Supporting Statement - Part B
Submission of Information for the Ambulatory Surgical Center Quality Reporting
(ASCQR) Program

Collection of Information Employing Statistical Methods

1.   Describe potential respondent universe.

All ASCs receiving Medicare reimbursement under the ASC Payment System with a minimum of 240 paid facility claims annually constitute the potential respondent universe; approximately 3,937 ASCs.

2.   Describe procedures for collecting information.

Data are collected from quality data codes on standard Medicare claims, via on-line submission directly to CMS through a secure Web site (QualityNet), and through the Centers for Disease Control and Prevention (CDC) National Health Safety Network (NHSN). Electronic data conforming to a specified format will be collected in a secure Oracle-based relational database.

3.   Describe methods to maximize response rates.

To maximize response rates, the ASCQR Program provides payment incentive for meeting participation requirements. ASCs that do not meet program requirements may have a 2.0 percentage point reduction to their full annual increase provided under the revised ASC payment system for a given calendar year. In addition, CMS provides abstraction and submission tools, education, and technical assistance to any ASCs requiring assistance with program requirements.

4.   Describe any tests of procedures or methods.

Consistent with other CMS quality reporting programs, the ASCQR Program does not require validation of claims-based measures (beyond the usual claims validation activities conducted by CMS administrative contractors) or structural (Web-based) measures for the ASCQR Program.

5.   Provide name and telephone number of individuals consulted on statistical aspects.

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