

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 Medicare-certified ASCs receiving reimbursement under the ASC Payment System with a minimum of 240 paid facility claims annually constitute the potential respondent universe; approximately 3,494 ASCs.

2. Describe procedures for collecting information.

Data have been collected from quality data codes entered on Medicare non-institutional claims via the CMS-1500 form, 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). Currently, data are collected only via on-line submission directly to CMS through a secure Web site (QualityNet).

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, technical assistance, and a staffed Help Desk to ASCs.

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 standard claims validation activities conducted by CMS Medicare Administrative Contractors, known as MACs) or (Web-based) measures for the ASCQR Program.

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

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