASC-9: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients-Data Collection Tool ←	A-30
ASC-9: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients-Denominator Codes	A-31
ASC-9: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients-Fact Sheet	A-32
ASC-11: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery-Data Collection Log	A-33
ASC-13: Normothermia Outcome-Algorithm	A-34
ASC-13: Normothermia Outcome-Example Questions ←	A-35

By selecting the various options, you will be given guidelines, tools, fact sheets, algorithms, examples and guidance.

ASC-9: Data Collection Tool

ASC-9: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients-Data Collection Tool

Answer the questions in the tables below to determine whether colonoscopy patients fall into the measures indicated, keeping in mind that ASC-9 looks forward to recommendations for future care.

ASC- 9		
ASC-9: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients		
Measure Criteria	Circle One	Denominator/Numerator Determination
1. Patient had a screening colonoscopy, without biopsy or polypectomy, and is ≥ 50 to ≤ 75 years of age on date of encounter	Yes \longrightarrow No \longrightarrow	Include in <i>denominator</i> population, continue to 1(a) Exclude from <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 or if age is documented as a medical reason)	Yes \longrightarrow No \longrightarrow	Exclude from <i>denominator</i> population Continue to Question 2
2. Recommended follow-up interval of at least 10 years for repeat colonoscopy is documented in colonoscopy report	Yes \longrightarrow No \longrightarrow	Include in <i>numerator</i> population Exclude from <i>numerator</i> population

ASC-13: Example Questions

Scenario 3

Private pay patient received **general** anesthesia

Anesthetist documented the start time as **0730**

The anesthetist documented the end time as **0825**

Patient's arrival time into PACU was documented as **0832**

Patient's body temperature at **0837** was **97.8°F**

Denominator criteria met? No

The anesthesia duration time is not equal to or greater than **60** minutes; therefore, this patient should **not** be included in the measure.

Scenario 4

Medicare patient started epidural in pre-op holding at **0800**

Patient entered the operating suite at **0810**

Documented End time of anesthesia was **0905**

Patient's body temperature recorded at **0920** was **96.5°F**

Nurse Practitioner documented intentional hypothermia for the procedure

Denominator criteria met? No

The documentation of intentional hypothermia is a Denominator Exclusion and excludes this case from the population; therefore, this patient should **not** be included in the measure.

Appendix B

Appendix B: Preview Section

The Preview Section provides information on new measures. The information provided in this section should not be programmed or submitted. The measure(s) identified in this section are not currently collected.

No new measures have been introduced for the CY 2023.

No new measures were added during the last rulemaking cycle.

How can I find the support contractor's website for program information?



A screenshot of the Quality Reporting Center website homepage. The page features a navigation bar with the following items: the Quality Reporting Center logo (a stylized 'R' with 'QUALITY REPORTING CENTER' text), 'Events Calendar', 'Inpatient', 'Outpatient', and 'ASC'. Below the navigation bar is a banner image showing five diverse healthcare professionals (three men and two women) in white coats and scrubs. Underneath the banner is a welcome message: 'Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting.' The entire screenshot is framed by a blue and white checkered border.

The Homepage

QualityReportingCenter.com

QUALITY REPORTING CENTER

Events Calendar Inpatient Outpatient **ASC** SNF VBP Events on Demand

Welcome to the Hospital Inpatient and Outpatient Quality Reporting Outreach and Education Support Programs. Here you will find resources to assist hospitals, inpatient psychiatric facilities, PPS-exempt cancer hospitals, and ambulatory surgical centers with quality data reporting.

Inpatient

- [Inpatient Overview](#)
- [Tools and Resources](#)
- [Hospital Contact Change Form](#)

Outpatient

- [Outpatient Overview](#)
- [Tools and Resources](#)
- [CCN Look-up Tools](#)

ASC

- [ASC Overview](#)
- [Tools and Resources](#)
- [CCN/NPI Look-up Tools](#)

Resources Available

The screenshot displays the Quality Reporting Center website. At the top, there is a navigation bar with the logo on the left and menu items: Events Calendar, Inpatient, Outpatient, ASC (highlighted in yellow), SNF VBP, and Events on Demand. Below the navigation bar is a breadcrumb trail: Home / ASC. The main content area is titled 'ASCQR Program' and contains a welcome message, a list of links for more information, videos, and tools, and contact information for the support team. On the left side, there is a sidebar menu with a blue header 'ASCQR Program' and several menu items. A red arrow points to the 'ASCQR Program Tools and Resources' item in this sidebar.

QUALITY REPORTING CENTER

Events Calendar Inpatient Outpatient **ASC** SNF VBP Events on Demand

Home / ASC

ASCQR Program

Welcome to the Centers for Medicare & Medicaid Services (CMS) Ambulatory Surgical Center Quality Reporting (ASCQR) Program. The ASCQR Program exists to promote higher quality, more efficient health care for Medicare beneficiaries through measurement. Under this program, quality data reporting requirements for care rendered in the ASC setting were implemented starting with claims submitted for services beginning October 1, 2012.

If you are new to the program or would like to learn more, please take a moment to review our website.

- For more information about the ASCQR Program, visit the [ASC Program Information page](#).
- For videos and resources on reporting and participating in the ASC Program, visit the [ASC 101 page](#).
- For specific measure reporting guidelines and tools, visit the [ASC Tools and Resources page](#).

As the national support contractor for the ASCQR Program, the team at HSAG is available to answer questions or supply any additional information you may need. We invite you to join the Ambulatory Surgical Center ListServe at [qualitynet.org](#) to receive notifications about program developments. We are committed to offering quality service in a timely and effective manner. Please contact us at qgrsupport@hsag.com or call us toll-free at [866.800.8756](tel:866.800.8756) from 7 a.m. to 6 p.m. ET with any comments, suggestions, or concerns you may have.


ASCQR Program

- Program Information
- ASCQR 101
- ASCQR Program Tools and Resources**
- Upcoming Events
- Archived Events
- Continuing Education
- Data Dashboard
- ASC Program Rule History
- Qualit-e-Quips
- Agent (Vendor) Authorization Forms





Tools and Resources

ASCQR Program Tools and Resources

Public Reporting

ASCQR Preview Report Quick Reference Guide 	A quick reference guide for your facility's publicly reported data
--	--

Program Resources

Successful Reporting in the ASCQR Program: A Step-by-Step Guide for New Facilities 	Essential information for those new to the ASCQR Program
ASCQR Reference Checklist 	Summary of the current year's program requirements
ASCQR Questions & Answers Tool	Immediate feedback to your questions and a searchable database of past responses
ASCQR Frequently Asked Questions 	FAQs about the ASCQR Program
ASC ListServe Registration	Email sign-up to receive the most up-to-date information and education
ASCs on QualityNet	Program information and access to data submission portal and reports
CMS Extraordinary Circumstances Exceptions Guidelines and Form	Please visit QualityNet.org
ASC Contact Change Form 	Update your facility's contact information
Ambulatory Surgical Center Quality Reporting Program 101	Resources for new quality reporting professionals

Next Category

The screenshot shows the ASCQR Program website. At the top, there is a navigation bar with the following items: **QUALITY REPORTING CENTER** (with logo), Events Calendar, Inpatient, Outpatient, **ASC** (highlighted in yellow), SNF VBP, and Events on Demand. Below the navigation bar, the breadcrumb trail reads "Home / ASC".

The main content area is titled "ASCQR Program". It includes a welcome message: "Welcome to the Centers for Medicare & Medicaid Services (CMS) Ambulatory Surgical Center Quality Reporting (ASCQR) Program. The ASCQR Program exists to promote higher quality, more efficient health care for Medicare beneficiaries through measurement. Under this program, quality data reporting requirements for care rendered in the ASC setting were implemented starting with claims submitted for services beginning October 1, 2012." It also states: "If you are new to the program or would like to learn more, please take a moment to review our website."

Below the welcome message is a list of links:

- For more information about the ASCQR Program, visit the [ASC Program Information page](#).
- For videos and resources on reporting and participating in the ASC Program, visit the [ASC 101 page](#).
- For specific measure reporting guidelines and tools, visit the [ASC Tools and Resources page](#).

At the bottom of the main content area, there is a paragraph: "As the national support contractor for the ASCQR Program, the team at HSAG is available to answer questions or supply any additional information you may need. We invite you to join the Ambulatory Surgical Center ListServe at qualitynet.org to receive notifications about program developments. We are committed to offering quality service in a timely and effective manner. Please contact us at qgrsupport@hsag.com or call us toll-free at [866.800.8756](tel:866.800.8756) from 7 a.m. to 6 p.m. ET with any comments, suggestions, or concerns you may have."

On the left side, there is a navigation menu with the following items:

- ASCQR Program
- Program Information
- ASCQR 101
- ASCQR Program Tools and Resources
- Upcoming Events** (highlighted with a red box)
- Archived Events
- Continuing Education
- Data Dashboard (with a dropdown arrow)
- ASC Program Rule History
- Qualit-e-Quips (with a dropdown arrow)
- Agent (Vendor) Authorization Forms

Archived Events

Archived Events

[System Updates: Ambulatory Surgical Center Quality Reporting \(ASCQR\) Program](#)

2/17/2021

Description: This event will walk participants through the new Hospital Quality Reporting (HQR) platform and include step-by-step instructions for entering data, Access Management, Vendor Managemen...

[Quality Reporting for Hospital Outpatient Departments and Ambulatory Surgical Centers: CY 2021 Program Finalized Proposals](#)

1/27/2021

Description: Join us as the Program Lead for CMS's Hospital Outpatient Quality Reporting (OQR) Program presents the Calendar Year (CY) 2021 Final Rule, discusses the program's finalized proposals,...

[Cyberattacks in Healthcare](#)

11/18/2020

Description: Join us for this exciting review of security standards in the protection of electronic Protected Health Information (ePHI). We will review case studies and discuss strategies to redu...

[Quality Reporting for Hospital Outpatient Departments and Ambulatory Surgical Centers: CY 2021 Program Proposals](#)

9/9/2020

Description: The Program Lead from the Centers for Medicare & Medicaid Services (CMS) will be presenting the Calendar Year (CY) OPPS/ASC 2021 Proposed Rule. We will cover the proposed changes for...

Data Dashboard



Events Calendar

Inpatient

Outpatient

ASC

SNF VBP

Events on Demand

[Home](#) / ASC

ASCQR Program

Program Information

ASCQR 101

ASCQR Program Tools and Resources

Upcoming Events

Archived Events

Continuing Education

Data Dashboard

ASC Compare Tool

ASC Lookup Tools

Medicare Procedure Price Lookup

National and State Rate Data

Lookup Tool Archives

ASCQR Program

Welcome to the Centers for Medicare & Medicaid Services (CMS) Ambulatory Surgical Center Quality Reporting (ASCQR) Program. The ASCQR Program exists to promote higher quality, more efficient health care for Medicare beneficiaries through measurement. Under this program, quality data reporting requirements for care rendered in the ASC setting were implemented starting with claims submitted for services beginning October 1, 2012.

If you are new to the program or would like to learn more, please take a moment to review our website.

- For more information about the ASCQR Program, visit the [ASC Program Information page](#).
- For videos and resources on reporting and participating in the ASC Program, visit the [ASC 101 page](#).
- For specific measure reporting guidelines and tools, visit the [ASC Tools and Resources page](#).

As the national support contractor for the ASCQR Program, the team at HSAG is available to answer questions or supply any additional information you may need. We invite you to join the Ambulatory Surgical Center ListServe at qualitynet.org to receive notifications about program developments. We are committed to offering quality service in a timely and effective manner. Please contact us at qgrsupport@hsag.com or call us toll-free at [866.800.8756](tel:866.800.8756) from 7 a.m. to 6 p.m. ET with any comments, suggestions, or concerns you may have.

Lookup Tools

ASC Facility and CCN Lookup

ASC CCN (third digit is a "C")

OR

ASC NPI

Enter your facility's National Provider Identifier (NPI) or CMS Certification Number (CCN) into the field above.

Note: Data updated on March 18, 2021

Your Results

The *Yes* next to the measure indicates a successful submission.

Web-Based Measures Information:

CCN: 12C12345678

- ASC - 9 Submitted: **YES**
- ASC - 11 Submitted: **YES**
- ASC - 13 Submitted: **YES**
- ASC - 14 Submitted: **YES**



SUMMARY

Remember These Tips

- Identify and maintain a Security Official.
 - Having two active SOs is highly recommended.
- Collect data for web-based measures and submit these data by the deadline.
- Please use the program Specifications Manual to ensure you are abstracting correctly.
- QualityReportingCenter.com is full of useful tools and resources.

Resources

- Today's presentation can be found on www.QualityReportingCenter.com.
- For HQR login issues, contact *QualityNet* Support:
 - E-mail: qnetsupport@hcqis.org
 - Phone: 866.288.8912
- For program-related questions, call the support contractor help desk.
 - Phone: 866.800.8756

Questions



We appreciate you
joining us today!



Thank You!

Continuing Education (CE) Approval

This program has been approved for one CE credit for the following boards:

- **National credit**
 - Board of Registered Nursing (Provider #16578)
- **Florida-only credit**
 - Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
 - Board of Registered Nursing
 - Board of Nursing Home Administrators
 - Board of Dietetics and Nutrition Practice Council
 - Board of Pharmacy

Note: To verify CE approval for any other state, license, or certification, please check with your licensing or certification board.

Acronyms

ASC	Ambulatory Surgical Center	HARP	Healthcare Quality Information System (HCQIS) Access Roles and Profile
ASCQR	Ambulatory Surgical Centers Quality Reporting	HQR	Hospital Quality Reporting
CCN	CMS Certification Number	MIF	Measure Information Form
CE	Continuing Education	OAS CAHPS	Outpatient and Ambulatory Surgery Consumer Assessment
CMS	Centers for Medicare & Medicaid Services	PY	Payment Year
FAQ	Frequently Asked Question	SO	Security Official

Disclaimer

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