



The Centers for Medicare & Medicaid Services (CMS) has released proposed guidelines for Medicare's new ASC quality reporting program (now available on [ASCA Connect](#)). The proposal provides the following information about how the program will work:

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- The use of quality data codes on an ASC's claims will indicate that a facility is participating in the quality reporting program. No additional action by the ASC is required.
- Any ASC that is a Medicare-participating facility as of January 1, 2012, will need to begin reporting October 1, 2012, to be eligible for the full Medicare payment update in 2014. Those that are designated as open by October 1, 2012, will need to begin reporting January 1, 2013. Although CMS has not clearly indicated how this schedule will affect ASCs that open in the future, ASCs that open by October of a given year could reasonably expect to be required to begin reporting on January 1 of the subsequent year. ASCA will seek clarification on this point.
- The proposal sets a completeness threshold of 50%, which means that ASCs will be considered successful reporters and will not face financial penalties if 50% of their Medicare claims contain quality data codes. This threshold will increase in future years as ASCs become more experienced with the new quality reporting system.
- CMS will not seek to validate what ASCs report through record review or any other means beyond the usual claims validation process Medicare contractors conduct.
- If an ASC believes that CMS has erred in determining that the ASC has failed to adequately report data, that ASC will have access to the same reconsideration process available to hospitals.
- ASCs that are unable to report quality data due to extraordinary circumstances will be able to avail themselves of an extension/waiver process.
- While CMS noted that it is "proposing that any and all quality measure data submitted by [an] ASC" could be made public, the agency did not specify what data it will use for public reporting. ASCA has and will continue to advocate for CMS to begin by posting on their web site those ASCs participating in the program as facilities gain familiarity with reporting. This transition would then be followed by CMS posting each facility's performance on the measures as they do for hospitals and home health agencies.
- ASCs will be required to designate an individual to serve as the Center's QualityNet administrator. This person will serve as a point of contact between the ASC and the QualityNet web site. ASCs will use this site to report data on their use of a safe surgery checklist and the surgical volume they manage beginning in the summer of 2013. ASCs will need to have a QualityNet administrator in place by that time. CMS cautions that ASCs should allow two weeks to complete the process of registering a QualityNet administrator with CMS.

ASCA will submit comments on the proposal and continue to work with CMS as implementation of the new ASC quality reporting program continues.