

2021 CMS QUALITY REPORTING FOR ASCS

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Learning Objectives

Participants will be able to:



DEFINE the quality reporting that is required by Centers for Medicare and Medicaid Services (CMS) for ambulatory surgery centers (ASCs)



IDENTIFY the different reports and look-up tools available for participants to utilize



DISCUSS future implications in the ambulatory surgery center quality reporting (ASCQR) program

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CMS Ambulatory Surgical Center Quality Reporting Program



CMS ASC Quality Reporting Program Quality Measures Specifications Manual

VERIFY LATEST VERSION >>> **10.0** 1Q21 – 4Q21

Included in this Manual:

- ✓ Measure specifications
- ✓ Data collection and submission

Located on www.qualitynet.org

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2021 Medicare Hospital Outpatient Prospective Payment System (OPPS)/ASC Payment Final Rule

Released on December 1, 2020

ASC Quality Reporting Program begins on page 941

Section XV. *Requirements for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program*

<https://www.cms.gov/files/document/12220-opps-final-rule-cms-1736-fc.pdf>

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2021 Medicare Hospital Outpatient Prospective Payment System (OPPS)/ASC Payment Final Rule

NO new quality measures

TERMINOLOGY CHANGES

| NEW TERMINOLOGY | PREVIOUS TERMINOLOGY |
|------------------------|-----------------------------|
| Security Official | Security Administrator |
| Data Collection Period | Data Collection Time Period |
| Period | Time Period |

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2021 Medicare Hospital Outpatient Prospective Payment System (OPPS)/ASC Payment Final Rule

Program Submission Deadlines

May 15, 2021 is a Saturday



All program deadlines occurring on a Saturday, Sunday, legal holiday or nonwork day for federal employees shall be extended to the first day that is not a Saturday, Sunday, legal holiday or nonwork day for federal employees.

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ASC Quality Reporting Program Measures

The data collection for ASC-1, ASC-2, ASC-3, ASC-4 remains suspended starting January 1, 2019

| | |
|--------------|--|
| ASC-1 | Patient Burn |
| ASC-2 | Patient Fall |
| ASC-3 | Wrong Site, Wrong Side, Wrong Procedure, Wrong Implant |
| ASC-4 | All-Cause Hospital Transfers/Admissions |

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ASC Quality Reporting Program Measures

| | | 2020 Data Collection* | Data Submission |
|--------------|--|--------------------------------------|-----------------------------|
| ASC-9 | Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients | July 1 – December 31, 2020 | January 1 – May 15, 2021 |

*The collection of data for January 1 - June 30, 2020 encounters is **not** required. ASCs only need to submit data for encounters occurring during the last two quarters of 2020.

Web Based Reporting via QualityNet Secure Portal www.qualitynet.org

<https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting>

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ASC Quality Reporting Program Measures

| | |
|---------------|---|
| ASC-12 | Facility Seven-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy |
|---------------|---|

- Data is pulled by CMS from the Medicare Fee for Service *administrative* claims that were billed by the center January 1, 2016 - December 31, 2018 and subsequent years.
- **No data submission** or reporting required from the ASC
- Colonoscopy Claims Detail Reports (CDR) will be periodically uploaded to the QualityNet secure portal throughout the year. The facility's Secure ~~Administrator~~ **Official** will be notified when the reports are uploaded.

For all claims-based measures, data from encounters during the following period **will not be used**: January 1, 2020–June 30, 2020.

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ASC Quality Reporting Program Measures

| | | 2020 Data Collection* | Data Submission |
|---------------|---|-------------------------------|-----------------------------|
| ASC-13 | Normothermia Outcome Data submitted for a Sampling that meet the denominator criteria. | July 1 – December 31, 2020 | January 1 – May 15, 2021 |
| ASC-14 | Unplanned Anterior Vitrectomy Data submitted for All Patients that meet the denominator criteria. | July 1 – December 31, 2020 | January 1 – May 15, 2021 |

*The collection of data for January 1 - June 30, 2020 encounters is **not** required. ASCs only need to submit data for encounters occurring during the last two quarters of 2020.

Web Based Reporting via QualityNet Secure Portal www.qualitynet.org

<https://www.cms.gov/newsroom/press-releases/cms-announces-relief-clinicians-providers-hospitals-and-facilities-participating-quality-reporting>

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ASC Quality Reporting Program Measures

| | |
|---------------|---|
| ASC-17 | Facility Level 7 Day Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures |
|---------------|---|

- The measure outcome is all-cause, unplanned hospital visits (Emergency Department Visit, Observation Stays, Unplanned Inpatient Admission) within seven days of an orthopedic procedure performed at an ASC.
- Data is *pulled by CMS* from the Medicare Fee for Service *administrative* claims billed by the center.
- **No data submission** or reporting required from the ASC
- Data collection period for the CY 2022 payment determination would be CY 2019 to 2020 (two calendar years).
- **Claims Detail Reports (CDR)** will be uploaded to QualityNet secure portal for facility review.

For all claims-based measures, data from encounters during the following period **will not be used**: January 1, 2020–June 30, 2020.

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ASC Quality Reporting Program Measures

| | |
|---------------|--|
| ASC-18 | Facility Level 7 Day Hospital Visits after Urology Ambulatory Surgical Center Procedures |
|---------------|--|

- The measure outcome is all-cause, unplanned hospital visits (Emergency Department Visit, Observation Stays, Unplanned Inpatient Admission) within seven days of a urology procedure performed at an ASC.
- Data is *pulled by CMS* from the Medicare Fee for Service *administrative* claims billed by the center.
- **No data submission** or reporting required from the ASC
- Data collection period for the CY 2022 payment determination would be CY 2019 to 2020 (two calendar years)
- **Claims Detail Reports (CDR)** will be uploaded to QualityNet secure portal for facility review.

For all claims-based measures, data from encounters during the following period **will not be used**: January 1, 2020–June 30, 2020.

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ASC Quality Reporting Program Measures

| | |
|---------------|--|
| ASC-19 | Facility Level 7 Day Hospital Visits after General Ambulatory Surgical Center Procedures |
|---------------|--|

- The measure outcome is all-cause, unplanned hospital visits (Emergency Department Visit, Observation Stays, Unplanned Inpatient Admission) within seven days of a general procedure performed at an ASC.
- Data is *pulled by CMS* from the Medicare Fee for Service *administrative* claims billed by the center.
- **No data submission** or reporting required from the ASC
- Data collection period for the CY 2024 payment determination would be CY 2021 to 2022 (two calendar years).
- **Claims Detail Reports (CDR)** will be uploaded to QualityNet secure portal for facility review.

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ASC – 12, 17, 18 and 19

- Reports will be uploaded to QualityNet secure portal for ASCs to review and will include:
 - patient-level data for each hospital visit
 - the type of visit (emergency department visit, observation stay, or unplanned inpatient admission),
 - the admitting facility, and
 - the principal discharge diagnosis.
- These reports enable ASCs to see their facility specific data.
- General information about the confidential facility-specific reports will be available at: <http://www.qualitynet.org>
- Again, because CMS uses paid, final action Medicare claims, ASCs would **not need** to submit any additional data.

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ASC 17: Facility Specific MOCK Report

| ID Number | Your Facility's National Provider Identifier | HICNO | Beneficiary DOB | Date of Orthopedic Procedure | Qualifying Procedure | In Measure Calculation | Unplanned Hospital Visit within 7 Days | Type of Hospital Visit | Planned Admission | Hospital Visit Date | Principal Diagnosis Code of Hospital Visit | Provider ID of Hospital Visited |
|-----------|--|------------|-----------------|------------------------------|----------------------|------------------------|--|---|-------------------|---------------------|--|---------------------------------|
| 1 | 9999999999 | 999999999A | 99/99/9999 | 03/11/2016 | 29880 | YES | YES | Hospital Admission | NO | 03/16/2016 | C8387 | 999999 |
| 2 | 9999999999 | 999999999B | 99/99/9999 | 03/29/2016 | 29827 | YES | YES | Emergency Department | N/A | 03/31/2016 | R509 | 999999 |
| 3 | 9999999999 | 999999999C | 99/99/9999 | 07/30/2016 | 29880 | YES | YES | Emergency Department | N/A | 08/01/2016 | J189 | 999999 |
| 4 | 9999999999 | 999999999D | 99/99/9999 | 02/14/2017 | 29881 | YES | YES | Emergency Department and Observation Stay | N/A | 02/17/2017 | I471 | 999999 |
| 5 | 9999999999 | 999999999E | 99/99/9999 | 04/12/2017 | 29881 | YES | YES | Emergency Department | N/A | 04/16/2017 | R319 | 999999 |
| 6 | 9999999999 | 999999999F | 99/99/9999 | 10/19/2015 | 28055 | YES | NO | N/A | N/A | N/A | N/A | N/A |
| 7 | 9999999999 | 999999999G | 99/99/9999 | 10/24/2015 | 28313 | YES | NO | N/A | N/A | N/A | N/A | N/A |
| 8 | 9999999999 | 999999999H | 99/99/9999 | 11/03/2015 | 29827 | YES | NO | N/A | N/A | N/A | N/A | N/A |
| 9 | 9999999999 | 999999999J | 99/99/9999 | 11/04/2015 | 26055 | YES | NO | N/A | N/A | N/A | N/A | N/A |
| 10 | 9999999999 | 999999999J | 99/99/9999 | 11/16/2015 | 28285 | YES | NO | N/A | N/A | N/A | N/A | N/A |
| 11 | 9999999999 | 999999999K | 99/99/9999 | 11/18/2015 | 20680 | YES | NO | N/A | N/A | N/A | N/A | N/A |
| 12 | 9999999999 | 999999999L | 99/99/9999 | 12/01/2015 | 23700 | YES | NO | N/A | N/A | N/A | N/A | N/A |
| 13 | 9999999999 | 999999999M | 99/99/9999 | 12/03/2015 | 29881 | YES | NO | N/A | N/A | N/A | N/A | N/A |
| 14 | 9999999999 | 999999999N | 99/99/9999 | 12/09/2015 | 25000 | YES | NO | N/A | N/A | N/A | N/A | N/A |
| 15 | 9999999999 | 999999999O | 99/99/9999 | 12/10/2015 | 23410 | YES | NO | N/A | N/A | N/A | N/A | N/A |

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Key Points to Remember

ASC-9 ASC-13 ASC-14

- The sample size for each measure is determined by the number of cases that meet the denominator criteria.
- If you do not perform these procedures, you **STILL** need to log into www.qualitynet.org secure portal and enter zero for the numerator and denominators in these measures.
- Active Security **Administrator Official** to access QualityNet Secure Portal
- Recommended to have two security **administrators officials** if possible
- Sign in to QualityNet **secure portal** frequently (every 60 days) to keep the account active



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Key Points to Remember

ASC-12

ASC-17

ASC-18

ASC-19

- no data submission or reporting required from ASCs
- confidential reports include patient level data and will be uploaded to the QualityNet Secure Portal
 - patient (medical record number), date of birth, date of service
 - type of hospital visit (ED, observation, hospital)
 - admitting facility
 - diagnosis code of hospital visit and hospital ID



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Key Points to Remember



QualityNet Email Notifications

At least **TWO** people from your facility should sign up

- ✓ Go to www.qualitynet.org
- ✓ Scroll down the page and click “**join the list serve**”



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Measure Summary

Last Time You Report the Below Measures

| Measure | Last Time You Report |
|--|--|
| 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 | 12/31/18 (suspended until further rule making) |
| ASC-5: Prophylactic Intravenous (IV) Antibiotic Timing ASC-6: Safe Surgery Checklist Use ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures ASC-8: Influenza Vaccination Coverage among Healthcare Personnel | No longer report |
| ASC-10: Endoscopy/Polyp Surveillance: Colonoscopy Interval for Patients with a History of Adenomatous Polyps—Avoidance of Inappropriate Use | 5/15/19 |

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ASCQR Program Measures Summary

| Number | Measure Title | Type of Measure | Data Collection Dates | Data Reporting Dates | | Payment Determination Year | Measure Applies To |
|---------------|--|--|--|--|---------|----------------------------|--------------------------------------|
| ASC-9 | Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients | Web-Based via QualityNet secure portal | 7/1/2020 - 12/31/2020 It is still acceptable for the ASC to collect data from 1/1/20 - 12/31/20 | 1/1/21 | 5/15/21 | CY 2022 | Sampling |
| ASC-12 | Facility Seven-Day Risk Standardized Hospital Visit Rate after Outpatient Colonoscopy | Administrative Claims-Based | Paid Medicare Fee for Service Claims 1/1/2016 - 12/31/2018 and subsequent years Data from encounters during 1/1/20 - 6/30/20 will not be used | Paid Medicare Fee for Service Administrative Claims Data from encounters during 1/1/20 - 6/30/20 will not be used | | CY 2023 | Paid Medicare Fee for Service Claims |

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ASCQR Program Measures Summary

| Number | Measure Title | Type of Measure | Data Collection Dates | Data Reporting Dates | | Payment Determination Year | Measure Applies To |
|---------------|-------------------------------|--|--|----------------------|---------|----------------------------|-------------------------------|
| ASC-13 | Normothermia | Web-based via QualityNet secure portal | 7/1/2020 - 12/31/2020 It is still acceptable for the ASC to collect data from 1/1/20 - 12/31/20 | 1/1/21 | 5/15/21 | CY 2022 | Sampling |
| ASC-14 | Unplanned Anterior Vitrectomy | Web-based via QualityNet secure portal | 7/1/2020 - 12/31/2020 It is still acceptable for the ASC to collect data from 1/1/20 - 12/31/20 | 1/1/21 | 5/15/21 | CY 2022 | All Patients Meeting Criteria |

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ASCQR Program Measures Summary

| Number | Measure Title | Type of Measure | Data Collection Dates | Data Reporting Dates | Payment Determination Year | Measure Applies To |
|-----------------|---|-----------------------------|--|--|----------------------------|--------------------------------------|
| ASC-17 | Hospital Visit After Orthopedic Ambulatory Surgery Procedures | Administrative Claims-Based | Paid Medicare Fee for Service Claims 1/1/2019 - 12/31/2020 and subsequent years | Paid Medicare Fee for Service Administrative Claims Data from encounters during 1/1/20 - 6/30/20 will not be used | CY 2022 | Paid Medicare Fee for Service Claims |
| ASC-18 | Hospital Visit After Urology Ambulatory Surgery Procedures | Administrative Claims-Based | Paid Medicare Fee for Service Claims 1/1/2019 - 12/31/2020 and subsequent years | Paid Medicare Fee for Service Administrative Claims Data from encounters during 1/1/20 - 6/30/20 will not be used | CY 2022 | Paid Medicare Fee for Service Claims |
| ASC - 19 | Hospital Visit After General Ambulatory Surgery Procedures | Administrative Claims-Based | Paid Medicare Fee for Service Claims 1/1/2021 - 12/31/2022 and subsequent years | Paid Medicare Fee for Service Administrative Claims | CY 2024 | Paid Medicare Fee for Service Claims |

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Status Listing Look Up Table

CCN Lookup Tool

In order to find your facility's CMS Certification Number (CCN) enter your facility's National Provider Identifier (NPI)

Web-Based Status Listing

For information on your facility's web-based measures data submission for ASC 9, 13 and 14. **For example:**

ASC-9 Submitted: yes (or no)

ASC-13 Submitted: yes (or no)

ASC-14 Submitted: yes (or no)

<https://www.qualityreportingcenter.com/en/ascqr-program/data-dashboard/ccn/>

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Running Reports in QualityNet Secure Portal

CMS.gov | QualityNet

Choose Your QualityNet Destination

Please select your QualityNet destination to reach the correct login screen for your QualityNet portal.

Select Your QualityNet Destination

Select Your QualityNet Destination

Secure File Transfer
CMS Data Element Library
End-Stage Renal Disease Quality Reporting System
Quality Improvement Organizations
QIES Business Intelligence Center
Hospital Quality Reporting

A federal government website managed by the Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244



www.qualitynet.org

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Running Reports in QualityNet Secure Portal

CMS.gov | QualityNet
Centers for Medicare & Medicaid Services

Log In to QualityNet *Required Field
Please enter your CMS User ID and password, followed by your Symantec VIP Security Code, then click Submit.

* User ID
* Password
* Security Code

CANCEL SUBMIT

Help
Start/Complete New User Enrollment
Forgot your password?
Trouble with your Security Code?
Need to register for a QualityNet account?

QualityNet Home CMS.gov | QualityNet
A federal government website managed by the Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244

www.qualitynet.org

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Running Reports in QualityNet Secure Portal

CMS.gov Hospital Quality Reporting
Centers for Medicaid and Medicare Services [Change Organization](#)

My Tasks My Reports Help

Hospital Quality Reporting: My Tasks
CMS is making improvements to QualityNet based on user feedback. We are creating a new interface that improves the way you submit, review and track the status of data. Continue using this My Tasks page to enter web-based data, view submission and feedback reports, and other tasks available here.

View the new Hospital Quality Reporting
Access the new and improved Hospital Quality Reporting functions.

Hospital Reporting Inpatient/Outpatient
[View / Edit Population and Sampling](#)

Manage Measures
[View / Edit Structural/ Web-Based Measures/ Data Acknowledgement \(DACA\)](#)

Manage Notice of Participation
[View / Edit Notice of Participation / Contacts / Campuses](#)

Vendor Authorization
[Authorize Vendors to Submit Data](#)

Hospital Reporting Inpatient
[View / Edit Measure Designation](#)

Manage Security
[My Account](#)
[Manage Multifactor Credentials](#)

Hospital Reporting External Files
[External Files Online Tool](#)

www.qualitynet.org

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Running Reports in QualityNet Secure Portal

Select Program, Category and Report

The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category related to the selected program has a single value, then it too will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your report choices. Select the report you wish to run from the table below by clicking on its name.

Report Program: ASCQR | Report Category: Ambulatory Surgical Center Reports - Feedback | [VIEW REPORTS](#)

> Search Report

| REPORT NAME | REPORT DESCRIPTION |
|--|---|
| ASC - Claims Detail Report | The ASC Claims Detail Report identifies claims in final action status in the Data Warehouse. |
| ASCQR Participation Report | The ASCQR Participation Report displays a summary of the data submissions required for the ASC Quality Reporting Program. |
| Hospital Reporting - Vendors Authorized to Upload Data | The Vendors Authorized to Upload Data report displays a list of vendors authorized by a hospital's behalf. |

www.qualitynet.org

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Participation Report

- Select parameters (dates) for your report
- Security **Administrator Official** (active: yes or no)
- Participation Status (participating or withdrawn)
- CMS Threshold (%)
- Submission Status



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Participation Report from QualityNet Secure Portal

ASCQR Participation Report

Payment Year: 2020

State: XX
National Provider Identifier (NPI): XXXXXXXXXX
ASC Name: XXXXXXXXXXXXXXXX
ASC City: XXXXXXXXXXXXXXXX

Active QualityNet Security Administrator: Yes
Participation Status: Participating

Quality Data Code Submission

Total Number of Claims with QDC1: 437
Total Number of Claims: 679
Data Completeness: 64%
CMS Required Threshold: 50%

Quarter 1 - 2018 Dates of Service

| Claims-Based Measures | Numerator | Denominator | Measure Value |
|--|-----------|-------------|---------------------------|
| ASC-1: Patient Burn | 0 | 157 | 0.000 Per 1000 Admissions |
| ASC-2: Patient Fall | 0 | 157 | 0.000 Per 1000 Admissions |
| ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant | 0 | 157 | 0.000 Per 1000 Admissions |
| ASC-4: All-Cause Hospital Transfer/Admission | 0 | 157 | 0.000 Per 1000 Admissions |

Participation Report from QualityNet Secure Portal

Report Run Date: 08/14/2019

ASCQR Participation Report

Payment Year: 2020

State: XX
National Provider Identifier (NPI): XXXXXXXXXX
ASC Name: XXXXXXXXXXXXXXXX
ASC City: XXXXXXXXXXXXXXXX

Active QualityNet Security Administrator: Yes
Participation Status: Participating

Web-Based Measures:

| | Numerator | Denominator | Percentage | Submission Status: |
|---|-----------|-------------|------------|--------------------|
| ASC-8: Endoscopy: Follow-up Interval for Average Risk Patients | 0 | 0 | | Yes |
| ASC-10: Endoscopy: Interval for Patients with History of Polyps | 0 | 0 | | Yes |
| ASC-11: Cataracts: Improvement in Patient's Visual Function (Voluntary) | 0 | 0 | | Yes |
| ASC-13: Normothermia | 0 | 0 | | Yes |
| ASC-14: Unplanned Anterior Vitrectomy | 0 | 0 | | Yes |

ASC Quality Reporting Program | ASC Facility Compare

- ASC Facility Compare allows the research and comparison of ASCQR Program quality measure information for the past payment year.
- Allows searches by city and state or ZIP code to compare data for all facilities.
- Additionally, comparisons of up to three individually selected facilities, regardless of city, state, or ZIP code, can be made by entering a facility's National Provider Identifier (NPI).
- Data uploaded to the ASC Facility Compare page are taken directly from the *Hospital Compare* website.

..... <https://www.qualityreportingcenter.com/en/ascqr-program/data-dashboard/asc-compare-tool-2017/>

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Measures for Future Consideration OAS CAHPS Survey

ASC-15

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

The five survey-based measures (ASC-15a-e) are collected via one survey {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; and |
| ASC-15e | Recommendation of Facility |



Data collection of these measures has been delayed.

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OAS CAHPS Survey

- Official OAS CAHPS website <https://oascahps.org/>
(This is the official website for news, training and information about the OAS CAHPS survey.)
- The survey has three administration methods:
 - mail-only;
 - telephone-only; and
 - mixed mode (mail with telephone follow-up of non-respondents)



Pilot tested a web mode administration (April, May, June 2019)



Toll-free number: 1-866-590-7468 for questions

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OAS CAHPS Survey Mode Experiment 2019

- A **random sample** of approximately 145 Medicare-certified ASCs and 145 Medicare-certified HOPDs were selected
- **43 ASCs** and **56 HOPDs** participated

| Surveys | Mail Only | Phone Only | Web Only | Web + Mail | Web + Phone | All Modes |
|---|-----------|------------|----------|------------|-------------|-----------|
| Number of Surveys | 4,897 | 5,516 | 5,278 | 4,227 | 4,202 | 24,120 |
| Number Completed | 1,722 | 1,055 | 1,542 | 1,627 | 1,439 | 7,385 |
| Number Ineligible | 11 | 100 | 24 | 12 | 76 | 223 |
| Number Not Completed | 3,164 | 4,361 | 3,712 | 2,588 | 2,687 | 16,512 |
| Response Rate (Completes/Completes + Non-completes) | 35% | 19% | 29% | 39% | 35% | 31% |

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OAS CAHPS Survey

- The survey instrument became available for voluntary use in January 2016
- Pages 14-17 of the “Protocols and Guidelines Manual”



<https://oascahps.org/Survey-Materials>

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Websites with Additional Information

Ambulatory Surgery Center Association (ASCA) website

<http://www.ascassociation.org>

QualityNet website

(CMS Specifications Manual & Email Notifications)

<http://qualitynet.org>

Quality Reporting Center HSAG

(CMS national support contractor)

<http://www.qualityreportingcenter.com/>

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Questions?

For ASC Quality Reporting Program Questions:

Contact Health Services Advisory Group (HSAG) (formerly FMQAI)



<https://cms-ocsq.custhelp.com/>



(866) 800-8756

Monday through Friday, 7AM to 6PM Eastern Time

For QualityNet password reset:



(866) 288-8912

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Contact Information

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Available on eSupport

Compliance/Quality Reporting/Overview



HOME ESUPPORT ▾ BLOG ▾ FORUM ACCOUNT ▾

QUALITY REPORTING OVERVIEW

A quality reporting program for ASCs was finalized by the Centers for Medicare and Medicaid Services (CMS) in the Calendar Year (CY) 2012 OPPS/ASC Final Rule with Comment Period (CMS-1525-FC). To meet Ambulatory Surgical Center Quality Reporting (ASCQR) Program requirements, ASCs must meet administrative, data collection, and data submission requirements. ASCs submit data for quality measures by:

- Reporting quality data codes (QDCs) for claims-based measures on the Form CMS-1500 or associated electronic data set.
- Answering Web-based (structural) measure questions.

ASCs that do not meet program requirements for ASC Quality Reporting will receive a 2% reduction in their ASC annual payment update.

[Click here](#) to see the published quality data code-based data. These are for services provided in CY 2013 and CY 2014. If an ASC chose to suppress data for CY 2013, CY 2014, or both years, a footnote (FN 5) will display. There were 331 requests to suppress these data for one or both years.

SEARCH

QUALITY REPORTING

Overview

Data Reporting
Safe Surgery Checklist
Resources



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Available on eSupport

Compliance/Quality Reporting/Data Reporting



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QUALITY REPORTING: DATA REPORTING

ASC QUALITY REPORTING MEASURES SUMMARY

[ASCQR Program Measures Summary 2020](#)

ASCQR PROGRAM MEASURES SUMMARY 2020
Source: ASC Association

| Number | Measure Title | Type of Measure | Data Collection Dates | Data Reporting Dates | Payment Adjustment | Measure Applies To |
|--------|---|-----------------------------------|-----------------------|----------------------|--------------------|--|
| ASC-4 | Percentage of High-Risk Patients Requiring Preoperative Intervention for Normal Colonoscopy | Web-Based (no Qualifying Measure) | 1/1/16 - 12/31/16 | 1/1/16 - 1/1/16 | CY 2016 | Sampling |
| ASC-4 | Colorectal Neoplasia: Percentage of Patients with Polyps Requiring Polypectomy | Web-Based (no Qualifying Measure) | 1/1/16 - 12/31/16 | 1/1/16 - 1/1/16 | CY 2016 | Sampling |
| ASC-12 | Perioperative Care: Preoperative Care for Patients Undergoing Endoscopic Procedures | Administrative Claims Based | 1/1/16 - 12/31/16 | 1/1/16 - 1/1/16 | CY 2016 | Perioperative Care for Patients Undergoing Endoscopic Procedures |
| ASC-12 | Perioperative Care: Postoperative Care for Patients Undergoing Endoscopic Procedures | Administrative Claims Based | 1/1/16 - 12/31/16 | 1/1/16 - 1/1/16 | CY 2016 | Perioperative Care for Patients Undergoing Endoscopic Procedures |
| ASC-12 | Perioperative Care: Preoperative Care for Patients Undergoing Endoscopic Procedures | Administrative Claims Based | 1/1/16 - 12/31/16 | 1/1/16 - 1/1/16 | CY 2016 | Perioperative Care for Patients Undergoing Endoscopic Procedures |
| ASC-12 | Perioperative Care: Postoperative Care for Patients Undergoing Endoscopic Procedures | Administrative Claims Based | 1/1/16 - 12/31/16 | 1/1/16 - 1/1/16 | CY 2016 | Perioperative Care for Patients Undergoing Endoscopic Procedures |
| ASC-12 | Perioperative Care: Preoperative Care for Patients Undergoing Endoscopic Procedures | Administrative Claims Based | 1/1/16 - 12/31/16 | 1/1/16 - 1/1/16 | CY 2016 | Perioperative Care for Patients Undergoing Endoscopic Procedures |
| ASC-12 | Perioperative Care: Postoperative Care for Patients Undergoing Endoscopic Procedures | Administrative Claims Based | 1/1/16 - 12/31/16 | 1/1/16 - 1/1/16 | CY 2016 | Perioperative Care for Patients Undergoing Endoscopic Procedures |
| ASC-12 | Perioperative Care: Preoperative Care for Patients Undergoing Endoscopic Procedures | Administrative Claims Based | 1/1/16 - 12/31/16 | 1/1/16 - 1/1/16 | CY 2016 | Perioperative Care for Patients Undergoing Endoscopic Procedures |
| ASC-12 | Perioperative Care: Postoperative Care for Patients Undergoing Endoscopic Procedures | Administrative Claims Based | 1/1/16 - 12/31/16 | 1/1/16 - 1/1/16 | CY 2016 | Perioperative Care for Patients Undergoing Endoscopic Procedures |

DATA COLLECTION AND SUBMISSION

ASC-1 - ASC-4 (claims-based measures) **Reporting suspended until further rulemaking.**

ASC-9 is for all patients (per the sampling specifications). Data must be reported by all Medicare certified ASCs, regardless of specialty or case mix. If your center does not perform colonoscopies, for ASC-9 you will enter "0" in the numerator and the denominator.



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Join the eSupport Community!



Request your free web demo today

www.progressivesurgicalsolutions.com/esupport



Email us at info@pss4asc.com



Or call us! (855) 777-4272

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Join our Private Facebook Group


A place to connect, support, and network with other
ASC managers all over the country

www.facebook.com/groups/ascmanagers/



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The 2021 Webinar Line Up!

| DATE |  | CE | WEBINAR TOPIC | SPEAKER |
|--------------|---|----------------------|--|----------------------------------|
| January 27 | 20 min | | ASC Quality Reporting Update | Gina Throneberry |
| February 26 | 60 min | RN, CASC | Accounts Receivable Benchmarking Summary | Nancy Stephens, Mike Venard |
| March 29 | 20 min | | How to Rightsize Your Anesthesia Team Efficiency and Functionality in Staffing | Chris Caldwell |
| April 30 | 60 min | RN, CASC, CAIP | Infection Investigation A Case Study | Crissy Benze, Vanessa Sindell |
| May 24 | 20 min | | Customer Service in the ASC Enhancing the Patient Experience | Laurie Brown |
| June 18 | 60 min | RN, CASC | Life Safety Risk Assessment What is it and What is Required | John Crowder, Jr. |
| July 26 | 20 min | | How to Make a Performance Appraisal Effective | Regina Boore |
| August 27 | 60 min | RN, CASC | Problem Employees How to Manage, How to Win | Abtin Mehdizadegan |
| September 27 | 20 min | | How to Run a Governance/QAPI Meeting | Debra Stinchcomb |
| October 29 | 60 min | RN, CASC | Credentialing Review | Crissy Benze |
| November 29 | 20 min | | Annual Survey Watch Report | Vanessa Sindell |
| December 17 | 60 min | RN, CASC | TBD | |

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