

**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.

Based on an analysis of the calendar year (CY) 2023 payment determination data, we found that, of the 5,697 ambulatory surgical centers (ASCs) that met eligibility requirements for the ASCQR Program, 5,181 ASCs received the full annual payment update (APU) due to either meeting all ASCQR Program requirements or being exempt from participating; that is, 4,175 ASCs were required to participate and 687 ASCs were not required to participate but did so.

An additional 195 ASCs that became Hospitals Without Walls (thereby billing as hospitals) during the COVID-19 public health emergency resumed billing as ASCs and now return to the potential respondent universe.

Thus, we estimate that 5,057 ASCs (4,175 + 687 + 195) will submit data for the ASCQR Program for the CY 2026 payment determination unless otherwise noted.

2. Describe procedures for collecting information.

Data have been collected from quality data codes (QDCs) entered on Medicare non-institutional claims via the CMS-1500 form, via on-line submission directly to CMS through a secure portal to CMS' Hospital Quality Reporting (HQR) system, and through the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN). Currently, data are collected only via on-line submission directly to CMS through the secure portal and the NHSN.

3. Describe methods to maximize response rates.

To maximize response rates, the ASCQR Program provides payment consequences related to participation requirements. Specifically, 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 CY. In addition, CMS provides abstraction and submission tools, education, technical assistance, and a staffed Help Desk to ASCs.

In an effort to reduce burden and thereby maximize response rates, ASCs are allowed to sample for measures that require direct data entry (i.e. Endoscopy/Polyp Surveillance (ASC-9); Functional Survey following Cataract Surgery (ASC-11); or Normothermia Outcome (ASC-13)). Sample size requirements per year per ASC for these measures is based on an ASC's denominator population for a measure. ASCs are at liberty to utilize sampling techniques of their choosing.

4. Describe any tests of procedures or methods.

Claims-based measures are calculated using Medicare fee-for-service administrative claims and enrollment data and do not result in data collection burden for ASCs. These measures do utilize regression modeling and risk adjustment methods with validity and reliability testing of the measure calculations. The ASCQR Program does not require validation of the underlying claims data for measure calculation beyond standard claims validation activities conducted by CMS Medicare Administrative Contractors (MACs). The ASCQR Program also employs other types data submission modes, including web-, survey-, and the proposed PRO-based, for data collection. ASCs are not required to sample for any measures, however for the measures mentioned above that may choose to do so.

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

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