



2025 ASC QUALITY REPORTING UPDATE

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Ambulatory Surgery Center Association (ASCA)



CMS Ambulatory Surgical Center Quality Reporting Program

- Ambulatory Surgical Center Quality Reporting Specifications Manual
 - *Verify you are using the correct version*
14.0a 1Q25-4Q25
- 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

ASC Quality Reporting Program (ASCQR) Requirements

In 2025 there will be twelve measures **reported** (mandatory) for facilities to avoid a reduction in the following year's Medicare reimbursement.

Seven Web Based Measures:

- 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: Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
- ASC-13: Normothermia Outcome
- ASC-14: Unplanned Anterior Vitrectomy

Four Claims Based Measures:

- ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- ASC-17: Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures
- ASC-18: Hospital Visits after Urology Ambulatory Surgical Center Procedures
- ASC-19: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers

Reported through National Healthcare Safety Network (NHSN):

- ASC-20: COVID-19 Vaccination Coverage Among Healthcare Personnel

WEB BASED MEASURES

REPORTED VIA HQR SECURE PORTAL

([HTTPS://HQR.CMS.GOV/HQRNG/LOGIN](https://hqr.cms.gov/hqrng/login))

DATA COLLECTION: JANUARY 1-DECEMBER 31, 2024

DATA SUBMISSION: JANUARY 1-MAY 15, 2025

ASC Quality Reporting Program (ASCQR) Requirements

- 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 four measures apply to ALL ASC PATIENTS, not just Medicare Fee-For-Service patients.

ASC Quality Reporting Program (ASCQR) Requirements

- 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~~ 45 to 75 years of age receiving screening colonoscopy without biopsy or polypectomy.
- ASC-13: Normothermia Outcome
 - Data submitted for a sampling that meets the denominator criteria
- ASC-14: Unplanned Anterior Vitrectomy
 - Data submitted for all patients that meet the denominator criteria

The numerator and denominator must be completed.

If an ASC does not perform procedures related to these measures, select the box under the measure name and description that states, “Please enter zeros for this measure as I have no data to submit.”

Key Points To Remember

- ASC-9, 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 90 days) to keep the account “active”

CLAIMS BASED MEASURES

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/ ORTHOPEDIC/ UROLOGY/ GENERAL SURGERY PROCEDURE.

NO DATA SUBMISSION OR REPORTING REQUIRED FROM THE ASC

ASC Quality Reporting Program (ASCQR) Requirements

- ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- ASC-17: Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures
- ASC-18: Hospital Visits after Urology Ambulatory Surgical Center Procedures
- ASC-19: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers

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>.

Data is updated periodically on Care Compare.

OAS CAHPS SURVEY

ASC Quality Reporting Program Measures

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.)

ASC Quality Reporting Program Measures

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

- **Mandatory** reporting begins with CY 2025 reporting period/CY 2027 payment determination.
- The survey contains 34 questions.
 - Telephone version only contains 32 questions
 - The mail survey questionnaire contains two questions that ask if anyone helped the sample member complete the survey.

ASC Quality Reporting Program Measures

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

- 22 questions related to the patient, the facility, communication, and patient reported outcomes
- 12 demographic questions
- ASCs may add up to 15 supplemental questions*

* (These could be questions the ASC develops specific to their facility or from an existing survey. All supplemental questions must be placed after the core OAS CAHPS Survey questions (Questions 1 through 24).

- Survey is currently available in English, Spanish, Chinese and Korean
- Need to have 200 completed surveys over a 12-month period
- Smaller ASCs that cannot collect 200 completed surveys over a 12-month reporting period will be required to survey all eligible patients (that is, no sampling).

ASC Quality Reporting Program Measures

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;
- Mixed modes:
 - Mail with telephone follow-up;
 - Web (electronic) with mail follow-up;
 - Web (electronic) with telephone follow-up

ASC Quality Reporting Program Measures

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 16 vendors listed on the website- <https://oascahps.org>
- CMS-approved vendor collects survey data for eligible patients at the ASCs monthly and reports that data to CMS on the ASC's behalf by the quarterly deadlines established for each data collection period.

***ASCA has created an OAS CAHPS Survey page with a list of approved vendors and the modes they offer as well as additional information about the survey. You can find it here:*
www.ascassociation.org/oas-cahps

OAS CAHPS Participation Overview:

https://oascahps.org/OAS_Part_Overview.pdf

1. Register for login credentials on the OAS CAHPS website using this link: <https://oascahps.org/For-Facilities/Register-for-Login-Credentials>
2. Log onto the website using the login credentials created when completing Step 1 above. Then, complete the Facility CCN Registration Form available from your customized dashboard or click on this link: <https://oascahps.org/For-Facilities/Facility-CCN-Registration>.
– If unable to register, contact oascahps@rti.org or call 1-866-590-7468.
3. Contract with a CMS-approved OAS CAHPS Survey vendor to conduct the survey. A list of approved survey vendors is available at the following link: <https://oascahps.org/General-Information/Approved-Survey-Vendors>.
4. On the OAS CAHPS website, authorize your contracted survey vendor to collect and submit OAS CAHPS Survey data. Detailed steps for completing the online Vendor Authorization Form are provided in the document linked here: https://oascahps.org/OAS_Vendor_Auth_Instructions.pdf.

OAS CAHPS Participation Overview:

https://oascahps.org/OAS_Part_Overview.pdf

5. Work with your approved vendor to determine a date each month by which the vendor will need the monthly patient information file for sampling and fielding the OAS CAHPS Survey.
6. By the agreed-upon date each month, compile and deliver to the survey vendor a complete and accurate list of patients (i.e., the monthly patient information file) and information that will enable the vendor to administer the OAS CAHPS Survey. An example patient file layout can be found at <https://oascahps.org/Survey-Materials>
7. Avoid influencing patients in any way about how to answer the OAS CAHPS Survey. For example, facilities may not hand out any information to patients about how to answer the survey. (Please refer to the section Communications with Patients About the OAS CAHPS Survey in Chapter III of the OAS CAHPS Survey Protocols and Guidelines Manual found at <https://oascahps.org/Survey-Materials>

OAS CAHPS Participation Overview:

https://oascahps.org/OAS_Part_Overview.pdf

8. On the OAS CAHPS website, review the survey data submission reports to ensure the data were submitted by your survey vendor on time and without errors. To access these reports, click on the “Data Submission Reports” link under the “For Facilities” menu tab after logging into the website.
9. On the OAS CAHPS website, review OAS CAHPS Survey results prior to public reporting. To access these reports, click on the “Survey Preview Report” link under the “For Facilities” menu tab after logging into the website.
10. Monitor the OAS CAHPS website for news and updates about the OAS CAHPS Survey throughout the year. Announcements can be found here: <https://oascahps.org/General-Information/Announcements>

OAS CAHPS Participation

Step 1: Register for login credentials on the OAS CAHPS website

Step 2: Log onto the website using the login credentials created when completing Step and complete the Facility CCN Registration

	11/26/2024	12/19/2024
Total Facility CCN Registrations	3284	3506

Step 3: Contract with a CMS-approved OAS CAHPS Survey vendor to conduct the survey.

Step 4: On the OAS CAHPS website, authorize your contracted survey vendor to collect and submit OAS CAHPS Survey data.

	11/26/2024	12/19/2024
Current Vendor Authorizations	2812	3053

OAS CAHPS Participation Overview:

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

Protocols and Guidelines Manual (Version 9.0: Updated Nov 2024 (812 pages))

https://oascahps.org/Portals/0/SurveyMaterials/V9.0_OASCAHPS_ProtocolsGuidelinesManual.pdf

- Communications With Patients About the OAS CAHPS Survey - page 34 (PDF)
- Patient Eligibility Requirements - page 55 (PDF)
- Mail-Only Administration Procedures - page 91 (PDF)
- Telephone-Only Administration Procedures - page 103 (PDF)
- Mail with Telephone Follow-Up Survey Administration Procedures - page 115 (PDF)
- Web with Mail Follow-Up Administration Procedures - page 137 (PDF)
- Web with Telephone Follow-Up Administration Procedures - page 165 (PDF)
- Public Reporting- page 273 (PDF)

OAS CAHPS

For all modes the **survey vendor** must:

- Initiate the survey for each monthly sample no later than 3 weeks (21 days) after the close of the sample month.
- Complete data collection six weeks (42 days) after the survey initiated.
- Submit data files to the OAS CAHPS Data Center on the second Wednesday of January, April, July and October.

Quarter and Year	Data Submission Deadline
2024 Quarter 3	January 08, 2025
2024 Quarter 4	April 9, 2025

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

DATA IS REPORTED VIA THE NATIONAL HEALTHCARE SAFETY NETWORK (NHSN)

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.

****To avoid your account being locked out, you must log in to NHSN once every 60 days**

ASC Quality Reporting Program Measures

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

- **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

ASC Quality Reporting Program Measures

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

- 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 begin and end in that month you intend to submit. Select the second or third week of the month to avoid entering data for the wrong 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>

Upcoming ASC-20 Reporting Deadlines

The ASC can report any month in the quarter through 11:59pm Pacific Time of that quarterly deadline.

Quarterly Data Submission	Deadline
Quarter 3 2024 (July 1 – September 30, 2024)	February 15, 2025
Quarter 4 2024 (October 1 – December 31, 2024)	May 15, 2025
Quarter 1 2025 (January 1 – March 31, 2025)	August 15, 2025
Quarter 2 2025 (April 1 – June 30, 2025)	November 15, 2025

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

Definition of “Up To Date”

- Always use the NHSN surveillance definition corresponding to the reporting week that you are reporting data for.

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

- Changes in Reporting Definitions:
 - Reporting Period: Quarter 1 of 2025 (December 30, 2024- March 30, 2025)

COVID-19 Vaccination Reporting

<https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html>

Facilities can submit COVID-19 vaccination data to NHSN in three ways:

1. Person-Level COVID-19 vaccination form
2. CSV Data Import of the Person-Level COVID-19 vaccination form

*** The Person-Level COVID-19 vaccination forms are referred to as “Person-Level Respiratory Pathogens Form” on the abovementioned link.*

3. Directly into the data entry screens of the COVID-19 vaccination module
-

1. Person-Level COVID-19 vaccination form

- Helps users organize and manage their facility’s data
- The application calculates and enters the weekly totals for you.
- The application determines who is up to date based on vaccination dates and reporting week. *It applies the up-to-date definition for the facility.*
- “Hide All” Feature within Person-Level COVID-19 Vaccination Form: hide HCP with employment end dates within the form

COVID-19 Vaccination Reporting

<https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html>

Facilities can submit COVID-19 vaccination data to NHSN in three ways:

2. Through CSV upload of the Person-Level COVID-19 vaccination form

** CSV templates and example files are listed at the abovementioned website.

3. Directly into the data entry screens of the COVID-19 vaccination module

** ASCs that have been reporting since the beginning might have the “Data Tracking Worksheet for COVID-19 Vaccination Among Healthcare Personnel” Excel spreadsheet (version October 2022) and are using this to collect the data. This spreadsheet is no longer available at the abovementioned website.

ASC Quality Reporting Program Measures

ASC-21 Risk Standardized Patient-Reported Outcome- Based Performance Measure (PRO-PM) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) in the ASC Setting

- This measure reports the facility-level risk-standardized improvement rate in patient-reported outcomes (PROs) following:
 - elective primary THA/TKA for Medicare FFS beneficiaries aged 65 years and older
 - who were enrolled in Medicare FFS Part A and B for 12 months prior to the date of the procedure and in Medicare FFS Part A and B during the procedure.
- Pre-operative data collected from 90 to 0 days and post-operative data collected from 300 to 425 days for at least 45% of eligible patients.
- ASCs must collect and submit 44 to 47 data elements for each THA patient and a total of 46 to 49 data elements for each TKA patient when complete PRO data is provided by the patient.
- This measure has not been tested in the ASC setting.

ASC Quality Reporting Program Measures

ASC-21 Risk Standardized Patient-Reported Outcome- Based Performance Measure (PRO-PM) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) in the ASC Setting

Three **voluntary** reporting periods:

- First reporting period- begin CY 2025 for eligible outpatient procedures between January 1, 2025, through December 31, 2025;
- Second reporting period- begin with the CY 2026 reporting period for eligible outpatient procedures between January 1, 2026, and December 31, 2026;
- Third reporting period- begin with CY 2027 for eligible procedures between January 1, 2027- December 31, 2027.

Mandatory reporting would begin with CY 2028 reporting period for CY 2031 payment determination for eligible outpatient procedures occurring January 1, 2028, through December 31, 2028. *(This three-year gap is because of the delay when the procedure occurs, when the results are reported (greater than 1-year post-op) and payment determination.)*

2025 Medicare Hospital Outpatient Prospective Payment System (OPPS/ASC) Final Rule

- Released on November 1, 2024

<https://www.govinfo.gov/content/pkg/FR-2024-11-27/pdf/2024-25521.pdf>

- ASC Quality Reporting Program:
 - *Section XVII- Ambulatory Surgical Center Quality Reporting (ASCQR) Program: page 519*
- Finalized Quality Measures
 - Screening for Social Drivers of Health (SDOH) Measure (ASC-22)
 - Screen Positive Rate for Social Drivers of Health (SDOH) Measure (ASC-23)
 - Facility Commitment to Health Equity (FCHE) Measure (ASC-24)

ASC Quality Reporting Program Measures

ASC-24 Facility Commitment to Health Equity (FCHE)

- Numerator: the total number of domains to which the facility is able to attest affirmatively, up to a maximum of five domains.
- Denominator: would constitute a total of five points (that is, one point per domain).
- CMS to implement the measure **beginning with the CY 2025 reporting period/CY 2027 payment determination.**
- ASCs will report by the annual deadline using the HQR Secure Portal. The first reporting deadline is May 15, 2026.
- ASCs must attest “yes” to all elements within a domain to receive one point for the domain (total of five).
- The overall score on each domain will be publicly reported.
- No other (paper) documentation needs to be sent to CMS.
- CMS will provide guidance “in the future” with educational materials

ASC-24 Facility Commitment to Health Equity (FCHE)

Facility Commitment to Health Equity: is a structural measure that assesses facility commitment to collecting and monitoring health equity performance data by assessing five different domains - 1. strategic priority, 2. data collection, 3. data analysis, 4. quality improvement and 5. leadership engagement

<p>Attestation</p>	<p>Elements: Select all that apply (Note: Affirmative attestation of all elements within a domain would be required for the facility to receive a point for the domain in the numerator)</p>
<p>Domain 1: Equity is a Strategic Priority</p>	
<p>Facility commitment to reducing healthcare disparities is strengthened when equity is a key organizational priority.</p> <p><i>Please attest that your facility has a strategic plan for advancing health equity and that it includes all the following elements.</i></p>	<p>(A) Our facility strategic plan identifies priority populations who currently experience health disparities.</p> <p>(B) Our facility strategic plan identifies health equity goals and discrete action steps to achieving these goals.</p> <p>(C) Our facility strategic plan outlines specific resources which have been dedicated to achieving our equity goals.</p> <p>(D) Our facility strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.</p>
<p>Domain 2: Data Collection</p>	
<p>Collecting valid and reliable demographic and social determinant of health data on patients served in a facility is an important step in identifying and eliminating health disparities.</p> <p><i>Please attest that your facility engages in the following activities.</i></p>	<p>(A) Our facility collects demographic information (such as self-reported race, national origin primary language and ethnicity data), and/or social determinant of health information on the majority of our patients.</p> <p>(B) Our facility has training for staff in culturally sensitive collection of demographic and/or social determinant of health information.</p> <p>(C) Our facility inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using an EHR technology.</p>

ASC-24 Facility Commitment to Health Equity (FCHE)

Attestation	Elements: Select all that apply (Note: Affirmative attestation of all elements within a domain would be required for the facility to receive a point for the domain in the numerator)
Domain 3: Data Analysis	
Effective data analysis can provide insights into which factors contribute to health disparities and how to respond. <i>Please attest that your facility engages in the following activities.</i>	(A) Our facility stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information on facility performance dashboards.
Domain 4: Quality Improvement	
Health disparities are evidence that high-quality care has not been delivered equitably to all patients. Engagement in quality improvement activities can improve quality of care for all patients.	(A) Our facility participates in local, regional, or national quality improvement activities focused on reducing health disparities.
Domain 5: Leadership Engagement	
Leaders and staff can improve their capacity to address disparities by demonstrating routine and thorough attention to equity and setting an organizational culture of equity. <i>Please attest that your facility engages in the following activities.</i>	(A) Our facility senior leadership, such as chief executives and the entire facility board of trustees, annually reviews our strategic plan for achieving health equity. (B) Our facility senior leadership, such as chief executives and the entire facility board of trustees, annually reviews key performance indicators stratified by demographic and/or social factors.

Resources:

Measure specifications: https://qualitynet.cms.gov/files/671a90d806a21494bb0ced60?filename=FCHE_MeasSpecs_ASCQR_Jul24.pdf

Attestation guidance: https://qualitynet.cms.gov/files/67259e5cdea98b54c10e1aa0?filename=AttstGdnceFCHEMeas_v1.0_ASCQR.pdf

ASC Quality Reporting Program Measures

ASC-22 Screening for Social Drivers of Health (SDOH):

- Numerator: the number of patients who are 18 years or older and are screened for all five health-related social needs
- Denominator: number of patients admitted to an ASC who are 18 years or older
- **Voluntary** reporting of aggregate data to begin with the CY 2025 reporting period then **mandatory** with the CY 2026 reporting period/CY 2028 payment determination.
- ASCs will use a self-selected screening tool to collect this data.
- ASCs will submit their aggregate data by the annual deadline using the HQR system.

ASC-22 Screening for Social Drivers of Health (SDOH)

Screening for Social Drivers of Health (SDOH) is a process measure that assesses the total number of patients, who were 18 years or older on the date of service, screened for social risk factors- 1. food insecurity, 2. housing instability, 3. transportation needs, 4. utility difficulties, and 5. interpersonal safety.

Domain	Description
Food Insecurity	Food insecurity is defined as limited or uncertain access to adequate quality and quantity of food at the household level. It is associated with diminished mental and physical health and increased risk for chronic conditions. Individuals experiencing food insecurity often have inadequate access to healthier food options which can impede self-management of chronic diseases like diabetes and heart disease, and require individuals to make personal trade-offs between food purchases and medical needs, including prescription medication refills and preventive health services. Food insecurity is associated with high-cost healthcare utilization including emergency department (ED) visits and outpatient visits.
Housing Instability	Housing instability encompasses multiple conditions ranging from inability to pay rent or mortgage, frequent changes in residence including temporary stays with friends and relatives, living in crowded conditions, and actual lack of sheltered housing in which an individual does not have a personal residence. Population surveys consistently show that people from some racial and ethnic minority groups constitute the largest proportion of the U.S. population experiencing housing instability. Housing instability is associated with higher rates of chronic illnesses, injuries, and complications and more frequent utilization of high-cost healthcare service

ASC-22 Screening for Social Drivers of Health (SDOH)

Domain	Description
Transportation Needs	Unmet transportation needs include limitations that impede transportation to destinations required for all aspects of daily living. Groups disproportionately affected include older adults (aged >65 years), people with lower incomes, people with impaired mobility, residents of rural areas, and people from some racial and ethnic minority groups. Transportation needs contribute to postponement of routine medical care and preventive services which ultimately lead to chronic illness exacerbation and more frequent utilization of high-cost healthcare services. Patients with serious mental illness often lack access to transportation with many Medicaid eligible patients relying on Medicaid's non-emergency medical transportation (NEMT) to access needed healthcare, though this does not provide access to transportation to other aspects of daily living.
Utility Difficulties	Inconsistent availability of electricity, water, oil, and gas services is directly associated with housing instability and food insecurity. Specifically, interventions that increase or maintain access to such services have been associated with individual and population level health improvements.
Interpersonal Safety	Interpersonal safety affects individuals across the lifespan, from birth to old age, and is directly linked to mental and physical health. Assessment for this domain includes screening for exposure to intimate partner violence, child abuse, and elder abuse. Exposure to violence and social isolation are reflective of individual-level social relations and living conditions that are directly associated with injury, psychological distress, and death in all age groups.

ASC Quality Reporting Program Measures

ASC-23 Screen Positive Rate for Social Drivers of Health (SDOH) is a process measure that provides information on the percent of patients who were screened for all five health-related social needs (1. food insecurity, 2. housing instability, 3. transportation needs, 4. utility difficulties, and 5. interpersonal safety) and who screened positive for one or more of the above.

- Numerator: the number of patients who are 18 years or older who were screened for all five health related social needs and who screen positive for having a need in one or more of those health-related social needs
- Denominator: number of patients admitted to an ASC who are 18 years or older and screened for all five health related social needs during their care
- The results are to be calculated and reported as five separate rates- one for each health-related social need, each calculated with the same denominator.
- Voluntary reporting to begin with the CY 2025 reporting period then mandatory with the CY 2026 reporting period/CY 2028 payment determination.
- ASCs will submit their data by the annual deadline using the HQR system.

Questions?

For ASC Quality Reporting Program Questions:

- **Health Services Advisory Group (HSAG):**

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

Call: 1-866-800-8756

- **NHSN:**

Instead of using nhsn@cdc.gov, nhsntrain@cdc.gov, and nhsndua@cdc.gov, **NHSN-ServiceNow should be used to submit questions to the NHSN Help Desk.** <https://www.cdc.gov/nhsn/about-nhsn/helpdesk.html>

- **RTI International (OAS CAHPS):**

Contact oascahps@rti.org

Call: 1-866-590-7468

Contact Information

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Compliance & Operations > Quality Reporting

Quality Reporting Overview

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QUALITY REPORTING: OVERVIEW

📅 2025 FINAL RULE 🔔

ASC Quality Reporting Program begins on page 1282 Section XVII *Ambulatory Surgical Center Quality Reporting (ASCQR) Program*

The ASCQR Program is a pay-for-reporting, quality data program administered by CMS. Under this program, ASCs collect, submit, and report quality of care data for standardized measures to not receive a payment penalty to their annual payment update to their ASC annual payment rate. Please see the link below for program overview, program requirements, measures, and public reporting information.

[🔗 CMS | ASC Quality Reporting Overview](#)

Data for the ASCQR program is also collected via claims-based measures, which do not require additional data submission by the facility. The data is abstracted by CMS via Medicare fee-for-service claims. The specifications manuals (see below) identify which measures require data submission (web-based) and which ones do not (claims-based).

ASCs that fail to meet the ASCQR reporting requirements for a given data collection period by the submission period deadline will be subject to a 2% payment reduction within the payment determination year. In example, the 2023 data collection period was January 1, 2023 to December 31, 2023 with a submission period of January 1, 2024 to May 16, 2024. This reporting impacts the 2025 payment determination year.

SEARCH 🔍

QUALITY REPORTING

Quality Reporting Overview

- Data Reporting
- ASC-20 Reporting
- OAS CAHPS
- Resources



Compliance & Operations > Quality Reporting Data Reporting

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QUALITY REPORTING: DATA REPORTING

ASC QUALITY REPORTING MEASURES SUMMARY

***The current submission period for the ASCQR program began January 1, 2024.**

FINALIZED ASCQR PROGRAM MEASURE SET

**ASCQR PROGRAM 2025 REPORTING PERIOD
2026 DATA SUBMISSION, 2027 PAYMENT DETERMINATION**

WEB-BASED MEASURES		CLAIMS-BASED MEASURES
NHSN REPORTING		VENDOR REPORTING
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	Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	
ASC-11	Cataracts Visual Function <i>*Voluntary*</i>	
ASC-12	Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	
ASC-13	Normothermia Outcome	
ASC-14	Unplanned Anterior Vitrectomy	
ASC-15 (a-e)	OAS CAHPS	
ASC-17	Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures	
ASC-18	Hospital Visits after Urology Ambulatory Surgical Center Procedures	
ASC-19	Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at ASCs	
ASC-20	COVID-19 Vaccination Coverage Among Health Care Personnel	
ASC-21	Risk-Standardized Patient-Reported Outcome-Based Performance Measure (PRO- PM) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) in the ASC Setting (THA/TKA PRO-PM)	

SEARCH

QUALITY REPORTING

- Quality Reporting Overview
- Data Reporting**
- ASC-20 Reporting
- OAS CAHPS



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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](#)

REPORTING DEADLINES

Quarter	Data Collection	Reporting Deadline
Q3 2024	July 1, 2024 – September 30, 2024	February 15, 2025
Q4 2024	October 1, 2024 – December 31, 2024	May 15, 2025

SEARCH 🔍

QUALITY REPORTING

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QUALITY REPORTING: OAS CAHPS

NO LONGER VOLUNTARY BEGINNING 2025

The OAS CAHPS, which stands for the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems, was designed to measure the experiences of care for patients who visited Medicare-certified HOPDs and ASCs for a surgery or procedure. The OAS CAHPS website (link below) has news, training, and information about the survey. The survey instrument has been available for voluntary use since January 2016 but is set to become a mandatory component of the ASCQR in 2025.

ASCs **must** contract with a CMS-approved vendor. A list of approved OAS CAHPS vendors can be found below. The approved vendor collects survey data for eligible patients at the ASCs on a monthly basis and report that data to CMS on the ASC's behalf by the quarterly deadlines established for each data collection period.

***IMPORTANT NOTE:** *Although reporting isn't mandatory until 2025, we recommend you begin researching vendors now. Vendors have different billing structures, and your staff will need to learn how to interface with your individual vendor.*

Registering on the OAS CAHPS website is required for participation. Visit OASCAHPS.org, then click "For Facilities" to:

- Create login credentials
- Register your Facility Administrator
- Authorize your selected vendor to survey patients on your behalf.

SEARCH



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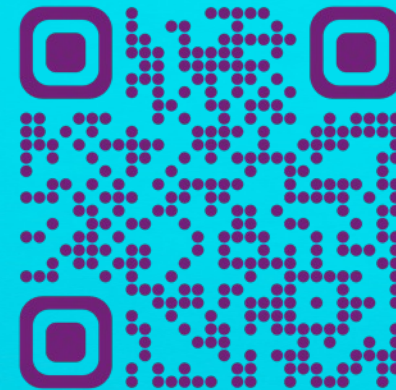
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managers all over the country.



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Upcoming Webinars

DATE		CE	WEBINAR TOPIC	SPEAKER
FEB 28	20		Demystifying RCM: A Practical Guide to Terminology, Financial Insights, and Effective Board Presentations	Nancy Stephens <i>VMG Health</i> Robert Marinich Patricia Smith <i>Synergen Health</i>
MAR 24	60	RN, CASC	Sweeping the Nation: Surgical Smoke Legislation	Emily Jones MSN, RN, CNOR <i>AORN</i>
APR 25	60	RN, CASC	Navigating Patient Complaints and Grievances: Enhancing Your QAPI Program	Debra Stinchcomb MBA, BSN, RN, CASC <i>VMG Health</i>

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