

Ambulatory Surgical Center Quality Reporting (ASCQR) Program

Frequently Asked Questions About the ASCQR Program

1. Where can I find information on how to begin reporting for the ASCQR Program?

Visit the Quality Reporting Center website and download the [Guide to Successful Reporting in the Ambulatory Surgical Center Quality Reporting Program](#).

2. Why do I need a Security Official (SO) in the Hospital Quality Reporting (HQR) system?

ASCs submitting data via the HQR system (or using a vendor to submit data on their behalf) are required to designate an SO. The SO facilitates the registration process for other users at the organization, can submit data, and access secure reports in HQR. It is highly recommended that facilities designate at least two SOs; one to serve as the primary SO and the other to serve as a back-up SO in the event the primary SO is not available or is unable to submit the required data by the submission deadline(s). **You must log into the HQR system once every 60 days to maintain an active SO status.**

3. How do I become an SO?

You will first need a Health Care Quality Information System (HCQIS) Access Roles and Profile (HARP) account by accessing the HARP.cms.gov website. Select the **Sign Up** link at the bottom of the page. Once a HARP account is established, follow these steps:

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

4. How do I add an additional SO?

The individual will first need a HARP account. Once a HARP account is established, follow these steps:

1. Log into the [HQR system](#) using your HARP User ID and password.
2. Go to **My Profile** (under username in the upper right).
3. Select the **Create Access Request** button.
4. Enter your ASC's National Provider Identifier (NPI) number into the Organization search bar.
5. Select your ASC's name.
6. Select **Security Official**.
7. Complete the form.
8. Select **Continue**. The existing SO will be sent your request.

5. What do I need to do to meet the program requirements for the claims-based measures ASC-12, ASC-17, ASC 18, and ASC-19*?

To calculate claims-based measures, CMS uses a facility's Medicare claims data, the ASC does not need to submit anything additional.

6. What is a CCN?

A CMS Certification Number, or CCN, is established by the Centers for Medicare & Medicaid Services (CMS) for each facility and designates the facility as a CMS-certified ASC. An ASC CCN is an alphanumeric 10-digit number—the first two digits represent the state's number, and the first letter is a "C". For example, an ASC in Florida would have a CCN beginning with "10CXXXXXX".

7. If an ASC does not have Medicare claims or has few claims, is it required to participate in the ASCQR Program?

ASCs with fewer than 240 Medicare Fee-For-Services claims (primary plus secondary payer) per year during the calendar year three years prior to a payment determination year are not required to participate in the ASCQR Program for that subsequent payment determination year.

If your ASC served fewer than 60 survey-eligible patients during the reporting period, a Participation Exemption Request (PER) form can be submitted. Information, instructions, and the PER form are located on the [OAS CAHPS](#) website.

8. What are the minimum requirements to participate in the ASCQR Program?

To receive the full payment update each calendar year, an ASC must submit data for all required measures for the ASCQR Program. Detailed information on the current ASCQR Program and measures can be found on the [QualityNet](#) website.

9. What if I miss the deadline for submitting a required measure?

ASCs that do not meet program requirements will receive a 2.0 percentage point reduction to their ASC fee schedule (ASCFS) update for the applicable payment year.

10. How may an ASC request a reconsideration if CMS determines that an ASC did not meet program requirements and is subsequently notified of the reduction in the ASCFS update?

ASCs that have been notified of not meeting ASCQR Program requirements and will not receive their full payment update are eligible to request a reconsideration. An ASC can access information regarding the ASCQR Program Reconsideration Request process and the Reconsideration Request form by accessing the [QualityNet](#) website. A Reconsideration Request must be received by March 17 of each applicable payment determination year, or if March 17 falls on a non-workday, on the first day after March 17, which is not a non-workday.

11. Where can I locate the Extraordinary Circumstances Exceptions (ECE) Form?

The ECE form is located on the [QualityNet](#) website. ASCs must complete and submit the ECE form with any supporting documentation within 60 days of the date of the extraordinary circumstance.

- 12. If an ASC was notified they did not receive their full payment update, how long does the 2.0 percentage point payment reduction last?**
The 2.0 percentage point reduction is applied to the full payment determination year. For example, if a facility fails the Calendar Year (CY) 2026 reporting period/2028 payment determination, the payment penalty will apply to Medicare claims from January 1, through December 31, 2028.
- 13. Why should I subscribe to QualityNet Mailing List for the ASCQR Program?**
Subscribing to this no-cost service will assist the ASC in receiving up-to-date information regarding the ASCQR Program, including important deadline information, educational events, and program and system updates.
- 14. Are we still required to report data for the ASC-20: COVID-19 Vaccination Coverage Among Healthcare Personnel measure*?**
No. The ASC-20 measure was finalized for removal from the program in the CY 2026 final rule, beginning with the CY 2024 reporting period/CY 2026 payment determination.
- 15. Will we sample ASC-1, ASC-2, ASC-3, and ASC-4 measures*?**
No. The ASC-1 through ASC-4 measures are not sampled. You will submit the denominator and numerator for each measure. Details for each measure can be found in the [ASCQR Specifications Manual](#).
- 16. The ASC-13* measure is for surgical patients; would endoscopy centers need to complete this measure?**
Yes. If your facility performed a procedure which met the denominator criteria of “all patients regardless of age undergoing surgical procedures under general or neuraxial anesthesia of greater than or equal to 60 minutes duration”, your ASC would be required to submit data. If your facility has no cases (no data) that meet the measure criteria select, *Please enter zeros for I have no data to submit* when submitting your data into HQR. Measure criteria can be found in the [ASCQR Specifications Manual](#).
- 17. Can you provide a list of approved vendors for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey measure?**
A list of approved vendors can be found on the [OAS CAHPS](#) website.
- 18. Can you provide insight on how CMS will compare the OAS CAHPS survey results?**
All OAS CAHPS survey data submitted for facilities will be publicly displayed. The survey measures address the experience received in both hospital outpatient departments (HOPDs) and ASCs. CMS believes the survey-based measures will be useful to assess aspects of care where the patient is the best source of information and would encourage healthcare facilities to continue improving quality of care. Facilities will have the option to compare their data against other facilities once data are displayed in the Provider Data Catalog on the [data.cms.gov](#) website.
- 19. When will the THA/TKA PRO-PM measure* become mandatory for ASCs?**
Mandatory reporting for the THA/TKA PRO-PM for ASCs begins in CY 2028 reporting period/CY 2031 payment determination.

20. What is the time frame to collect pre- and post-operative assessment data for the THA/TKA PRO-PM measure? How many eligible procedures are we expected to submit data for?

The pre-operative assessment data are collected from 90 to 0 days **before** surgery. The post-operative data are collected 300 to 425 days **after** surgery. ASCs will submit assessments for at least 45 percent of eligible procedures.

21. Can we opt out of the ASC-15 OAS CAHPS measure* but continue to report other quality measures for the ASCQR Program?

No. ASCs which meet the claims threshold must participate in the ASCQR Program. To meet program requirements, ASCs must submit **all** required data. If an ASC fails to submit the required data, or withdraws from the program, the facility will receive a 2.0-percentage point reduction to their applicable annual ASCFS payment update

22. For the ASC-15 measure, what if an ASC does not do procedures that are survey-eligible?

ASCs that meet OAS CAHPS eligibility and served fewer than 60 OAS CAHPS survey-eligible patients between January 1 and December 31 of an applicable calendar year can request a participation exemption for the following year. If an ASC meets these criteria, they may submit a PER form on the [OAS CAHPS](#) website. If approved, the exemption is good for one year. Facilities must reapply to request an exemption annually.

23. Can we use our own survey to submit data for the OAS CAHPS measure?

No. The Outpatient and Ambulatory Surgical Center Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey is a standardized survey designed to measure patients' experiences with care received from Medicare-certified ASCs. Data are submitted via the [OAS CAHPS](#) website by a CMS-approved vendor.

*ASC-1: Patient Burn; ASC-2: Patient Fall; ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant; ASC-4: All-Cause Hospital Transfer/Admission; ASC-9: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients; ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery; ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy; ASC-13: Normothermia; ASC-14: Unplanned Anterior Vitrectomy; ASC-15: Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS); and THA/TKA: Total Hip Arthroplasty Patient-Reported Outcome Performance Measure