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

Collection of Information Employing Statistical Methods

1. <u>Describe potential respondent universe.</u>

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. <u>Describe procedures for collecting information.</u>

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. <u>Describe methods to maximize response rates.</u>

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 (Webbased) measures for the ASCQR Program.

5. <u>Provide name and telephone number of individuals consulted on statistical aspects.</u>

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