

2023 ASC Quality Reporting Update

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QualityNet

- Website address- <https://qualitynet.cms.gov>
- Two parts of QualityNet- “non-secure” and “secure”
 - Non-secure:
 - Subscribe to email updates and listserve: Each facility should have at least two people signed up for the QualityNet email notifications.
 - Download the Specifications Manual
 - Information about the measures, public reporting, data submission and other resources
 - Secure: QualityNet Secure Portal has officially been retired and replaced by the Hospital Quality Reporting (HQR) Secure Portal.

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CMS Ambulatory Surgical Center Quality Reporting Program

- Ambulatory Surgical Center Quality Reporting Specifications Manual
 - **Verify you are using the correct version**
 - 12.0 1Q23-4Q23
- Located @ <https://qualitynet.cms.gov>
- Scroll down and click “Ambulatory Surgical Centers” box
- Included in this manual:
 - Background and requirements
 - Measure information
 - Sampling specifications
 - Tools and resources

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ASC Quality Reporting Program (ASCQR) Requirements

In 2023, ASC Quality Reporting Program, there are eight measures which must be **reported** for facilities to avoid a reduction in the following year's Medicare reimbursement.

Three Web Based Measures:

- ASC-9
- ASC-13
- ASC-14

Four Claims Based Measures:

- ASC-12
- ASC-17
- ASC-18
- ASC-19

Reported through National Healthcare Safety Network (NHSN):

- ASC-20

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Web BASED MEASURES

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ASC Quality Reporting Program Measures

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

- Numerator: Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.
- Denominator: All patients aged 50 to 75 years of age receiving screening colonoscopy without biopsy or polypectomy.

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ASC Quality Reporting Program Measures

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

- Web Based Reporting via HQR Secure Portal (<https://hqr.cms.gov/hqrng/login>)
- If an ASC does perform colonoscopies, select the green “Start Measure” icon next to ASC-9. *Remember: Any area with red asterisks indicates a mandatory field.*
- The numerator and denominator must be completed.
- If an ASC does not perform colonoscopies, select the box under the measure name and description that states, “Please enter zeros for this measure as I have no data to submit.”

Data collection: January 1-December 31, 2022
Data submission: January 1-May 15, 2023

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ASC Quality Reporting Program Measures

ASC-13: Normothermia Outcome

- Data submitted for a sampling that meets the denominator criteria
- Web Based Reporting via HQR Secure Portal (<https://hqr.cms.gov/hqrng/login>)
- If an ASC does perform procedures related to this measure, select the green “Start Measure” icon next to ASC-13. *Remember: Any area with red asterisks indicates a mandatory field.*
- The numerator and denominator must be completed.
- If an ASC does not perform procedures related to this measure, select the box under the measure name and description that states, “Please enter zeros for this measure as I have no data to submit.”

Data collection: January 1-December 31, 2022
Data submission: January 1-May 15, 2023

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ASC Quality Reporting Program Measures

ASC-14: Unplanned Anterior Vitrectomy

- Data submitted for ***all patients*** that meet the denominator criteria
- Web Based Reporting via HQR Secure Portal (<https://hqr.cms.gov/hqrng/login>)
- If an ASC ***does*** perform procedures related to this measure, select the green “Start Measure” icon next to ASC-14.
Remember: Any area with red asterisks indicates a mandatory field.
- The numerator and denominator must be completed.
- If an ASC ***does not*** perform procedures related to this measure, select the box under the measure name and description that states, *“Please enter zeros for this measure as I have no data to submit.”*

Data collection: January 1-December 31, 2022

Data submission: January 1-May 15, 2023

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Key Points To Remember

- ASC-9, ASC-11 (presently voluntary) ASC-13 and ASC-14:
 - Active Security Official to access HQR Secure Portal
 - Recommended to have two security officials if possible
 - Sign in to HQR Secure Portal frequently (every 60 days) to keep the account active

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Claims BASED MEASURES

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ASC Quality Reporting Program Measures

ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

- Data is pulled by CMS from the Medicare Fee for Service claims previously submitted by the hospital that the patient visits within seven days of the colonoscopy for January 1, 2016-December 31, 2018, and subsequent years.
- **No data submission** or reporting required from the ASC
- Claims Detail Reports (CDR) and Facility-Specific Reports (FSR) will be made available to facilities via the HQR Secure Portal prior to public reporting.
- Information regarding this measure and timelines for the CDRs and FSRs is located at <https://qualitynet.cms.gov/asc/measures>.

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ASC Quality Reporting Program Measures

ASC-17: 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 claims previously submitted by the hospital that the patient visits within seven days of the orthopedic procedure.
 - *Claims submitted between January 1, 2021-December 31, 2022, for CY 2024 payment determination*
- **No data submission** or reporting required from the ASC
- Claims Detail Reports (CDR) and Facility-Specific Reports (FSR) will be made available to facilities via the HQR Secure Portal prior to public reporting.
- Information regarding this measure and timelines for the CDRs and FSRs is located at <https://qualitynet.cms.gov/asc/measures>.

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ASC Quality Reporting Program Measures

ASC-18: 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 claims previously submitted by the hospital that the patient visits within seven days of the urology procedure.
 - *Claims submitted between January 1, 2021-December 31, 2022, for CY 2024 payment determination*
- **No data submission** or reporting required from the ASC
- Claims Detail Reports (CDR) and Facility-Specific Reports (FSR) will be made available to facilities via the HQR Secure Portal prior to public reporting.
- Information regarding this measure and timelines for the CDRs and FSRs is located at <https://qualitynet.cms.gov/asc/measures>.

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ASC Quality Reporting Program Measures

ASC-19: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers

- 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 claims previously submitted by the hospital that the patient visits within seven days of the general surgery procedure.
- Claims submitted between January 1, 2021-December 31, 2022, for CY 2024 payment determination
- **No data submission** or reporting required from the ASC
- Claims Detail Reports (CDR) and Facility-Specific Reports (FSR) will be made available to facilities via the HQR Secure Portal prior to public reporting.
- Information regarding this measure and timelines for the CDRs and FSRs is located at <https://qualitynet.cms.gov/asc/measures>.

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Care Compare

- There are eight measures publicly reported (ASC-9, ASC-11, ASC-12, ASC-13, ASC-14, ASC-17, ASC-18, ASC-20).
- <https://www.medicare.gov/care-compare/>
- Click “Hospitals” icon
- Click “Visit the ASC data on CMS.gov”
- Can view data by facility, state and nationally
- Data was updated January 2023.

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ASC-20: COVID-19 VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL

Data is reported via the National Healthcare Safety Network (NHSN)

****The collection and submission of data for ASC-20 is **NOT** affected by the vaccine mandate (CMS). This presentation will not discuss this mandate.**

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NHSN/Secure Access Management Services (SAMS)

For the COVID 19 vaccination status measure, two things need to occur:

1. The facility must have an active NHSN account.
- AND**
2. The facility must have a NHSN Facility Administrator with a current SAMS security profile.

Key Roles

- NHSN Facility Administrator (this doesn't have to be the Center Administrator):
 - The person enrolling the facility in NHSN
 - Only person who can activate additional components for a facility
 - Has add/edit/delete data, users and users' access
 - Has authority to nominate/join groups for data sharing
 - Only person who can re-assign the role of the NHSN Facility Administrator to another user
 - There is only one NHSN Facility Administrator per facility
- Users:
 - Rights are determined by the NHSN Facility Administrator: view data, data entry and data analysis, custom & all rights
 - May be given administrative rights

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ASC Quality Reporting Program Measures

ASC-20 COVID-19 Vaccination Coverage Among Health Care Personnel (HCP)

- Numerator: Number of HCP eligible to work in the ASC for at least one day during the reporting period who received a complete vaccination course against COVID-19
- Denominator: Number of HCP eligible to work in the ASC for at least one day during the reporting period, excluding persons with contraindications that are described by the CDC
 - Required categories of HCP
 1. Employee on facility payroll (regardless of clinical responsibility or patient contact)
 2. Licensed independent practitioners, e.g., physicians (MDs, DO), advance practice nurses and physician assistants who are affiliated with the facility who do not receive a direct paycheck from the facility
 3. Adult students/trainees and volunteers who do not receive a direct paycheck from the facility
 4. Other contract personnel

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ASC Quality Reporting Program Measures

ASC-20 COVID-19 Vaccination Coverage Among Health Care Personnel (HCP)

- Begin reporting data beginning January 1, 2022, for the CY 2024 payment determination
- Report the measure through the CDC NHSN web-base surveillance system
- Collect the numerator and denominator for **at least one, self-selected week during each month of the reporting quarter** and submit the data before the **quarterly** deadline (**the week selected needs to be a complete week in that month**)
- The CDC would calculate a single quarterly rate for each ASC by taking the average from the three submission periods for that quarter. CMS would publicly report each quarterly rate as calculated by the CDC.
- Data collection forms, instructions, resources and FAQs are available at <https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html>

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ASC-20 Reporting Deadlines

Quarterly Data Submission	DEADLINE
Quarter 1 2022 (January 1 – March 31, 2022)	August 15, 2022
Quarter 2 2022 (April 1 – June 30, 2022)	November 15, 2022
Quarter 3 2022 (July 1 – September 30, 2022)	February 15, 2023
Quarter 4 2022 (October 1 – December 31, 2022)	May 15, 2023
Quarter 1 2023 (January 1 – March 31, 2023)	August 15, 2023

<https://qualitynet.cms.gov/asc/ascqr/resources>

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ASC-20 COVID-19 Vaccination Coverage Among Health Care Personnel (HCP)

Definition of “Up To Date”

- Definition of up to date for NHSN surveillance may change over time.
- Always use the NHSN surveillance definition corresponding to the reporting week that you are reporting data for.
- Changes in Reporting Definitions:
 - Quarter 2 of 2022 (May 30, 2022 – June 26, 2022)
 - Quarter 3 of 2022 (June 27, 2022 – September 25, 2022)
 - Quarter 4 of 2022 (September 26, 2022- December 25th, 2022)
 - Quarter 1 of 2023 (December 26th, 2022-March 26, 2023)
- For example, if you are reporting data for a week in January 2023, please be sure that you are using the NHSN surveillance definition for Quarter 1 of 2023, because this definition is used for reporting weeks from December 26, 2022- March 26, 2023.

<https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-508.pdf>

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ASC-20 Reporting- “FYI”

“Collect the numerator and denominator for **at least one, self-selected week during each month of the reporting quarter** and submit the data before the **quarterly** deadline.”

Exposure ▶	COMPLETE THESE ITEMS ALERTS <div style="border: 1px solid #ccc; padding: 5px; text-align: center;"> 11 Missing Weekly Summary Data </div>
Prophy/Treat ▶	
Import/Export	
Vaccination Summary ▶	
Surveys ▶	
Analysis ▶	
Users ▶	

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ASC-20 COVID-19 Vaccination Coverage Among Health Care Personnel (HCP)

The Ambulatory Surgical Center Quality Reporting (ASCQR) Program provides a Web-Based Measure Status Listing that allows facilities to check their data submission status for web-based measures in the program.

- <https://www.qualityreportingcenter.com/en/ascqr-program/data-dashboard/ccn/>
- Enter your ASC’s NPI or CCN in the “ASC Facility and CCN Lookup” section to see your facility’s submission status.

Please note that currently this page is only being updated monthly, so if you just submitted your data, it might not yet be displayed there.

*Data last updated on:
 WBM Submission May 17, 2022
 NHSN Submission January 17, 2023*

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ASC Quality Reporting Program Measures (Final)

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

- These measures were suspended in 2019.
- Data collection will resume for these measures beginning with the **CY 2023 reporting period/CY 2025 payment determination** and subsequent years.
- Data would be submitted via the HQR secure portal.
- **These measures will now apply to ALL ASC PATIENTS, not just Medicare Fee-For-Service patients.**

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ASC Quality Reporting Program Measures (Final)

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

The five 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

- Official OAS CAHPS website <https://oascahps.org/>

(This is the official website for news, training and information about the OAS CAHPS survey.)

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ASC Quality Reporting Program Measures (Final)

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

- **Voluntary** reporting begins with CY 2024 reporting period.
- **Mandatory** reporting begins with CY 2025 reporting period/CY 2027 payment determination.
- The survey now contains 34 questions (2022 version) instead of 37 questions (2021 version).
 - 22 questions related to the patient, the facility, communication, and patient reported outcomes
 - 12 demographic questions
 - ASCs may add up to 15 supplemental questions
- Need to have 200 completed surveys (previously proposed 300 surveys)

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ASC Quality Reporting Program Measures (Final)

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

Current administration methods:

- Mail-only;
- Telephone-only; and
- Mixed mode (mail with telephone follow-up)

Additional administrative modes added in 2022:

- Web with mail follow-up;
- Web with telephone follow-up

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ASC Quality Reporting Program Measures (Final)

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

- A CMS-approved survey vendor will be required for survey administration (currently 17).
- ASCs will authorize and register a CMS-approved vendor on the survey website, <https://oascahps.org/>
- Vendors will need to submit data by the specified submission deadlines.

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2023 Medicare Hospital Outpatient Prospective Payment System (OPPS/ASC) Final Rule

- Released on November 1, 2022

<https://public-inspection.federalregister.gov/2022-23918.pdf>

- ASC Quality Reporting Program begins on page 975
Section XV. *Requirements for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program*

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2023 Medicare Hospital Outpatient Prospective Payment System (OPPS/ASC) Final Rule

- Quality Measures

- Suspend mandatory adoption of *ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery*

- Received Comments

- Potential re-adoption of *ASC-7: ASC Facility Volume Data on Selected ASC Surgical Procedures*
- Interoperability in ASCs and Specialty Centered Approach to Quality Measure Reporting

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ASC Quality Reporting Program Measures (Final)

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

- Assesses the percentage of patients aged 18 years and older who had cataract surgery and had improvement in visual function achieved within 90 days following the cataract surgery
- Voluntarily reported since 2015
- Administration of two visual function patient questionnaires- one completed by the patient prior to surgery and the other completed by the patient during the 90-day period after surgery
- Data submission via a CMS web-based tool

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ASC Quality Reporting Program Measures (Final)

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

- Concerns of reporting burden due to the COVID-19 pandemic
 - Ongoing staffing and medical supply shortages
 - Changes in patient case volumes
 - Shortages have lasted longer than expected
- **Finalized to change ASC-11 from mandatory to voluntary reporting beginning with the CY 2025 reporting period/CY 2027 payment determination.**
 - Facilities would not be subject to a payment reduction for failing to report during the voluntary reporting periods.
 - CMS will consider mandatory reporting of this important cross-setting patient reported outcome measure of functional status in future rulemaking.

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ASC Quality Reporting Program Measures Solicitation of Comments

Potential Future Reimplementation of ASC Facility Volume Data on Selected ASC Surgical Procedures (ASC-7) or other volume indicator

- This measure was removed in the CY 2018 final rule.
- This was the only measure in the ASCQR program measure set that captured volume within ASCs for Medicare and non-Medicare patients.
- Considering reimplementation of ASC-7 to track the volume of outpatient procedures shifting from the inpatient to outpatient setting
- Volume is an indicator for patients to know which ASCs are experienced with certain procedures.
- The measure will support potential future development of a pain management measure. (*the third most common Medicare Fee For Service procedure type*)
- Before proposal, the measure will go through pre-rulemaking process

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ASC Quality Reporting Program Measures Solicitation of Comments

Interoperability in ASCs

- How ASCs are implementing tools toward the goal of interoperability and reporting of these measures in the future.
 - Barriers to interoperability
 - Health information technology impact on efficiency and quality
 - Ability to participate in interoperability or EHR-based quality improvement activities

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ASC Quality Reporting Program Measures Solicitation of Comments

Specialty Centered Approach to Quality Measure Reporting

ASC quality reporting could benefit from measures that:

- Consist of limited, connected and complementary sets of measures.
- Result in comparative performance data valuable to patient and caregivers.
- Promote reporting that reflects services provided.
- Use the Meaningful Measures approach.

Questions on this approach:

- Is the concept for ASC quality reporting feasible and desirable?
- Should CMS require each ASC to report a subset of required quality measures that apply broadly to all ASCs or select a minimum number?
- What would be the appropriate number and type of measures required?

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ASC Quality Reporting Program Measures Solicitation of Comments

Potential Broadly Applicable ASCQR Program Quality Measures:

- Advance Care Plan
- Anesthesiology Smoking Abstinence
- CAHPS for MIPS Clinician/Group Survey
- Closing the Referral Loop: Receipt of Specialist Report
- Documentation of Current Medications in the Medical Record
- Multimodal Pain Management
- Patient-Centered Surgical Risk Assessment and Communication
- Perioperative Temperature Management
- Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy
- Surgical Site Infection (SSI)
- Unplanned Hospital Readmission within 30 Days of Principal Procedure
- Unplanned Reoperation within the 30 Day Postoperative Period
- Use of High-Risk Medications in Older Adults

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ASC Quality Reporting Program Measures Solicitation of Comments

Example Ophthalmology ASCQR Program Quality Measures:

- Adult Primary Rhegmatogenous Retinal Detachment Surgery: No Return to the Operating Room Within 90 Days of Surgery
- Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery
- Cataract Surgery: Difference Between Planned and Final Refraction
- Cataracts: 20/40 or Better Visual Acuity within 90 Days Following Cataract Surgery
- Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery
- Cataracts: Patient Satisfaction within 90 Days Following Cataract Surgery

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ASC Quality Reporting Program Measures Solicitation of Comments

Example Gastroenterology ASCQR Program Quality Measures:

- Age-Appropriate Screening Colonoscopy
- Anastomotic Leak Intervention
- Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
- Colonoscopy Interval for Patients with a History of Adenomatous Polyps – Avoidance of Inappropriate Use
- Photodocumentation of Cecal Intubation

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ASC Quality Reporting Program Facility Compare Dashboard - **New!**

<https://www.qualityreportingcenter.com/en/facility-compare-dashboard/>

- The Facility Compare Dashboard displays facility and state specific data published as part of the ASCQR Program for encounters from January 1, 2018, through December 31, 2021.
- Helpful explanations of each component of the dashboard are in the Facility Compare Tool User Guide.

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ASC Quality Reporting Program- Facility Compare Dashboard

Overview Page: The different reports are easily accessible by clicking on the desired yellow report button.



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ASC Quality Reporting Program Measures and Topics for Future Consideration

- Potential adoption of the total hip arthroplasty/total knee arthroplasty measure
- Potential adoption of a pain management measure
- Health equity
- Future of Digital Quality Measurement (dQMs)

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Questions?

- For ASC Quality Reporting Program Questions:

https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question

866-800-8756 from 7am-6pmET

- NHSN: NHSN@cdc.gov

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References

- https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap_1_ambulatory.pdf
- <https://qualitynet.cms.gov>
- <https://hqr.cms.gov/hqrng/login>
- <https://qualitynet.cms.gov/getting-started>
- <https://qualitynet.cms.gov/asc/measures>
- <https://www.medicare.gov/care-compare/>
- <https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html>
- <https://qualitynet.cms.gov/asc/ascqr/resources>
- <https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html>
- <https://www.cdc.gov/nhsn/pdfs/hps/covidvax/UpToDateGuidance-May2022-508.pdf>
- <https://www.qualityreportingcenter.com/en/ascqr-program/data-dashboard/ccn/>
- <https://oascahps.org/>
- <https://www.cms.gov/files/document/cy2023-hospital-outpatient-prospective-payment-system-and-ambulatory-surgical-center-final-rule.pdf>
- https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question
- NHSN@cdc.gov

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Contact Information

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Available to
 Members on
 eSupport

eSupport > Compliance & Operations > Quality Reporting

- **Data Reporting**
- **ASC-20 Reporting**



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QUALITY REPORTING: DATA REPORTING

ASC QUALITY REPORTING MEASURES SUMMARY

The data submission period deadline for 2022 (May 16, 2022) has passed.

Tune in to the webinar January 30, 2023 for a full update with Gina Throneberry from ASCA. [Register here.](#)

2022 SUBMISSION PERIOD: JAN 1, 2023 – MAY 15, 2023

The submission period for 2022's reporting period of Jan 1, 2022 – Dec 31, 2022 is Jan 1, 2023 – May 15, 2023.

[QualityNet](#) | [Measure Reporting Dates and Deadlines](#)

TABLE 69: ASCQR Program Measure Set for the CY 2022 Reporting Period/CY 2024 Payment Determination

ASC #	NQF #	Measure Name
ASC-9	0658	Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
ASC-11	1536†	Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery*
ASC-12	2539	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
ASC-13	None	Normothermia Outcome
ASC-14	None	Unplanned Anterior Vitrectomy
ASC-17	3470	Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures
ASC-18	3366	Hospital Visits after Urology Ambulatory Surgical Center Procedures
ASC-19	3357	Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers
ASC-20	None	COVID-19 Vaccination Coverage Among Health Care Personnel**

* NQF endorsement was removed

SEARCH

QUALITY REPORTING

Quality Reporting Overview

Data Reporting

ASC-20 Reporting

Resources



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eSupport > Compliance & Operations > Quality Reporting

- **Data Reporting**
- **ASC-20 Reporting**


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QUALITY REPORTING: DATA REPORTING ASC-20

ASC-20 | CDC NHSN

Data for ASC-20 COVID-19 Vaccination Coverage Among Health Care Personnel (HCP) reporting began on January 1, 2022, for CY 2024 payment determination. This measure is reported through the CDC NHSN web-based secure access management services (SAMS). Collect the numerator and denominator for **at least one, self-selected week* during each month of the reporting quarter and submit the data before the quarterly deadline.** The CDC will calculate a single quarterly rate for each ASC by taking the average from the three submission periods for that quarter. CMS will publicly report each quarterly rate as calculated by the CDC.

- 🔗 NHSN | Data Collection Forms, Instructions, and Resources
- 🔗 NHSN | Facility Enrollment & Set-Up Checklist
- 🔗 CDC | FAQs on Reporting COVID-19 Vaccination Data
- 🔗 Quality Reporting Center Webinar Recording | ASC-20 Reporting ASC Guide: Traveling Through NHSN and Your ASC-20 Data

REPORTING DEADLINES

Quarter	Data Collection	Reporting Deadline
Q3 2022	July 1, 2022 – September 30, 2022	February 15, 2023
Q4 2022	October 1, 2022 – December 31, 2022	May 15, 2023
Q1 2023	January 1, 2023 – March 31, 2023	August 15, 2023
Q2 2023	April 1, 2023 – June 30, 2023	November 15, 2023

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Upcoming Webinars

DATE	🕒	CE	WEBINAR TOPIC	SPEAKER
FEB 24	60	RN, CASC	Streamlining Communication from Clinic to ASC	Apryl McElheny
MAR 27	20		ASC Budgeting	Nancy Stephens
APR 27 - 28			ASC NURSE LEADERSHIP CONFERENCE No Webinar	
MAY 22	20		Nursing Scope of Practice	Debra Stinchcomb
JUN 29	60	RN, CASC	USP <797>: What You Need to Know	Tiffany An
JUL 24	20		Managing your ASCs Ancillary Service Contracts	Vanessa Sindell Nancy Stephens
AUG 24	60	RN, CASC	Piecing Together the Talent Puzzle: 6 Truths about Finding and Keeping Talent	Trinet
SEP 25	20		Credentialing Review	Cyndi Krause
OCT 27	60	RN, CASC	ASC Billing 101	Jessica Macias
NOV 27	20		Annual Survey Watch Report 2023	Crissy Benze
DEC 18	60	RN, CASC CAIP	Steam Sterilization	Delores O'Connell

www.ProgressiveSurgicalSolutions.com/webinars