Guide to Successful Reporting in the Ambulatory Surgical Center Quality Reporting (ASCQR) Program

January 2026
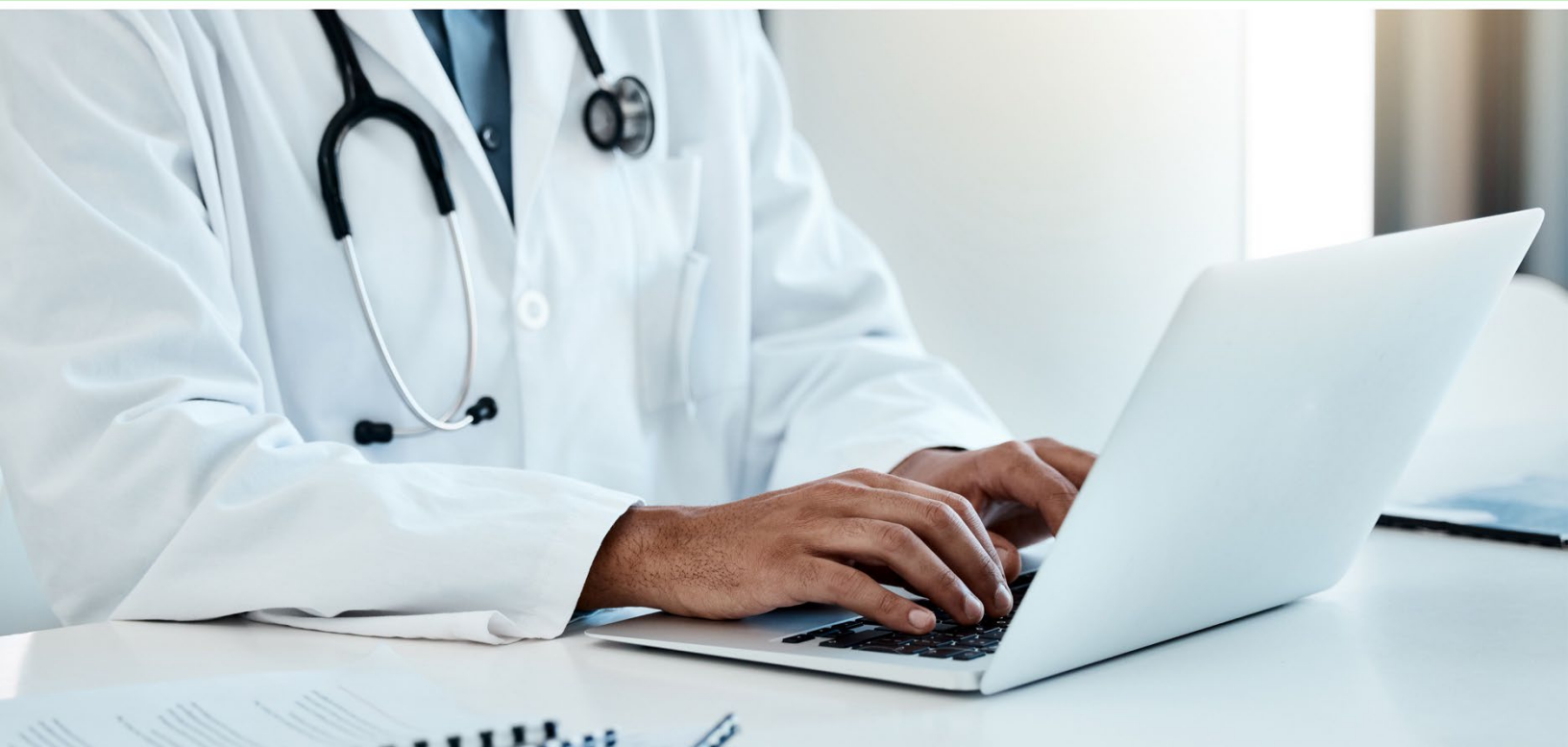
CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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How to Use This Guide

Welcome to this guide for successful reporting under the Centers for Medicare & Medicaid Services (CMS) Ambulatory Surgical Center Quality Reporting (ASCQR) Program!

This program reference guide serves as a resource for meeting the ASCQR Program requirements, such as identifying requirement submission deadlines and registering for data reporting access. Successful participation in this quality reporting program allows you to showcase the high standard of care and performance your Ambulatory Surgical Center (ASC) provides to the community and prevents your ASC from receiving a 2.0 percentage point reduction to your Medicare annual fee schedule update.

Specifically, this program guide is for ASC quality reporting that is associated with the Calendar Year (CY) 2026 reporting period. CY 2026 quality measure data reported by ASCs and submitted to CMS will affect an ASC's future Medicare payment between January 1, 2028, through December 31, 2028.

Additional resources and contact information for further information is available at the end of this document. We recommend keeping this document for your reference and sharing with any relevant and/or new staff.

Note: To update contacts receiving important communications and program updates, complete the ASC Contact Change Form. Completion of this form will **not** add/remove contacts from Hospital Quality Reporting (HQR) or any other Centers for Medicare & Medicaid Services (CMS) system.

ASCQR Program

The ASCQR Program authorized under the Medicare Improvement and Extension Act-Tax Relief and Health Care Act (MIEA-TRHCA) of 2006 is a CMS pay-for-reporting quality program. The ASCQR Program seeks to inform quality improvement and beneficiary care decision-making regarding care provided in the ASC setting through the collection and public reporting of quality measurement data.

ASCs paid by Medicare under Part B Fee-for-Service (FFS) which meet a claims threshold must participate in the ASCQR Program as required by the MIEA-TRHCA, 2006. They must follow program requirements outlined in the applicable Outpatient Perspective Payment System (OPPS)/ASC final rules placed on display and published online in the Federal Register. ASCs that do not participate or meet program requirements receive a 2.0 percentage point reduction to their payment update for the applicable payment year.

Data submitted to the ASCQR Program may be made publicly available after CMS provides ASCs with an approximately 30-day opportunity to preview the data (known as a "preview period"). This preview period does not serve as a review and corrections period. More information on public reporting requirements is available throughout this guide, on the QualityNet website, and in the Code of Federal Regulations (CFR) at 42 CFR 416.315.

The ASCQR Program utilizes the following terms related to data collection and payment decisions:

- Reporting Period: The data collection time period for a measure
- Payment Determination Year: The Medicare reimbursement year (typically a calendar year)

Claims Threshold

ASCs with fewer than 240 Medicare FFS 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. This includes all program requirements. For example, an ASC with fewer than 240 Medicare FFS claims in CY 2025 would not be required to submit CY 2026 data for the CY 2028 payment determination.

ASCs Newly Designated as Open

ASCs designated as open in the CMS Internet Quality Improvement Evaluation System (iQIES) four months prior to January 1 of the reporting period and have a minimum of 240 Medicare claims are required to participate in the ASCQR Program. For example, if an ASC is designated as newly operating on October 17, 2024, the ASC would begin collecting data in CY 2026 for the CY 2028 payment determination. Upon successful submission of any quality measure data, the ASC will be deemed as participating in the ASCQR Program for the upcoming payment determination.

National Provider Identifiers (NPIs)

An ASC that shares the same NPI with other ASCs must report for all such facilities, even if they share the same CMS Certification Number (CCN). Payment determinations will be made by and applied to the facility's NPI and are applicable to all facilities billing under this NPI.

ASCQR Program Checklist

Participation

To participate in the ASCQR Program, ASCs must register on the CMS Hospital Quality Reporting (HQR) system and create a HARP account. **Submission of <u>any</u> ASCQR Program data, including submission of just one data element, indicates an ASC's status as a participant in the program.** If an eligible facility fails to meet program requirements or withdraws from the program, the facility will receive a 2.0-percentage point reduction to their applicable annual ASC Fee Schedule payment update.

ASCs must also contract with a CMS-approved survey vendor to administer the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey on behalf of the ASC.

Account Registration

✓ Register for a **Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) account** to report measure data submitted via the Hospital Quality Reporting (HQR) system.
   - o Identify a **Security Official (SO)** for reporting in the secure HQR system. More information regarding the roles, responsibilities, and registration for SOs can be found in the *Hospital Quality Reporting (HQR) Registration* section of this guide.
   - o Log into your HQR account is required **every 60 days** to keep it active.

✓ Register for login credentials on the OAS CAHPS website and contract with a CMS-approved survey vendor to conduct the survey on behalf of your ASC.

Note: HARP accounts are required to be deactivated after two years of inactivity. Once an account is deactivated due to inactivity, it cannot be recovered. However, you may use the registration portal to create a new HARP account and follow the same register HARP account process.

Data Submission

Data submissions must be timely, accurate, and complete.
- ✓ Collect data for web-based measures to be submitted via the HQR system and submit these data by the deadline.
    - o For the CY 2028 payment determination, the data submission period for measures submitted via the HQR system opens on January 1, 2027, and extends through May 17, 2027, for encounters dated January 1–December 31, 2026.

> **Note:** If your ASC has no data to submit for a measure, select the **Please enter zeros for this measure as I have no data to submit** option, **or zeros must be submitted**. If any measure is left blank (with the exclusion of ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery measure [voluntary]), your ASC will not meet the ASCQR Program requirements for the applicable payment determination year and subsequently face a 2.0 percentage-point reduction.

- ✓ Collect data for the patient survey measure submitted via CMS-approved vendor and submit by the quarterly deadline.
    - o The data submission deadlines for measures submitted via the OAS CAHPS site are as follows:

Reporting Period	Data Submission Deadline
Q1 2026 (Jan 1–Mar 31)	July 8, 2026
Q2 2026 (Apr 1–Jun 30)	Oct 14, 2026
Q3 2026 (Jul 1–Sep 30)	Jan 13, 2027
Q4 2026 (Oct 1–Dec 31)	Apr 14, 2027

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

- ✓ A complete submission is achieved when data submitted to the ASCQR Program:
    - o Satisfies the sampling criteria published and maintained in the ASCQR **Specifications Manual** (found on the QualityNet website) for measures in which sampling is allowed; and
    - o Corresponds to both the aggregate number of patient encounters submitted by an ASC and the number of Medicare claims the ASC submits for payment.

Hospital Quality Reporting (HQR) Registration

Security Official (SO) Roles

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 via this web-based tool, 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).

Each facility with a unique NPI must have an SO, but a single SO may be associated with multiple facilities.

Security Official Registration

ASCs must follow the steps below to register an SO:

1. Log into the [HQR system](#) with your HARP[1] 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**.

Once the request has been approved, you will receive a confirmation email. This may take several days. If you encounter issues requesting access or have questions about using the online process, please contact the CMS Center for Clinical Standards and Quality (CCSQ) Service Center at **866.288.8912** or qnetsupport@cms.hhs.gov.

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[1]If you do not have a HARP account, create one at harp.cms.gov.

Data Reporting and Submission Details

How to Submit Data Using the HQR Web-Based Tool

ASCs will submit most measure data via the HQR system, an online tool available to authorized users. To submit data, log into the HQR system and follow the steps below:

1. Select **Data Submission** from the left-side screen Lock Menu.
2. Select **Data Form**.
3. Select **Launch Data Form** to open the submission application.
4. Select **Start Measures** to enter data.
5. **Enter data** for a measure or select the option **Please enter zeros for this measure, as I have no data to submit** if your ASC does not have data for a required measure. Data entry fields for required measures **cannot** be left blank.
6. Select the **Submit** icon.
   a. When a measure has been successfully submitted, a green check will appear next to the measure and display "**Submitted**."
7. Repeat this process for each required measure until all required data are submitted.
8. Select **Edit** to view or update previously submitted measure data. Once data are edited, select the **Submit** icon again. Data will not be captured if the **Submit** icon is not selected.

The **File Upload** option requires the use of the approved CSV template. File upload may be used by vendors or corporations submitting data for more than one ASC at the same time.

All files and data exchanged with CMS via the HQR system are encrypted during transmission and stored in an encrypted format until the recipient downloads the data. The HQR system meets all current Health Insurance Portability and Accountability Act (HIPAA) requirements.

Access Management (AM) and Vendor Management (VM)

AM is a process for granting user access requests for both Basic Users and SOs. VM is a process for managing vendors directly within the HQR system.

To add a Basic User or SO to your ASC, follow the steps below:

1. Log into the HQR system with your HARP[2] User ID and password.
2. Select **Administration** and then **Access Management**.
3. Select **Add User** (to add a user), then select **Security Official** or **Basic User** when prompted.
4. Select the required permissions and select **Submit Request.**

You will be **notified by email** when your request has been **approved**. To begin managing your vendors, follow the steps below:

1. Log into the HQR system with your HARP User ID and password.
2. Go to **Administration** and select **Vendor Management**.
3. On the **Vendor Management** page, you can add, search, or filter your vendor(s).

For questions regarding Vendor Management, contact the CCSQ Service Center: 866.288.8912 or qnetsupport@cms.hhs.gov.

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[2]If you do not have a HARP account, create one at harp.cms.gov.

Additional Information

Reconsideration Process

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 on 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. CMS expects the review and determination process to be completed within 90 days following the deadline for submitting requests for reconsideration and will officially respond to the reconsideration request submitted by each ASC.

Extraordinary Circumstances Exceptions (ECE)

If an ASC is unable to submit data or access medical records due to an extraordinary circumstance, such as a natural disaster, the ASC may request an ECE. ASCs will need to complete the ECE form and submit the form with any supporting documentation within 60 days of the date of the extraordinary circumstance. An ECE could take the form of an exception or an extension of time to comply with data reporting requirements if CMS determines that this type of relief would be appropriate under the circumstances. If CMS grants an ECE, the written decision will specify whether the facility is exempted from one or more reporting requirements or whether CMS has granted the facility an extension of time to comply with one or more reporting requirements.

These documents must be submitted to the Outpatient Quality Reporting Support Team via one of the following:

- Email to: QRFormsSubmission@hsag.com
- Secure fax: 877.789.4443

CMS strives to complete the review of each request within 90 days of receipt. ASCs included under a blanket exception by CMS (e.g., in the case of widespread natural disasters such as hurricanes) will not be required to submit the ECE form. Notifications of blanket ECE waivers are distributed through the QualityNet Mailer. Information on how to receive QualityNet Mailer notifications can be found in the *Additional Resources* section of this guide. Subscribe to listservs on the QualityNet website.

Withdrawing from the ASCQR Program

An ASC is considered an ASCQR Program participant until the ASC withdraws from the program by submitting a withdrawal form to CMS. Specific instructions on how to withdraw and a copy of the withdrawal form can be found on the QualityNet website.

Note: Withdrawal from the ASCQR Program **will not prevent** the ASC that is eligible for participation from receiving a 2.0 percentage point reduction in its payment update for the applicable payment determination year, and in fact will cause the ASC to automatically receive a payment penalty for this and subsequent years.

Reporting Deadlines

CMS has established quarterly and annual submission deadlines for ASCs participating in the ASCQR Program. Required data must be submitted via the HQR system and successfully accepted by 11:59 p.m. Pacific Time of the submission due date.

Early data submission is strongly recommended so that issues can be rectified. CMS allows ample time for facilities to submit, re-submit, change, add new data, and delete existing data *up until* the submission deadline. No updates will be accepted *after* the submission deadline.

Best Practice: Allow ample time, at least 15 calendar days prior to the submission deadline to correct errors identified from reports in HQR. The HQR system does not allow data to be submitted after the deadline.

Submission deadlines for CY 2028 payment determinations are in the **ASCQR Important Dates** table on the following pages; however, ASCs should verify Data Submission Deadline dates on the [QualityNet website](#).

ASCQR Important Dates CY 2026 Reporting Period/CY 2028 Payment Determination

The chart below summarizes the Ambulatory Surgical Center (ASC) measure reporting dates as outlined in the ASCQR Specifications Manual, v.15.0. Please verify Data Submission Deadline dates on the QualityNet website.

Hospital Quality Reporting (HQR) Web-Based Measures	Reporting Period	Submission Period
ASC-1: Patient Burn	Jan 1–Dec 31, 2026	Jan 1–May 17, 2027
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/Poly Surveillance: 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 (Voluntary)		
ASC-13: Normothermia		
ASC-14: Unplanned Anterior Vitrectomy		

Survey Measure	Reporting Period	Submission Deadline
ASC-15 a-e: Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS)	Jan 1–Mar 31, 2026 (Q1 2026)	July 8, 2026
	Apr 1–Jun 30, 2026 (Q2 2026)	Oct 14, 2026
	Jul 1–Sept 30, 2026 (Q3 2026)	Jan 13, 2027
	Oct 1–Dec 31, 2026 (Q4 2026)	Apr 14, 2027

THA/TKA PRO-PM*	Reporting Period	Pre-Procedure Data Collection	Pre-Procedure Submission Deadline	Post-Procedure Data Collection	Post-Procedure Submission Deadline
ASC-21: Facility-level Total Hip Arthroplasty/Total Knee Arthroplasty Patient Reported Outcome-Based Performance Measure (THA/TKA PRO-PM)	Jan 1–Dec 31, 2026	Oct 3, 2025-Dec 31, 2026	May 17, 2027	Oct 28, 2026-Mar 1, 2028	May 15, 2028

Claims-Based Measures**	Calculated Encounter Dates
ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Jan 1, 2024–Dec 31, 2026
ASC-17: Hospital Visits after Orthopedic ASC Procedures	Jan 1, 2025–Dec 31, 2026
ASC-18: Hospital Visits after Urology ASC Procedures	
ASC-19: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at ASCs	

Note: Data submission deadlines on a federal holiday or weekend (Saturday/Sunday) will default to the first business day thereafter and are reflected in this document where applicable.

*These measures are voluntary for the CY 2026 reporting period. ASCs may voluntarily submit data and will not be subject to a payment reduction for non-submission during the voluntary reporting for non-submission of data.

**Calculated from paid Medicare Fee-for-Service (FFS) claims; no additional data submission is required from ASCs for these measures.

ASCQR Program Checklist for Data Submission
CY 2026 reporting period/CY 2028 payment determination

This operations check sheet provides important organizational information for administrative duties. Data submission deadlines on a federal holiday or weekend (Saturday/Sunday) will default to the first business day thereafter and are reflected in this document where applicable.

Measure Type	Deadlines Dates	Primary/Secondary Person Responsible
HQR Web-Based Measures* ASC-1, -2, -3, -4, -9, -11 (voluntary), -13, -14	Annual reporting: **May 17, 2027**	**HQR Security Official** (one minimum; two or more recommended) 1. _____ 2. _____
Patient Reported Outcome-Based Performance Measure (PRO-PM) Facility-level Total Hip Arthroplasty/Total Knee Arthroplasty (THA/TKA) PRO-PM **	Pre-Procedure Data: **May 17, 2027** Post-Procedure Data: **May 15, 2028**	
Survey Measure OAS CAHPS	Q1: **July 8, 2026** Q2: **Oct 14, 2026** Q3: **Jan 13, 2027** Q4: **Apr 14, 2027**	**Name of Approved Vendor:** _____ **Contact Information:** _____

Measure Type	Responsible Person	Deadline	Date Submitted
HQR		**May 17, 2027**	
THA/TKA PRO-PM**		Pre: **May 17, 2027** Post: **May 15, 2028**	
OAS CAHPS Q1		**Jul 8, 2026**	
OAS CAHPS Q2		**Oct 14, 2026**	
OAS CAHPS Q3		**Jan 13, 2027**	
OAS CAHPS Q4		**Apr 14, 2027**	

*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 (Voluntary), ASC-13: Normothermia, ASC-14: Unplanned Anterior Vitrectomy

** These measures are voluntary for the CY 2026 reporting period. ASCs may voluntarily submit data and will not be subject to a payment reduction for non-submission during the voluntary reporting.

Public Reporting of ASCQR Data

Overview

Under various provisions of Section 1886 of the Social Security Act, the Secretary of the United States Department of Health and Human Services (HHS) is required to establish procedures for making the data submitted under our quality reporting programs available to the public, as well as provide an opportunity for participating facilities to review their data prior to that data being made publicly available.

Preview Period

Prior to the public display of data, participating ASCs are given a 30-day preview period window in which to view their submitted data. This preview period does not serve as a review and correction period. Annual preview reports are available via the HQR system.

Public Display of Quality Data

Submitted ASCQR Program quality measure data is made publicly available through the Provider Data Catalog on data.cms.gov.

Withholding Data from Public Display

ASCs participating in the ASCQR Program can submit a request for CMS review to add a footnote to claims-based measure data included in public reporting on Compare Tool on Medicare.gov or its successor website. To withhold publication of data, your ASC must complete and fax or email the **Request Form for Withholding/Footnoting Data for Public Reporting** on or before the last day of the preview period to the Inpatient and Outpatient Healthcare Quality Systems Development and Program Support Contractor.

Additional Resources

CMS

cms.gov

> CMS is the U.S. Department of Health and Human Services' agency responsible for administering Medicare, Medicaid, the State Children's Health Insurance Program, and several other health-related programs.

ASCQR Program Support

The ASCQR Program Support Team supports activities under the ASCQR Program, including provision of technical support and feedback to assist ASCs with quality data reporting.

ASCQR Program Website

qualityreportingcenter.com

> This site contains numerous resources concerning reporting requirements, including reference and training materials, tools for data submission, educational presentations, and deadlines.

ASC 101

> This page includes links to essential information for those new to quality reporting for ASCs.

Lookup Tools

> This page allows access to databases that will provide the CCN associated with an ASC's NPI, the status of web-based measure data submitted, and the availability of data reports for other measures on QualityNet.

ASCQR Program Support Team Contact

> oqrsupport@hsag.com
>
> 866.800.8756
>
> Call the ASCQR Program Support Team with any questions about the program using the toll-free number weekdays, from 9 a.m. to 5 p.m. Eastern Time.

QualityNet

QualityNet Website

qualitynet.cms.gov

> Established by CMS, the QualityNet website provides healthcare quality improvement news, resources, and data reporting tools and applications used by healthcare providers and others.

CMS CCSQ Service Center

qnetsupport@cms.hhs.gov

> 866.288.8912
>
> The CMS CCSQ Service Center can assist users with HQR account issues and CMS system questions.

ASCQR QualityNet Mailer

qualitynet.cms.gov/listserv-signup

> Notices generated on the QualityNet Mailer system are used to disseminate timely information related to quality initiatives. QualityNet users are encouraged to register for these email notifications to receive information on enhancements and new releases, timeline or process/policy modifications, and alerts about applications and initiatives.

ASCQR QualityNet Q&A Tool

https://cmsqualitysupport.servicenowservices.com/qnet_qa

> CMS maintains the knowledge base including the **Ambulatory Surgical Centers Questions/Answers** database, which allows users to ask questions, obtain responses from all resolved questions, and search the entire database by keywords or phrases.

Outpatient and Ambulatory Surgery CAHPS Survey

> https://oascahps.org/
>
> The OAS CAHPS website is the official site for information about the OAS CAHPS survey for general information, training, survey vendors, survey materials, and data submission.

Federal Register

> federalregister.gov

Provider Data Catalog

> Hospitals - Ambulatory surgical centers (ASCs) | Provider Data Catalog (data.cms.gov)
>
> Explore, download, and investigate provider data.