

Welcome to the Ambulatory Surgical Center Quality Reporting (ASCQR) Program

Presented by:

Outpatient Quality Program Systems and Stakeholder Support Team

ASC Open House 2024



Goals for Today's Session



1. Provide access to the ASCQR Successful Reporting Guide



2. Review program requirements and the steps of enrollment/registration



3. Clarify steps to reporting data for your facility



4. Identify key resources for successful reporting in the ASCQR Program

Types of Measures

Web-Based Measure

Data submitted online via the Hospital Quality Reporting (HQR) and the National Healthcare Safety Network (NHSN) systems

Claims-Based Measure

Data collected via paid Medicare claims and do not require manual abstraction or reporting

Survey Measure

Data collected via patient surveys and submitted using a CMS-approved vendor

Common Terms

Reporting Period

The timeframe from which data are being pulled (patient encounter dates)

Submission Period

The timeframe during which data are submitted

Payment Determination Year

The year a payment update is applied for the data reported

Payment Determination Year 2026

Web-Based
Measures

Reporting Period:
Jan 1—Dec 31, 2024

Submission Period:
Jan 1—May 15, 2025

Payment
Determination
Year:
Jan 1—Dec 31, 2026

*Successful Reporting in the
ASCQR Program, Page 13*

Other Common Terms

Proposed Rule

CMS announces intent to issue a new regulation or modify an existing regulation. A comment period solicits comments.

Final Rule

After consideration of public comments, CMS finalizes proposals and publishes in the *Federal Register* with a scheduled effective date.

Successful Reporting in the ASCQR Program

QualityReportingCenter.com

Search

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

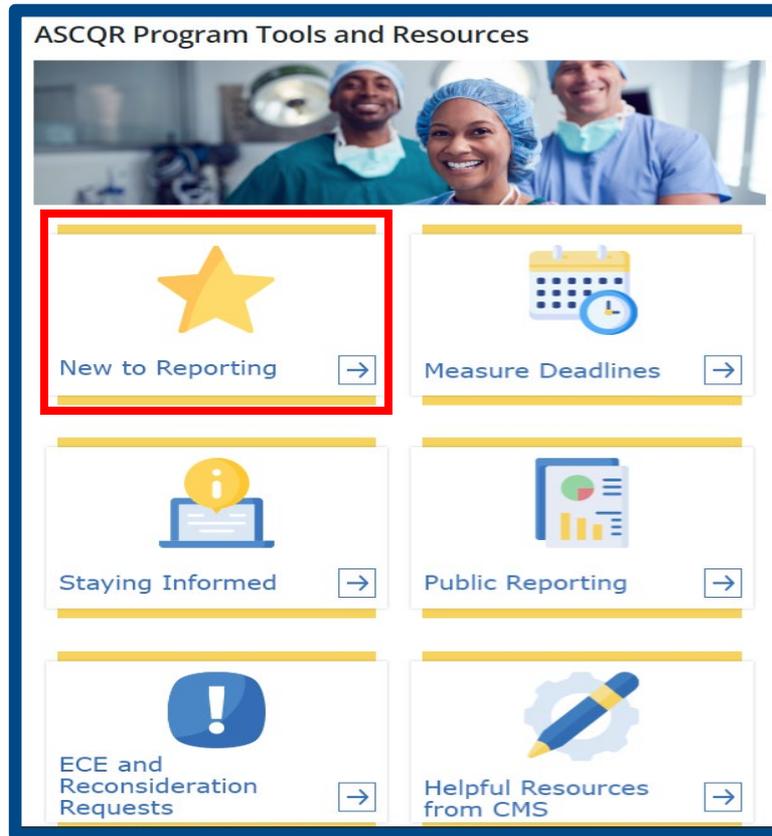
- > [ASC Overview](#)
- > [Tools and Resources](#)
- > [CCN/NPI Look-up Tools](#)

Accessing *Successful Reporting in the ASCQR Program*

Additional resources are available on the [QualityNet website](#).

1. Select **New to Reporting**.

ASCQR Program Tools and Resources



The screenshot displays a grid of six navigation buttons, each with an icon and a right-pointing arrow. The 'New to Reporting' button, featuring a yellow star icon, is highlighted with a red border. The other buttons are: 'Measure Deadlines' (calendar icon), 'Staying Informed' (laptop with info icon), 'Public Reporting' (report with chart icon), 'ECE and Reconsideration Requests' (blue exclamation mark icon), and 'Helpful Resources from CMS' (pencil and gear icon).

- New to Reporting
- Measure Deadlines
- Staying Informed
- Public Reporting
- ECE and Reconsideration Requests
- Helpful Resources from CMS

Accessing *Successful Reporting in the ASCQR Program*

2. Select **Successful Reporting in the ASCQR Program.**



New to Reporting

Must-have Information

- [Successful Reporting in the ASCQR Program: A Step-by-Step Guide for New Facilities](#) —Essential information for those new to the ASCQR Program
- [ASCQR ListServe Registration](#)—Sign up
- [QualityNet-ASCQR](#)—More detailed information on program requirements and measures
- [ASCQR Specifications Manuals](#)—Find information you need for each measure, including inclusion criteria, definitions, and required sample sizes

*Accessing Successful Reporting in the
ASCQR Program*

The Who, What, Why, and How of the ASCQR Program



Who is required to report?

ASCs with 240 or greater Medicare claims (primary and secondary) during an annual reporting period for a payment determination year are required to participate for that subsequent payment determination.

Example:

An ASC with 240 or greater Medicare claims in 2023 would be required to submit 2024 data (reporting period) for calendar year (CY) 2026 payment determination.

What is required in HQR?

Web-Based Measures: CY 2024 Reporting Period/ CY 2026 Payment Determination

Number	Measure	Reporting Period	Submission Period	Payment Determination Year
ASC-1	Patient Burn	Jan 1 – Dec 31, 2024	Jan 1 – May 15, 2025	Jan 1—Dec 31, 2026
ASC-2	Patient Fall			
ASC-3	Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant			
ASC-4	All Cause Hospital Transfer/Admission			
ASC-9	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 (Voluntary)			
ASC-13	Normothermia Outcome			
ASC-14	Unplanned Anterior Vitrectomy			

What is required in the NHSN?

Web-Based Measure: CY 2024 Reporting Period/ CY 2026 Payment Determination

Number	Measure	Reporting Period	Submission Deadline	Payment Determination Year
ASC-20	COVID-19 Vaccination Coverage Among Healthcare Personnel	Q1: Jan 1 – Mar 31, 2024	Aug 15, 2024	Jan 1– Dec 31, 2026
		Q2: Apr 1 – Jun 30, 2024	Nov 15, 2024	
		Q3: Jul 1 – Sep 30, 2024	Feb 17, 2025	
		Q4: Oct 1 – Dec 31, 2024	May 15, 2025	

What else is required to be reported?

Claims-Based Measures: CY 2026 Payment Determination

Number	Measure	Reporting Period	Payment Determination Year
ASC-12	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Jan 1, 2022 – Dec 31, 2024	Jan 1—Dec 31, 2026
ASC-17	Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures	Jan 1, 2023 – Dec 31, 2024	
ASC-18	Hospital Visits after Urology Ambulatory Surgical Center Procedures		
ASC-19	Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers		

Why is reporting required?

- ASCQR Program participation goals are to promote quality outcomes, safety, equity, and accessibility to care for all patients.
- Facility-level data are made available to the public to allow consumers to make more informed choices when selecting a care facility.
- ASCs that do not meet ASCQR Program requirements will receive a 2.0 percentage point reduction in their payment update for the applicable payment year.

How do facilities know what to report?

For measure information, access the [ASCQR Specifications Manual](#) on the QualityNet website.

Home / Ambulatory Surgical Centers /

Ambulatory Surgical Center Specifications Manuals

Specifications Manuals

2024 - Version 13.0

2023 - Version 12.0

2022 - Version 11.0a

2021 - Version 10.0

2020 - Version 9.0

2019 - Version 8.0a

Archived Manuals

Version 13.0 - Encounters 01/01/24 through 12/31/24

The Ambulatory Surgical Center Quality Reporting Program Quality Measures Specifications Manual provides measure information and specifications for Medicare's ASC Quality Reporting Program. These standardized measures were selected by the Centers for Medicare & Medicaid Services (CMS) to measure the quality of care for patients in the ASC setting.

By downloading the below documents, you agree to the [License of Use](#).

Complete Manual

File Name	File Type	File Size	
Version 13.0 - Specifications Manual for encounters 01/01/24 - 12/31/24	PDF	1.7 MB	Download
Version 13.0 - Specifications Manual for encounters 01/01/24 - 12/31/24	ZIP	4 MB	Download
Release Notes, Version 13.0	PDF	227 KB	Download

Manual By Section

View and/or download individual sections of the Specifications Manual, (PDF documents, unless noted), listed below.

[Table of Contents](#)
[Acknowledgement](#)
[Program Background and Requirements](#)

Section 1 - Measure Information Forms

[Measure Information Form Introduction](#)
[ASC-1: Patient Burn](#)

Accessing your ASCQR Specifications Manual



Each measure has its own Measure Information Form.

Measure Information Form

Measure Title: Patient Burn

Measure ID #: ASC-1

Quality Reporting Option: Measures Submitted via a Web-based Tool

Description: The number of admissions (patients) who experience a burn prior to discharge from the ASC

Numerator: ASC admissions experiencing a burn prior to discharge

Denominator: All ASC admissions

Numerator Inclusions: ASC admissions experiencing a burn prior to discharge

Numerator Exclusions: None

Denominator Inclusions: All ASC admissions

Denominator Exclusions: None

Definitions:

- **Admission** – Completion of registration upon entry into the facility
- **Burn** – Unintended tissue injury caused by any of the six recognized mechanisms: scalds, contact, fire, chemical, electrical, or radiation (e.g., warming devices, prep solutions, electrosurgical unit, or laser)
- **Discharge** – Occurs when the patient leaves the confines of the ASC

Selection Basis:

Reporting Your Data: Web-Based Reporting Systems



You will collect and submit data to CMS via two web-based systems:

Hospital Quality
Reporting
(HQR)

National Healthcare
Safety Network
(NHSN)

*Successful Reporting in the
ASCQR Program, Page 9*

The HQR System



Process Summary: HQR

Establish credentials via the Health Care Quality Information Systems Access, Roles and Profile (HARP)



Designate at least two Security Officials (SOs)



Collect data for the **reporting period:**
Jan 1, 2024 through Dec 31, 2024



Submit data during the **submission period:**
Jan 1, 2025 through May 15, 2025

*Successful Reporting in the
ASCQR Program, Page 5*

Creating a HARP Account HARP.cms.gov

1. To begin the credentialing process, select the **Sign-Up** link on the landing page.

CMS.gov | HARP

HCQIS Access Roles and Profile

Login

Enter your HARP, EIDM, or EUA credentials to log into HARP.

User ID *

Password *

[Having trouble logging in?](#)

By logging in, you agree to the [Terms & Conditions](#)

Login

OR

CMS EUA PIV Card

Don't have an account? [Sign Up](#)

[See all applications that use HARP](#)

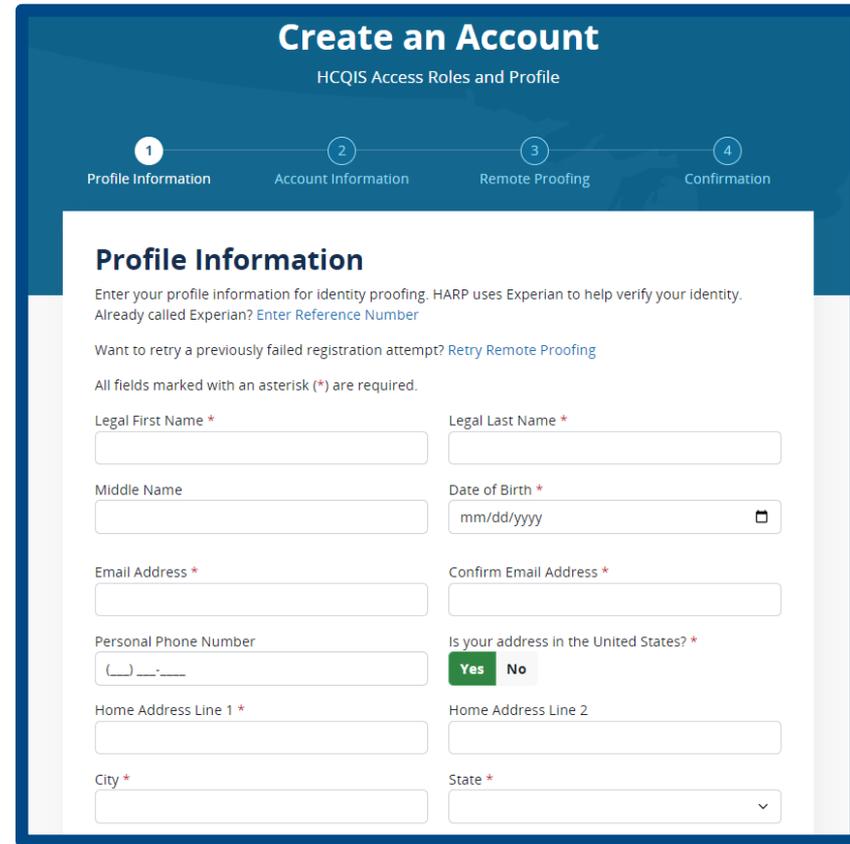
Registration Process: HQR
Successful Reporting in the
ASCQR Program, Page 7

2. Follow the steps to complete the account set up and establish the HARP username and password. Identity proofing for secure access is required.

Support: Center for Clinical Standards and Quality (CCSQ) Service Center

 qnetsupport@cms.hhs.gov

 1-(866)-288-8912 (Option 2)



Create an Account
HCQIS Access Roles and Profile

1 Profile Information 2 Account Information 3 Remote Proofing 4 Confirmation

Profile Information

Enter your profile information for identity proofing. HARP uses Experian to help verify your identity. Already called Experian? [Enter Reference Number](#)

Want to retry a previously failed registration attempt? [Retry Remote Proofing](#)

All fields marked with an asterisk (*) are required.

Legal First Name * Legal Last Name *

Middle Name Date of Birth *

Email Address * Confirm Email Address *

Personal Phone Number Is your address in the United States? * Yes No

Home Address Line 1 * Home Address Line 2

City * State *

Gaining Access to HQR HQR.cms.gov

1. Enter your HARP username and password.
2. Select **Log In**.

Log in

Enter your HARP user ID and password

User ID

Password

[Having trouble logging in?](#)

By logging in, you agree to the [Terms & Conditions](#).

Log in

Registration Process: HQR
*Successful Reporting in the
ASCQR Program, Page 7*

Creating an Access Request

1. Under your name, select **My Profile**.
2. Under your profile, select **Create Access Request**.

The screenshot displays the user interface for 'ABC SURGERY'. At the top, the user's name 'Jane Doe' is visible. A dropdown menu is open under the name, with 'My Profile' highlighted in a red box. Below the menu, there is a 'Change O' button. The main content area is titled 'Profile' and includes a user card for 'Jane Doe' with her HARP ID and email address. Below the card, there are links for 'Update Password', 'Update 2-Factor Authentication', and 'Update Challenge Question'. The 'Organization Access' section features a 'Create Access Request' button, which is also highlighted in a red box. At the bottom, there is a search bar for organizations.

Creating an Access Request

3. Select your ASC by entering the facility's National Provider Identifier (NPI) in the search box .

Create Access Request

Please choose the Organization you are requesting access for. Once you have your Organization, please select your user type and the permissions needed. Then your Security Official will grant you access to the proper programs.

 **Select Your Organization** 

Search

Note: ASCs should **not** search by their facility's CMS Certification Number (CCN).

Creating an Access Request

4. If your ASC's NPI is **not** found, select the **Create Access Request** link.



No Organizations Found

Do you work for an Ambulatory Surgical Center (ASC) and can't find your National Provider Identifier (NPI)? [Create Access Request →](#)

Creating an Access Request

5. Complete the registration form.
6. Select **Submit Request**.

The *Organization Point-of-Contact* **cannot** be yourself. When verified, you will receive the role of SO.

Not seeing your ASC's National Provider Identifier (NPI)? ✕ Close

It's possible that we don't have your organization's National Provider Identifier (NPI) linked to its CMS Certification Number (CCN) yet. Please proceed with filling out this form with your organization's details. From there we will verify the information, create the organization in our system, and upon verification, approve you as the first Security Official for this ASC organization.

Organization Information * Indicates Required Field

* National Provider Identifier (NPI) *

* CMS Certification Number (CCN) *

* Organization Name *

* Business Address *

* City *

Organization Point-of-contact

Please provide the contact information for the highest-ranking executive at your organization. If you are the highest ranking official, please list an alternate contact.

* Name *

* Job Title *

* Email *

* Phone Number *

User Type

 **Upon verification, you will be made the SO of this organization.**

 **Security Official**

A Security Official is a person who manages user types & permissions for their organization and the programs they support. Most SOs have Read/Write Access to their programs.

Submit Request Cancel

Registration Process: HQR
Successful Reporting in the
ASCQR Program, Page 7

If there is a Security Official listed in HQR for your facility who is no longer with your organization, contact the CCSQ Service Center.

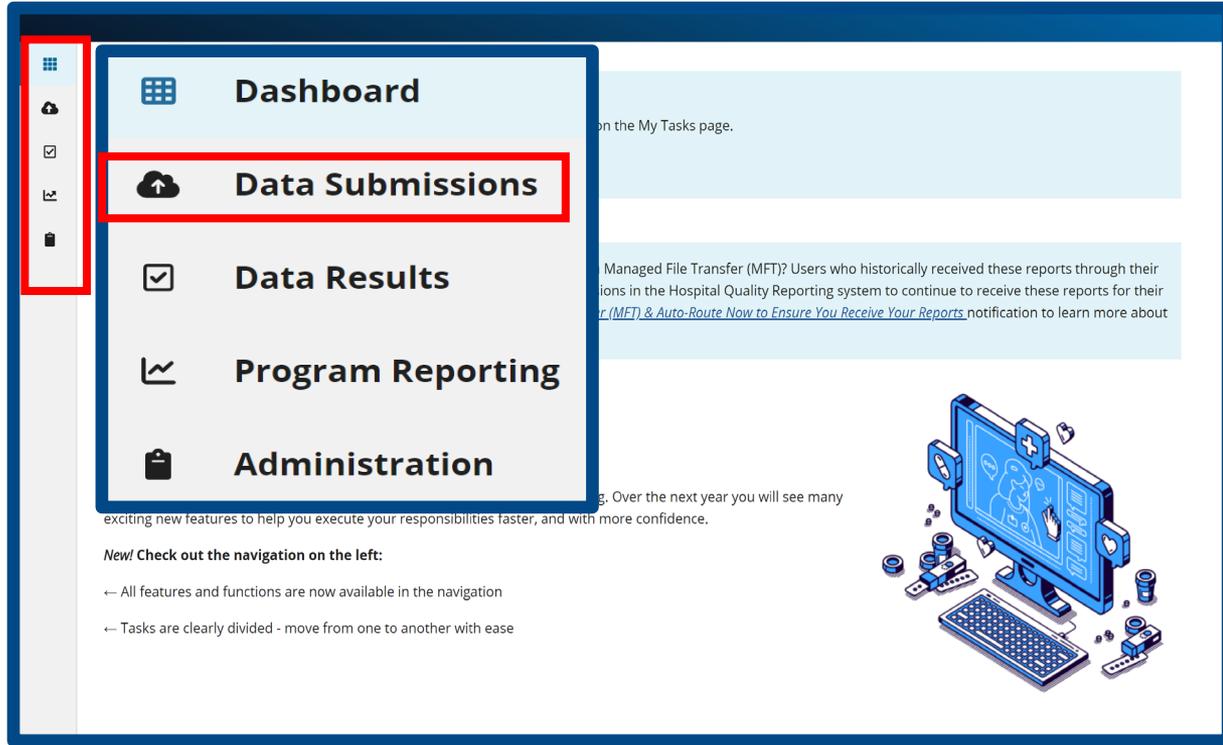
 1-(866)-288-8912 (Option 2)

Submitting Data in HQR



Data Submission: Access HQR

1. Log into [HQR](#) using your HARP credentials.
2. Hover over the left toolbar and select **Data Submission**.



The screenshot shows a navigation menu with the following items: Dashboard, Data Submissions, Data Results, Program Reporting, and Administration. The 'Data Submissions' item is highlighted with a red box. To the left of the menu is a vertical toolbar with icons for a grid, a cloud with an upload arrow, a checkmark, a magnifying glass, and a trash can. The 'Data Submissions' icon in the toolbar is also highlighted with a red box.

on the My Tasks page.

Managed File Transfer (MFT)? Users who historically received these reports through their connections in the Hospital Quality Reporting system to continue to receive these reports for their [MFT](#) & Auto-Route Now to Ensure You Receive Your Reports notification to learn more about

g. Over the next year you will see many exciting new features to help you execute your responsibilities faster, and with more confidence.

New! Check out the navigation on the left:

- ← All features and functions are now available in the navigation
- ← Tasks are clearly divided - move from one to another with ease



Data Submission: Choose Your Options

3. Select **Data Form** under the *Web-based Measures* tab.
4. Select **Launch Data Form** to open the submission application.

The screenshot shows the CMS.gov Hospital Quality Reporting interface for 'ABC SURGERY'. At the top, the CMS.gov logo and 'Hospital Quality Reporting' are visible, along with the organization name 'ABC Surgery' and user 'Jane Doe'. A 'Change Organization' button is in the top right. The main content area has a dark blue header with 'ABC SURGERY' and a 'Change Organization' button. Below this, a sidebar on the left contains navigation icons. The main content area features a 'Web-based Measures' tab, which is highlighted with a red box. Underneath, there are two buttons: 'File Upload' and 'Data Form', with a red arrow pointing to the 'Data Form' button. Below these buttons, a message states: 'You have selected Data Form submission. You can choose a different method at any time.' Underneath this message, there is a section titled 'Select the Data Form' with a dropdown menu showing 'ASC' and a 'Launch Data Form' button with a green checkmark, highlighted by a red arrow. At the bottom of the page, the CMS.gov logo and 'Hospital Quality Reporting' are repeated, along with links for 'CMS.gov', 'QualityNet', 'Support', 'CCSQ Support Center', 'Accessibility', 'Privacy Policy', 'Terms of Use', and 'Vulnerability Disclosure Policy'. The Department of Health & Human Services USA logo is also present in the bottom right corner.

Data Submission: Open the Application

5. Select **Start Measure** to enter data for each measure.

Ambulatory Surgical Center Quality Reporting (ASCQR) Program

Payment Year: 2025

National Provider Identification: 1234567890
Submission Period: 01/01/2025-05/15/2025
With Respect to Report Period: 01/01/2024=12/31/2024

Current Submission Period: **Open** [Export PDF](#)

ASC-1 ⚠ Not Submitted   [Start](#)

Patient Burn
 Enter zeros for this measure as I have no data to submit

ASC-2 ⚠ Not Submitted [Start](#)

Patient Fall
 Enter zeros for this measure as I have no data to submit

ASC-3 ⚠ Not Submitted [Start](#)

Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant
 Enter zeros for this measure as I have no data to submit

ASC-4 ⚠ Not Submitted [Start](#)

All-Cause Hospital Transfer/Admission
 Enter zeros for this measure as I have no data to submit

ASC-9 ⚠ Not Submitted [Start](#)

Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
 Enter zeros for this measure as I have no data to submit

Data Submission: Enter Your Data

6. Enter the numerator and the denominator. (If your ASC does not have data for a required measure, select: **Please enter zeros for this measure as I have no data to submit.**)
7. Select **Submit**.

ASC-1
Patient burn

* Indicates required field

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

Numerator
ASC admissions experiencing a burn prior to discharge *

Denominator
All ASC admissions *

Submit **Cancel**

National Provider Identification: 1234567890

Submission Period: 01/01/2025-05/15/2025

With Respect to Report Period: 01/01/2024=12/31/2024

Last Update:

Reminders: HQR

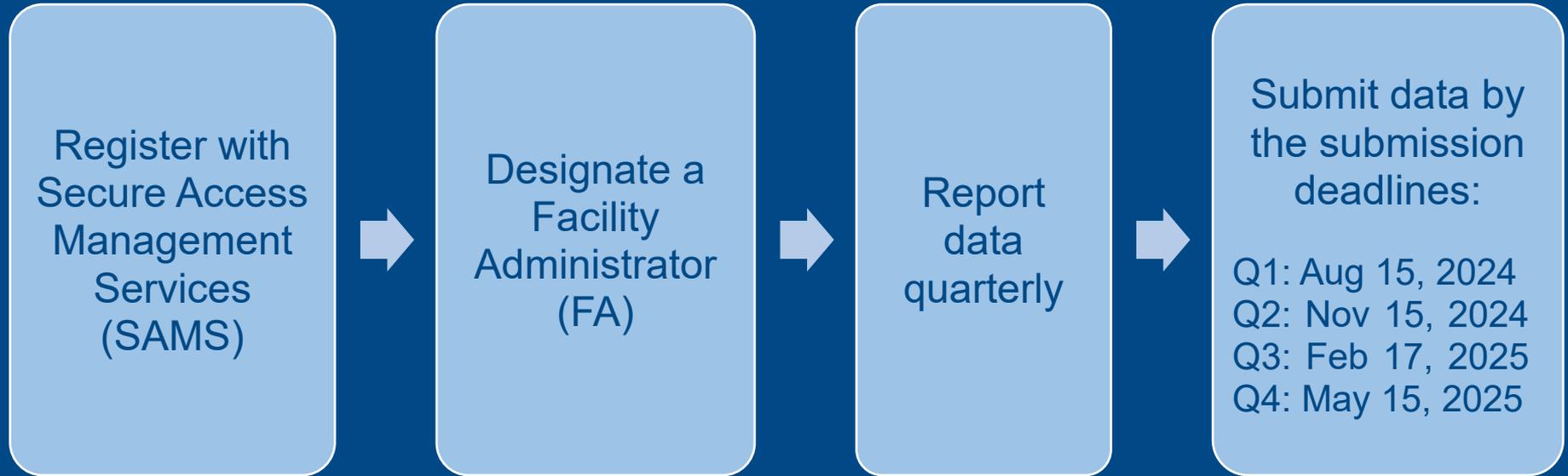


- An ASC should designate a **minimum of two SOs**.
 - Each new user must complete the same steps when requesting SO access.
- A user must log in at least every 60 days to keep the account active.
- Measures submitted via HQR for CY 2024 reporting period must be submitted between January 1, 2025, and May 15, 2025.

The NHSN System



Process Summary: NHSN



Registration Process: NHSN
*Successful Reporting in the
ASCQR Program, Page 8*

Does your facility need to enroll with NHSN?

To obtain your ASC's enrollment status, call the ASCQR Program support team at 866.800.8756 **before** beginning the enrollment process.

- If your ASC is already enrolled, complete a [Change NHSN Facility Administrator](#) form.
- If your ASC is **not** enrolled, begin process on the [NHSN website](#).

Steps 1 and 2: Enrolling and registering your facility with NHSN

From the **5-Step** Enrollment
Page on [NHSN](#):

Step 1:
Complete enrollment preparation.

Step 2:
Select **NHSN Rules of Behavior**.

The screenshot displays the NHSN enrollment process in two steps. Step 1, 'Enrollment Preparation', includes instructions to print a checklist, complete training (with links for Outpatient Procedure Component and Healthcare Personnel Safety Component), and check trusted websites. Step 2, 'Register Facility with NHSN', instructs users to read and agree to the NHSN Rules of Behavior (highlighted with a red circle) and provides a note about the Facility Contact form. A blue arrow points from Step 1 to Step 2.

Step 1: Enrollment Preparation

Print and follow [detailed checklist](#) [PDF - 200 KB] to ensure successful and efficient enrollment.

Complete the appropriate training based upon what will be reported:
[Outpatient Procedure Component for ASCs](#) [PDF - 5 MB]
[Healthcare Personnel Safety Component training for ASCs](#) [PDF - 3 MB]

Be sure to check trusted websites and spam blockers.

Time to complete step 1: 2 hours, 45 minutes

↓

Step 2: Register Facility with NHSN

Read and agree to the NHSN **Rules of Behavior**. You will then be redirected to electronically register your facility with NHSN.

Note: The [NHSN Facility Contact form](#) [PDF - 80 KB] may be used to manually collect required registration information prior to electronically entering the data into NHSN.

Step 2 Continued:
To participate, select **Agree** to
the NHSN Rules of Behavior.

CDC Home
Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

A-Z Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

National Healthcare Safety Network (NHSN)

[NHSN Home Page](#) > [NHSN Registration](#)

[back to NHSN Enrollment Requirements](#)

Facility/Group User & Administrator Rules of Behavior

In order to participate in the NHSN , you must read and agree to abide by the following rules of behavior for safeguarding the system's security. Scroll through the document below and click on Agree or Do Not Agree button. To print a copy of the rules, click on the Print button.

INTRODUCTION
The National Healthcare Safety Network (NHSN) is a surveillance system that is developed, maintained, and used by the Centers for Disease Control and Prevention (CDC). NHSN enables participating healthcare facilities to submit and analyze data on patient and healthcare worker safety, such as surgical site infections, antimicrobial use and resistance, bloodstream infections, blood safety incidents, dialysis incidents, and healthcare worker vaccinations. It provides analysis tools that enable NHSN Users to generate a variety of reports, many of which use data aggregated by NHSN for benchmarking purposes. Healthcare facilities, state and local health departments, and other NHSN Users use these resources to identify prevention and quality improvement opportunities and track progress in efforts to prevent adverse healthcare events and enhance patient and healthcare worker safety. NHSN also provides links to best practices, guidelines, and lessons learned.

NHSN collects, processes, stores, and makes accessible to authorized users a large volume of sensitive patient and healthcare facility data. These data must be protected from unauthorized access, disclosure, or modification in accordance with a comprehensive set of confidentiality,

Step 2 Continued

Complete registration:

- Use your facility's CCN under *Facility Identifier*.
- Select **AMB-SURG – Outpatient Surgery Facility** for *Facility Type*.
- Select **Submit**. You will receive an email with “**Welcome to NHSN.**”

The screenshot displays a registration form with two main sections: 'Personal Information' and 'Facility Identifier'. The 'Personal Information' section includes fields for 'First name' (Jane), 'Last name' (Doe), 'Middle name', and 'Email address' (Jdow@ABCsurgery center). The 'Facility Identifier' section contains a radio button selection for 'Please select a facility identifier:' with options: CCN (selected), AHA, VA, CDC Registration ID, and NONE. Below this is a text field for 'Selected identifier ID:'. A dropdown menu for 'Facility Type' is shown with options: AMB-HEMO - Hemodialysis Center, AMB-HDPD - Home Dialysis Center, AMB-PEDHEMO - Pediatric Hemodialysis Center, and AMB-SURG - Outpatient Surgery Facility (highlighted with a red box). A 'Submit' button is located at the bottom right of the form. Two red arrows point to the 'Please select a facility identifier:' label and the 'Selected identifier ID:' field.

Personal Information

*First name: Jane

*Last name: Doe

Middle name:

*Email address: Jdow@ABCsurgery center

Facility Identifier

*Please select a facility identifier:

CCN

AHA

VA

CDC Registration ID

NONE

*Selected identifier ID:

AMB-HEMO - Hemodialysis Center

AMB-HDPD - Home Dialysis Center

AMB-PEDHEMO - Pediatric Hemodialysis Center

*Facility Type: AMB-SURG - Outpatient Surgery Facility

Submit

Note: If your CCN won't validate, email NHSN at NHSN@cdc.gov and include in the following:

- **Email Subject Line:** ASC Weekly COVID-19 Vaccinations, requesting NHSN Enrollment Number
- **Email Body:** Facility's name, practice address, CCN, and request an NHSN Enrollment Number
 - This NHSN enrollment number will expire within 30 days of date generated.

Step 2 Continued

Return to the registration page with your NHSN enrollment number.

- Select **CDC Registration ID**.
- Enter your NHSN enrollment number in the *Selected Identifier ID* field.
- Select **AMB-SURG – Outpatient Surgery Facility** for Facility Type.
- Select **Submit**.

Personal Information

*First name: Jane

*Last name: Doe

Middle name:

*Email address: Jdow@ABCsurgery center

Facility Identifier

*Please select a facility identifier:

OCN

AHA

VA

CDC Registration ID

NONE

*Selected identifier ID: 123456

AMB-HEMO - Hemodialysis Center

AMB-HDPD - Home Dialysis Center

AMB-PEDHEMO - Pediatric Hemodialysis Center

*Facility Type: AMB-SURG - Outpatient Surgery Facility

Submit

Registration Process: NHSN
Successful Reporting in the
ASCQR Program, Page 8

Step 3: SAMS Registration Email

- NHSN will generate a SAMS Invite email from **sams-no-reply@cdc.gov** containing your assigned SAMS username and temporary password.
- If not received within 2 to 3 business days, check your SPAM folder.
- This invitation is only valid for 30 days.

Step 3 Continued

Navigate to SAMS.cdc.gov.

- Under *External Partners*, enter your username and temporary password.
- Select **Login**.

External Partners

SAMS Credentials



SAMS Username

JDoe@ABCASC.com

SAMS Password

XXXXXXXXXXXX

Login

[Forgot Your Password?](#)

For External Partners who login with only a SAMS issued UserID and Password.

SAMS Multi-factor Login



Sign on with a SAMS Grid Card or Mobile Soft Token

Login

For External Partners who have been issued a SAMS Multi-factor token(s).

OR

Step 3 Continued

Read and follow all SAMS registration instructions.

- The name and address must match your legal name and address on your government ID.
- The email address must match the email address you provided when registering your facility with NHSN

Note: You will be required to change your password, accept the **SAMS Rules of Behavior**, and establish security questions.

The screenshot displays the 'Registration' form for SAMS. At the top, a note states: 'Please provide the following information to register with SAMS, and click Submit. Requirements are marked with a red asterisk (*). Your registration will be subject to a SAMS registration administrator for approval. You will receive an email notification when your registration has been approved and you have been granted access to SAMS.'

The form is divided into several sections:

- User ID:** A dropdown menu.
- Personal Information:** Fields for First Name, Middle Name, Last Name, and Suffix.
- Email:** A text input field.
- Home Address:** Fields for Address Line 1, Address Line 2, City, State, Postal Code, and Country (with a dropdown menu).
- Organization Name:** Fields for Organization Name and Organization Role.
- Organization Address:** Fields for Address Line 1, Address Line 2, City, State, Postal Code, and Country (with a dropdown menu).
- Primary Phone:** A text input field.
- Alternate Phone:** A text input field.
- Password:** Fields for Password and Confirm Password.
- Security Questions:** A section titled 'Your answers to the following questions will be used to verify your identity should you forget your password.' It contains a table with 10 questions, each with a dropdown menu and a text input field.

At the bottom right, there are 'Submit' and 'Cancel' buttons.

Step 3 Continued

For SAMS identity verification, you will receive an email.

You can complete **identity verification** in one of two ways:

1. Online via Experian Precise ID Check (takes 10–15 minutes)

OR

2. Document submission/validation (may take up to 6 weeks)

Note: The email you provide SAMS must match the email provided when you enrolled your facility with NHSN.

Enrollment Step 4: Multi-Factor Authentication



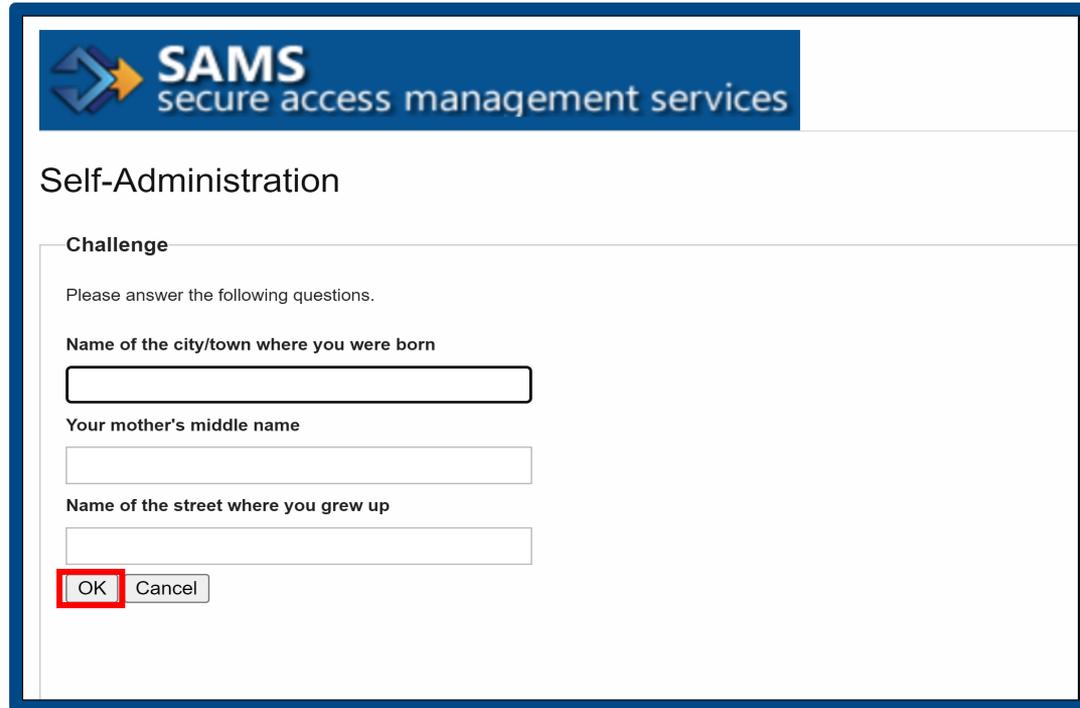
Once approved, you will receive an email from SAMS with this subject: **U.S. Centers for Disease Control: SAMS Partner Portal – SAMS Activity Authorization**

You will be required to use of multi-factor authentication (“token”) to log in and is available in two forms:

1. A **soft token** requires installation of the Entrust Identity App on your cell phone, tablet, or computer. This provides immediate access.
2. A **hard token** requires a physical Entrust Identity grid card that is mailed to the address associated with your SAMS profile. This option may take up to 6 weeks.

Step 4 Continued

- Use the link in your SAMS email and log into SAMS.cdc.gov.
- Answer the security questions you established when registering with SAMS.
- Select **OK**.



The screenshot shows the SAMS (Secure Access Management Services) interface. At the top, there is a blue header with the SAMS logo and the text "SAMS secure access management services". Below the header, the page title is "Self-Administration". Underneath, there is a section titled "Challenge" with the instruction "Please answer the following questions." followed by three text input fields:

- Name of the city/town where you were born
- Your mother's middle name
- Name of the street where you grew up

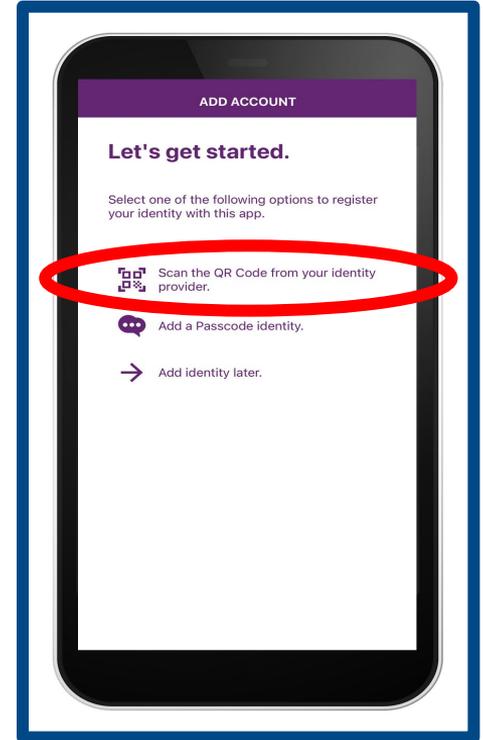
At the bottom of the challenge section, there are two buttons: "OK" and "Cancel". The "OK" button is highlighted with a red border.



Step 4 Continued

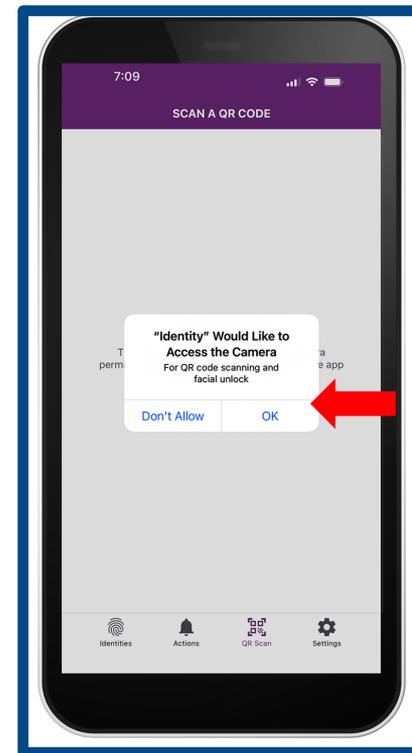
To set up the Entrust Identity Soft Token app:

- Install the **Entrust Identity** Soft Token app on your preferred device.
- Choose: **Scan the QR Code from your identity provider.**



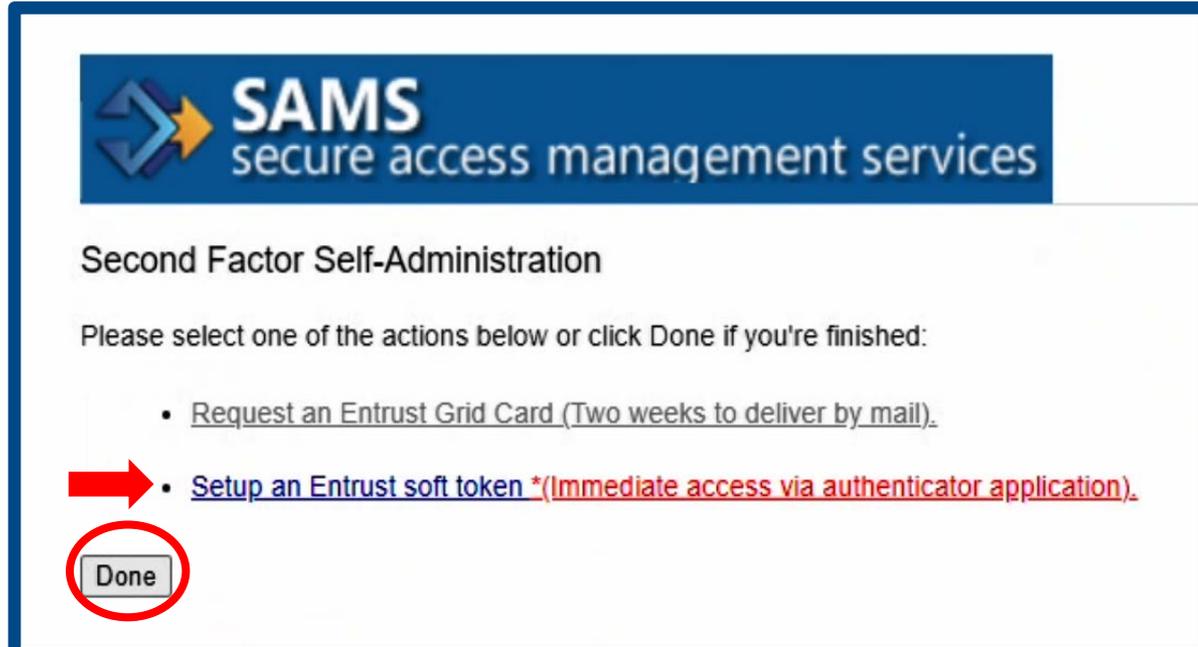
Step 4 Continued

- An alert will display: *“Identity” Would Like to Access the Camera For QR code scanning and facial unlock.* Select **OK**.
- Set aside your mobile device and return to your computer.



Step 4 Continued

- Select **Setup an Entrust soft token** under *Second Factor Self-Administration*.
- Select **Done**.



SAMS
secure access management services

Second Factor Self-Administration

Please select one of the actions below or click Done if you're finished:

- [Request an Entrust Grid Card \(Two weeks to deliver by mail\)](#).
- [Setup an Entrust soft token *\(Immediate access via authenticator application\)](#).

Done

Step 4 Continued

- Confirm your choices by selecting **Yes**.



 **SAMS**
secure access management services

? Please confirm the following

Do you want to get a soft token for second factor authentication?



Soft Token

Have you downloaded and installed the **Entrust Identity** application onto your mobile device, or the **Entrust Identity Desktop Soft Token** application onto your computer? [Click here for more information](#)

Yes No

Not sure what to do?

Answer **Yes** if you've successfully downloaded and installed the Entrust Identity or Desktop Soft Token application. After answering Yes, you will be prompted to set up a soft token.

Answer **No** if:

- You have **not** downloaded and installed the Entrust Identity or Desktop Soft Token application yet.
- You don't have a mobile device or computer that can support the application.
- Your attempts to download and install the Entrust Identity or Desktop Soft Token application have repeatedly failed.
- You are unclear about what to do.

Step 4 Continued

- The *Soft Token* screen will display. Select **Yes** to confirm that you have already installed the Entrust application.



Entrust Identity or Desktop Soft Token Activation Options

Please select the option that best matches your current situation:

1. I want to activate a soft token identity on a mobile device using a QR Code.
2. I am unable to activate my soft token identity using the above method, so I'll perform a manual activation.
3. I want to delay activating my soft token identity until later.

Option 1

The mobile device where I want to activate my soft token identity has Entrust Identity version 3 or above installed. If currently accessing Entrust Identity Self-Service on a mobile device, that can be the target, as can any other mobile device. You can tell which version of the app is installed by opening it and going to the About section of the main Info screen.

Next

Step 4 Continued

- Under *Entrust Identity or Desktop Soft Token Activation Options*, select **Option 1**. Then, select **Next**.

Step 4 Continued

- Using the camera on your mobile device, scan the QR code displayed on your computer screen and select **Next**.



Entrust Identity or Desktop Soft Token Identity

Activate your new soft token identity using the method outlined below, or select **Cancel** to choose a different activation method.

QR Code Activation

To activate a soft token identity on a mobile device, use the Entrust Identity app on that device to scan the QR code below. If you're already on the mobile device where you want your soft token identity activated, save the password displayed below using your browser's copy capability and simply touch the QR code.



12345678

To complete activation, you must provide Entrust Identity with the password displayed above.

Once you have saved your soft token identity, return here and click **Next**.

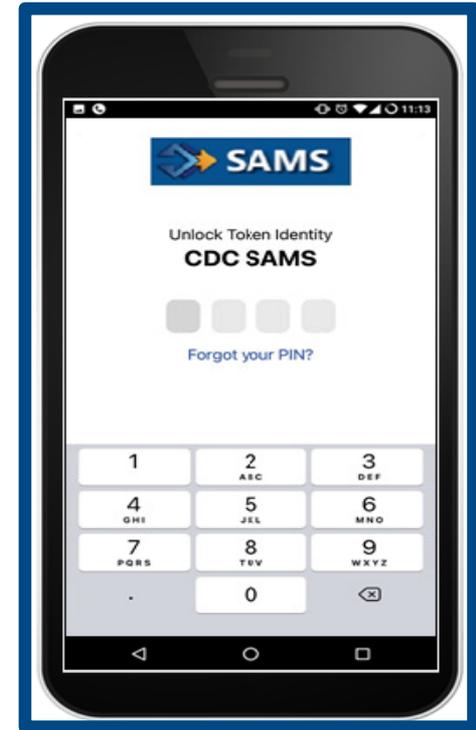
Step 4 Continued

- Your mobile device will then display a window prompting you to set-up a four-digit Personal Identification Number (PIN).



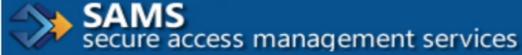
Step 4 Continued

- You will be prompted to enter your new PIN twice on your chose device. Save this PIN; you will need it to enter every time you access the Soft Token.



Step 4 Continued

- Return to your computer.
Select **Next**.



Entrust Identity or Desktop Soft Token Identity

Activate your new soft token identity using the method outlined below, or select **Cancel** to choose a different activation method.

QR Code Activation

To activate a soft token identity on a mobile device, use the Entrust Identity app on that device to scan the QR code below. If you're already on the mobile device where you want your soft token identity activated, save the password displayed below using your browser's copy capability and simply touch the QR code.



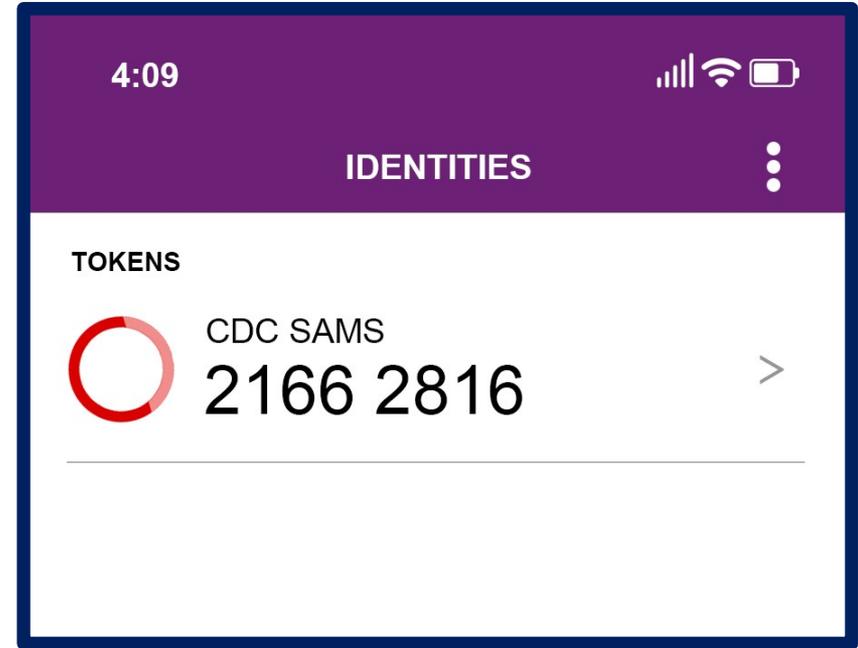
12345678

To complete activation, you must provide Entrust Identity with the password displayed above.

Once you have saved your soft token identity, return here and click **Next**.

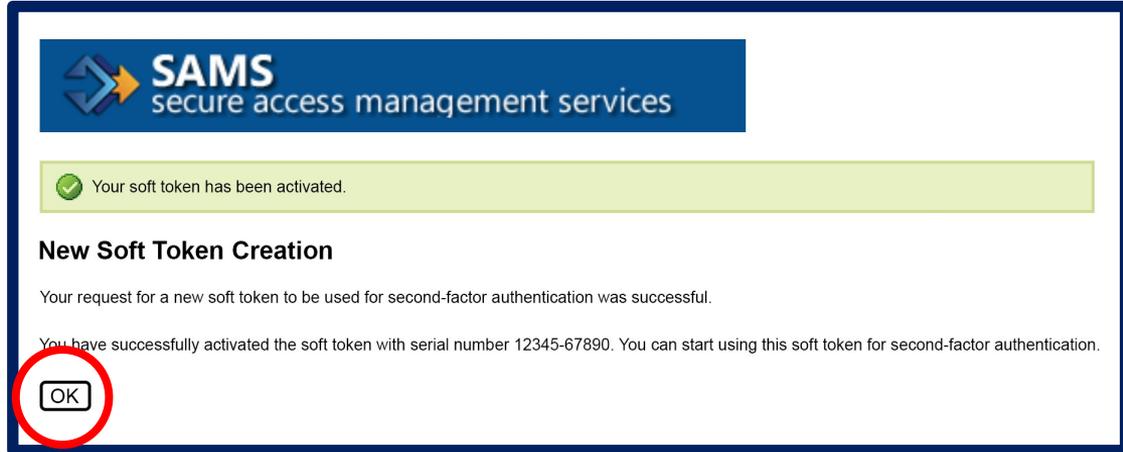
Step 4 Continued

- The soft token will display on your mobile device and will change every 60 seconds.
- The window will remain active for three minutes.



Step 4 Continued

- Under *New Soft Token Creation* on your computer screen, select **OK**.
- Log out of SAMS.



The screenshot shows the SAMS (secure access management services) interface. At the top is a blue header with the SAMS logo and text. Below it is a green success message bar. The main content area is titled 'New Soft Token Creation' and contains two lines of text. At the bottom left, there is an 'OK' button highlighted with a red circle.

SAMS
secure access management services

✓ Your soft token has been activated.

New Soft Token Creation

Your request for a new soft token to be used for second-factor authentication was successful.

You have successfully activated the soft token with serial number 12345-67890. You can start using this soft token for second-factor authentication.

OK

Using Multi-Factor Authentication

1. To use multi-factor authentication, log into SAMS.
2. Select **Login** under the *SAMS Multi-factor Login* side of the External Partners window.
3. Enter your **SAMS Username** and **SAMS Password**.
4. Select **Login**.

The image displays three sequential screenshots of the SAMS login interface for External Partners, illustrating the multi-factor authentication process. A red box highlights the second screenshot, and a red arrow points from it to the third.

- First Screenshot (SAMS Credentials):** Shows the standard login form with fields for SAMS Username and SAMS Password, a keyboard icon, and a Login button. Below the form, it states: "For External Partners who login with only a SAMS issued UserID and Password."
- Second Screenshot (SAMS Multi-factor Login):** Shows the multi-factor login form with a grid card and a mobile soft token icon, and a Login button. Below the form, it states: "For External Partners who have been issued a SAMS Multi-factor token(s)."
- Third Screenshot (SAMS Multi-factor Login):** Shows the multi-factor login form with fields for SAMS Username and SAMS Password, and a Login button. Below the form, it states: "Forgot SAMS Password?"

Entering Your Token Code

From your computer:

- Enter the soft token code displayed on your mobile device in the *Token Response* box.
- Select **Login**.

External Partners

SAMS Multi-factor Login



SAMS has assigned you token number: 12345-67890.
Please ensure this number matches the serial number associated with your choice of Authenticator or GRID Card.

Token Response: 

Enrollment Step 5: Completing Enrollment with NHSN

Step 5: Once logged into SAMS, select **NHSN Enrollment** to complete your facility's enrollment. If your ASC is already enrolled, skip these steps.

SAMS
secure access management services

Menu

- My Profile
- Manage Mobile Soft Token & Grid Card
- Logout

Links

- SAMS User Guide
- SAMS User FAQ
- Identity Verification Overview

My Applications

National Healthcare Safety Network System

- [NHSN Reporting *](#)
- [NHSN Enrollment *](#)

* Strong credentials required.

Step 5 Continued

- Select **Enroll a Facility**
- Select **OK** to continue to enroll your facility

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

NHSN
NATIONAL HEALTHCARE
SAFETY NETWORK

NHSN - National Healthcare Safety Network

Enroll Facility

Please Select Desired Option

[Access and print hardcopy version of enrollment forms](#)

[Enroll a Facility](#)

[Get Adobe Acrobat Reader for PDF files](#)

We recommend that you print and complete the required enrollment forms prior to attempting to enroll your facility on-line. Only completed web enrollment screens can be submitted; closing the browser prior to submission will result in the loss of any entered data. To continue with enrollment, press OK; otherwise, press Cancel.

OK Cancel

Step 5 Continued

- If you registered using your ASC's CCN, enter the **CCN** and **CCN effective date** (Medicare Acceptance Date).
- If you registered using an **NHSN Enrollment Number**, check each **Not Applicable** box next to *AHA ID*, *CMS CCN* and *VA Station Code*.
 - The *Enrollment Number* field will appear **after** all three **Not Applicable** check marks have been placed.
- Enter the **NHSN Enrollment Number**, and select **Continue**.

Mandatory fields marked with *

Page 1 of 2

NHSN Facility Information

Facility Name* :
Enter Name of Organization

Address, Line 1* :
Enter Street Address

Address, Line 2:

Address, Line 3:

City* :
Enter Name of City

State* :

County* :

Zip Code* :
____ - ____

Main Telephone Number* :
Example: 111-111-1111

For each identifier listed below, enter the number/code, or check Not Applicable. If your facility does NOT have that identifier.

AHA ID* : _____ Not Applicable

CMS Certification Number (CCN)* : _____ Not Applicable

CCN Effective Date* : _____

VA Station Code* : _____ Not Applicable

Enrollment Number* : _____ ?

Object Identifier:

Continue

Step 5 Continued

- Select **AMB-SURG - Outpatient Surgery Facility**.
- Select **Healthcare Personnel Safety**.

Note: Your User ID will be the first letter of your first name, followed by your entire last name with no spaces.



Email*:	JaneDoe@ABCSurgery.org
User ID*:	JDOE

Facility Type	NHSN Facility Administrator
Select Facility*:	First Name*:
AMB-SURG - Outpatient Surgery Facility	
Was this facility operational in the year prior to NHSN enrollment (i.e., last year)?*	Middle Name:
<input checked="" type="radio"/> Yes	
<input type="radio"/> No	Last Name*:
IHS Facility:	
<input type="radio"/> Yes	Title:
<input checked="" type="radio"/> No	
NHSN Components	Copy Address from Facility
Select Components*:	Address, Line 1*:
<input type="checkbox"/> Patient Safety	Enter Street Address
<input checked="" type="checkbox"/> Healthcare Personnel Safety	Address, Line 2:
<input type="checkbox"/> Biovigilance	
<input type="checkbox"/> Long Term Care Facility	Address, Line 3:
<input type="checkbox"/> Dialysis	
<input type="checkbox"/> Outpatient Procedure	City*:
<input type="checkbox"/> Neonatal	Enter Name of City
	State*:

Step 5 Continued

- You must complete required fields on each page.
- You can use the blue Copy option for ease of copying/pasting information.
- A submit button at the bottom of the screen will take you to a facility survey. Once completed, exit the application.

Mandatory fields marked with *

Page 3 of 6

NHSN Outpatient Procedure Component Facility Contact Person

<p> Copy from Facility Administrator</p> <p>First Name*: <input type="text"/></p> <p>Middle Name: <input type="text"/></p> <p>Last Name*: <input type="text"/></p> <p>Title: <input type="text"/></p>	<p> Copy Address from Facility</p> <p>Address, Line 1: <input type="text"/> Enter Street Address</p> <p>Address, Line 2: <input type="text"/></p> <p>Address, Line 3: <input type="text"/></p> <p>City*: <input type="text"/> Enter Name of City</p> <p>State*: <input type="text"/> ▼</p> <p>Zip Code*: <input type="text"/> - <input type="text"/></p>
--	---

Accessing NHSN after Enrollment

Log back into SAMS:

1. Select **Login** under the *SAMS Multi-factor Login* side of the External Partners window.
2. Enter your **SAMS Username** and **SAMS Password**. Then, select **Login**.
3. Enter your soft token code.

The image displays three sequential screenshots of the SAMS login interface for External Partners.

- First Screenshot:** Titled "External Partners", it shows the "SAMS Credentials" login path. It includes a keyboard icon, input fields for "SAMS Username" and "SAMS Password", a "Login" button, and a "Forgot Your Password?" link. A note at the bottom states: "For External Partners who login with only a SAMS issued UserID and Password."
- Second Screenshot:** Titled "External Partners", it shows the "SAMS Multi-factor Login" path. It includes a grid card and a mobile phone icon, a "Login" button, and a "Forgot SAMS Password?" link. A note at the bottom states: "For External Partners who have been issued a SAMS Multi-factor token(s)". A blue circle with "CR" is positioned between the first and second screenshots.
- Third Screenshot:** Titled "External Partners", it shows the "SAMS Multi-factor Login" login form. It includes input fields for "SAMS Username" and "SAMS Password", a "Login" button, and a "Forgot SAMS Password?" link. A red arrow points from the second screenshot to this one.

Activating Your Facility in NSHN

1. Select NHSN Reporting.

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

SEARCH

CDC A-Z INDEX ▾

SAMS secure access management services Jane Doe

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My Applications

National Healthcare Safety Network System

- NHSN Reporting *
- NHSN Enrollment *

ServiceNow

- ServiceNow

* Strong credentials required.

2. On the NHSN landing page, select **Healthcare Personnel Safety** under the *Select Component* drop-down menu.
3. Select your facility from the drop-down menu under *Select facility/groups* .
4. Select **Submit**.

The screenshot displays the NHSN landing page interface. At the top left is the CDC logo with the text "Centers for Disease Control and Prevention" and "CDC 24/7: Saving Lives, Protecting People™". At the top right is the NHSN logo with the text "NATIONAL HEALTHCARE SAFETY NETWORK". Below the logos is a dark blue header bar with the text "NHSN - National Healthcare Safety Network". The main content area has a light blue background with a "Welcome to the NHSN Landing Page" message and a magnifying glass icon. Below this, a user profile is shown with a blue person icon and the email "JaneDoe@ABCSurgery.org". There are two dropdown menus: "Select component:" with "Healthcare Personnel Safety" selected, and "Select facility/group:" with "Fac: ABC Surgery (ID 12345)" selected. Two red arrows point to the right of each dropdown menu. At the bottom left is a red "Submit" button.

Agreeing to Participate

1. Select **OK** to open the document.
2. Check the box under *Accept*.
3. Select **Submit**.

NHSN
National Healthcare Safety Network

Page 1 of 3

Alert
In order to activate this component, the component's primary contact must accept the Agreement to Participate and Consent form. If you are a primary contact for this component, please view and accept the Agreement to Participate and Consent form.

Consent
Tracking #: 12345

The National Health Safety Network (NHSN) is a program of the Centers for Disease Control and Prevention (CDC) that provides a national system for reporting and analyzing healthcare-associated adverse events, adherence to prevention practices, and antimicrobial use and resistance. Healthcare or residential facilities may participate in NHSN voluntarily, i.e., on their own initiative and for their own purposes, or as a result of a state or federal reporting requirement. CDC will disclose data submitted to NHSN to other federal agencies and to state health departments in accordance with the scope of their reporting mandates. CDC also will disclose data to state or local health departments that are outside the scope of federal or state reporting mandates provided the state or local health department has completed a data use agreement with CDC that stipulates the data will be used solely for surveillance and prevention purposes and not for public reporting of facility-specific data or any regulatory or punitive actions against facilities, such as a fine or licensure action. These data disclosures to state or local health departments will be made to the extent permissible by federal law.

Purposes of NHSN
The purposes of NHSN are to:

- Collect data from healthcare facilities in the United States to permit valid estimation of adverse events, such as healthcare-associated infections, patient falls, and patient deaths.
- Collect data from healthcare facilities in the United States to permit valid estimation of adherence to prevention practices, such as hand hygiene, central line bundle, and antibiotic stewardship.

Contact Type	Contact Name	Phone Number	Email	Accept
Patient Safety Primary Contact	Jane Doe	123-456-7890	JaneDoe@ABCSurgery.org	<input checked="" type="checkbox"/>

Contact Type	Contact Name	Phone Number	Email	Accept
Patient Safety Primary Contact	Jane Doe	123-456-7890	JaneDoe@ABCSurgery.org	<input checked="" type="checkbox"/>

Submit

Ensuring Your Facility's CCN is in NHSN



Checking Your Facility Information

If you enrolled with an NHSN Enrollment Number:

1. Select **Facility** from the menu options on the left.
2. Select **Facility Info** from the right-sided menu.



NHSN - National Healthcare Safety Network

NHSN Home

- Alerts
- Reporting Plan ▶
- HCW ▶
- Lab Test ▶
- Exposure ▶
- Prophy/Treat ▶
- Import/Export
- COVID-19 ▶
- Vaccination Summary ▶
- Surveys ▶
- Analysis ▶
- Users ▶
- Facility** ▶
- Group ▶
- Logout

NHSN Healthcare Per

Action Items

COMPLETE THESE ITEMS

Facility Geolocation
Confirm

- Customize Forms
- Facility Info**
- Add/Edit Component
- Locations
- Occupations
- Departments
- Supervisors
- Vaccinators
- Devices
- Direct Enroll

1

Weekly
ary Data

Editing Your NHSN Enrollment Number

From the *Edit Facility Information* page, select **Edit CCN**.

 **Edit Facility Information**

Mandatory fields marked with *

[Facility Information](#) [Components](#) [Contact Information](#) [Print Form](#)

Facility Information

Facility ID: 12345

AHA ID:

CMS Certification Number (CCN): [Edit CCN](#)

Effective Date of CCN:

VA Station Code:

Object Identifier:



Adding Your Facility's CCN

- Select **Add Row**.
- Enter your facility's CCN and effective date.
- Select **Save**.

The screenshot shows the 'Edit CCN Records' interface. The top section contains instructions: '-To edit an existing CCN make corrections and SAVE.' and '-To add a newly assigned CCN, Add Row, enter CCN and Effective Date, and SAVE.' Below this is a table with columns for 'Delete', 'CCN', 'Effective Date', and 'Effective Reporting Quarter'. The table currently shows 'No records to view'. A red arrow points to the 'Add Row' button. Below the table, the 'CCN' and 'Effective Date' input fields are highlighted with a red box. At the bottom right, the 'Save' and 'Close' buttons are visible, with 'Save' highlighted by a red box.

NOTE: The CCN Effective Date is used by NHSN to determine which data should be shared with CMS for a given reporting deadline. Your facility's CCN Effective Date should be the date the facility first received the CCN from CMS. Your facility's data will be shared with CMS from the CCN Effective Date moving forward.

Submitting Data in NHCN



Log into SAMS

- Log into SAMS using your credentials.
- Select **NHSN Reporting**.

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

SEARCH

CDC A-Z INDEX ▾

SAMS
secure access management services

Jane Doe

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My Applications

National Healthcare Safety Network System

- NHSN Reporting *
- NHSN Enrollment *

ServiceNow

- ServiceNow

* Strong credentials required.

Access NHSN

- Select **Healthcare Personnel Safety** under the *Select Component* drop-down menu.
- Select your facility from the drop-down menu under *Select facility/groups*.
- Select **Submit**.

The screenshot displays the NHSN - National Healthcare Safety Network landing page. At the top left is the CDC logo with the text 'Centers for Disease Control and Prevention CDC 24/7: Saving Lives, Protecting People™'. At the top right is the NHSN logo with the text 'NATIONAL HEALTHCARE SAFETY NETWORK'. Below the logos is a dark blue header with the text 'NHSN - National Healthcare Safety Network'. The main content area has a light blue background with a header that says 'Welcome to the NHSN Landing Page' next to a magnifying glass icon. Below this is a user profile section with a blue person icon and the text 'JaneDoe@ABCSurgery.org'. There are two dropdown menus: 'Select component:' with 'Healthcare Personnel Safety' selected, and 'Select facility/group:' with 'Fac: ABC Surgery (ID 12345)' selected. Two red arrows point to these dropdown menus. At the bottom left is a red-bordered 'Submit' button.

[Click here](#) to access an ASCQR Program webinar with detailed steps for reporting.

Choose Your Options

- Select **Vaccination Summary** from the menu on left.
- Select **COVID-19 Weekly Vaccination Summary** from the menu on the right side.

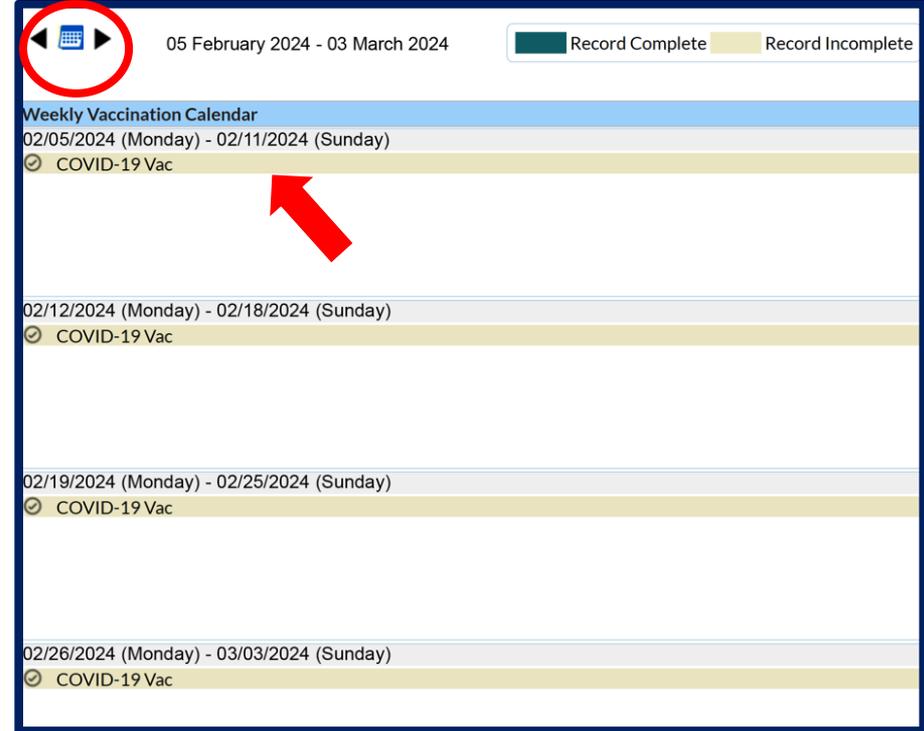
The screenshot displays the NHSN National Healthcare Safety Network interface. At the top, the CDC logo and 'Centers for Disease Control and Prevention' are visible, along with the NHSN logo and 'NATIONAL HEALTHCARE SAFETY NETWORK'. The page title is 'NHSN - National Healthcare Safety Network'. On the left, a navigation menu lists various options: NHSN Home, Alerts, Reporting Plan, HCW, Lab Test, Exposure, Prophyl/Treat, Import/Export, COVID-19, Vaccination Summary, Surveys, Analysis, Users, Facility, Group, and Logout. The 'Vaccination Summary' option is expanded, showing a sub-menu with 'Annual Vaccination Flu Summary', 'Weekly Flu Vaccination Summary', and 'COVID-19 Weekly Vaccination Summary'. A red arrow points to the 'COVID-19 Weekly Vaccination Summary' option. On the right side of the page, under the heading 'Action Items', there is a section titled 'COMPLETE THESE ITEMS' with three cards: 'Facility Geolocation Confirm', 'Annual Vaccination Flu Summary', and 'Weekly Flu Vaccination Summary'. Below these is a card showing '21 Missing Weekly Summary Data'. A red arrow points to this card. At the bottom, there is a confidentiality assurance statement and a link to 'Get Adobe Acrobat Reader for PDF files'.

[Click here](#) to access an ASCQR Program webinar with detailed steps for reporting.

Choose Your Self-Selected Week

Use arrows on the calendar to move to the months you want to report data.

Note: ASCs are required to report data for one self-selected week of each month. Ensure the week you are reporting **ends in the month** you are intending to report.



The screenshot displays the 'Weekly Vaccination Calendar' for the period '05 February 2024 - 03 March 2024'. At the top, there are navigation arrows (left and right) and a calendar icon, all enclosed in a red circle. To the right of the date range, there are two legend boxes: 'Record Complete' (dark green) and 'Record Incomplete' (light yellow). The calendar lists four weekly periods, each with a 'COVID-19 Vac' record marked as complete (green checkmark). A red arrow points to the first record, '02/05/2024 (Monday) - 02/11/2024 (Sunday)'. The records are as follows:

Week	Start Date	End Date	Status
02/05/2024 (Monday) - 02/11/2024 (Sunday)	02/05/2024	02/11/2024	Record Complete
02/12/2024 (Monday) - 02/18/2024 (Sunday)	02/12/2024	02/18/2024	Record Complete
02/19/2024 (Monday) - 02/25/2024 (Sunday)	02/19/2024	02/25/2024	Record Complete
02/26/2024 (Monday) - 03/03/2024 (Sunday)	02/26/2024	03/03/2024	Record Complete

Sample Week

For accuracy, ensure your one self-selected week each month ends in the month you are intending to report.

IMPORTANT

Weekly Vaccination Calendar	
02/26/2024 (Monday) - 03/03/2024 (Sunday)	
<input checked="" type="checkbox"/>	COVID-19 Vac

Data entered for this week would be applied to the month of March.

[Click here](#) to access the CDC's up-to-date guidance for COVID Vaccination reporting.

Adding Additional Users in NHSN



1. From the NHSN home page, select **Users** from the menu on the left.
2. Select **Add** from the menu on the right.



A screenshot of the NHSN - National Healthcare Safety Network interface. The page has a dark blue header with the text 'NHSN - National Healthcare Safety Network'. On the left is a vertical menu with items: NHSN Home, Alerts, Reporting Plan, HCW, Lab Test, Exposure, Prophy/Treat, Import/Export, COVID-19, Vaccination Summary, Surveys, Analysis, Users, Facility, Group, and Logout. The 'Users' item is highlighted in a darker blue. To the right of the 'Users' item is a sub-menu with 'Add' and 'Find' options. The 'Add' option is highlighted with a red box. On the right side of the page, there is a user profile section for 'NHSN Healthcare Per' with a profile picture. Below that is an 'Action Items' section with a sub-header 'COMPLETE THESE ITEMS' and a card for 'Facility Geolocation Confirm'. Below the action items is an 'ALERTS' section with a large number '21' and the text 'Missing Weekly Summary Data'.

3. Assign a **User ID**:

- Use any combination of letters and/or numbers up to 32 characters. (We suggest the first letter of the first name followed by the last name with no spaces.)
- Provide a first and last name, phone number and e-mail address.

4. Select **Save** when complete.

Note: Each added user will receive an invitation via email to register for SAMS.

The screenshot shows a web form titled "Add User". At the top, there is a header with a magnifying glass icon and the text "Add User". Below the header, a note states "Mandatory fields marked with *". A red arrow points to the "User ID *" field, which has a sub-note: "Up to 32 letters and/or numbers, no spaces or special characters". The form includes the following fields:

- Prefix:
- First Name *:
- Middle Name:
- Last Name *:
- Title:
- User Active:
- User Type:
- Phone Number *: Extension:
- Fax Number:
- E-mail Address *:
- Address, line 1:
- Address, line 2:
- Address, line 3:
- City:
- State:
- County:
- Zip Code: Zip Code Ext.:
- Home Phone Number: Home Extension:
- Beeper:

At the bottom right, there are two buttons: "Save" (highlighted with a red box) and "Back".

Assigning User Rights

- The FA can assign user rights in the NHSN system after a user has been added.
- Users entering data or adding new users should be granted “All Rights.”

Reminders: NHSN

- You should log in at least every 60 days to keep your account active.
- ASC-20 measure data are due quarterly.
- The first submission deadline for CY 2024 is **August 15, 2024**.

Reporting Period	Submission Deadline
Q1 2024: Jan 1 - Mar 31, 2024	Q1: Aug 15, 2024 
Q2 2024: Apr 1 - Jun 30, 2024	Q2: Nov 15, 2024
Q3 2024: Jul 1 - Sept 30, 2024	Q3: Feb 17, 2025
Q4 2024: Oct 1 - Dec 31, 2024	Q4: May 15, 2025

Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey Measure



New Survey Measure: OAS CAHPS

- **Voluntary** reporting begins with the CY 2024 reporting period.
- **Mandatory** reporting begins with the CY 2025 reporting period for the CY 2027 payment determination period.

Note: Facilities must use a CMS-approved vendor.

Voluntary 2024 Reporting Period/2026 Payment Determination		
OAS CAHPS Measure	Reporting Period	Submission Deadline
ASC-15a: About Facilities and Staff	Jan 1– Mar 31, 2024	July 10, 2024
ASC-15b: Communication About Procedure	Apr 1– Jun 30, 2024	October 9, 2024
ASC-15c: Preparation for Discharge and Recovery	Jul 1– Sep 30, 2024	January 8, 2025
ASC-15d: Overall Rating of Facility	Oct 1– Dec 31, 2024	April 10, 2025
ASC-15e: Recommendation of Facility		

Visit OASCAHPS.org
for more information and approved vendors.



ASCQR Program Resources

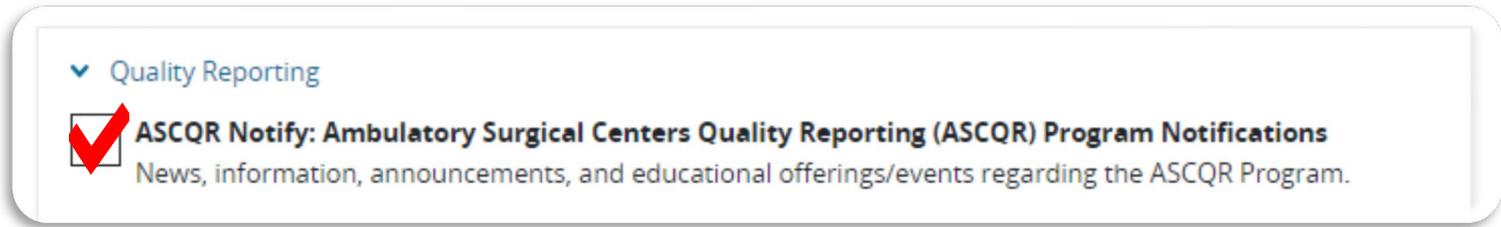


ASCQR Program Support Team
866.800.8756
Monday–Friday 7 am–6 pm Eastern Time



From the QualityNet homepage: Sign Up for Email Updates to Stay Informed

Under the *Public Lists* tab, under *Quality Reporting*, check:
ASCQR Notify: Ambulatory Surgical Centers Quality Reporting (ASCQR) Program Notifications.



Quality Reporting Center

- Reporting requirements
- Training materials
- Data look up tool

QualityNet

- Quality Improvement News
- Resources
- CCSQ Service Center: 866.288.8912 or qnetsupport@cms.hhs.gov
- ASCQR Specifications Manual

QualityNet Question and Answer Tool

CMS.gov | QualityNet

Quality Q&A Tool Ask a Question Browse Program Articles - My Questions How to Use this Tool

Quality Question and Answer Tool

Your one-stop shop for CMS Quality Answers

Search for the answer to your question

Browse
View existing articles

My Questions
Both Old & New Q&A tools

Ask a Question
Submit a Question to CMS

ASCQR Program Resources
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ASCQR Program, Page 16*

NHSN Resources

- Access program webinars on the [QualityReportingCenter.com](https://www.qualityreportingcenter.com) website.
- For the *COVID-19 Vaccination Modules: Understanding Key Terms and Up to Date Vaccination* document, access the [NHSN](#) website for additional [NHSN resources](#).



Addressing Your Questions

Ask a Question: [QualityNet QA Tool](#)

Acronym Table

ASC	ambulatory surgical center	HQR	Hospital Quality Reporting
ASCQR	Ambulatory Surgical Center Quality Reporting	NHSN	National Healthcare Safety Network
CCN	CMS Certification Number	NPI	National Provider Identifier
CCSQ	Center for Clinical Standards and Quality	OAS CAHPS	Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems
CMS	Centers for Medicare & Medicaid Services	PIN	Personal Identification Number
CY	calendar year	Q	quarter
FA	Facility Administrator	SAMS	Secure Access Management Services
HARP	Health Care Quality Information Systems Access, Roles and Profile	SO	Security Official

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