

A Guide to Successful Reporting in the ASCQR Program

Ambulatory
Surgical Center
Quality
Reporting
(ASCQR)
Program

Presented by:
Outpatient Quality Program Systems
and Stakeholder Support Team

Common Terms

Program Requirements

Data Submission

Resources

Learning Objectives

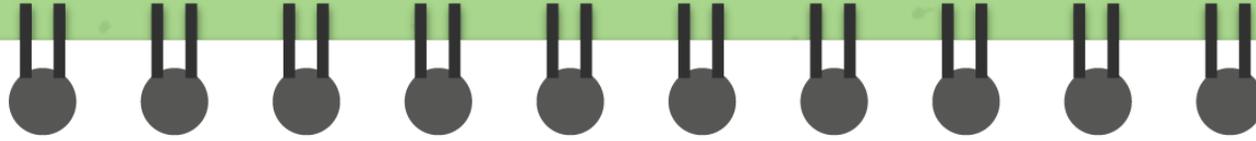
- Explain key terms related to the ASCQR Program
- State program requirements for the ASCQR Program
- Walk through data submission in National Healthcare Safety Network (NHSN) and Hospital Quality Reporting (HQR)
- Describe resources on QualityNet and the QualityReportingCenter.com websites

Common Terms

Program Requirements

Data Submission

Resources



01

Common Terms

Common Terms

Common Terms

Reporting Period

The Reporting Period is the timeframe the data is being pulled from.

It's also known as the patient encounter period.

Submission Period

The submission period is the timeframe you must report your data.

Payment Determination

The Payment Determination is the year your ASC sees a payment reflection for the data you reported.

Calendar Year (CY)

Jan 1 – Dec 31 of the respective year

Common Terms

Web-Based Measures

Data that are submitted in
HQR and NHSN

Claims-Based Measures

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

A graphic of a spiral-bound notebook with a white page and a red cover, set against a green background. The spiral binding is at the top. The page contains the number '02' in a green circle, the title 'Program Requirements' in red, and a purple label on the right side.

02

Program Requirements

Program Requirements

Program Requirements

Code of Federal Regulations (CFR)

- General and permanent rules published in the *Federal Register*
- Title 42: Public Health section

✓ ASCs that do not meet the ASCQR Program requirements may receive a 2.0 percentage reduction in their payment update for the applicable payment year.

✓ ASCs with fewer than 240 Medicare claims per year during annual reporting period for a payment determination year are not required to participate for that subsequent payment determination.

[Click here](#)
to view the
CFR.

Newly Designated as Open

Program Requirements

ASCs designated as operating in the CMS Certification and Survey Provider Enhanced Reporting (CASPER) system at least four months prior to January 1 of the reporting period are required to report.

Your facility opened in Aug 2022 and had ≥ 240 Medicare claims by Dec 31, 2022.

Your facility is required to collect data in the reporting period Jan 1-Dec 31, 2023.

Your facility is required to submit these data during the submission period.

Your submitted data are for payments you will receive in the CY 2025 payment determination.

Program Requirements

CY 2023

≥ 240
Medicare
claims

CY 2024

Collect data
during
Reporting
Period

CY 2025

Enter data
during
Submission
Period

CY 2026

For payment
determination

Program Requirements

Security Official in HQR

The HQR Security Official (SO) of an ASC facilitates the registration and account management process for other users at the organization and can submit data via the HQR web-based tool.

[Click Here](#) for directions for setting up your Healthcare Quality Information System (HCQIS) Access Roles and Profile (HARP) credentials and registering in HQR.

Facility Administrator in NHSN

The NHSN Facility Administrator (FA) of an ASC facilitates the enrollment and account management process for other users via NHSN and can submit data in the NHSN web-based tool.

[Click Here](#) for directions for setting up your Secure Access Management Services (SAMS) credentials and enrolling in NHSN.

Program Requirements

Web-Based
Measures in
HQR

Calendar Year 2024 Payment Determination

Measure		Reporting Period	Submission Period
ASC-9	Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients	Jan 1 – Dec 31, 2022	Jan 1 – May 15, 2023
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		

Program Requirements

Web-Based Measures in NHSN

Calendar Year 2024 Payment Determination

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

Calendar Year 2025 Payment Determination

ASC-20	COVID-19 Vaccination Coverage Among Healthcare Personnel	Jan 1 – Mar 31, 2023	August 15, 2023
		Apr 1 – Jun 30, 2023	November 15, 2023
		Jul 1 – Sept 30, 2023	February 15, 2024
		Oct 1 – Dec 31, 2023	May 15, 2024

Program Requirements

Claims-
Based
Measures

Calendar Year 2024 Payment Determination

Measure		Reporting Period
ASC-12	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Jan 1, 2020 – Dec 31, 2022
ASC-17	Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures	Jan 1, 2021 – Dec 31, 2022
ASC-18	Hospital Visits after Urology Ambulatory Surgical Center Procedures	Jan 1, 2021 – Dec 31, 2022
ASC-19	Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgery Centers	Jan 1, 2021 – Dec 31, 2022

Program Requirements

UPCOMING

Web-Based
Measures in
HQR

Calendar Year **2025** Payment Determination

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

Program Requirements

UPCOMING

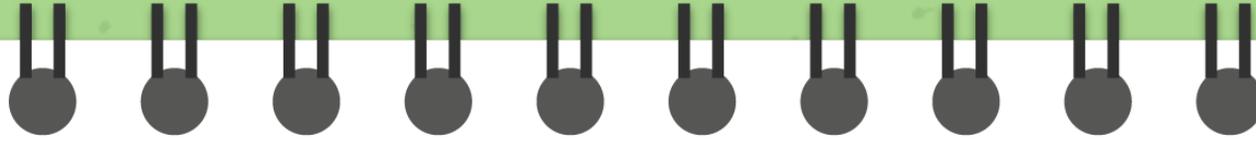
**OAS
CAHPS**

Calendar Year **2027** Payment Determination

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



Voluntary reporting begins with the CY 2024 reporting period.



03

Data Submission

Data Submission

Welcome to

CMS.gov | Hospital Quality Reporting

- hqr.cms.gov
- Enter your HARP Username and Password
- Select *Log in*

Log in

Enter your HARP user ID and password

User ID

janedoe123

Password

[Having trouble logging in?](#)

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

Log in

Sign up



Welcome to

CMS.gov | Hospital Quality Reporting

Complete the two-factor authentication process using your cell phone, or click on *Use Another Method.*

Two-factor authentication

Choose an authentication method

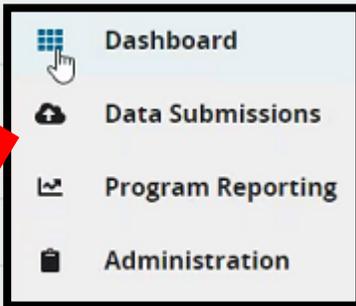
SMS to +1 xxx-xxx-1234

Don't have access to a device? [Use another method.](#)

Next

Cancel

Data Submission - HQR



The screenshot shows the ABC Surgery Center HQR dashboard. At the top, there is a blue header with the organization name and a 'Change Organization' button. Below the header, a light blue banner contains a message: 'My Tasks page is being retired. Thank you for your patience as we make changes to HQR. Quality Net Secure Portal Reports & PRS are still on the My Tasks page.' with a 'My Tasks' button. The main content area features a section titled 'The New HQR is Coming' with a sub-header 'New! Check out the navigation on the left:' and two bullet points: 'All features and functions are now available in the navigation' and 'Tasks are clearly divided - move from one to another with ease'. To the right of this text is an illustration of a computer monitor displaying a dashboard with various icons. Below this is another section titled 'Here are some of the key features of the new Hospital Quality Reporting' with four columns of text: 'Intuitive Interfaces' (Intuitive interfaces means you always know where you are within the system.), 'Simple Submissions' (We've taken the guess work out of submitting data, via a file or a form. All from one central location.), 'Advanced Security' (Security & Access is now easy to manage with our new suite of Access tools. Effortlessly add or modify anyone's permissions.), and 'Reliable Calculations' (Accurate data, with real-time validation. No second guessing. No more waiting.).

ABC Surgery Center Change Organization

My Tasks page is being retired.
Thank you for your patience as we make changes to HQR. Quality Net Secure Portal Reports & PRS are still on the My Tasks page.
[My Tasks](#)

The New HQR is Coming

We are hard at work behind the scenes to modernize Hospital Quality Reporting. 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

Here are some of the key features of the new Hospital Quality Reporting

Intuitive Interfaces Intuitive interfaces means you always know where you are within the system.	Simple Submissions We've taken the guess work out of submitting data, via a file or a form. All from one central location.	Advanced Security Security & Access is now easy to manage with our new suite of Access tools. Effortlessly add or modify anyone's permissions.	Reliable Calculations Accurate data, with real-time validation. No second guessing. No more waiting.
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Data Submission - HQR

The screenshot shows a web application interface for ABC Surgery Center. At the top, there is a dark blue header with the text "ABC Surgery Center" on the left and a "Change Organization" button on the right. Below the header is a navigation bar with a "Home" link. The main content area is titled "Web-based Measures" and contains a question: "How would you like to submit your data?". There are two options: "File Upload" with a cloud icon and "Data Form" with a list icon. The "File Upload" option includes the text "Upload files for program credit here." and the "Data Form" option includes "Enter data for program credit here."

ABC Surgery Center

Change Organization

Home

Web-based Measures

Web-based Measures

How would you like to submit your data?

File Upload
Upload files for program credit here.

Data Form
Enter data for program credit here.

Data Submission - HQR

File Upload

ABC Surgery Center

Home

Web-based Measures

Web-based Measures

File Upload Data Form

Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.

Search

Search

Drag files here to upload

Data Form

ABC Surgery Center

Home

Web-based Measures

File Upload Data Form

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

Select the Data Form

ASC Launch Data Form

Data Submission - HQR

< Data Submissions

Ambulatory Surgical Center Quality Reporting (ASCQR) Program

Payment Year: 2024

National Provider Identification: 1234567890
Submission Period: 01/01/2023 - 05/15/2023
With Respect to Reporting Period: 01/01/2022 - 12/31/2022

Current Submission Period: Open

Export PDF

ASC-9 ⚠ Not Submitted
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 **▶ Start Measure**

ASC-11 (voluntary) ⚠ Not Submitted
Cataracts - Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
 Enter zeros for this measure as I have no data to submit **▶ Start Measure**

ASC-13 ⚠ Not Submitted
Normothermia Outcome
 Enter zeros for this measure as I have no data to submit **▶ Start Measure**

ASC-14 ⚠ Not Submitted
Unplanned Anterior Vitrectomy
 Enter zeros for this measure as I have no data to submit **▶ Start Measure**

* For Paperwork Reduction Act Notice, see Specifications Manual.

Confirm National Provider Identification (NPI), submission period, reporting period, and payment year.

To enter data, click the green *Start Measure* icon.

Data Submission - HQR

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

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

* Indicates required field

Numerator
* Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.
850

Denominator
* All patients aged 50 to 75 years of age receiving screening colonoscopy without biopsy or polypectomy.
900

Population
What was your facility's Total Population?
Ex. 0,1,2,3,...,999999999

What was your facility's sample size?
Ex. 0,1,2,3,...,999999999

What was your facility's sampling frequency?
 Monthly
 Quarterly
 Not Sampled
 N/A

National Provider Identification: 1234567890
Submission Period: 01/01/2023 - 05/15/2023
With Respect to Reporting Period: 01/01/2022 - 12/31/2022
Last Updated: --

- Enter the Numerator and Denominator.
- The Population field is not required, but you can voluntarily enter data.
- Select the *Submit* button.

Data Submission - HQR

< Data Submissions

Ambulatory Surgical Center Quality Reporting (ASCQR) Program

Payment Year: 2024

National Provider Identification: 1234567890
Submission Period: 01/01/2023 - 05/15/2023
With Respect to Reporting Period: 01/01/2022 - 12/31/2022
Last Updated: 01/13/2023 10:36 AM

Current Submission Period: Open

Export PDF

Edit Measure (highlighted with a red arrow)

+ ASC-9 ✔ Submitted
Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
Updated Jan 13, 2023 at 10:36 AM

Score for this measure

94%	850 Numerator	900 Denominator
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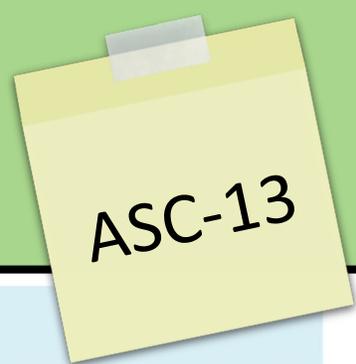
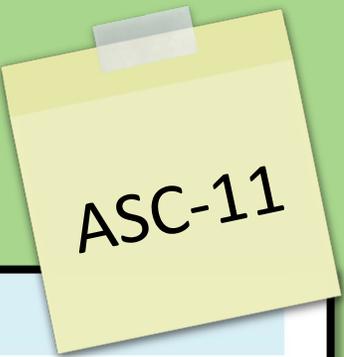
Higher score is better

ASC-11 (voluntary) ⚠ Not Submitted **Start Measure**
Cataracts - Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
 Enter zeros for this measure as I have no data to submit

ASC-13 ⚠ Not Submitted **Start Measure**
Normothermia Outcome
 Enter zeros for this measure as I have no data to submit

ASC-14 ⚠ Not Submitted **Start Measure**
Unplanned Anterior Vitrectomy
 Enter zeros for this measure as I have no data to submit

* For Paperwork Reduction Act Notice, see Specifications Manual.



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

* Indicates required field

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

Numerator
* Patients 18 years and older who had improvement in visual function achieved within 90 days following cataract surgery, based on completing both a pre-operative and post-operative visual function instrument.

Denominator
* All patients aged 18 years and older who had cataract surgery and completed both a pre-operative and post-operative visual function survey.

Population
What was your facility's Total Population?

What was your facility's sample size?

What was your facility's sampling frequency?

Monthly
 Quarterly
 Not Sampled
 N/A

National Provider Identification:
1234567890

Submission Period:
01/01/2023 - 05/15/2023

With Respect to Reporting Period:
01/01/2022 - 12/31/2022

Last Updated:
—

ASC-13
Normothermia Outcome

* Indicates required field

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

Numerator
* Surgery patients with a body temperature equal to or greater than 96.8 Fahrenheit/36 Celsius recorded within fifteen minutes of Arrival in PACU?

Denominator
* All patients, regardless of age, undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes duration

Population
What was your facility's Total Population?

What was your facility's sample size?

What was your facility's sampling frequency?

Monthly
 Quarterly
 Not Sampled
 N/A

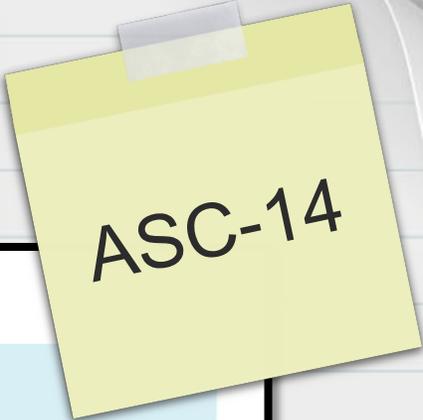
National Provider Identification:
1234567890

Submission Period:
01/01/2023 - 05/15/2023

With Respect to Reporting Period:
01/01/2022 - 12/31/2022

Last Updated:
—

Data Submission - HQR



[< Back](#)

ASC-14
Unplanned Anterior Vitrectomy

* Indicates required field

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

Numerator
* All cataract surgery patients who had an unplanned anterior vitrectomy.

Denominator
* All cataract surgery patients.

National Provider Identification:
1234567890

Submission Period:
01/01/2023 - 05/15/2023

With Respect to Reporting Period:
01/01/2022 - 12/31/2022

Last Updated:
—

Data Submission - HQR

Ambulatory Surgical Center Quality Reporting (ASCQR) Program Payment Year: 2024

National Provider Identification: 1234567890
Submission Period: 01/01/2023 - 05/15/2023
With Respect to Reporting Period: 01/01/2022 - 12/31/2022
Last Updated: 01/13/2023 10:41 AM

Current Submission Period: **Open** Export PDF

+ **ASC-9** Submitted Edit Measure
Endoscopy/Polyp Surveillance: Appropriate Follow-up Interval for Normal Colonoscopy in Average Risk Patients
Updated Jan 13, 2023 at 10:36 AM
Score for this measure
94% 850 Numerator 900 Denominator
Higher score is better

+ **ASC-11 (voluntary)** Submitted Edit Measure
Cataracts - Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
Updated Jan 13, 2023 at 10:39 AM
Score for this measure
95% 950 Numerator 1000 Denominator
Higher score is better

+ **ASC-13** Submitted Edit Measure
Normothermia Outcome
Updated Jan 13, 2023 at 10:40 AM
Score for this measure
88% 350 Numerator 400 Denominator
Higher score is better

+ **ASC-14** Submitted Edit Measure
Unplanned Anterior Vitrectomy
Updated Jan 13, 2023 at 10:41 AM
Score for this measure
0% 1 Numerator 1000 Denominator
Lower score is better

 Submitted

You successfully submitted your data.

Export PDF

Save a copy of your data submission for your records.

1 / 3 | 100% + | [Icons]

ASC Data Form

Page 1 of 3
Exported 1/13/2023 10:42 AM

ABC SURGERY

National Provider Identification: 1234567890

Submission Period: 01/01/2023 - 05/15/2023
With Respect to Reporting Period: 01/01/2022 - 12/31/2022
Last Updated: 1/13/2023 10:41 AM

ASC

All Measures Successfully Submitted!

Measure	Submission Status	Last Updated
ASC-9	Submitted	1/13/2023 10:36 AM
ASC-11 (Voluntary)	Submitted	1/13/2023 10:39 AM
ASC-13	Submitted	1/13/2023 10:40 AM
ASC-14	Submitted	1/13/2023 10:41 AM

ASC-9

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

850

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

900

What was your facility's Total Population?

900

What was your facility's population size?



Save this data submission summary for your records.

Data Submission - HQR

**Important
HQR
Reminders**

- ✓ Log in at least every 90 days to keep your account active.
- ✓ We highly recommend that each facility have two Security Officials (SOs).
- ✓ Your web-based measures in HQR are due on May 15, 2023.

[Click Here](#)
HARP/HQR
Resources

Data Submission - NHSN

- ❑ sams.cdc.gov
- ❑ SAMS Multi-Factor Login
- ❑ Select *Login*

External Partners

SAMS Credentials



SAMS Username

SAMS Password

Login

[Forgot Your Password?](#)

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

OR

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).

Data Submission - NHSN

- Enter your SAMS Username and Password.
- Select *Login*.

External Partners

SAMS Multi-factor Login



SAMS Username

SAMS Password

Login

[Forgot SAMS Password?](#)

Data Submission - NHSN

Menu

 SAMS Admin

 My Profile

 Logout

Links

SAMS User Guide

SAMS User FAQ

Identity Verification
Overview

My Applications

CDC TRAIN

- CDC TRAIN

CITI_Single_SignOn

- CDC Single Point Sign On - CITI Courses

National Healthcare Safety Network System

- NHSN Reporting *
- NHSN Enrollment *

Data Submission - NHSN

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

 Welcome to the NHSN Landing Page



Select component:
Healthcare Personnel Safety ▼

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

Submit

Data Submission - NHSN

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

Data Submission - NHSN

◀ 📅 ▶ 07 November 2022 - 18 December 2022

Record Complete Record Incomplete

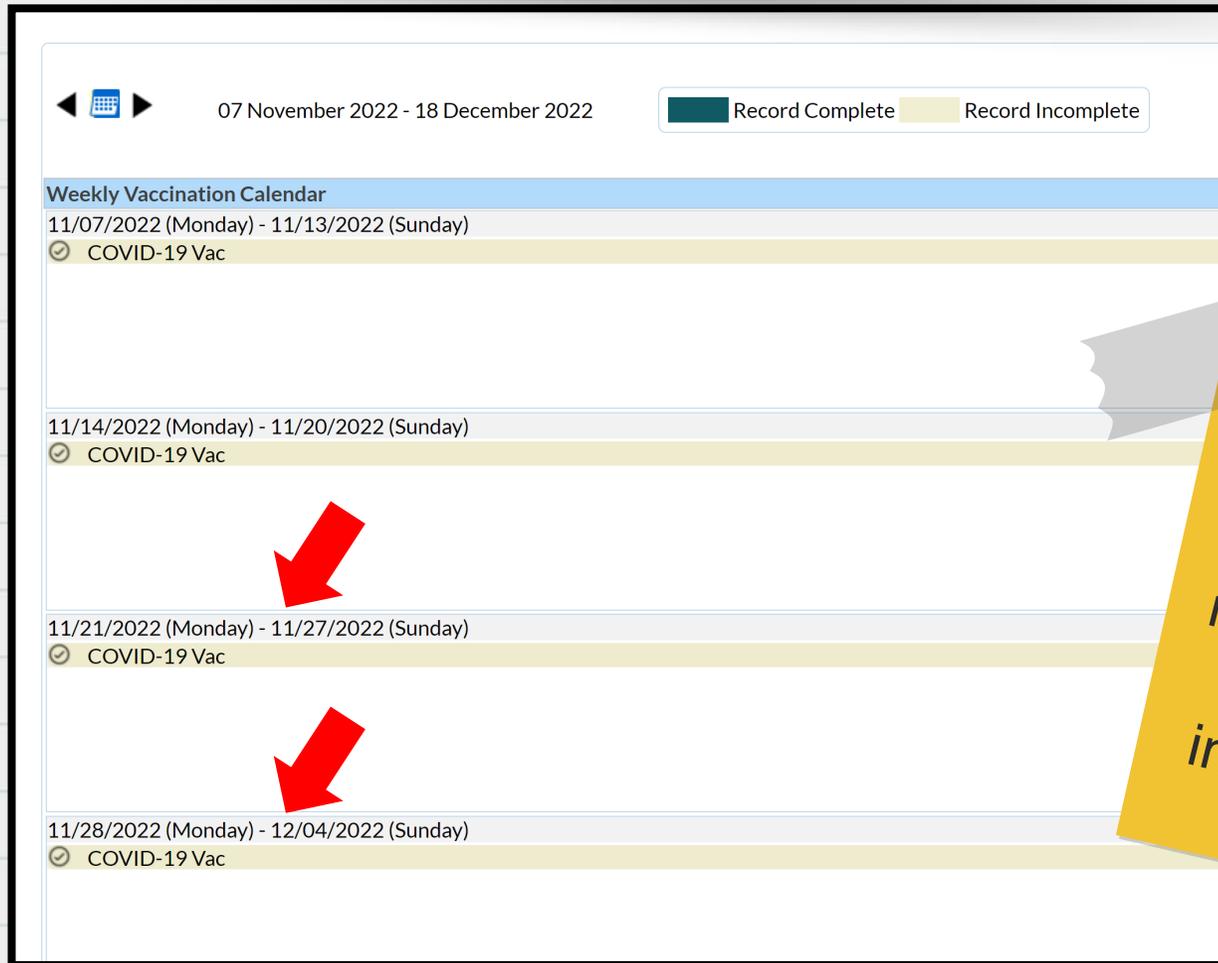
Weekly Vaccination Calendar

11/07/2022 (Monday) - 11/13/2022 (Sunday)
☑ COVID-19 Vac

11/14/2022 (Monday) - 11/20/2022 (Sunday)
☑ COVID-19 Vac

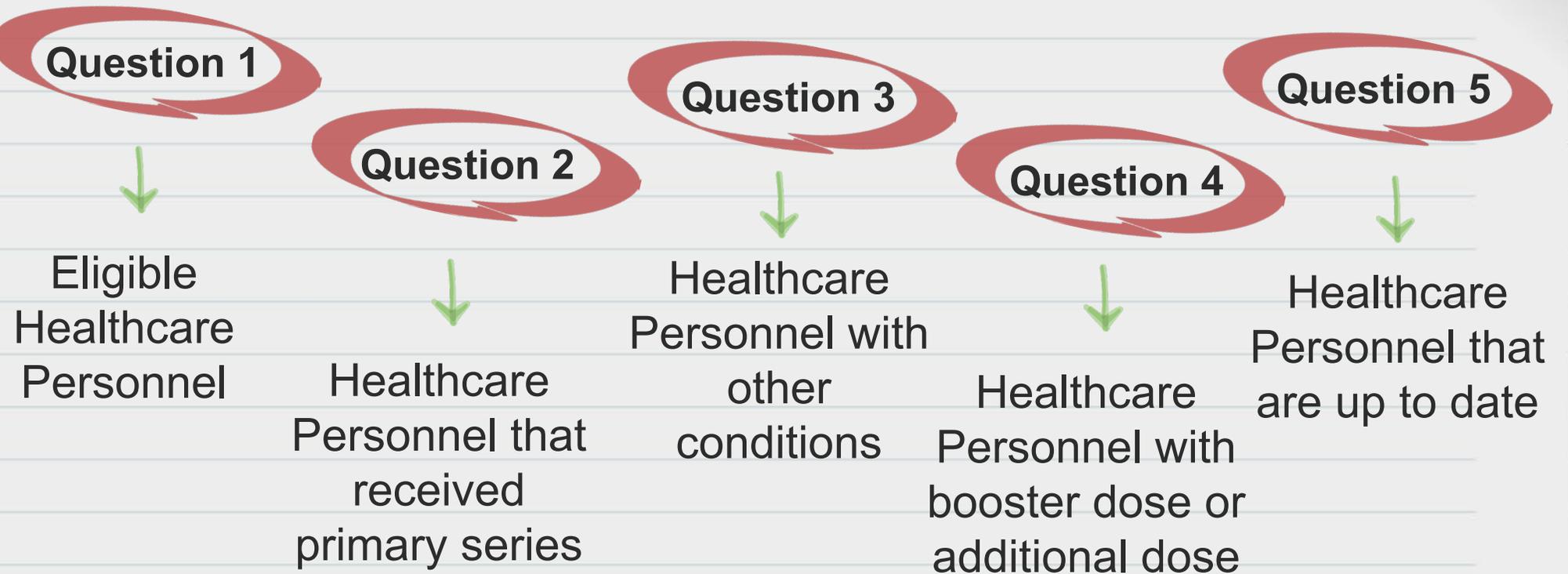
11/21/2022 (Monday) - 11/27/2022 (Sunday)
☑ COVID-19 Vac

11/28/2022 (Monday) - 12/04/2022 (Sunday)
☑ COVID-19 Vac



Make sure the week you are reporting ends in the month you intend to report.

Data Submission - NHSN



Question 1 Data = Question 2 Data + Question 3 Data

Data Submission - NHSN

Up-To-Date
Definitions

Reporting Period Quarter 4 2022

- Received updated bivalent booster dose
- **OR**
- Received last booster dose < 2 months ago
- Received primary series < 2 months ago

✓ Due May 15, 2023

Reporting Period Quarter 1 2023

- Received updated bivalent booster dose
- **OR**
- Received primary series < 2 months ago

✓ Due August 15, 2023

[Click here to stay up to date with NHSN.](#)

Data Submission - NHSN

◀ 📅 ▶ 07 November 2022 - 18 December 2022 ■ Record Complete ■ Record Incomplete

Weekly Vaccination Calendar

11/07/2022 (Monday) - 11/13/2022 (Sunday)
☑ COVID-19 Vac

11/14/2022 (Monday) - 11/20/2022 (Sunday)
☑ COVID-19 Vac

11/21/2022 (Monday) - 11/27/2022 (Sunday)
☑ COVID-19 Vac

11/28/2022 (Monday) - 12/04/2022 (Sunday)
☑ COVID-19 Vac

Data Submission - NHSN



**Important
NHSN
Reminders**

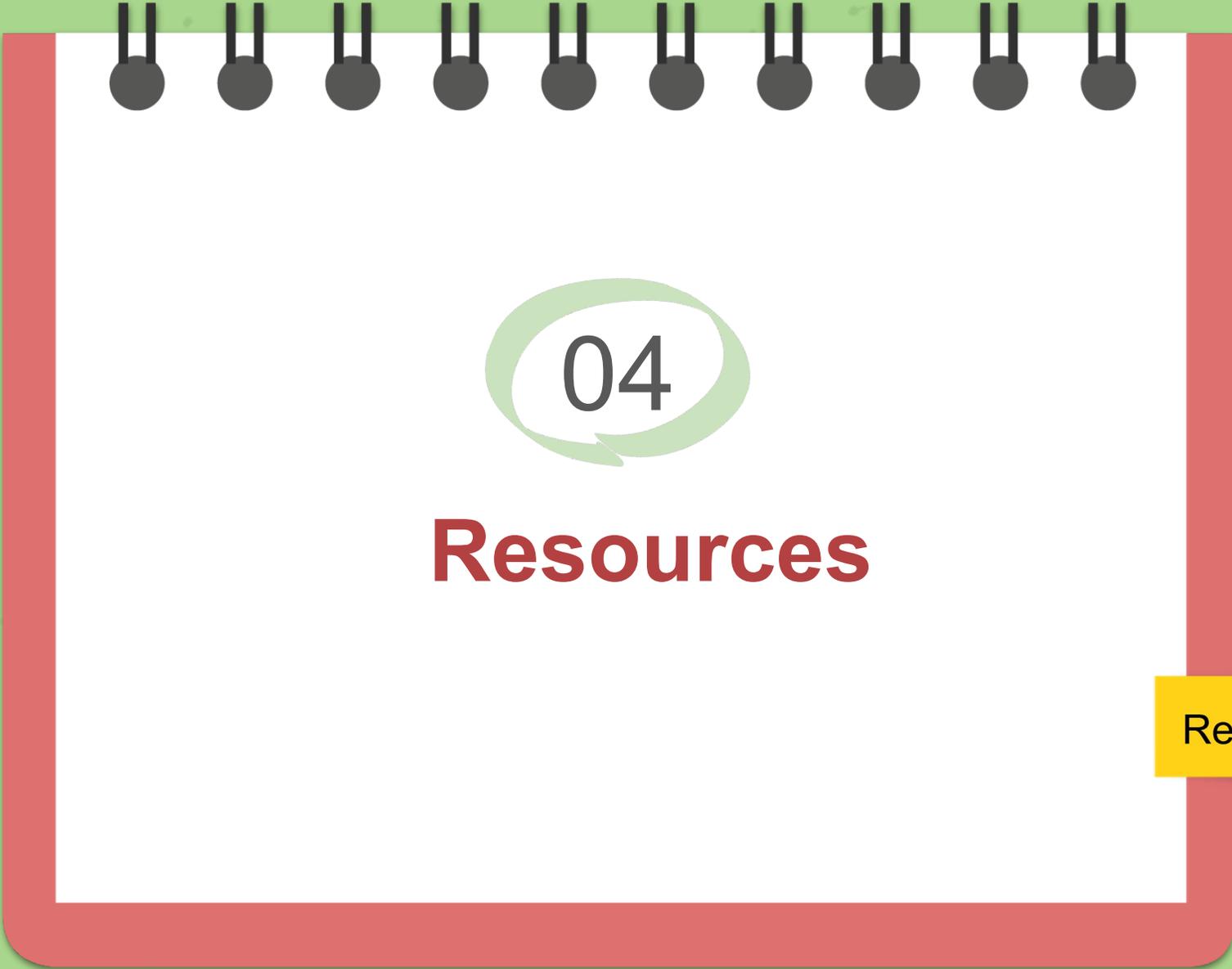
- ✓ All data must be entered in one session.
- ✓ Red asterisks indicate mandatory fields.
- ✓ The sum of questions 2 and 3 must equal question 1.
- ✓ Log in at least every 60 days to keep your account active.
- ✓ Ensure your self-selected week ends in the month you are intending to report.
- ✓ Your next submission deadline for ASC-20 is May 15, 2023.



[Click Here
for NHSN
resources.](#)



[Click Here
for archived
events.](#)

A graphic of a spiral-bound notebook with a white page and a red cover, set against a green background. The spiral binding is at the top. In the center of the page, the number '04' is displayed inside a light green circular arrow icon.

04

Resources

Resources



Welcome to QualityNet!

Your one-stop shop for CMS Quality Programs.

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[Get Started with QualityNet](#)

Recent News

[View more](#)

December 14, 2022

FY 2023 Hospital VBP Program
Percentage Payment Summary Reports
Now Available for Review

November 8, 2022

CMS Releases January 2023 Public
Reporting Hospital Data for Preview

QualityNet.cms.gov

- Subscribe to email updates.
- Ask a question using the Q&A tool.
- Register for access to HQR.

I am looking for quality information associated with...



Hospitals - Inpatient



Hospitals - Outpatient



Ambulatory Surgical Centers



PPS-Exempt Cancer Hospitals



ESRD Facilities



Inpatient Psychiatric Facilities



Home /

Ambulatory Surgical Centers

Overview

Measures

Public Reporting

Data Submission

Resources

Notifications

Ambulatory Surgical Center Overview

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

Read more

Participating in the ASCQR Program?

Download 2023 Specifications Manual

Download 2022 Specifications Manual

View all Specifications Manuals



Events Calendar

Inpatient

Outpatient

ASC

SNF VBP

Events on Demand



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

QualityReportingCenter.com

- Program Tools and Resources
- Upcoming and Archived Events
- Program Data Dashboard

Outpatient

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

ASC

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



Events Calendar

Inpatient

Outpatient

ASC

SNF VBP

Events on Demand

[Home](#) / [ASC](#)

ASCQR Program

Program Information

ASCQR 101

ASCQR Program Tools and Resources

Upcoming Events

Archived Events

Continuing Education

Data Dashboard



ASC Program Rule History

Qualit-e-Quips

ASCQR Program

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

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

- **For more information about the ASCQR Program**, visit the [ASC Program Information page](#).
- **For videos and resources on reporting and participating in the ASC Program**, visit the [ASC 101 page](#).
- **For specific measure reporting guidelines and tools**, visit the [ASC Tools and Resources page](#).
- **To receive ASCQR Program Updates**, sign up for ASCQR [email](#) notifications.

As the national support contractor for the ASCQR Program, our team is available to answer questions or supply any additional information you may need. We are committed to offering quality service in a timely and effective manner. Please contact us via the [QualityNet Question and Answer Tool](#) or call us toll-free at [866.800.8756](#) from 7 a.m. to 6 p.m. ET.

Resources

ASCQR Program	
Program Information	
ASCQR 101	
ASCQR Program Tools and Resources	
Upcoming Events	
Archived Events	
Continuing Education	
Data Dashboard	^
ASC Compare Tool	
ASC Lookup Tools	→
Medicare Procedure Price Lookup	
Lookup Tool Archives	
ASC Program Rule History	
Qualit-e-Quips	

ASC Facility and CCN Lookup

ASC CCN (third character is an uppercase "C")

OR

ASC NPI

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

Note, data last updated on:

- WBM Submission **May 17, 2022**
- NHSN Submission **February 16, 2023**



NOT live data
Check "data last updated on" date.

Resources

- **YES** indicates a successful data submission.
- **NO** indicates no data were submitted for that measure.

All measure data must be submitted in the QualityNet web-based data collection tool before data results will display as "Yes." Partial submissions will now default as "No" for all measures until all data have been submitted.

Web-Based Measures Information:

CCN: 00C0001234

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

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

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

CCN: 00C0001234

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

Data last updated February 16, 2023

Quarters will only show "YES" if all months in that quarter also say "YES".

Year shown is the year being reported, not the Calendar Year Payment Determination. ASC-20 data currently being collected is for Calendar Year 2024 Payment Determination.

Resources

 **Dashboard**

 **Data Submissions**

 **Data Results**

 **Program Reporting**

Claims-based measures

Reporting Requirements

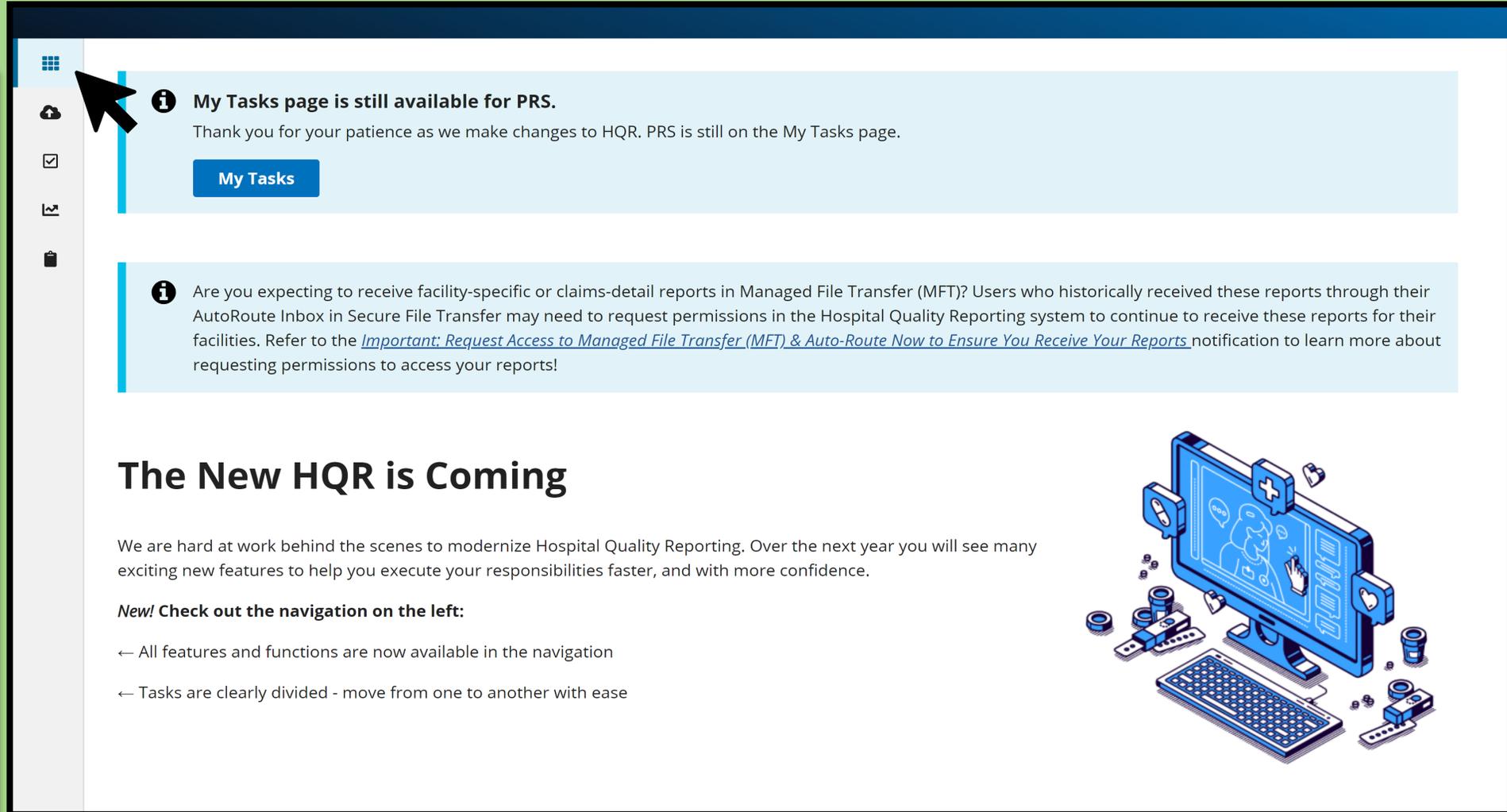
Performance Reports

Program Credit

Public Reporting

Validation

 **Administration**



i **My Tasks page is still available for PRS.**
Thank you for your patience as we make changes to HQR. PRS is still on the My Tasks page.

My Tasks

i Are you expecting to receive facility-specific or claims-detail reports in Managed File Transfer (MFT)? Users who historically received these reports through their AutoRoute Inbox in Secure File Transfer may need to request permissions in the Hospital Quality Reporting system to continue to receive these reports for their facilities. Refer to the [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) notification to learn more about requesting permissions to access your reports!

The New HQR is Coming

We are hard at work behind the scenes to modernize Hospital Quality Reporting. 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



Resources



Performance Reports

This is where you can check your Quality Measure and other calculated metrics. Facility, State, and National level calculations are available for the IQR, OQR, ASCQR, IPFQR, and PCHQR Programs; Baseline Measure and Percentage Payment Summary calculations are available for the HVBP Program. Access is dependent upon permissions.

Program

ASCQR

Encounter Quarter

Select Quarter

Select Quarter

Q4 2022

Q3 2022

Q2 2022

Q1 2022

Export CSV



Resources

A	B	C	D	E	F	G	H	I	J	K
TYPE	PROVIDER_ID	STATE_CODE	QUARTER	MEASURE	NUMERATOR	DENOMINATOR	ADHPCT	ADHPCT_CI	ADHPCT_CI	LAST_NHSN_UPDATE_DATE
PROVIDER_SUMMARY	1234567890	FL	2022Q1	COVID19HCP	18	18	100	100	100	11/08/2022
STATE_SUMMARY		FL	2022Q1	COVID19HCP	5468	7284	65.5	0	100	11/08/2022
NATIONAL_SUMMARY		NATION	2022Q1	COVID19HCP	87047	99199	83.9	59.8	100	11/08/2022

Make sure you check the Last NHSN Update Date column to see the last time these data were updated.

Resources

ASCQR Program Support Team
📞 866.800.8756

Center for Clinical Standards and Quality
(CCSQ) Services
📞 866.288.8912
✉ qnetsupport@cms.gov

SAMS Help Desk
📞 877.681.2901

NHSN
✉ nhsn@cdc.gov



Acronyms

ASC	ambulatory surgical center	FSR	Facility-Specific Report
ASCQR	Ambulatory Surgical Center Quality Reporting	HARP	HCQIS Access Roles and Profile
CASPER	CMS Certification and Survey Provider Enhanced Reporting	HCP	healthcare personnel
CCSQ	Center for Clinical Standards and Quality	HCQIS	Healthcare Quality Information System
CFR	Code of Federal Regulations	HQR	Hospital Quality Reporting
CMS	Centers for Medicare & Medicaid Services	NHSN	National Healthcare Safety Network
CCN	CMS Certification Number	NPI	National Provider Identifier
CDR	Claims Detail Report	OAS CAHPS	Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey
CY	calendar year	SAMS	Secure Access Management Services
FA	Facility Administrator	SO	Security Official

Continuing Education Approval

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

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

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

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