

Subject: ASC Quality Reporting News Blast: Spring into Action



Ambulatory Surgical Center Quality Reporting (ASCQR) Program News Blast

Spring into Action—Ensure successful data submission for your ASC!

- **Know the Submission Deadlines:**
 - Submit annual web-based measure data* via the [Hospital Quality Reporting \(HQR\)](#) system. The **Calendar Year (CY) 2025 reporting period (January 1-December 31) data are due by May 15, 2026.**
 - Submit Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) measure data via the [OAS CAHPS website](#) by a CMS-approved vendor. The **Quarter 4 2025 reporting period (Oct 1-Dec 31) data are due by April 8, 2026.**
 - Plan for the **CY 2026 reporting period** by reviewing the ASCQR Program Important Dates available on the [QualityNet](#) website.
- **Refresh Your Memory:**
 - Find “How to Submit Data Using the HQR Web-Based Tool” on page 8 of the [2026 Guide to Successful Reporting for the ASCQR Program](#).
- **Review Tips for Successful Reporting in the HQR system:**
 - Log in to the [HQR](#) system and ensure an **active Security Official (SO)**. **Spring Tip:** *Add additional SOs to prevent the loss of access due to staff turnover.*
 - Enter data for each of the required measures or select the option *Enter zeros for this measure, as I have no data to submit*. **Data entry fields for required measures cannot be left blank.**
 - Be mindful when entering the numerator and denominator for ASC-1, -2, -3, and ASC-4. The denominator for these measures is **All ASC Admissions** for the reporting year. **A zero cannot be entered.**
- **Access the [ASCQR Specifications Manual](#)** for measure information and specifications.

Please do not respond directly to this email. For further assistance, call the Outpatient Quality Reporting Support Team at **866.800.8756** weekdays from 9 a.m. to 5 p.m. Eastern Time, or contact us through the [QualityNet Question and Answer Tool](#).

*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/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