

Guide to Successful Reporting in the Ambulatory Surgical Center Quality Reporting (ASCQR) Program

January 2025



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How to Use This Guide

Welcome to this guide for successful reporting under the Centers for Medicare & Medicaid Services (CMS) Ambulatory Surgical Center Quality Reporting (ASCQR) Program!

This program reference guide serves as a resource for meeting the ASCQR Program requirements, such as identifying requirement submission deadlines and registering for data reporting access. Successful participation in this quality reporting program allows you to showcase the high standard of care and performance your Ambulatory Surgical Center (ASC) provides to the community and prevents your ASC from receiving a 2.0 percentage point reduction to your Medicare annual fee schedule update.

Specifically, this program guide is for ASC quality reporting that is associated with the Calendar Year (CY) 2025 reporting period. CY 2025 quality measure data reported by ASCs and submitted to CMS will affect an ASC's future Medicare payment between January 1, 2027, through December 31, 2027.

Additional resources and contact information for further information is available at the end of this document. We recommend keeping this document for your reference and sharing with any relevant and/or new staff.

Note: To update contacts receiving important communications and program updates, complete the [ASC Contact Change Form](#). Completion of this form will not add/remove contacts from National Healthcare Safety Network (NHSN), Hospital Quality Reporting (HQR), or any other Centers for Medicare & Medicaid Services (CMS) or Centers for Disease Control and Prevention (CDC) system.

ASCQR Program

The ASCQR Program authorized under the Medicare Improvement and Extension Act-Tax Relief and Health Care Act (MIEA-TRHCA) of 2006 is a CMS pay-for-reporting quality program. The ASCQR Program seeks to inform quality improvement and beneficiary care decision-making regarding care provided in the ASC setting through the collection and public reporting of quality measurement data.

ASCs paid by Medicare under Part B Fee-for-Service (FFS) which meet a claims threshold must participate in the ASCQR Program as required by the MIEA-TRHCA, 2006. They must follow program requirements outlined in the applicable Outpatient Perspective Payment System (OPPS)/ASC final rules are placed on display and published online in the Federal Register. ASCs that do not participate or meet program requirements receive a 2.0 percentage point reduction to their payment update for the applicable payment year.

Data submitted to the ASCQR Program may be made publicly available after CMS provides ASCs with an approximately 30-day opportunity to preview the data (known as a “preview period”). This preview period does not serve as a review and corrections period. More information on public reporting requirements is available throughout this guide, on the QualityNet website, and in the Code of Federal Regulations (CFR) at 42 CFR 416.315.

The ASCQR Program utilizes the following terms related to data collection and payment decisions:

- Reporting Period: The data collection time period for a measure
- Payment Determination Year: The Medicare reimbursement year (typically a calendar year)

Claims Threshold

ASCs with fewer than 240 Medicare FFS claims (primary plus secondary payer) per year during the calendar year two years prior to a payment determination year are not required to participate in the ASCQR Program for that subsequent payment determination year. This includes all program requirements. For example, an ASC with fewer than 240 Medicare FFS claims in CY 2024 would not be required to submit CY 2025 data for the CY 2027 payment determination.

ASCs Newly Designated as Open

ASCs designated as open in the CMS Internet Quality Improvement Evaluation System (iQIES) four months prior to January 1 of the reporting period and have a minimum of 240 Medicare claims are required to participate in the ASCQR Program. For example, if an ASC is designated as newly operating on October 17, 2023, the ASC would begin collecting data in CY 2025 for the CY 2027 payment determination. Upon successful submission of any quality measure data, the ASC will be deemed as participating in the ASCQR Program for the upcoming payment determination.

National Provider Identifiers (NPIs)

An ASC that shares the same NPI with other ASCs must report for all such facilities, even if they share the same CMS Certification Number (CCN). Payment determinations will be made by and applied to the facility’s NPI and are applicable to all facilities billing under this NPI.

ASCQR Program Checklist

Participation

To participate in the ASCQR Program, ASCs must register on the CMS Hospital Quality Reporting (HQR) system and [create a HARP account](#). **Submission of any ASCQR Program data, including submission of just one data element, indicates an ASC's status as a participant in the program.** If an eligible facility fails to meet program requirements or withdraws from the program, the facility will receive a 2.0-percentage point reduction to their applicable annual ASC Fee Schedule (ASCFS) payment update.

In addition to registering with HARP for HQR system reporting, ASCs must register for [Secure Access Management Services \(SAMS\)](#) credentials to access and report data to the Centers for Disease Control and Prevention (CDC)'s National Healthcare Safety Network (NHSN) for the COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) measure.

ASCs must also contract with a [CMS-approved survey vendor](#) to administer the [Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems \(OAS CAHPS\)](#) survey on behalf of the hospital.

Account Registration

- ✓ Register for a **Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) account** to report measure data submitted via the Hospital Quality Reporting (HQR) system.
 - Identify a **Security Official (SO)** for reporting in the secure HQR system. More information regarding the roles, responsibilities, and registration for SOs can be found in the *Hospital Quality Reporting (HQR) Registration* section of this guide.
 - Log into one's HARP account is required **every 60 days** to keep it active.
- ✓ Register for a **SAMS account** to report measure data submitted via the CDC's NHSN system.
 - Identify a **Facility Administrator (FA)** for reporting. More information regarding the roles, responsibilities, and registration for FAs can be found in the *National Healthcare Safety Network (NHSN) Registration* section of this guide.
 - Log into your NHSN account **every 60 days** to keep it active.
- ✓ Register for login credentials on the OAS CAHPS website and contract with a CMS-approved survey vendor to conduct the survey on behalf of your ASC.

Note: HARP accounts are required to be deactivated after two years of inactivity. Once an account is deactivated due to inactivity, it cannot be recovered. However, you may use the registration portal to create a new HARP account and following the same register HARP account process.

Note: CDC transmits data reported to NHSN to CMS following submission deadlines for use in CMS quality programs. These data may also be used for CDC surveillance programs.

Data Submission

Data submissions must be timely, accurate, and complete.

- ✓ Collect data for web-based measures to be submitted via the HQR system and submit these data by the deadline.
 - For the CY 2027 payment determination, the data submission period for measures submitted via the HQR system opens on January 1, 2026, and extends through May 15, 2026, for encounters dated January 1–December 31, 2025.

Note: If your ASC has no data to submit for measures submitted as aggregate numbers, then the **attestation must be completed, or zeros must be submitted**. If any measure is left blank (with the exclusion of ASC-11: Cataracts: Improvement in Patient’s Visual Function within 90 Days Following Cataract Surgery measure [voluntary]), your ASC will not meet the ASCQR Program requirements for the applicable payment determination year, and subsequently face a 2.0 percentage-point reduction.

- ✓ Collect data for the web-based measure submitted via the NHSN system and submit these data by the quarterly deadline.
 - The data submission deadlines for measures submitted via the NHSN system are as follows:

Patient Encounter Quarter	Clinical Data Submission Deadline
Q1 2025 (Jan 1–Mar 31)	Aug 15, 2025
Q2 2025 (Apr 1–Jun 30)	Nov 17, 2025
Q3 2025 (Jul 1–Sep 30)	Feb 16, 2026
Q4 2025 (Oct 1–Dec 31)	May 15, 2026

- ✓ Collect data for the patient survey measure submitted via CMS-approved vendor and submit by the quarterly deadline.
 - The data submission deadlines for measures submitted via the OAS CAHPS site are as follows:

Reporting Period	Data Submission Deadline
Q1 2025 (Jan 1–Mar 31)	Jul 9, 2025
Q2 2025 (Apr 1–Jun 30)	Oct 8, 2025
Q3 2025 (Jul 1–Sep 30)	Jan 14, 2026
Q4 2025 (Oct 1–Dec 31)	Apr 8, 2026

- ✓ To calculate claims-based measures, CMS uses a facility’s Medicare claims data; the ASC does not need to submit anything additional. A complete submission is achieved when data submitted to the ASCQR Program:
 - Satisfies the sampling criteria published and maintained in the ASCQR **Specifications Manual** (found on the [QualityNet website](#)) for measures in which sampling is allowed; and
 - Corresponds to both the aggregate number of patient encounters submitted by an ASC and the number of Medicare claims the ASC submits for payment.

Hospital Quality Reporting (HQR) Registration

Security Official (SO) Roles

ASCs submitting data via the HQR system (or using a vendor to submit data on their behalf) are required to designate an SO. The SO facilitates the registration process for other users at the organization, can submit data via the web-based tool, and access secure reports in Managed File Transfer (MFT).

It is highly recommended that facilities designate at least two SOs; one to serve as the primary SO and the other to serve as a back-up SO in the event the primary SO is not available or is unable to submit the required data by the submission deadline(s).

Each facility with a unique NPI must have an SO, but a single SO may be associated with multiple facilities.

Security Official Registration

ASCs must follow the steps below to register an SO:

1. Log into the [HQR system](#) with your HARP¹ User ID and password.
2. Go to **My Profile** (under *Username* in the upper right).
3. From this page, you can *Request Access* and *View Current Access*.
4. Search for your organization by typing the NPI into the **Organization Search** bar.
5. If your organization is:
 - a. found, click on the **name of the organization**.
 - b. not found, click **Create Access Request** listed below the *No Organizations Found* icon.
6. Select **Security Official** and scroll down the page.
7. The **Point of Contact** should be an executive-level official at the organization who can provide authorization for you to become the SO for the facility. *You may not list yourself as the Organization Point of Contact; doing so will delay your access request.*
8. Review the information on the SO request and select **Continue**.

Once the request has been approved, you will receive a confirmation email. This may take several days. If you encounter issues requesting access or have questions about using the online process, please contact the CMS Center for Clinical Standards and Quality (CCSQ) Service Center at **866.288.8912** or qnet.support@cms.hhs.gov.

¹If you do not have a HARP account, create one at harp.cms.gov.

National Healthcare Safety Network (NHSN) Registration

Facility Administrator (FA) Role

ASCs submitting data via the NHSN system (or using a vendor to submit data on their behalf) are required to register an FA. The FA facilitates the enrollment and account management, manages other users, and submits data into the NHSN system.

- If your ASC is enrolled and does not have a current or active FA, complete the [Change Facility Administrator Form](#) found on the NHSN website.

NHSN Registration Process

Registering an FA is part of the [five-step enrollment registration process](#).

- If you are unsure of your ASC's enrollment status, call the ASCQR Program support team at **866.800.8756** *before* you begin the enrollment process.

Data Reporting and Submission Details

How to Submit Data Using the HQR Web-Based Tool

ASCs will submit most measure data via the [HQR system](#), an online tool available to authorized users. To submit data, log into the HQR system and follow the steps below:

1. Select **Data Submission** from the left-side screen Lock Menu.
2. Select **Data Form**.
3. Select **Launch Data Form** to open the submission application.
4. Select **Start Measures** to enter data.
5. **Enter data** for a measure or select **Please enter zeros for this measure, as I have no data to submit** if your ASC does not have data for a required measure. Data entry fields for required measures **cannot** be left blank.
6. Select the **Submit** icon.
7. When a measure has been successfully submitted, a green check will appear next to the measure and display "**Submitted.**"
8. Repeat this process for each required measure until all required data are submitted.
9. Select **Edit** to view or update previously submitted measure data. Once data are edited, select the **Submit** icon again. Data will not be captured if the **Submit** icon is not selected.

The **File Upload** option requires the use of the approved CSV template. File upload may be used by vendors or corporations submitting data for more than one ASC at the same time.

All files and data exchanged with CMS via the HQR system are encrypted during transmission and stored in an encrypted format until the recipient downloads the data. The HQR system meets all current Health Insurance Portability and Accountability Act (HIPAA) requirements.

How to Submit Data Using the NHSN Web-Based Surveillance Tool

The COVID-19 Vaccination Coverage Among HCP measure is currently the only measure in the ASCQR Program that requires submission via the NHSN system. ASCs must report data for one self-selected week each month which ends in the month intended for reporting.² Follow the steps below to report data:

1. Log into the [NHSN system](#), enter your SAMS credentials.
2. Select the **NHSN Reporting** option.
3. Select “**Healthcare Personnel Safety**” in the drop-down menu.
4. Select your ASC.
5. Select **Vaccination Summary from the NHSN home page**, then **COVID-19 Vaccination Weekly Summary**.
6. Use the arrows on the side of the calendar to toggle to the month in which you want to report data.

Be prepared to submit **all** data for the selected week(s) in one login session. **If all required fields are not completed upon logging out of the system, the data are not saved.**

Note: To update contacts receiving important communications and program updates, complete the [ASC Contact Change Form](#). Completion of this form will not add/remove contacts from NHSN, HQR, or any other CMS or CDC system.

Access Management (AM) and Vendor Management (VM)

AM is a process for granting user access requests for both Basic Users and SOs. VM is a process for managing vendors directly within the HQR system.

To register as a Basic User or SO, follow the steps below:

1. Log into the [HQR system](#) with your HARP account³ User ID and password.
2. Go to **My Profile** (under *Username* in the upper right).
3. From this page, you can *Request Access*, and *View Current Access*.
4. Select **Security Official** or **Basic User** when prompted to select a user type.
5. Select your required permissions and select **Submit Request**.

You will be **notified by email** when your request has been **approved**.

To begin managing your vendors, follow the steps below:

1. Log into the [HQR system](#) with your HARP account User ID and password.
2. Go to *Administration* and select **Vendor Management**.
3. On the *Vendor Management* page, you can add, search, or filter your vendor(s).

For questions regarding Vendor Management, contact the CCSQ Service Center: 866.288.8912 or qnetssupport@cms.hhs.gov.

²Data will be applied to the month the reporting week ends. If the week you are entering data for is a week that begins in January but ends in February (for example, January 27, 2025-February 2, 2025), the data entered will be applied to the month of February.

³If you do not have a HARP account, one can be created at harp.cms.gov.

Additional Information

Reconsideration Process

ASCs that have been notified of not meeting ASCQR Program requirements and will not receive their full payment update are eligible to request a reconsideration. An ASC can access information regarding the ASCQR Program Reconsideration Request process and the [Reconsideration Request form](#) on the QualityNet website.

A Reconsideration Request must be received by March 17 of each applicable payment determination year, or if March 17 falls on a non-workday, on the first day after March 17 which is not a non-workday. CMS expects the review and determination process to be completed within 90 days following the deadline for submitting requests for reconsideration and will officially respond to the reconsideration request submitted by each ASC.

Extraordinary Circumstances Exceptions (ECE)

If an ASC is unable to submit data or access medical records due to an extraordinary circumstance, such as a natural disaster, the ASC may request an ECE. ASCs will need to complete the [ECE form](#) and submit the form with any supporting documentation within 90 days of the date of the extraordinary circumstance. These documents must be submitted to the Outpatient Quality Reporting Support Team via one of the following:

- Email to: QRFormsSubmission@hsag.com
- Secure fax: 877.789.4443

CMS strives to complete the review of each request within 90 days of receipt. ASCs included under a blanket exception by CMS (e.g., in the case of widespread natural disasters such as hurricanes) will not be required to submit the ECE form. Notifications of blanket ECE waivers are distributed through the QualityNet Mailer. Information on how to receive QualityNet Mailer notifications can be found in the *Additional Resources* section of this guide. Subscribe to listservs on the [QualityNet website](#).

Withdrawing from the ASCQR Program

An ASC is considered an ASCQR Program participant until the ASC withdraws from the program by submitting a withdrawal form to CMS. Specific instructions on how to withdraw and a copy of the withdrawal form can be found on the [QualityNet website](#).

Note: Withdrawal from the ASCQR Program **will not prevent** the ASC that is eligible for participation from receiving a 2.0 percentage point reduction in its payment update for the applicable payment determination year, and in fact will cause the ASC to automatically receive a payment penalty for this and subsequent years.

Reporting Deadlines

CMS has established quarterly and annual submission deadlines for ASCs participating in the ASCQR Program. Required data must be submitted via the HQR and NHSN systems and successfully accepted by 11:59 p.m. Pacific Time of the submission due date.

Early data submission is strongly recommended so that issues can be rectified. CMS allows ample time for facilities to submit, re-submit, change, add new data, and delete existing data *up until* the submission deadline. No updates will be accepted *after* the submission deadline.

Best Practice: Allow ample time, at least 15 calendar days prior to the submission deadline to correct errors identified from reports in HQR. The HQR system does not allow data to be submitted after the deadline.

Submission deadlines for CY 2027 payment determinations are in the **ASCQR Important Dates** table on the following pages; however, ASCs should verify Data Submission Deadline dates on the [QualityNet website](#).

ASCQR Important Dates CY 2025 Reporting Period/CY 2027 Payment Determination

The chart below summarizes the Ambulatory Surgical Center (ASC) measure reporting dates as outlined in the ASCQR Specifications Manual, v.14.0a. Please verify Data Submission Deadline dates on the [QualityNet website](#).

Hospital Quality Reporting (HQR) Web-Based Measures	Reporting Period			Submission Period	
ASC-1: Patient Burn	Jan 1–Dec 31, 2025			Jan 1–May 15, 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					
ASC-14: Unplanned Anterior Vitrectomy					
Health Equity Web-Based Measures	Reporting Period			Submission Period	
ASC-22: Screening for Social Drivers of Health (SDOH)*	Jan 1–Dec 31, 2025			Jan 1, 2026– May 15, 2026	
ASC-23: Screen Positive Rate for SDOH*					
ASC-24: Facility Commitment to Health Equity (FCHE)					
Survey Measure	Reporting Period			Submission Deadline	
ASC-15 a-e: Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS)	Jan 1–Mar 31, 2025 (Q1 2025)			Jul 9, 2025	
	Apr 1–Jun 30, 2025 (Q2 2025)			Oct 8, 2025	
	Jul 1–Sept 30, 2025 (Q3 2025)			Jan 14, 2026	
	Oct 1–Dec 31, 2025 (Q4 2025)			Apr 8, 2026	
National Healthcare Safety Network (NHSN) Measure	Reporting Period			Submission Deadline	
ASC-20: COVID-19 Vaccination Coverage Among Healthcare Personnel	Jan 1–Mar 31, 2025 (Q1 2025)			Aug 15, 2025	
	Apr 1–Jun 30, 2025 (Q2 2025)			Nov 17, 2025	
	Jul 1–Sept 30, 2025 (Q3 2025)			Feb 16, 2026	
	Oct 1–Dec 31, 2025 (Q4 2025)			May 15, 2026	
THA/TKA PRO-PM **	Reporting Period	Pre-Procedure Data Collection	Pre-Procedure Submission Deadline	Post-Procedure Data Collection	Post-Procedure Submission Deadline
ASC-21: Facility-level Total Hip Arthroplasty/Total Knee Arthroplasty Patient Reported Outcome-Based Performance Measure (THA/TKA PRO-PM)	Jan 1– Dec 31, 2025	Oct 3, 2024– Dec 31, 2025	May 15, 2026	Oct 28, 2025–Mar 1, 2027	May 17, 2027

Claims-Based Measures***	Calculated Encounter Dates
ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Jan 1, 2023–Dec 31, 2025
ASC-17: Hospital Visits after Orthopedic ASC Procedures	Jan 1, 2024–Dec 31, 2025
ASC-18: Hospital Visits after Urology ASC Procedures	
ASC-19: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at ASCs	

Note: Data submission deadlines on a federal holiday or weekend (Saturday/Sunday) will default to the first business day thereafter and are reflected in this document where applicable.

*These measures are voluntary for the CY 2025 reporting period. ASCs may voluntarily submit data and will not be subject to a payment reduction for non-submission during the voluntary reporting for non-submission of data.

**This measure is voluntary for the CY 2025 reporting period. ASCs may voluntarily submit data and will not be subject to a payment reduction for non-submission during the voluntary reporting for non-submission of data.

***Calculated from paid Medicare Fee-for-Service (FFS) claims; no additional data submission is required from ASCs for these measures.

ASCQR Program Checklist for Data Submission

CY 2025 reporting period/CY 2027 payment determination

This operations check sheet provides important organizational information for administrative duties. Data submission deadlines on a federal holiday or weekend (Saturday/Sunday) will default to the first business day thereafter and are reflected in this document where applicable.

Measure Type	Deadlines Dates	Primary/Secondary Person Responsible
HQR Web-Based Measures <ul style="list-style-type: none"> ○ ASC-1, -2, -3, -4, -9, -11 (voluntary), -13, -14* ○ Facility Commitment to Health Equity (FCHE) ○ Screening for Social Drivers of Health (SDOH)** ○ Screen Positive Rate for SDOH** 	Annual reporting: May 15, 2026	HQR Security Official (one minimum; two or more recommended) 1. _____ 2. _____
Patient Reported Outcome-Based Performance Measure (PRO-PM)*** Facility-level Total Hip Arthroplasty/Total Knee Arthroplasty (THA/TKA) PRO-PM ***	Pre-Procedure Data: May 15, 2026 Post-Procedure Data: May 17, 2027	
NHSN COVID-19 Vaccination Coverage Among HCP	Quarterly (Q) Reporting: Q1: Aug 15, 2025 Q2: Nov 17, 2025 Q3: Feb 16, 2026 Q4: May 15, 2026	NHSN Facility Administrator (limit one) 1. _____ NHSN User (two or more; can submit data with designated role) 1. _____ 2. _____
Survey Measures OAS CAHPS	Q1: Jul 9, 2025	Name of Approved Vendor: _____ Contact Information: _____
	Q2: Oct 8, 2025	
	Q3: Jan 14, 2026	
	Q4: Apr 8, 2026	

Measure Type	Responsible Person	Deadline	Date Submitted
HQR		May 15, 2026	
THA/TKA PRO-PM***		Pre: May 15, 2026 Post: May 17, 2027	
NHSN Q1		Aug 15, 2025	
NHSN Q2		Nov 17, 2025	
NHSN Q3		Feb 16, 2026	
NHSN Q4		May 15, 2026	
OAS CAHPS Q1		Jul 9, 2025	
OAS CAHPS Q2		Oct 8, 2025	
OAS CAHPS Q3		Jan 14, 2026	
OAS CAHPS Q4		Apr 8, 2026	

*ASC-1: Patient Burn, 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: 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, ASC-14: Unplanned Anterior Vitrectomy

** These measures are voluntary for the CY 2025 reporting period. ASCs may voluntarily submit data and will not be subject to a payment reduction for non-submission during the voluntary reporting.

*** This measure is voluntary for the CY 2025 reporting period. ASCs may voluntarily submit data and will not be subject to a payment reduction for non-submission during the voluntary reporting.

Public Reporting of ASCQR Data

Overview

Under various provisions of Section 1886 of the Social Security Act, the Secretary of the United States Department of Health and Human Services (HHS) is required to establish procedures for making the data submitted under our quality reporting programs available to the public, as well as provide an opportunity for participating facilities to review their data prior to that data being made publicly available.

Preview Period

Prior to the public display of data, participating ASCs are given a 30-day preview period window in which to view, review, and potentially correct their submitted data within the Hospital Quality Reporting (HQR) system Public Reporting Preview User Interface (UI) via <https://hqr.cms.gov/hqrng/login>.

Public Display of Quality Data

Submitted ASCQR Program quality measure data is made publicly available through the Provider Data Catalog via data.cms.gov.

Withholding Data from Public Display

ASCs participating in the ASCQR Program can submit a request for CMS review to add a footnote to claims-based measure data included in public reporting on Compare Tool on Medicare.gov or its successor website. To withhold publication of data, your ASC must complete and fax or email the **Request Form for Withholding/Footnoting Data for Public Reporting** on or before the last day of the preview period to the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support Contractor.

Additional Resources

CMS

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

CMS is the U.S. Department of Health and Human Services' agency responsible for administering Medicare, Medicaid, the State Children's Health Insurance Program, and several other health-related programs.

ASCQR Program Support

The ASCQR Program Support Team supports activities under the ASCQR Program, including provision of technical support and feedback to assist ASCs with quality data reporting.

ASCQR Program Website

qualityreportingcenter.com

This site contains numerous resources concerning reporting requirements, including reference and training materials, tools for data submission, educational presentations, and deadlines.

ASC 101

This page includes links to essential information for those new to quality reporting for ASCs.

Lookup Tools

This page allows access to databases that will provide the CCN associated with an ASC's NPI, the status of web-based measure data submitted, and the availability of data reports for other measures on QualityNet.

ASCQR Program Support Team Contact

oqrsupport@hsag.com

866.800.8756

Call the ASCQR Program Support Team with any questions about the program using the toll-free number weekdays, from 7 a.m. to 6 p.m. Eastern Time.

QualityNet

QualityNet Website

qualitynet.cms.gov

Established by CMS, the QualityNet website provides healthcare quality improvement news, resources, and data reporting tools and applications used by healthcare providers and others.

CMS CCSQ Service Center

qnetsupport@cms.hhs.gov

866.288.8912

The CMS CCSQ Service Center can assist users with HQR account issues and CMS system questions.

ASCQR QualityNet Mailer

qualitynet.cms.gov/listserv-signup

Notices generated on the QualityNet Mailer system are used to disseminate timely information related to quality initiatives. QualityNet users are encouraged to register for these email notifications to receive information on enhancements and new releases, timeline or process/policy modifications, and alerts about applications and initiatives.

ASCQR QualityNet Q&A Tool

https://cmsqualitysupport.servicenowservices.com/qnet_qa

CMS maintains the knowledge base including the **Ambulatory Surgical Centers Questions/Answers** database, which allows users to ask questions, obtain responses from all resolved questions, and search the entire database by keywords or phrases.

Centers for Disease Control and Prevention

SAMS

SAMS Help Desk - samshelp@cdc.gov
cdc.gov/nhsn/sams/about-sams.html

877.681.2901

The CDC's SAMS is a federal information technology (IT) system that gives authorized personnel secure access to non-public CDC applications. The SAMS partner portal is a website designed to provide centralized access to public health information and computer applications operated by the CDC. For the NHSN Program, SAMS will provide healthcare facilities and other partners, such as state health departments and QIOs, with secure and immediate access to the NHSN application.

NHSN

cdc.gov/nhsn

NHSN provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts for the CDC, which is the national Public Health agency for the United States under the Department of Health and Human Services.

For questions about NHSN enrollment and data submission, or data verification process, use the NHSN ServiceNow application to submit questions. This application can be accessed through SAMS. If you do not have a SAMS login, or are unable to access ServiceNow, email the NHSN Help Desk at nhsn@cdc.gov

Outpatient and Ambulatory Surgery CAHPS Survey

<https://oascahps.org/>

The OAS CAHPS website is the official site for information about the OAS CAHPS survey for general information, training, survey vendors, survey materials, and data submission.

Federal Register

[federalregister.gov](https://www.federalregister.gov)

Provider Data Catalog

[Hospitals - Ambulatory surgical centers \(ASCs\) | Provider Data Catalog \(data.cms.gov\)](#)

Explore, download, and investigate provider data.