

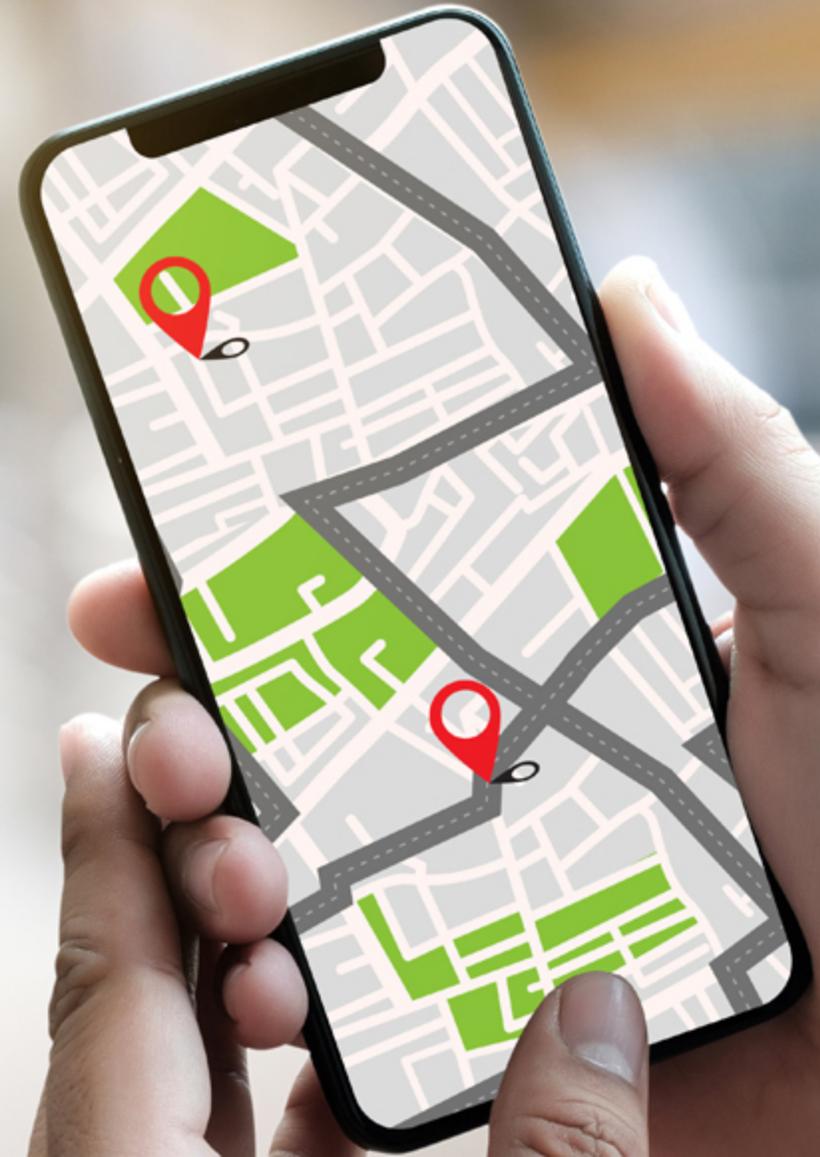
# Where in the World? Finding Your Way to Successful Reporting for the ASCQR Program

Presented by:

**Outpatient Quality Program Systems  
and Stakeholder Support Team**



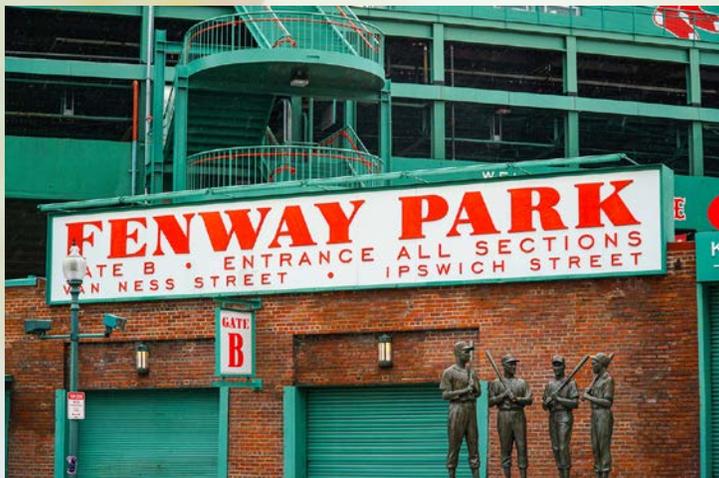
# OUR JOURNEY TODAY



# Learning Objectives

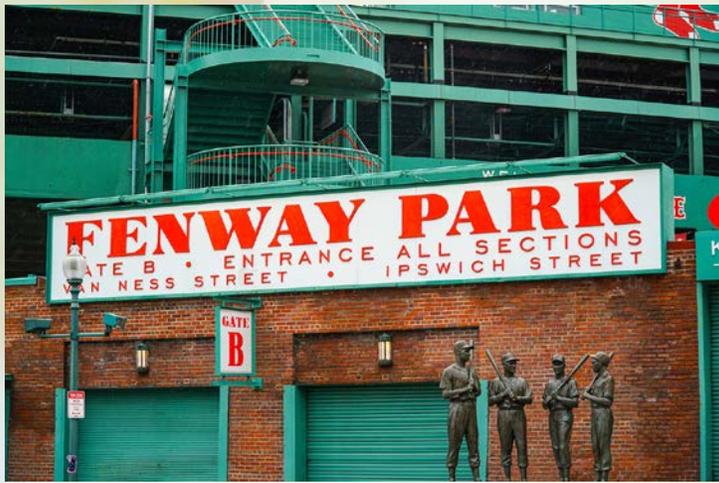
Attendees will be able to:

- State program requirements for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program
- List measures for this program
- Recall how to submit data
- Describe resources available on *QualityNet* and the QualityReportingCenter websites



# OUR FIRST STOP...





# BOSTON

## Program Requirements



# Topics

This section covers the following:

- Program requirements
- Frequent program terms
- Public reporting
- Most recent final rule



# Regulations

- Social Security Act addresses the ASCQR Program.
- Code of Federal Regulations (CFR) sections 42 CFR 416.305 to 416.320
- ASCs that do not meet program requirements may receive a reduction of 2.0 percentage points in their payment update for the applicable payment year.
- The ASCQR Program requirements are **separate** from any vaccine mandates.

# Program Requirements

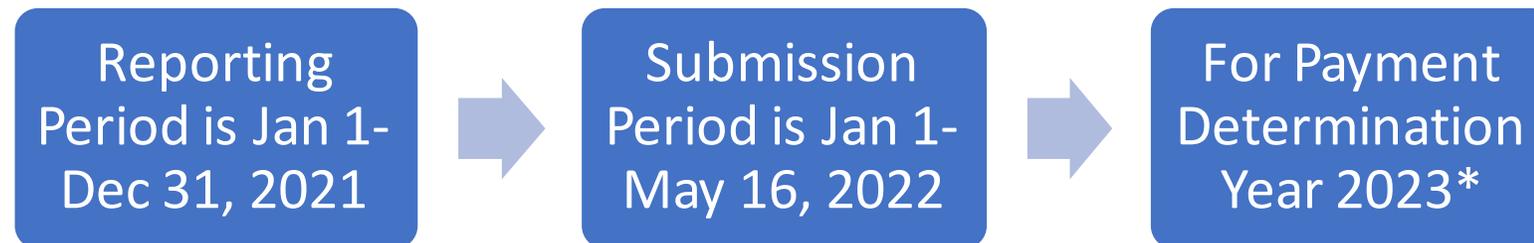
- Collect and report data in the Hospital Quality Reporting (HQR) system and have:
  - An active Healthcare Quality Information System (HCQIS) Access Roles and Profile (HARP) account
  - At least one active Security Official (SO) registered
- Collect and report data in the National Healthcare Safety Network (NHSN) system and have:
  - An active Secure Access Management Services (SAMS) credentials
  - One Facility Administrator (FA)

Data for claims-based measures are collected via paid Medicare claims and do not require abstraction and reporting by the facility

# Terms

- **Reporting Period:** Timeframe data are being pulled from (the patient encounters)
- **Submission Period:** Timeframe you submit your data
- **Payment Determination Year:** The year your ASC sees a payment reflection for the data you reported

Example: The submission of ASC-9



\* Payment Determination Year 2023 is from January 1 through December 31, 2023

# Requirements Summary

- Claims Threshold
  - Facilities with fewer than 240 Medicare claims per year are not required to participate
- Newly Designated as Open
  - ASCs designated as operating in the CMS Certification and Survey Provider Enhanced Reporting (CASPER) system four months prior to January 1 of the reporting period are required to report

Example:

Open August  
of 2022



Report data  
in 2023



For payment  
year 2024

# Public Reporting

Reported data will be publicly displayed to allow:

- Evaluation of your preview report
- Accessibility of your publicly displayed data
- Comparison of your data to other ASCs
  - Use your data to improve quality

# Final Rule Summary

## **CY 2022 Outpatient Perspective Payment System (OPPS) Final Rule**

- Adoption of one new measure
  - COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)
- Changes to previously adopted measures
  - Reporting resumption for ASC-1, ASC-2, ASC-3, and ASC-4
  - Mandatory reporting of ASC-11
  - Mandatory reporting of 15a-e measures after a period of voluntary reporting
- Requests for information/comment

The ASCQR Program requirements are separate from any vaccine mandates.



# OUR NEXT STOP...





# SEATTLE

## Program Measures



# Topics

This section covers:

- Types of measures
- Program measures and deadlines



# Types of Measures

- Web-Based Measures:
  - Reported annually in HQR
  - Reported quarterly in NHSN
- Claims-Based Measures:
  - Collected via paid Medicare claims
  - Requires no manual abstraction or reporting

# Web-Based Measures: HQR

## Payment Year (PY) 2023

Measure	Reporting Period	Submission Period
ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Jan 1–Dec 31, 2021	Jan 1–May 16, 2022
ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery *		
ASC-13: Normothermia Outcome		
ASC-14: Unplanned Anterior Vitrectomy		

\*Mandatory reporting begins with the CY 2025 reporting period for the CY 2027 payment determination.

# Upcoming Web-Based: HQR

## Payment Year 2025

Measure	Reporting Period	Submission Period
ASC-1: Patient Burn	Jan 1—Dec 31, 2023	Jan 1—May 15, 2024
ASC-2: Patient Fall		
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant		
ASC-4: All-Cause Hospital Transfer/Admission		

# Web-Based Measure: NHSN

## Payment Year 2024

Measure	Reporting Period	Submission Deadline
ASC-20: COVID-19 Vaccination Coverage Among Healthcare Personnel	Jan 1—Mar 31, 2022	August 15, 2022
	Apr 1—Jun 30, 2022	November 15, 2022
	Jul 1—Sept 30, 2022	February 15, 2023
	Oct 1—Dec 31, 2022	May 15, 2023

# Claims-Based Measures

## Payment Year 2023

Measure	Reporting Period
<b>ASC-12:</b> Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Jan 1, 2019–Dec 31, 2021
<b>ASC-17:</b> Hospital Visits After Orthopedic Ambulatory Surgery Center Procedures	Jan 1, 2020–Dec 31, 2021
<b>ASC-18:</b> Hospital Visits After Urology Ambulatory Surgery Center Procedures	Jan 1, 2020–Dec 31, 2021

## Payment Year 2024

Measure	Reporting Period
<b>ASC-19:</b> Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers	Jan 1—Dec 31, 2022

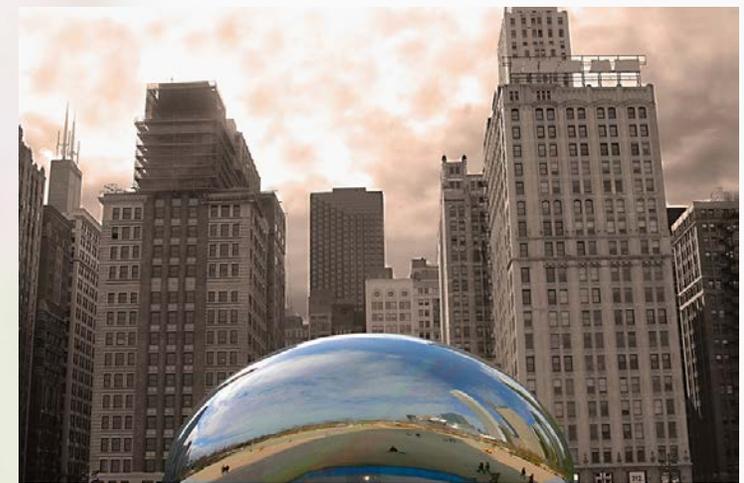
# Survey Measures: In the Future

## ASC-15a-e: 15a-e Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey (OAS CAHPS®) Measures

### Payment Year 2027

Measure	Reporting Period	Submission Deadline
ASC-15a: About Facilities and Staff	Jan 1–Mar 31, 2025	July 2025
ASC-15b: Communication About Procedure	Apr 1–Jun 30, 2025	October 2025
ASC-15c: Preparation for Discharge and Recovery	Jul 1–Sep 30, 2025	January 2026
ASC-15d: Overall Rating of Facility	Oct 1–Dec 31, 2025	April 2026
ASC-15e: Recommendation of Facility		

Voluntary reporting begins with the CY 2024 reporting period. Mandatory reporting begins the year after.



# OUR NEXT STOP...





# CHICAGO

Entering Your Data: HQR



# Topics

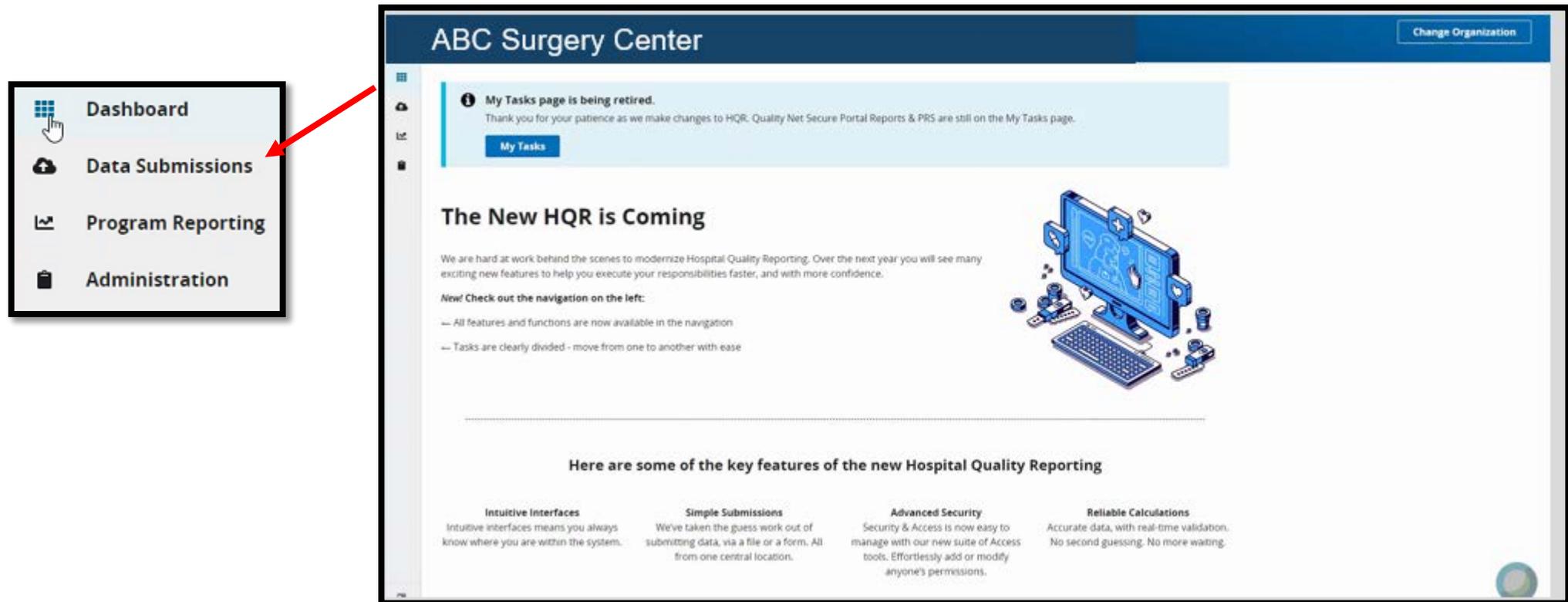
This section covers:

- How to enter your data into HQR



# Data Submission

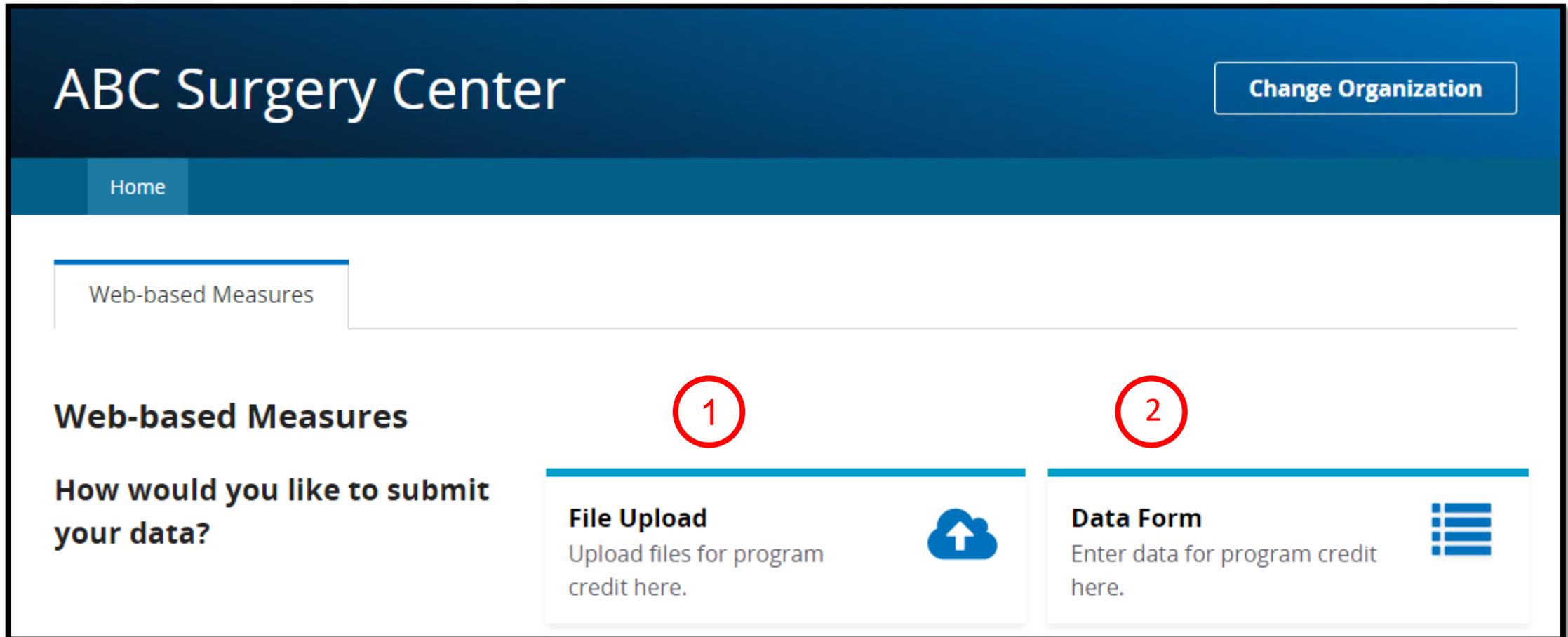
To enter your data, click on the Dashboard toggle to open your menu.  
Select *Data Submission*.



The image shows a screenshot of a web dashboard for 'ABC Surgery Center'. On the left, a navigation menu is displayed with four items: 'Dashboard' (with a grid icon and a hand cursor), 'Data Submissions' (with a cloud icon), 'Program Reporting' (with a line graph icon), and 'Administration' (with a clipboard icon). A red arrow points from the 'Data Submissions' menu item to the main dashboard area. The main dashboard area has a blue header with the organization name and a 'Change Organization' button. Below the header, there is a notification banner stating 'My Tasks page is being retired.' and a 'My Tasks' button. The main content area features a section titled 'The New HQR is Coming' with a sub-header 'Here are some of the key features of the new Hospital Quality Reporting'. This section includes four columns of text describing features: 'Intuitive Interfaces', 'Simple Submissions', 'Advanced Security', and 'Reliable Calculations'. An illustration of a computer monitor with various icons is positioned to the right of the 'The New HQR is Coming' section.

# Choose Your Option

There are two data submission methods:  
File Upload and Data Form



The screenshot shows the ABC Surgery Center website interface. At the top, there is a dark blue header with the text "ABC Surgery Center" on the left and a "Change Organization" button on the right. Below the header is a navigation bar with a "Home" link. The main content area features a "Web-based Measures" tab. Below this, a question asks "How would you like to submit your data?". Two options are presented: "File Upload" (marked with a red circle containing the number 1) and "Data Form" (marked with a red circle containing the number 2). The "File Upload" option includes a cloud icon with an upward arrow and the text "Upload files for program credit here." The "Data Form" option includes a grid icon and the text "Enter data for program credit here."

ABC Surgery Center

Change Organization

Home

Web-based Measures

Web-based Measures

How would you like to submit your data?

1

2

**File Upload**  
Upload files for program credit here.

**Data Form**  
Enter data for program credit here.

# File Upload

Select:

1. Select Files
- OR
2. Drag Files

You will receive an email indicating the status of **Accepted** or **Rejected**

The screenshot displays the 'ABC Surgery Center' web application. At the top right, there is a 'Change Organization' button. Below the header, a 'Home' tab is visible. The main content area is titled 'Web-based Measures' and contains two buttons: 'File Upload' and 'Data Form'. A red circle with the number '1' is placed over the 'File Upload' button. Below these buttons, a text instruction reads: 'Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.' A search bar with a 'Reset' button is located below the text. A red rectangle highlights the 'Select Files' button in the search bar. Below the search bar is a large dashed-line box representing the drag-and-drop area. Inside this box, there is a cloud upload icon and the text 'Drag files here to upload'. A red circle with the number '2' is placed over this area.

# Data Form

In choosing the Data Form option, you select *Launch Data Form*.

The screenshot shows the 'ABC Surgery Center' web interface. At the top, there is a dark blue header with the organization name and a 'Change Organization' button. Below the header is a navigation bar with a 'Home' tab. The main content area is titled 'Web-based Measures' and contains two buttons: 'File Upload' and 'Data Form'. The 'Data Form' button is highlighted with a red border. Below this, a message states: 'You have selected Data Form submission. You can choose a different method at any time.' Underneath, there is a section titled 'Select the Data Form' with a dropdown menu showing 'ASC' and a 'Launch Data Form' button with a green arrow icon. A red arrow points to the 'Launch Data Form' button.

ABC Surgery Center [Change Organization](#)

Home

Web-based Measures

**Web-based Measures**

[File Upload](#) [Data Form](#)

You have selected Data Form submission. You can choose a different method at any time.

**Select the Data Form**

ASC [Launch Data Form](#)

# Entering Your Data

To enter your data, you can:

1. Check the Payment Year.
2. Select *Start Measure*.
3. Check the box next to *Please enter zeros for this measure as I have no data to submit* if your ASC does not perform these procedures.

Ambulatory Surgical Center Quality Reporting (ASCQR) Program

Payment Year: 2023

National Provider Identification: 123456789  
Submission Period: 1/01/2022-5/16/2022  
With Respect to Reporting Period: 01/01/2021-12/31/2021  
Current Submission Period: Open

Enter Preview Submit

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

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

ASC-11 (Voluntary)  
Cataracts: Improvement in Patient's Visual Function 90 Days Following Cataract Surgery

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

ASC-13  
Normothermia Outcome

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

ASC-14  
Unplanned Anterior Vitrectomy

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

I'm ready to submit

# Submit Your Data

Once you have entered all the data, select the blue *I'm ready to submit*.

The screenshot displays a list of four ASC measures, each with a score and a status. A red arrow points to the 'I'm ready to submit' button at the bottom right.

Measure ID	Status	Description	Score	Numerator	Denominator	Direction
ASC-9	Complete	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	95%	60	63	Higher score is better
ASC-11 (Voluntary)	Complete	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery	n/a	0	0	Higher score is better
ASC-13	Complete	Normothermia Outcome	99%	546	551	Higher score is better
ASC-14	Complete	Unplanned Anterior Vitrectomy	0%	1	987	Lower score is better

[I'm ready to submit](#)

# Retain a Copy

1. The green check indicates successful submission of your data.
2. You can print a screen shot or use the *Export Data* feature to keep a copy for your records.

National Provider Identification: 123456789  
Submission Period: 1/01/2022-5/16/2022  
With Respect to Reporting Period: 01/01/2021-12/31/2021  
Current Submission Period: **Open**

Enter ✓ Preview ✓ Submit ✓ [Export Data](#)

**1** [Edit Measure](#)

**2**

Measure ID	Status	Score	Numerator	Denominator	Direction
ASC-9	Complete	95%	60	63	Higher score is better
ASC-11 (Voluntary)	Complete	n/a	0	0	Higher score is better
ASC-13	Complete	99%	546	551	Higher score is better
ASC-14	Complete	0%	1	987	Lower score is better



# OUR NEXT STOP...





# SAN FRANCISCO

Entering Your Data: NHSN



# Topics

This section covers:

- How to enter your data into NHSN



# Logging Into SAMS

Log into the SAMS portal using the link provided or use [sams.cdc.gov](https://sams.cdc.gov).

- Enter your username and password.
- Select *Login*.

The screenshot displays the SAMS login interface, divided into two main sections by a vertical line and a central 'OR' button. The left section, titled 'SAMS Credentials', features a keyboard icon, input fields for 'SAMS Username' and 'SAMS Password', a blue 'Login' button, and a 'Forgot Your Password?' link. Below this is a note: 'For External Partners who login with only a SAMS issued UserID and Password.' The right section, titled 'SAMS Multi-factor Login', is highlighted with a red border and includes an illustration of a smartphone and a security keypad, input fields for 'SAMS Username' (containing 'Janedoe@ABCsurgery.or') and 'SAMS Password' (represented by dots), and a blue 'Login' button.

# Access NHSN

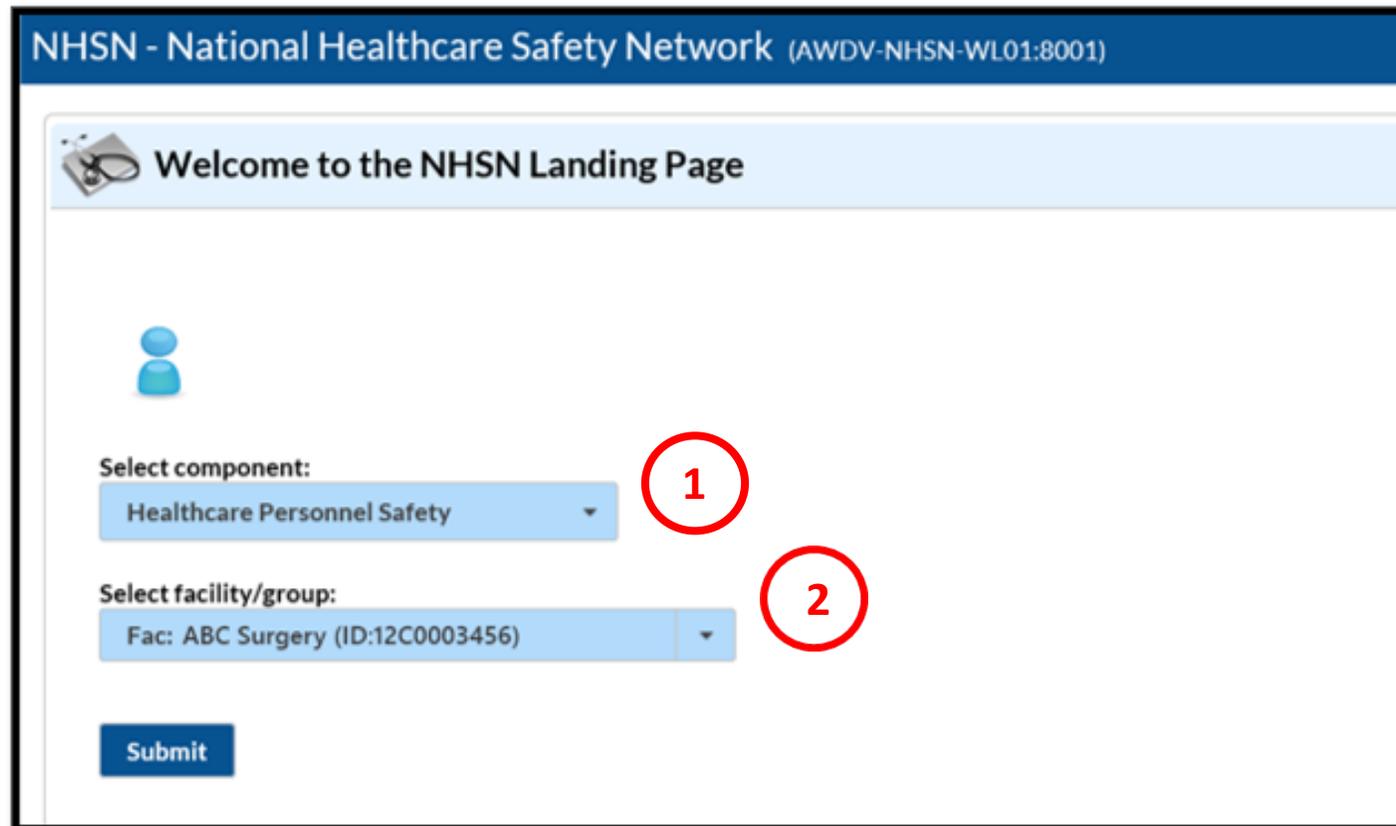
Select *NHSN Reporting*.

The screenshot displays a web application interface with two main sections: a left-hand menu and a right-hand 'My Applications' area. The menu is divided into three sections: 'Menu' (with 'SAMS Admin', 'My Profile', and 'Logout'), 'Links' (with 'SAMS User Guide', 'SAMS User FAQ', and 'Identity Verification Overview'), and 'My Applications'. The 'My Applications' section is divided into three categories: 'CDC TRAIN' (with 'CDC TRAIN'), 'CITI\_Single\_SignOn' (with 'CDC Single Point Sign On - CITI Courses'), and 'National Healthcare Safety Network System' (with 'NHSN Reporting \*' and 'NHSN Enrollment \*'). A red arrow points to the 'NHSN Reporting \*' link.

Menu	My Applications
<ul style="list-style-type: none"><li>SAMS Admin</li><li>My Profile</li><li>Logout</li></ul>	<ul style="list-style-type: none"><li>CDC TRAIN<ul style="list-style-type: none"><li>CDC TRAIN</li></ul></li><li>CITI_Single_SignOn<ul style="list-style-type: none"><li>CDC Single Point Sign On - CITI Courses</li></ul></li><li>National Healthcare Safety Network System<ul style="list-style-type: none"><li>NHSN Reporting *</li><li>NHSN Enrollment *</li></ul></li></ul>
<b>Links</b>	
<ul style="list-style-type: none"><li>SAMS User Guide</li><li>SAMS User FAQ</li><li>Identity Verification Overview</li></ul>	

# NHSN Landing Page

1. For **Select component**, choose *Healthcare Personnel Safety*.
2. For **Select facility/group**, select your facility.



NHSN - National Healthcare Safety Network (AWDV-NHSN-WL01:8001)

Welcome to the NHSN Landing Page

Select component:  
Healthcare Personnel Safety

Select facility/group:  
Fac: ABC Surgery (ID:12C0003456)

Submit

# Add a Monthly Reporting Plan

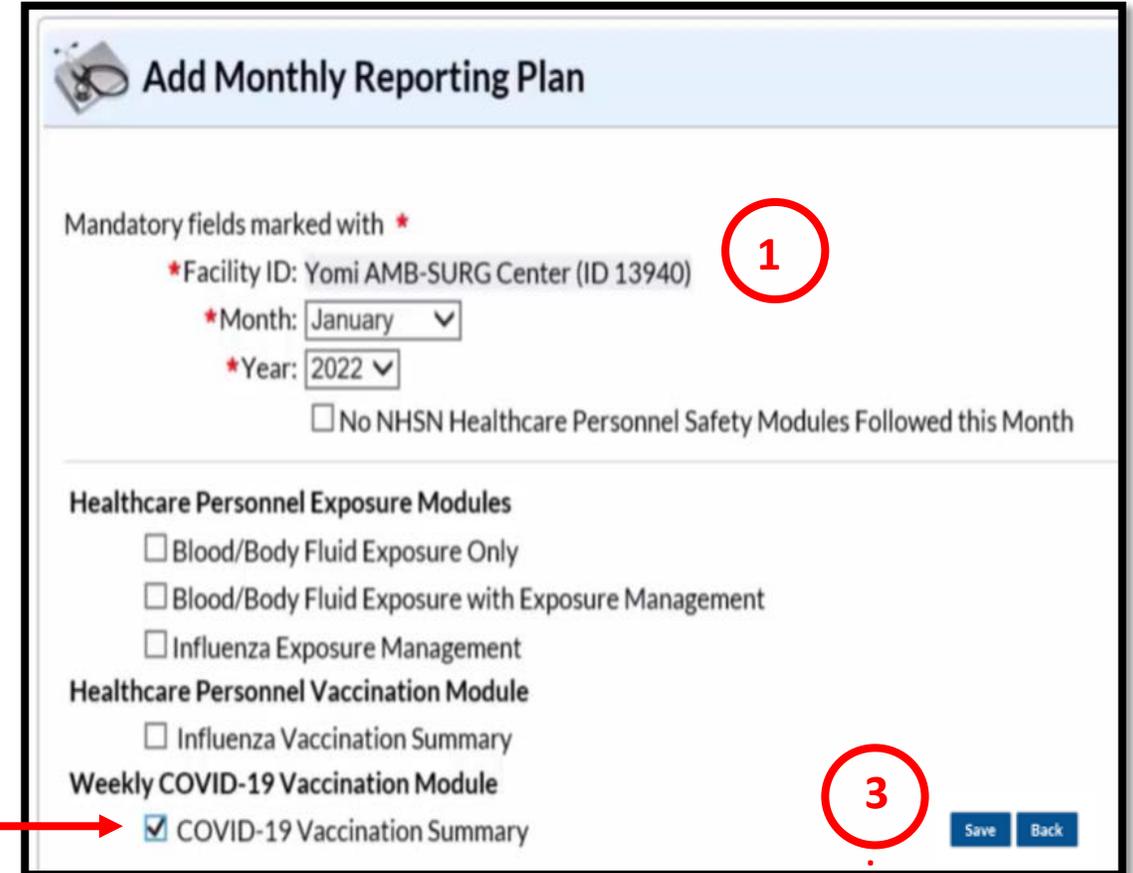
Hover over Reporting Plan from the left navigation bar.  
Select *Add*.

The screenshot displays the NHSN Healthcare Personnel Safety Component Home Page. On the left, a navigation bar lists various menu items: NHSN Home, Alerts, Reporting Plan, HCW, Lab Test, Exposure, Prophy/Treat, Import/Export, Vaccination Summary, Surveys, Analysis, Users, Facility, Group, Tools, and Logout. The 'Reporting Plan' item is highlighted, and a dropdown menu is open, showing 'Add', 'Find', and 'Incomplete' options. The 'Add' option is selected. The main content area features a header with a user profile icon and the text 'NHSN Healthcare Personnel Safety Component Home Page'. Below the header, there is a section titled 'COMPLETE THESE ITEMS' with a card for 'Confer Rights' showing 'Not Accepted'. Another section titled 'ALERTS' shows a card for 'Missing Weekly Summary Data' with the number '17'.

# Choose Your Options

Select:

1. The month and year from the drop-down
2. COVID-19 Vaccination Summary
3. *Save*



The screenshot shows a web form titled "Add Monthly Reporting Plan". At the top left is a medical icon. The form contains the following elements:

- Mandatory fields marked with \* (indicated by a red circle 1):
  - \*Facility ID: Yomi AMB-SURG Center (ID 13940)
  - \*Month: January (dropdown menu)
  - \*Year: 2022 (dropdown menu)
- No NHSN Healthcare Personnel Safety Modules Followed this Month
- Healthcare Personnel Exposure Modules:
  - Blood/Body Fluid Exposure Only
  - Blood/Body Fluid Exposure with Exposure Management
  - Influenza Exposure Management
- Healthcare Personnel Vaccination Module:
  - Influenza Vaccination Summary
- Weekly COVID-19 Vaccination Module:
  - COVID-19 Vaccination Summary (indicated by a red circle 2 and an arrow)
- Buttons: Save and Back (indicated by a red circle 3)

This disclaimer may appear, since you have not entered your data yet. Select *OK*.

# Plan Successfully Saved

- Look for “HCW Plan created successfully.”
- Select *Save*.

## View Monthly Reporting Plan

✓ HCW Plan created successfully. ←

Mandatory fields marked with \*

- \*Facility ID: ABC Surgery Center (ID 12C003456)
- \*Month: January
- \*Year: 2022

No NHSN Healthcare Personnel Safety Modules Followed this Month

---

**Healthcare Personnel Exposure Modules**

- Blood/Body Fluid Exposure Only
- Blood/Body Fluid Exposure with Exposure Management
- Influenza Exposure Management

**Healthcare Personnel Vaccination Module**

- Influenza Vaccination Summary

**Weekly COVID-19 Vaccination Module**

- COVID-19 Vaccination Summary

→ [Save](#) [Back](#)

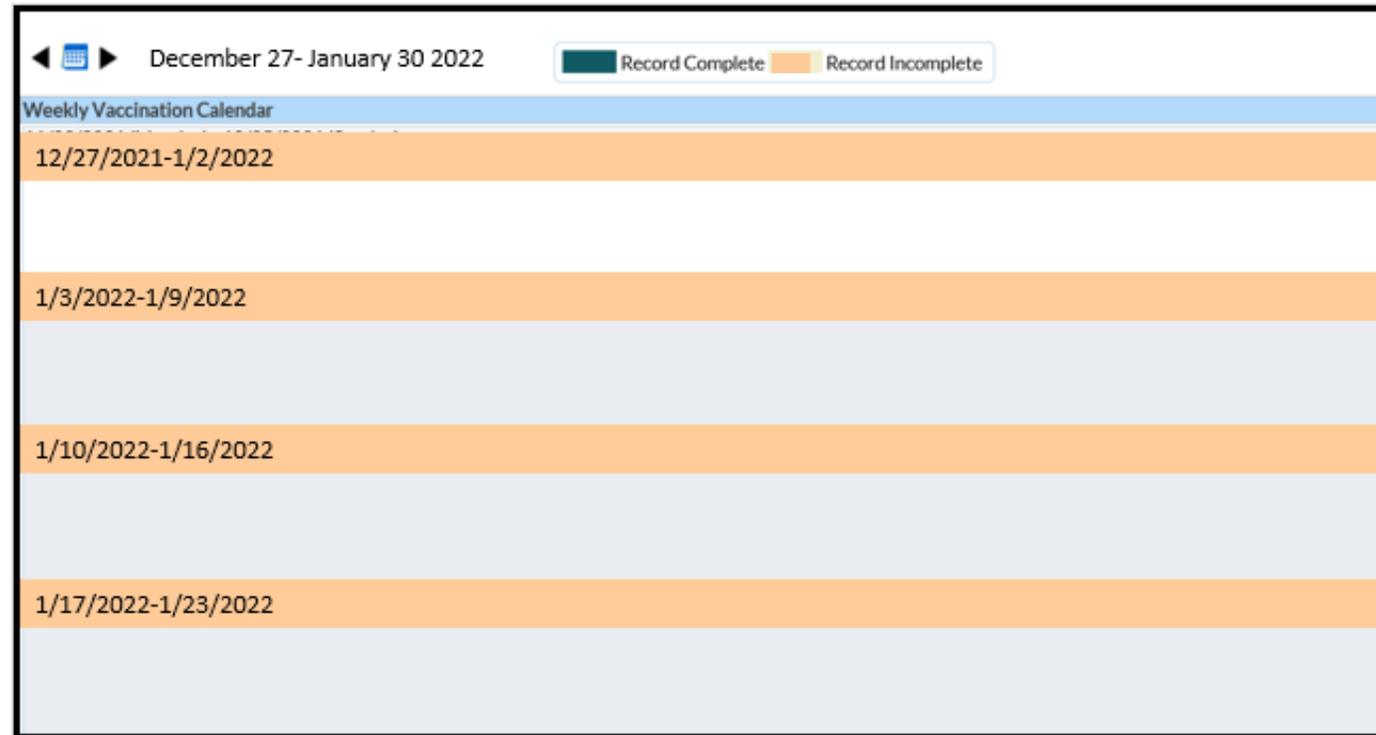
# Home Page

Hover over Vaccination Summary from the navigation bar.  
Select *COVID-19 Weekly Vaccination Summary*.

The screenshot displays the NHSN Healthcare Personnel Safety Component Home Page. On the left is a vertical navigation bar with the following items: NHSN Home, Alerts, Reporting Plan, HCW, Lab Test, Exposure, Prophy/Treat, Import/Export, Vaccination Summary, Surveys, Analysis, Users, Facility, Group, Tools, and Logout. The 'Vaccination Summary' item is highlighted, and a dropdown menu is open, showing 'Annual Vaccination Flu Summary' and 'COVID-19 Weekly Vaccination Summary'. The main content area has a header 'NHSN Healthcare Personnel Safety Component Home Page' and a section titled 'Action Items'. Under 'Action Items', there is a sub-section 'COMPLETE THESE ITEMS' with a progress bar and a list of items: 'Confer Rights', 'Annual Vaccination Flu Summary', and 'COVID-19 Weekly Vaccination Summary'. Below this is an 'ALERTS' section with a large number '17' and the text 'Missing Weekly Summary Data'.

# Calendar Week

Select the week to enter data.



Educational tools are located on NHSN:

<https://www.cdc.gov/nhsn/hps/weekly-covid-vac/>

# Enter Your Data

Healthcare Personnel COVID-19 Vaccination Cumulative Summary for Non-Long-Term Care Facilities

Date Created:

Facility ID #: 13940      Location Type: COVID-19 Vac

Vaccination type: COVID19      Facility CCN #: 00C0000000

Week of Data Collection: 12/27/2021- 1/2/2022      Date Last Modified:

	Cumulative Vaccination Coverage					
	Healthcare Personnel (HCP) Categories					
	Employee HCP			Non-Employee HCP		
	* All Core HCP <sup>a</sup>	* All HCP <sup>b</sup>	* Employees (staff on facility payroll) <sup>c</sup>	* Licensed independent practitioner HCP <sup>d</sup>	* Adult students/trainees and volunteers <sup>e</sup>	* Other contract personnel <sup>f</sup>
1. * Number of HCP that were eligible to have worked at this healthcare facility for at least 1 day during the week of data collection	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. * Cumulative number of HCP in Question #1 who have received COVID-19 vaccines at this facility or elsewhere since December 2020:						
* Any completed COVID-19 vaccine series	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	* All Core HCP <sup>a</sup>	* All HCP <sup>b</sup>	* Employees (staff on facility payroll) <sup>c</sup>	* Licensed independent practitioner HCP <sup>d</sup>	* Adult students/trainees and volunteers <sup>e</sup>	* Other contract personnel <sup>f</sup>
3.1. * Medical contraindication to COVID-19 vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PFIZBION - Pfizer-BioNTech COVID-19 vaccine  
 MODERNA - Moderna COVID-19 vaccine  
 JANSSEN - Janssen COVID-19 vaccine  
 UNSPECIFIED - Unspecified manufacturer

A blank vaccination form is available on NHSN:  
<https://www.cdc.gov/nhsn/forms/57.219-p.pdf>

# Completed Data Entry

Your completed week will turn green.  
You will see a message box indicating your data are saved.

The screenshot displays a 'Weekly Vaccination Calendar' for the period 'December 27- January 30 2022'. A legend indicates that green bars represent 'Record Complete' and orange bars represent 'Record Incomplete'. The calendar shows four weekly periods: 12/27/2021-1/2/2022 (green), 1/3/2022-1/9/2022 (orange), 1/10/2022-1/16/2022 (orange), and 1/17/2022-1/23/2022 (orange). A message box is overlaid on the right side of the calendar, displaying the text 'Message' and 'Successfully saved record.' with an 'OK' button.



# OUR LAST STOP...





# WASHINGTON, DC

Tools And Resources



# Topics

This section covers:

- Tools and resources on *QualityNet*
  - Signing up for email updates
  - Using the QA tool
  - Accessing program information
  - Locating the Specifications Manual
- Tools and resources on QualityReportingCenter
  - Accessing program information
  - Discussing the Facility Compare Tool
  - Using the Lookup Tools



# QualityNet Website

[QualityNet.cms.gov](https://QualityNet.cms.gov)

CMS.gov | QualityNet

Search QualityNet



## Welcome to QualityNet!

Your one-stop shop for CMS Quality Programs.

[Subscribe to Email Updates](#)

[Log into QualityNet Secure Portal](#)

# From the Home Page

1. Subscribe to Email Updates
2. Access the Question & Answer Tool
3. Select *Ambulatory Surgical Centers* for program information

2

The screenshot shows the CMS.gov QualityNet homepage. At the top left is the CMS.gov logo and QualityNet text. A search bar is in the center. On the right, there are links for 'Quality Programs', 'Help', and 'Register'. The main header area is blue and contains a 'Welcome to QualityNet!' message, a 'Subscribe to Email Updates' button (circled with a red '1'), and a 'Get Started with QualityNet' button. To the right of the header is a 'Recent News' section with two news items. Below the header is a section titled 'I am looking for quality information associated with...' with six category tiles: 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Ambulatory Surgical Centers' (circled with a red '3'), 'PPS-Exempt Cancer Hospitals', 'ESRD Facilities', and 'Inpatient Psychiatric Facilities'.

# Access the Specifications Manual

1. Download the Specifications Manual
2. Select *Learn more* for detailed program information

The screenshot shows the 'Ambulatory Surgical Centers' website. At the top, there is a blue header with 'Home / Ambulatory Surgical Centers'. Below this is a navigation bar with links for 'Overview', 'Measures', 'Public Reporting', 'Data Submission', 'Resources', and 'Notifications'. The main content area is titled 'Ambulatory Surgical Center Overview'. It contains a paragraph about the ASC program and a 'Read more' button. To the right, there is a section titled 'Participating in the ASCQR Program?' with two buttons: 'Download 2022 Specifications Manual' and 'Download 2021 Specifications Manual'. Below these buttons is a link 'View all Specifications Manuals'. At the bottom, there is a section titled 'Ambulatory Surgical Center Quality Programs' with a card for 'Ambulatory Surgical Center Quality Reporting (ASCQR) Program' and a 'Learn more' button. A red circle with the number '1' highlights the 'Download 2022 Specifications Manual' button, and a red circle with the number '2' highlights the 'Learn more' button.

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](#)

1 Participating in the ASCQR Program?

[Download 2022 Specifications Manual](#)

[Download 2021 Specifications Manual](#)

[View all Specifications Manuals](#)

## Ambulatory Surgical Center Quality Programs

Ambulatory Surgical Center Quality Reporting (ASCQR) Program

[Learn more](#)

Learn about Ambulatory Surgical Center Measures, Public Reporting, and Data Submission

# Quality Reporting Center Website

[QualityReportingCenter.com](http://QualityReportingCenter.com)



# The Homepage

**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**

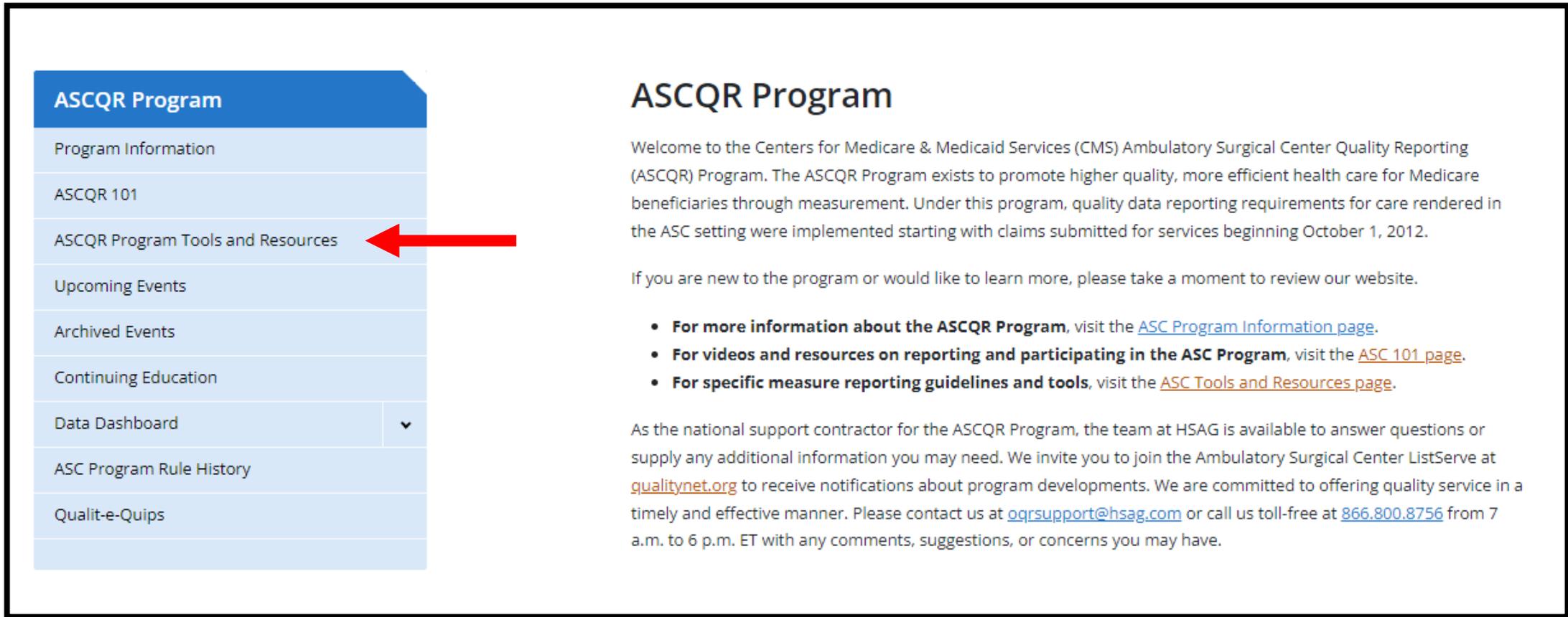
- > [Outpatient Overview](#)
- > [Tools and Resources](#)
- > [CCN Look-up Tools](#)

**ASC**

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

# QRC Resources

The navigation bar displays numerous resources.  
Select *ASCQR Program Tools and Resources* for program tools.



The screenshot shows a navigation menu on the left with the following items: ASCQR Program (highlighted in blue), Program Information, ASCQR 101, ASCQR Program Tools and Resources (indicated by a red arrow), Upcoming Events, Archived Events, Continuing Education, Data Dashboard (with a dropdown arrow), ASC Program Rule History, and Qualit-e-Quips. The main content area on the right is titled 'ASCQR Program' and contains a welcome message, a paragraph about the program's purpose, a note for new users, a list of three links for more information, videos, and reporting guidelines, and a paragraph about support from HSAG.

## 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.

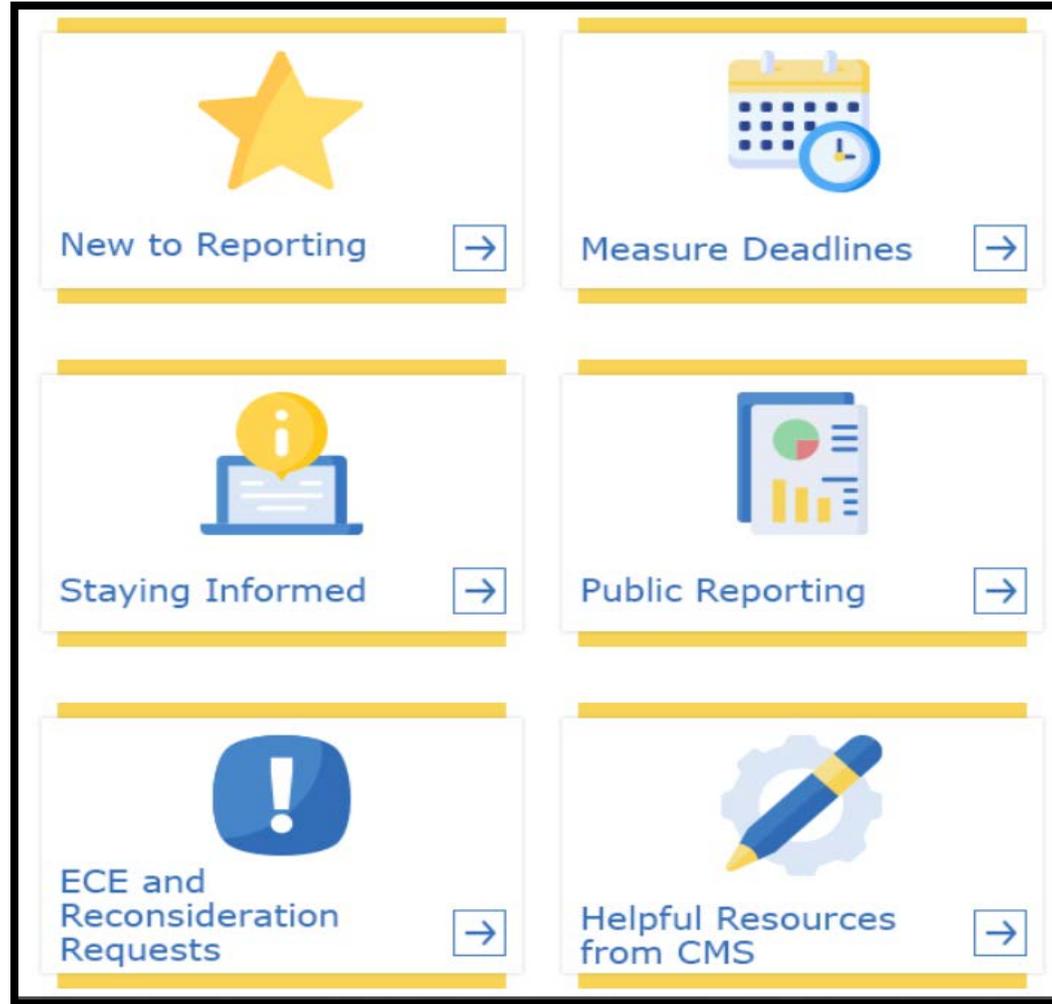
If you are new to the program or would like to learn more, please take a moment to review our website.

- **For more information about the ASCQR Program**, visit the [ASC Program Information page](#).
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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](http://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 [qqrsupport@hsag.com](mailto:qqrsupport@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.

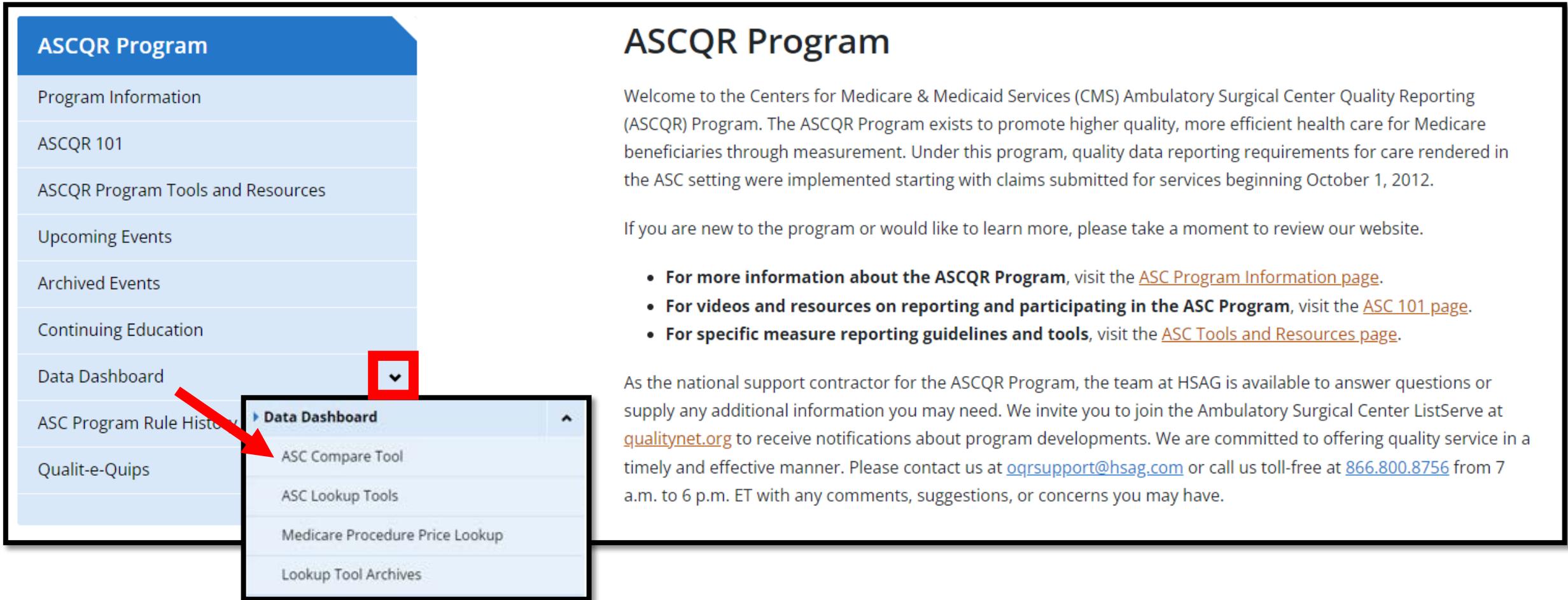
# Resource Options

Select any of the six options for more detailed information.



# Facility Compare Dashboard

Select *ASC Compare Tool* from the Data Dashboard drop-down.



The screenshot shows the ASCQR Program website interface. On the left is a navigation menu with the following items: ASCQR Program (highlighted in blue), Program Information, ASCQR 101, ASCQR Program Tools and Resources, Upcoming Events, Archived Events, Continuing Education, Data Dashboard (with a red square around the dropdown arrow), ASC Program Rule History, and Qualit-e-Quips. A red arrow points from the 'Data Dashboard' menu item to a dropdown menu that is open, showing the following options: Data Dashboard (with a right-pointing arrow), ASC Compare Tool (highlighted in blue), ASC Lookup Tools, Medicare Procedure Price Lookup, and Lookup Tool Archives. On the right side of the page, the 'ASCQR Program' section contains a welcome message, a paragraph about the program's purpose, a note for new users, and three bullet points with links to program information, reporting resources, and measure reporting guidelines. At the bottom of the right section, there is a paragraph about HSAG support and contact information.

## 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.

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# User Guide

For instructions, select *Facility Compare Tool User Guide*.

## Facility Compare Dashboard

The Facility Compare Dashboard displays facility and state specific data published as part of the Hospital Outpatient and Ambulatory Surgical Center Quality Reporting Programs. The charts and graphs utilize data from the Centers for Medicare and Medicaid Services (CMS) Provider Data Catalog (PDC). The latest publicly reported data displayed can be found on PDC using links in the program-specific sections below.

You can find helpful explanations of each component of the dashboard in the [Facility Compare Tool User Guide](#) . 

Ambulatory Surgical Centers



Hospital Outpatient Departments



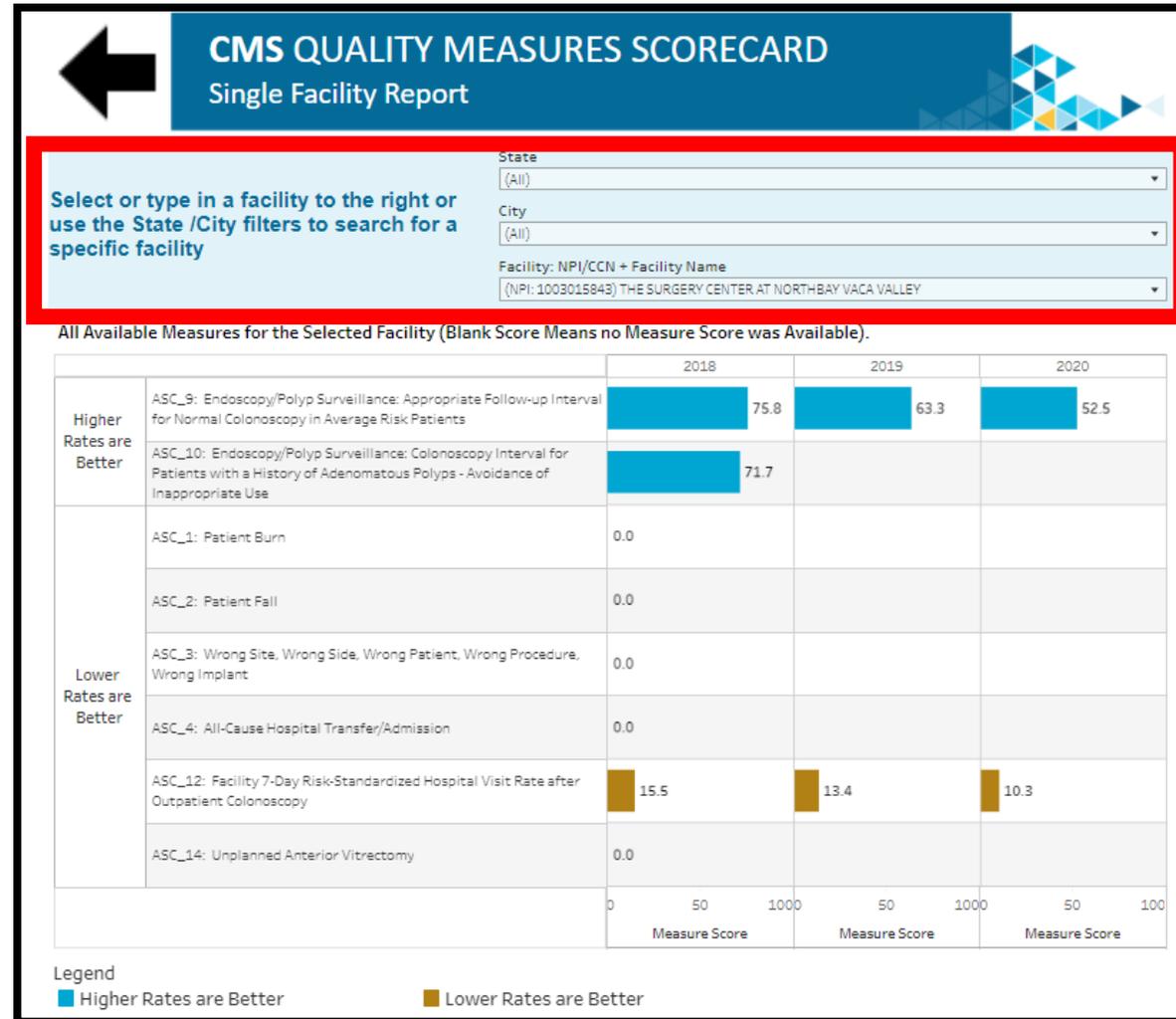
# Scorecard

From the Scorecard options, select *Explore all measures reported by a single facility.*

The screenshot shows the 'CMS QUALITY MEASURES SCORECARD Overview' page. At the top, there is a blue header with the title and a decorative graphic of blue and yellow triangles. Below the header, a light blue box contains the text: 'What do you want to do? Click a button below to select a desired report to view.' The main content area features eight yellow buttons arranged in a grid. A red arrow points to the top-left button, which is labeled 'Explore all measures reported by a single facility.' and features a circular icon with a building and a plus sign. The other buttons are: 'Compare facility performance by measure.' (magnifying glass icon), 'Compare state and city performance by measure.' (gears icon), 'Explore overall national scores by state and measure.' (list icon), 'Explore state comparison for all ASC measures.' (plus sign icon), 'Explore state comparisons for related measures across programs.' (bar chart icon), and 'Explore state comparison for all OQR measures.' (bar chart icon).

# Single Facility Search

You can make your selections in the light blue area to filter your search options.



# Filter Options

←

## CMS QUALITY MEASURES SCORECARD

### Single Facility Report

Select or type in a facility to the right or use the State /City filters to search for a specific facility

State: (All)

City: (All)

Facility: NPI/CCN + Facility Name  
(NPI: 1003015843) THE SURGERY CENTER AT NORTHBAY VACA VALLEY

All Available Measures for the Selected Facility (Blank Score Means no Measure Score was Available).

		2018			2019			2020		
		Score	Bar	Score	Bar	Score	Bar	Score	Bar	Score
Higher Rates are Better	ASC_9: Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	75.8		63.3		52.5				
	ASC_10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps - Avoidance of Inappropriate Use	71.7								
Lower Rates are Better	ASC_1: Patient Burn	0.0								
	ASC_2: Patient Fall	0.0								
	ASC_3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant	0.0								
	ASC_4: All-Cause Hospital Transfer/Admission	0.0								
	ASC_12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	15.5		13.4		10.3				
	ASC_14: Unplanned Anterior Vitrectomy	0.0								
		0	50	1000	0	50	1000	0	50	100

Legend

■ Higher Rates are Better
 ■ Lower Rates are Better

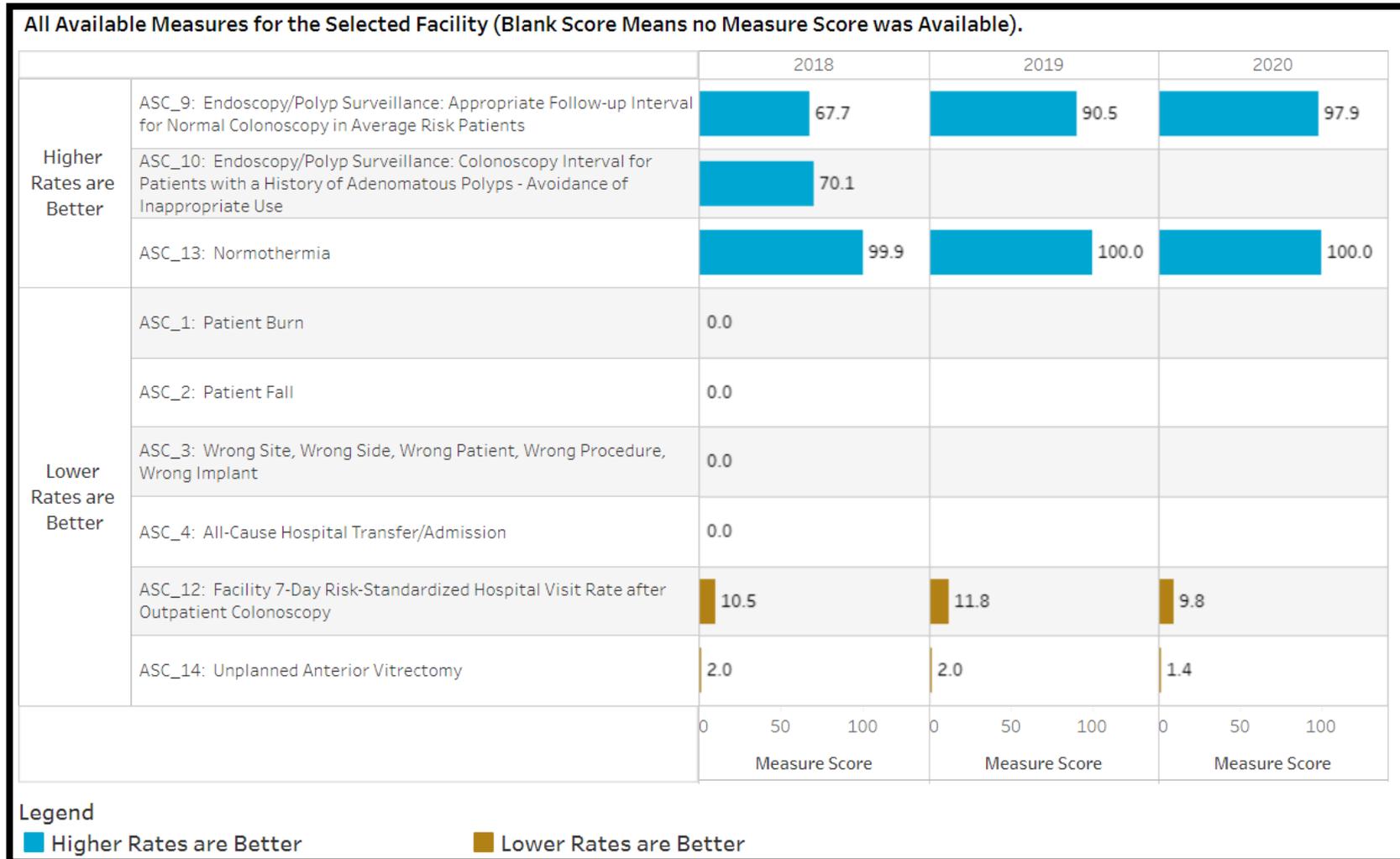
Facility: NPI/CCN + Facility Name

(NPI: 196295581) INLAND SURGERY CENTER AT TGH BRANDON HEALTHPLE

Enter search text

- (NPI: 1962609560) FRONT RANGE ENDOSCOPY CENTERS LLC
- (NPI: 1962626523) CALLOWAY CREEK SURGERY CENTER LP
- (NPI: 1962663559) GASTROINTESTINAL ASSOCIATES ENDOSCOPY CENTER
- (NPI: 1962663559) GASTROINTESTINAL ASSOCIATES ENDOSCOPY CENTER LLC
- (NPI: 1962668319) BOULDER MEDICAL CENTER PC
- (NPI: 1962670687) INLAND SURGERY CENTER INC
- (NPI: 1962671487) HYDE PARK SURGERY CENTER LLC
- (NPI: 1962676304) 32ND STREET SURGERY CENTER LLC
- (NPI: 1962681130) BAYLOR SCOTT & WHITE SURGICARE PLANO
- (NPI: 1962681130) BAYLOR SURGICARE AT PLANO LLC
- (NPI: 1962685834) DAVITA MEDICAL GROUP

# Single Facility Report View



# Reporting Zeros

By hovering your cursor over the bar graph, a pop-up will display the National Score for this measure.



# Performance by Measure

**CMS QUALITY MEASURES SCORECARD**  
Overview

What do you want to do? Click a button below to select a desired report to view.

- Explore all measures reported by a single facility.
- Compare facility performance by measure.
- Compare state and city performance by measure.
- Explore overall national scores by state and measure.
- Explore state comparison for all ASC measures.
- Explore state comparisons for related measures across programs.
- Explore state comparison for all OQR measures.

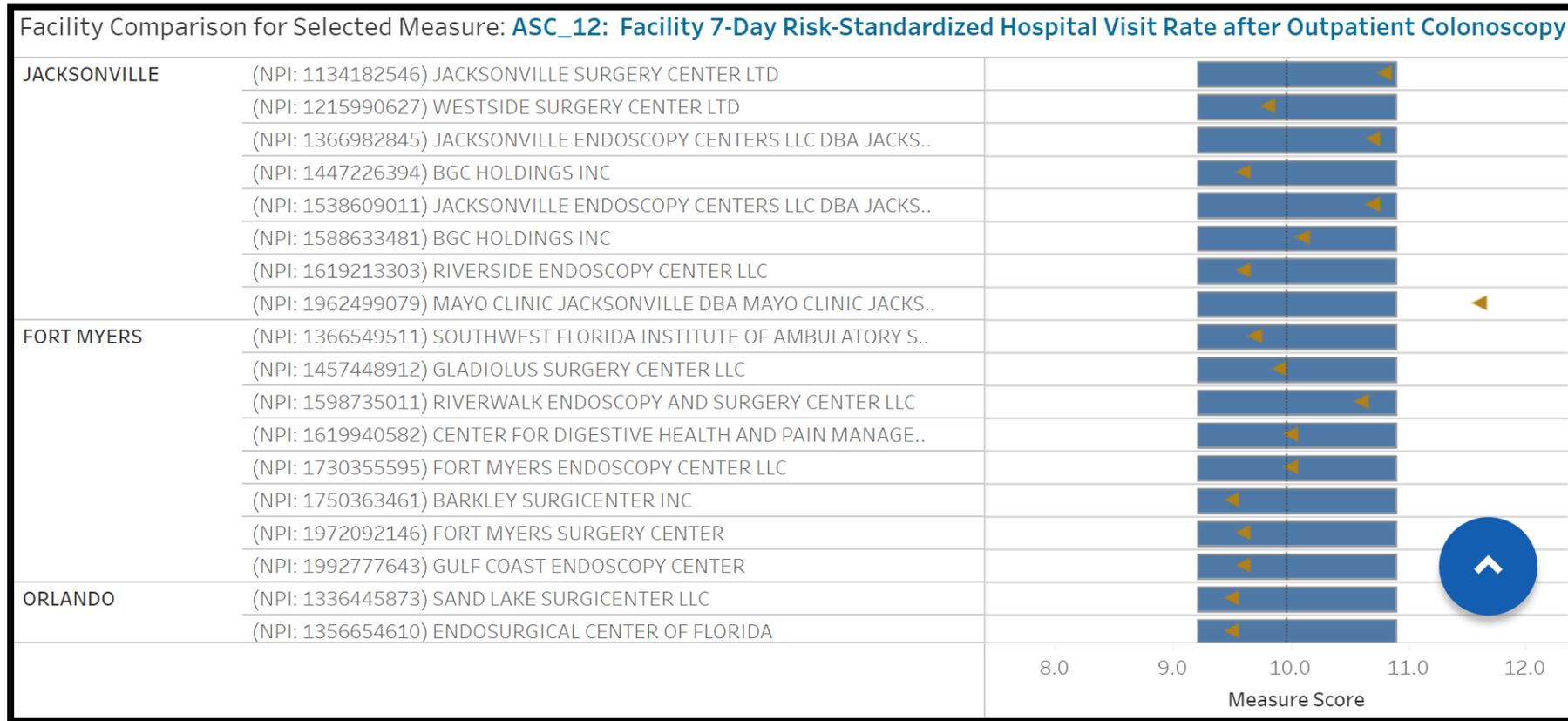
# Filter Options

1. Reset the filter options by clicking on the red button.
2. Select the measure you wish to compare.

The screenshot shows the CMS Quality Measures Scorecard interface. At the top, there is a blue header with a left-pointing arrow, the title "CMS QUALITY MEASURES SCORECARD", and the subtitle "Compare Facility Performance by Measure". Below the header, there are two instructions: "Use the filters below to select the desired state, city, and facility to view the corresponding quality measures." and "To change City and/or State, click the red/black button to clear the Facility filter, then select desired City and/or State." The filter section includes a "Reset Filters" button (a red circle with a black dot) and several dropdown menus: "Measure Category" (ASC), "State" (FL), "City" (JACKSONVILLE), "Facility ID & Name" ((NPI: 1134182546) JACKSONVILLE ...), "Filter Rate Type to Zoom" ((All)), and "Year" (2020). A red circle with the number "1" and an arrow points to the "Reset Filters" button. Below the filters, there is a legend: "LEGEND: Higher Rates are Better (blue triangle) | Lower Rates are Better (yellow triangle)". A "10<sup>th</sup> to 90<sup>th</sup> Percentile Range" is shown as a blue bar. The facility name is "(NPI: 1134182546) JACKSONVILLE SURGERY CENTER LTD". A list of measures is shown, including "ASC\_9: Endoscopy/Polyp Surveillance: 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", "ASC\_12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy", and "ASC\_14: Unplanned Anterior Vitrectomy". A red circle with the number "2" and a bracket highlights the list of measures. On the right, a callout box shows a legend for "(All)" with "Higher Rates are Better" (blue triangle) and "Lower Rates are Better" (yellow triangle). A red arrow points from the "Filter Rate Type to Zoom" dropdown to this callout box.

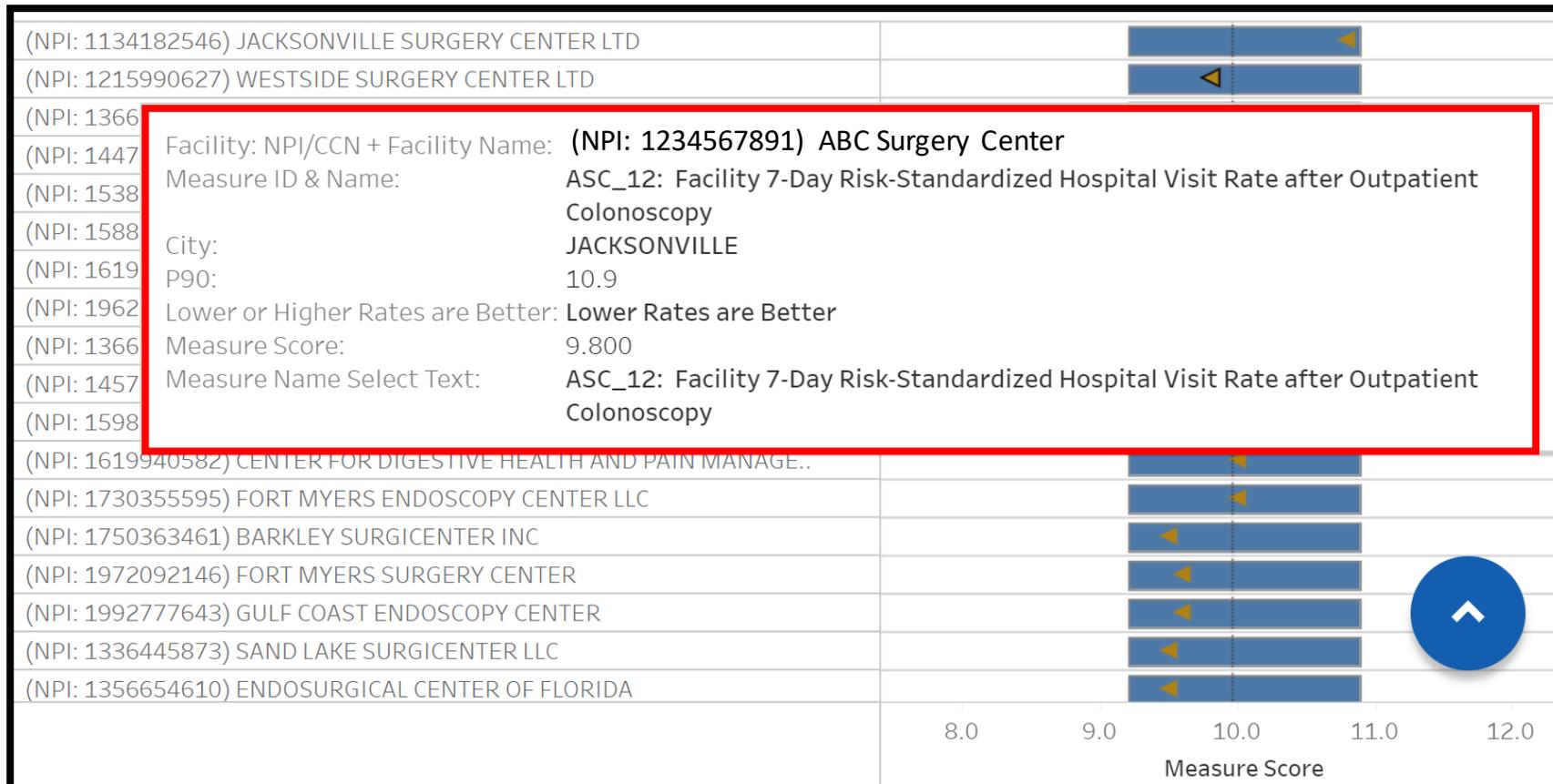
# Your Report Results

Your selected facility will be represented by the gold arrow. You can hover your cursor over any blue bar for additional information.



# Additional Information

By clicking on the gold arrow, a pop-up box will provide additional information.



# State Comparisons: Across Programs

Select *Explore state comparisons for related measures across programs*.

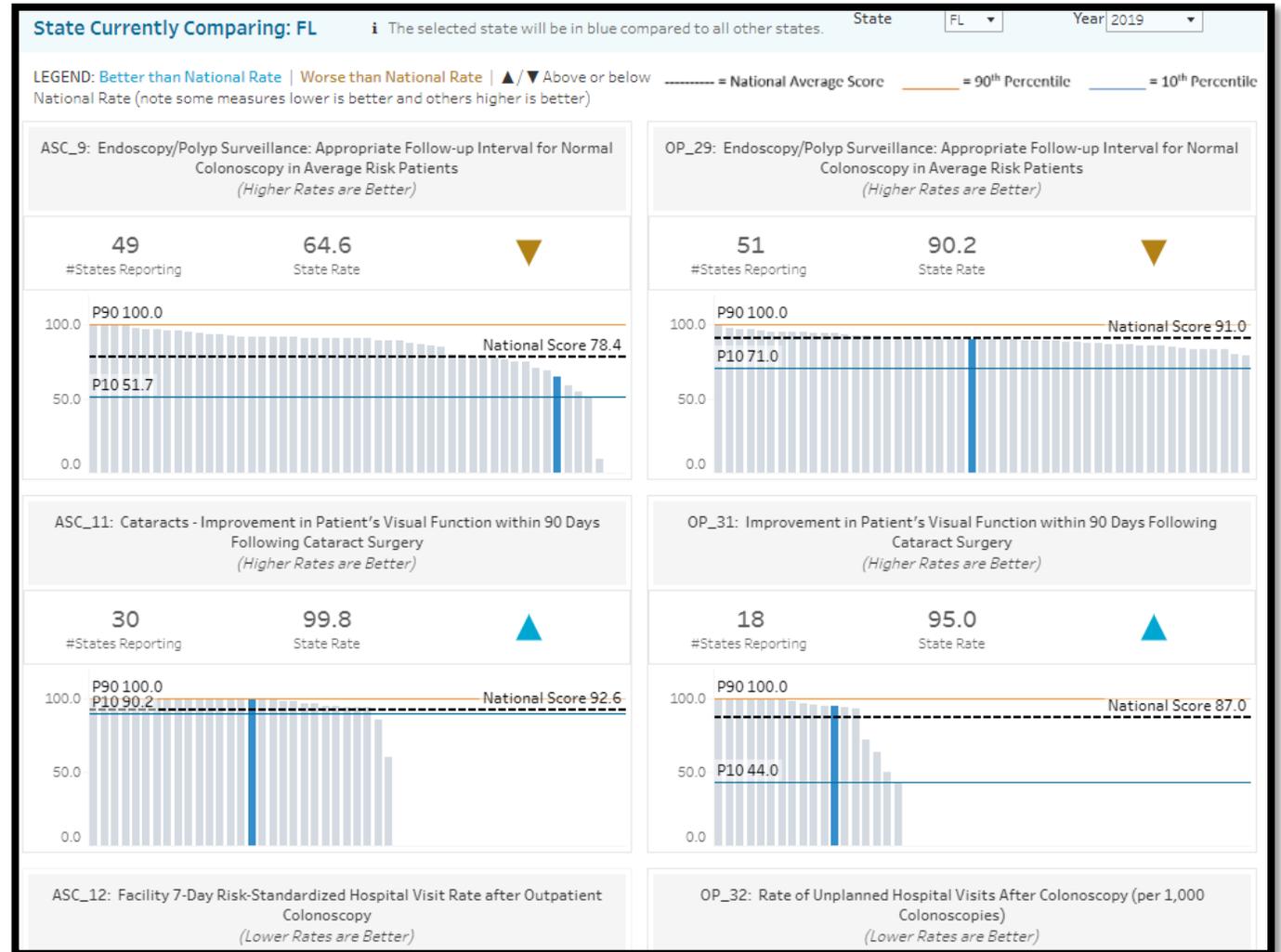
**CMS QUALITY MEASURES SCORECARD**  
Overview

What do you want to do? Click a button below to select a desired report to view.

- Explore all measures reported by a single facility.
- Compare facility performance by measure.
- Compare state and city performance by measure.
- Explore overall national scores by state and measure.
- Explore state comparison for all ASC measures.
- Explore state comparisons for related measures across programs.
- Explore state comparison for all OQR measures.

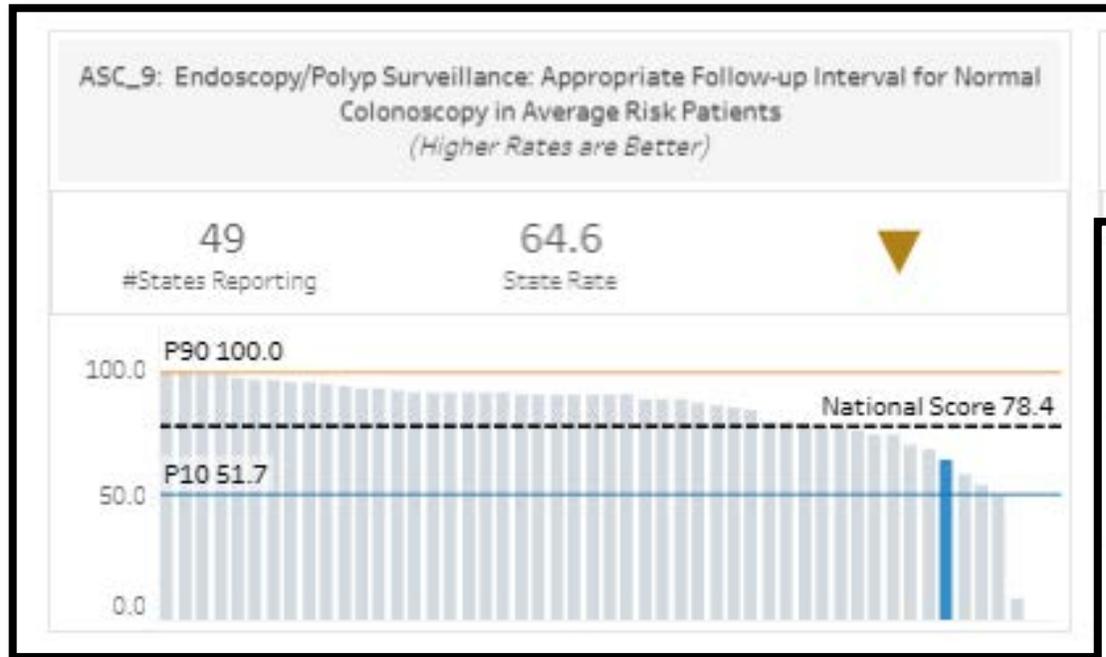
# Report Results

- All states are shown in gray.
- The selected state is shown in blue.
- National and state scores are displayed with a dotted line.
- The gold and blue arrows provide more information about the selected state data you are comparing.

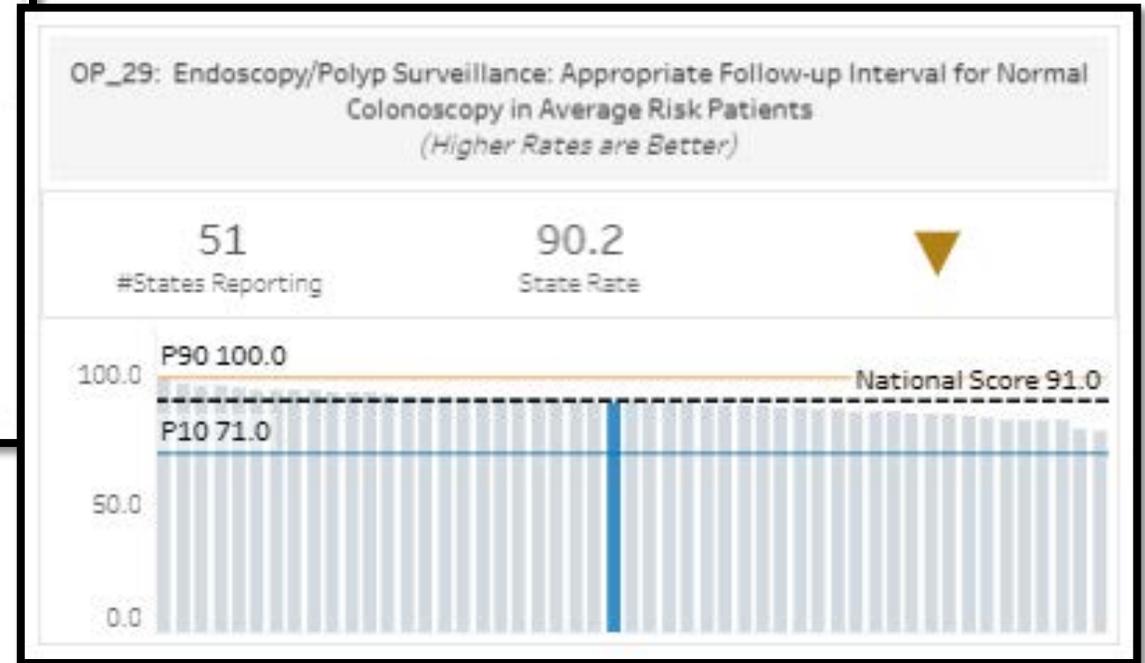


# A Closer Look

This report allows you to compare the same measure from the ASCQR and the Hospital OQR Program.



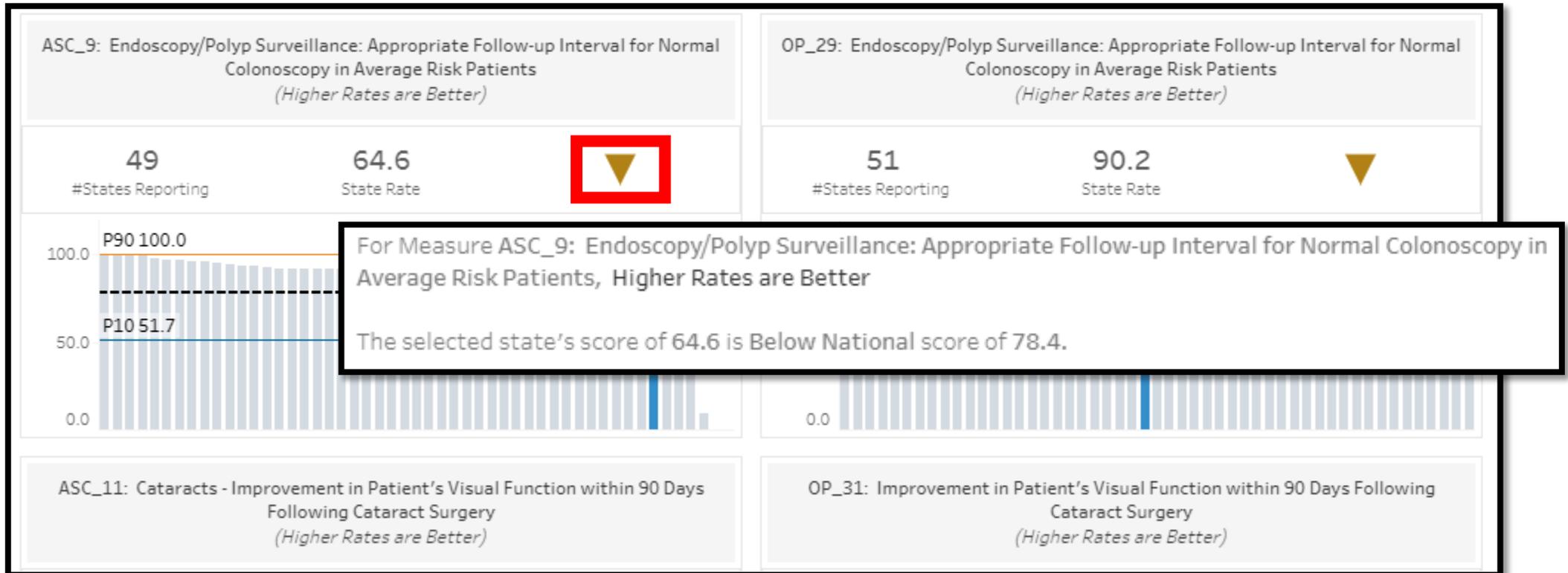
← ASC Program



OQR Program →

# Additional Information

Select the gold arrow for a pop-up with additional information.



# State Comparison: All ASC Measures

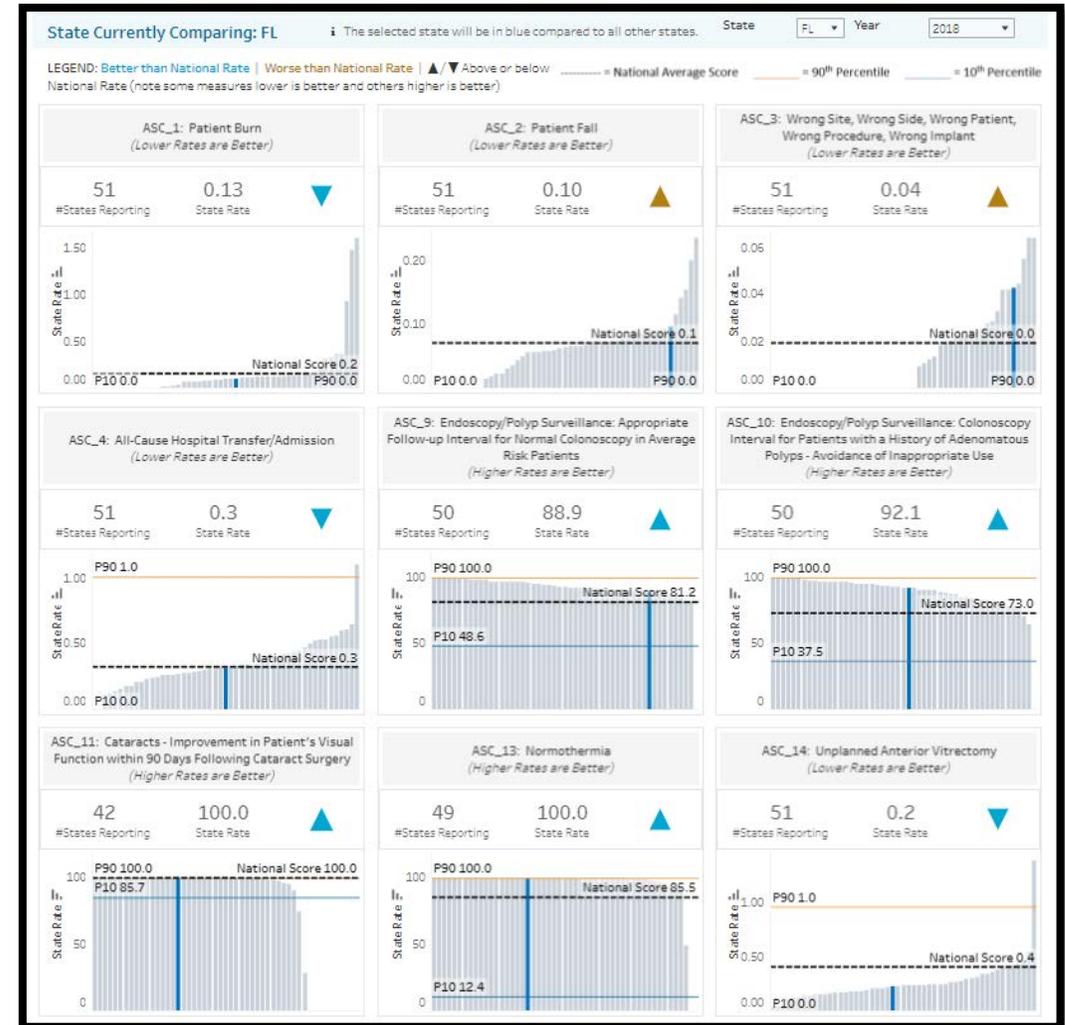
Select *Explore state comparisons for all ASC measures*.

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- Explore all measures reported by a single facility.** (Icon: Building with gear)
- Compare facility performance by measure.** (Icon: Magnifying glass)
- Compare state and city performance by measure.** (Icon: Two gears)
- Explore overall national scores by state and measure.** (Icon: Three document icons)
- Explore state comparison for all ASC measures.** (Icon: Plus sign in a circle) **←**
- Explore state comparisons for related measures across programs.** (Icon: Bar chart with upward arrow)
- Explore state comparison for all OQR measures.** (Icon: Bar chart)

# Report Results

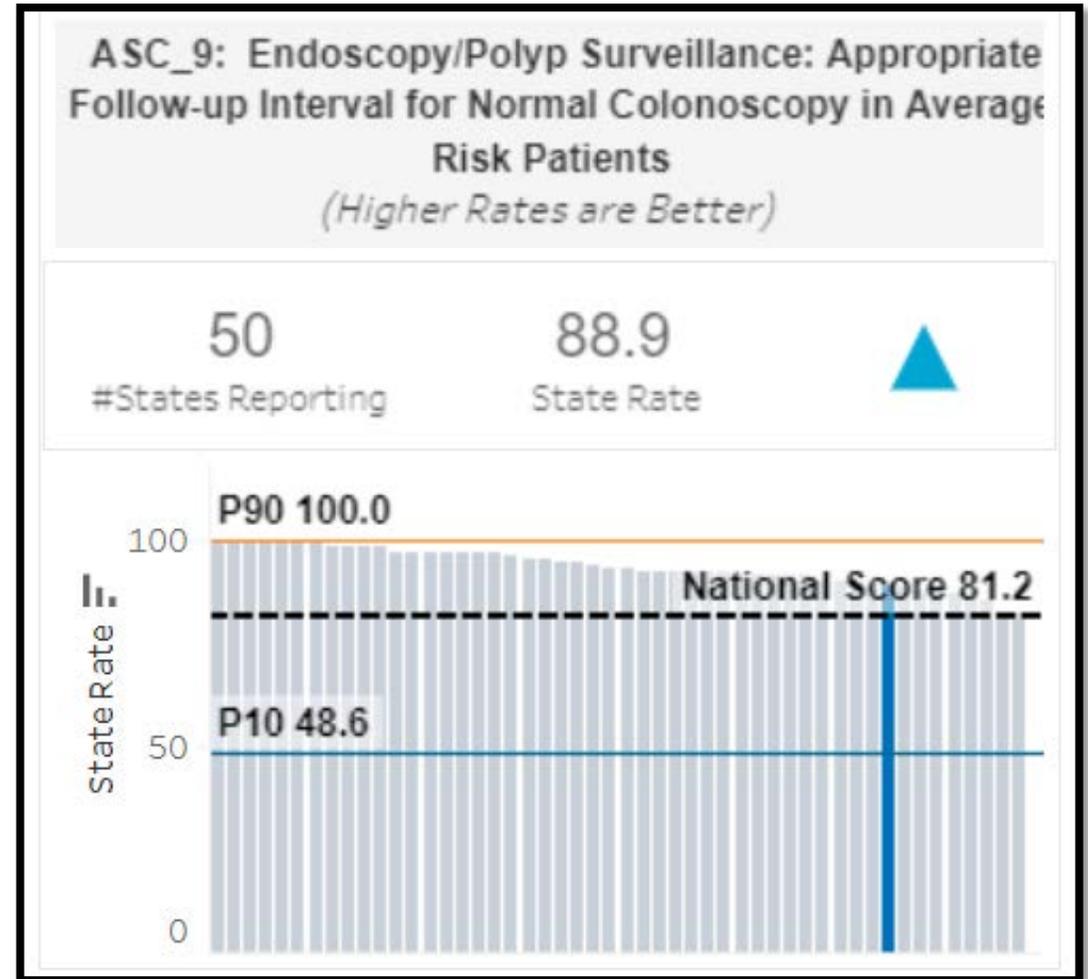
- Individual boxes represent each measure.
- Each state will be gray.
- Your selected state is blue.
- Hover over any data point for a pop-up window with more information.



# A Closer Look

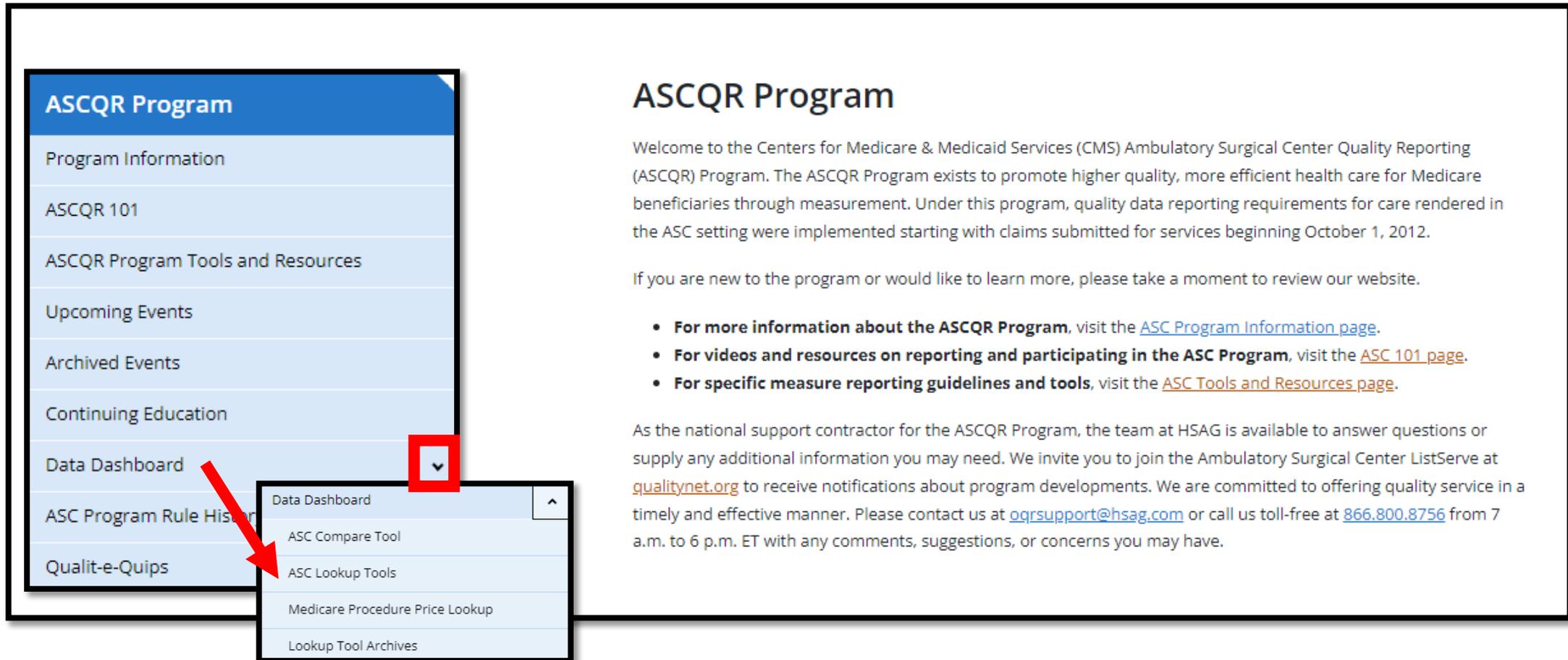
The data will show for your selected state.

- State Rate is 88.9
- National Score is 81.2
- 90th percentile is 100.0%
- 10th percentile is 48.6%
- Click the blue arrow for additional information



# ASC LookUp Tools

Select *ASC Lookup Tools* under the Data Dashboard menu to check your data submission.



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# LookUp Tool

1. You can check your web-based data submission in the **ASC Facility and CCN Lookup** by entering your ASC's National Provider Identifier (NPI) and selecting *Enter*.
2. You can also check to see if reports are available in the **ASC CDR/FSR Bundle Lookup Tool**.

QualityNet Managed File Transfer (MFT).' followed by a note: 'Note: Data last updated November 5, 2021'. To the right of the screenshot, there are two red circles with white numbers '1' and '2' inside them, corresponding to the two main sections of the tool."/>

ASC Facility and CCN Lookup

ASC CCN (third digit is a "C")

CCN

OR

ASC NPI

1234567891

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

*Note: Data updated on March 16, 2022*

ASC CDR/FSR Bundle Lookup Tool

ASC 10-Digit NPI

NPI

Enter your facility's National Provider Identifier (NPI) into the field below to determine if your facility has a Claims Detail Report (CDR) or Facility-Specific Report (FSR) Bundle and CDR/FSR User Guide available in [QualityNet Managed File Transfer \(MFT\)](#).

*Note: Data last updated November 5, 2021*

# Results: Data Submission

Data submission results are clearly identified.

**YES** indicates a successful data submission.

**NO** indicates no data were submitted for that measure.

## Web-Based Measures Information:

NPI: 1234567890

- ASC - 9 Submitted: **NO**
- ASC - 11 Submitted: **NO**
- ASC - 13 Submitted: **NO**
- ASC - 14 Submitted: **NO**

## COVID-19 Vaccination Coverage Among Health Care Personnel Submission by Deadline

If all months are checked for a quarter, submission is complete for that quarter. Data is submitted through the CDC NHSN.

CCN: 00C0001234

2022															
Jan	Feb	Mar	Q1	Apr	May	Jun	Q2	July	Aug	Sep	Q3	Oct	Nov	Dec	Q4
NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES	YES	YES	YES

Data last updated Feb 9, 2022

Year shown is the year being reported, not the Calendar Year Payment Determination. ASC-20 data currently being collected is for Calendar Year 2024 Payment Determination. Quarters will only show "YES" if all months in that quarter also say "YES".

# SUMMARY



# Remember These Tips

- Identify and maintain a Security Official (SO).
  - Two active SOs is highly recommended.
- Have a Facility Administrator for NHSN.
- Collect data for web-based measures in HQR and NHSN, submit by the deadline.
- Use the Specifications Manual for accurate abstracting.
  - <https://qualitynet.cms.gov/asc>
- Access [QualityReportingCenter.com](https://www.qualityreportingcenter.com) for program support.

# Resources

- ASCQR Program Support Team: 866.800.8756
- *QualityNet* Support:
  - E-mail: [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org)
  - Phone: 866.288.8912
- NHSN help desk: [nhsn@cdc.gov](mailto:nhsn@cdc.gov)

**Thank You!**



# Acronyms

<b>ASC</b>	ambulatory surgical center	<b>HCQIS</b>	Healthcare Quality Information System
<b>ASCQR</b>	Ambulatory Surgical Center Quality Reporting	<b>HCW</b>	healthcare worker
<b>CASPER</b>	CMS Certification and Survey Provider Enhanced Reporting	<b>HQR</b>	Hospital Quality Reporting
<b>CMS</b>	Centers for Medicare & Medicaid Services	<b>NHSN</b>	National Healthcare Safety Network
<b>CCN</b>	CMS Certification Number	<b>NPI</b>	National Provider Identifier
<b>CDR</b>	Claims Detail Report	<b>OAS CAHPS</b>	Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey
<b>CY</b>	calendar year	<b>OPPS</b>	Outpatient Perspective Payment System
<b>FA</b>	Facility Administrator	<b>OQR</b>	Outpatient Quality Reporting
<b>FSR</b>	Facility-Specific Report	<b>PY</b>	payment year
<b>HARP</b>	HCQIS Access Roles and Profile	<b>SAMS</b>	Secure Access Management Services
<b>HCP</b>	healthcare personnel	<b>SO</b>	Security Official

# Continuing Education Approval

This program has been approved for one 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.

# Disclaimer

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