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ASC Quality Reporting Update 2026

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CMS Ambulatory Surgical Center Quality Reporting Program

- Ambulatory Surgical Center Quality Reporting Specifications Manual

  - Verify you are using the correct version
    - 15.0a 1Q26-4Q26

- Located @ https://qualitynet.cms.gov
- Scroll down and click “Ambulatory Surgical Centers” box
- Included in this manual:
  - Background and requirements
  - Measure information
  - Sampling specifications
  - Tools and resources

ASC Quality Reporting Program (ASCQR) Requirements

In 2026 there will be eleven **reported** (mandatory) for facilities to avoid a reduction in the following year's Medicare reimbursement.

Seven Web Based Measures:

- 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/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
- ASC-13: Normothermia Outcome
- ASC-14: Unplanned Anterior Vitrectomy

Four Claims Based Measures:

- ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- ASC-17: Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures
- ASC-18: Hospital Visits after Urology Ambulatory Surgical Center Procedures
- ASC-19: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers

WEB BASED MEASURES

REPORTED VIA HQR SECURE PORTAL

DATA COLLECTION: JANUARY 1- DECEMBER 31, 2025
DATA SUBMISSION: JANUARY 1- MAY 15, 2026

ASC Quality Reporting Program (ASCQR) Requirements

- **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

These four measures apply to ALL ASC PATIENTS, not just Medicare Fee-For-Service patients.

ASC Quality Reporting Program (ASCQR) Requirements

- **ASC-9:** Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients
  - Numerator: Patients who had a recommended follow-up interval of at least 10 years for repeat colonoscopy documented in their colonoscopy report.
  - Denominator: All patients aged 45 to 75 years of age receiving screening colonoscopy without biopsy or polypectomy.

- **ASC-13:** Normothermia Outcome
  - Data submitted for ***a sampling*** that meets the denominator criteria

- **ASC-14:** Unplanned Anterior Vitrectomy
  - Data submitted for ***all patients*** that meet the denominator criteria

The numerator and denominator must be completed.

If an ASC does not perform procedures related to these measures, select the box under the measure name and description that states, "Please enter zeros for this measure as I have no data to submit."

Key Points To Remember

- **ASC-9, ASC-13 and ASC-14:**
  - Active Security Official to access HQR Secure Portal
  - Recommended to have two security officials if possible
  - Sign in to HQR Secure Portal frequently (every 60 days) to keep the account “active”

CLAIMS BASED MEASURES

ASC Quality Reporting Program (ASCQR) Requirements

- **ASC-12:** Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- **ASC-17:** Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures
- **ASC-18:** Hospital Visits after Urology Ambulatory Surgical Center Procedures
- **ASC-19:** Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers

No data submission or reporting required from the ASC.

Data is pulled by CMS from the Medicare Fee for Service claims previously submitted by the hospital that the patient visits within seven days of the abovementioned procedures.

Claims Detail Reports (CDR) and Facility-Specific Reports (FSR) will be made available to facilities via the HQR Secure Portal prior to public reporting. Information regarding this measure and timelines for the CDRs and FSRs is located at https://qualitynet.cms.gov/asc/measures.

Data is updated periodically on Care Compare.

OAS CAHPS SURVEY

ASC Quality Reporting Program Measures

ASC-15 (a-e) Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey

- **Mandatory** reporting began with CY 2025 (January 1) reporting period/CY 2027 payment determination.
- The survey contains 34 questions.
- Survey is currently available in English, Spanish, Chinese, Korean and Russian
- Need to have 200 completed surveys over a 12-month period

***A survey is considered to be "complete" if at least 50% of the questions 1–10 and 13–24) are answered. Questions that are part of skip patterns and questions in the "About You" section (questions 11, 12 and 25-34) are not included in the calculation.*

- An ASC's payment determination will be based upon the successful ***submission*** of all required survey data and ***not*** their facility score.
- Official OAS CAHPS website https://oascahps.org/

ASC Quality Reporting Program Measures

ASC-15 (a-e) Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey

Current administration methods:

- Mail-only;
- Telephone-only;
- Mixed modes:
  - Mail with telephone follow-up;
  - Web (electronic) with mail follow-up;
  - Web (electronic) with telephone follow-up

ASC Quality Reporting Program Measures

ASC-15 (a-e) Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey

- A CMS-approved survey vendor will be required for survey administration. Currently 17 vendors listed on the website- https://oascahps.org

- CMS-approved vendor collects survey data for eligible patients at the ASCs monthly and reports that data to CMS on the ASC's behalf by the quarterly deadlines established for each data collection period.

***ASCA has created an OAS CAHPS Survey page with a list of approved vendors and the modes they offer as well as additional information about the survey. You can find it here: www.ascassociation.org/oas-cahps*

OAS CAHPS Participation Overview:

https://oascahps.org/OAS_Part_Overview.pdf

1. Register for login credentials on the OAS CAHPS website using this link: https://oascahps.org/For-Facilities/Register-for-Login-Credentials

2. Log onto the website using the login credentials created when completing Step 1 above. Then, complete the Facility CCN Registration Form available from your customized dashboard or click on this link: https://oascahps.org/For-Facilities/Facility-CCN-Registration.

   If unable to register, contact oascahps@rti.org or call 1-866-590-7468.

3. Contract with a CMS-approved OAS CAHPS Survey vendor to conduct the survey. A list of approved survey vendors is available at the following link:

   https://oascahps.org/General-Information/Approved-Survey-Vendors.

OAS CAHPS Participation Overview:

https://oascahps.org/OAS_Part_Overview.pdf

4. On the OAS CAHPS website, authorize your contracted survey vendor to collect and submit OAS CAHPS Survey data. Detailed steps for completing the online Vendor Authorization Form are provided in the document linked here: https://oascahps.org/OAS_Vendor_Auth_Instructions.pdf.

5. Work with your approved vendor to determine a date each month by which the vendor will need the monthly patient information file for sampling and fielding the OAS CAHPS Survey.

6. By the agreed-upon date each month, compile and deliver to the survey vendor a complete and accurate list of patients (i.e., the monthly patient information file) and information that will enable the vendor to administer the OAS CAHPS Survey. An example patient file layout can be found at https://oascahps.org/Survey-Materials

OAS CAHPS Participation Overview:

https://oascahps.org/OAS_Part_Overview.pdf

7. Avoid influencing patients in any way about how to answer the OAS CAHPS Survey. For example, facilities may not hand out any information to patients about how to answer the survey. (Please refer to the section Communications with Patients About the OAS CAHPS Survey in Chapter III of the OAS CAHPS Survey Protocols and Guidelines Manual found at https://oascahps.org/Survey-Materials)

8. **On the OAS CAHPS website, review the survey data submission reports to ensure the data were submitted by your survey vendor on time and without errors. To access these reports, click on the "Data Submission Reports" link under the "For Facilities" menu tab after logging into the website.** *If problems first contact your vendor. If they can't resolve the issue, then contact oascahps@rti.org or call 1-866-590-7468.*

9. On the OAS CAHPS website, review OAS CAHPS Survey results prior to public reporting. To access these reports, click on the "Survey Preview Report" link under the "For Facilities" menu tab after logging into the website.

10. Monitor the OAS CAHPS website for news and updates about the OAS CAHPS Survey throughout the year. Announcements can be found here: https://oascahps.org/General-Information/Announcements

OAS CAHPS

For all modes the **survey vendor** must:

- Initiate the survey for each monthly sample no later than 3 weeks (21 days) after the close of the sample month.
- Complete data collection six weeks (42 days) after the survey initiated.

Day	Mail Only	Phone Only	Mail w/ Phone F/U	Web w/ Mail F/U	Web w/ Phone F/U
1	Mail out first survey	Phone calls begin	Mail out survey	Email or mail initial web survey invitation	Email or mail first web survey information
7					
14				Email or mail web survey reminder	Email or mail web survey reminder
21	Mail out second survey		Phone calls begin	Mail out survey	Phone calls begin
28					
35				Email web survey reminder	Email web survey reminder
42	End data collection	End data collection	End data collection	End data collection	End data collection

OAS CAHPS

For all modes the **survey vendor** must:

- Submit data files to the OAS CAHPS Data Center on the second Wednesday of January, April, July and October.

Quarter and Year	Data Submission Deadline
2025 Quarter 3	January 14, 2026
2025 Quarter 4	April 8, 2026
2026 Quarter 1	July 8, 2026
2026 Quarter 2	October 14, 2026

OAS CAHPS

https://oascahps.org/Survey-Materials

Protocols and Guidelines Manual (Version 10.0: Updated Nov 2025)

https://oascahps.org/Portals/0/SurveyMaterials/V10.0_OASCAHPS_ProtocolsGuidelinesManual_FINAL.pdf

- Communications With Patients About the OAS CAHPS Survey- page 18
- Patient Eligibility Requirements- page 39
- Mail-Only Administration Procedures- page 77
- Telephone-Only Administration Procedures- page 89
- Mail with Telephone Follow-Up Survey Administration Procedures- page 101
- Web with Mail Follow-Up Administration Procedures- page 121
- Web with Telephone Follow-Up Administration Procedures- page 145
- Public Reporting- page 253

OAS CAHPS

Three reports for ASCs:

- The reports listed below are available after logging in to the OAS CAHPS Survey website.

1. Registered Facilities Report: lists all the facilities by CCN affiliated with the user's account regardless of whether the user or someone else from the facility registered the CCN on the OAS CAHPS website.

2. Data Submission Summary Report: allows the ASC to monitor whether its vendor is successfully submitting data files by the quarterly data submission deadline. ASCs are strongly advised to review these reports on a regular basis.

3. Facility Preview Report: provides ASCs with a preview of their own survey results approximately 2-3 weeks via the OAS CAHPS website before publicly reported. There needs to be four quarters of data before publicly reported.

OAS CAHPS

Facility Preview Report

- Only available to the ASC, not the vendor
- Results shown:
  - The number of patients who were sampled; the number of completed surveys; and the response rate percentage during the reporting period;
  - The percentage of patients who rated the overall care they received at the ASC a "9" or "10" on a scale of 0 (worst care possible) to 10 (best care possible); *(ASC-15d)*
  - The percentage of patients who reported YES, they would definitely recommend the ASC to friends and family; *(ASC-15e)*
  - The percentage of patients who reported that the ASC staff gave care in a professional way and the facility was clean; *(ASC-15a)*
  - The percentage of patients who reported that the ASC staff definitely communicated with them about what to expect during and after the procedure; and *(ASC-15b)*
  - The percentage of patients who reported that the ASC staff definitely gave them information about what to do if they had pain, nausea or vomiting, bleeding, or possible signs of infection as a result of the procedure or the anesthesia, if any of these outcomes were experienced. *(ASC-15c)*

ASC Quality Reporting Program Measures

ASC-15 (a-e) Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey

The five measures (ASC-15a-e) are collected via one Survey (OAS CAHPS):

- **ASC-15a:** About Facilities and Staff;
- **ASC-15b:** Communication About Procedure;
- **ASC-15c:** Preparation for Discharge and Recovery;
- **ASC-15d:** Overall Rating of Facility; and
- **ASC-15e:** Recommendation of Facility

ASC Quality Reporting Program Measures

ASC-21 Risk Standardized Patient-Reported Outcome- Based Performance Measure (PRO-PM) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) in the ASC Setting

- This measures reports the facility-level risk-standardized improvement rate in patient-reported outcomes (PROs) following:
  - elective primary THA/TKA for Medicare FFS beneficiaries aged 65 years and older
  - who were enrolled in Medicare FFS Part A and B for 12 months prior to the date of the procedure and in Medicare FFS Part A and B during the procedure.

- Pre-operative data collected from 90 to 0 days and post-operative data collected from 300 to 425 days for at least 45% of eligible patients.

- ASCs must collect and submit 44 to 47 data elements for each THA patient and a total of 46 to 49 data elements for each TKA patient when complete PRO data is provided by the patient.

- This measure has not been tested in the ASC setting.

ASC Quality Reporting Program Measures

ASC-21 Risk Standardized Patient-Reported Outcome- Based Performance Measure (PRO-PM) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) in the ASC Setting

Three **voluntary** reporting periods:

- First reporting period- began CY 2025 for eligible outpatient procedures between January 1, 2025, through December 31, 2025;
- Second reporting period- begins with the CY 2026 reporting period for eligible outpatient procedures between January 1, 2026, and December 31, 2026;
- Third reporting period- begins with CY 2027 for eligible procedures between January 1, 2027- December 31, 2027.

Mandatory reporting would begin with CY 2028 reporting period for CY 2031 payment determination for eligible outpatient procedures occurring January 1, 2028, through December 31, 2028. *(This three-year gap is because of the delay when the procedure occurs, when the results and reported (greater than 1-year post-op) and payment determination.)*

ASC Quality Reporting Program Measures

ASC-21 Risk Standardized Patient-Reported Outcome- Based Performance Measure (PRO-PM) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) in the ASC Setting

How can data be submitted?

1. Send data directly to CMS for measure calculation (HQR system)
   - Comma-Separated Value (CSV)
   - Extensible Markup Language (XML)
   - Manual data entry

2. Use an external entity (vendor or registry)

- CMS will publicly report the ASC's facility-level risk standardized improvement rate (RSIR). The RSIR is calculated by aggregating all patient-level results from the ASC. For example, a 70% RSIR means that 70% of patients at the ASC had a substantial improvement following their THA/TKA.

- Educational materials located at: https://qualitynet.cms.gov/asc/measures/PRO-PM/resources

2026 Medicare Hospital Outpatient Prospective Payment System (OPPS/ASC) Final Rule

https://www.govinfo.gov/content/pkg/FR-2025-11-25/pdf/2025-20907.pdf

- Quality Measures: finalized to remove:
  - COVID-19 Vaccination Coverage Among Health Care Personnel (HCP) (ASC-20)
  - Screening for Social Drivers of Health (SDOH) Measure (ASC-22)
  - Screen Positive Rate for Social Drivers of Health (SDOH) Measure (ASC-23)
  - Facility Commitment to Health Equity (FCHE) Measure (ASC-24)
- Quality Measures: declined to finalize:
  - Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient Reported Outcome-Based Performance Measure (Information Transfer PRO-PM)

ASC Quality Reporting Program Measures

Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient Reported Outcome-Based Performance Measure (Information Transfer PRO-PM):

- Voluntary reporting to begin with the CY 2027 and CY 2028 reporting periods followed by mandatory reporting beginning with the CY 2029 reporting period/CY 2031 payment determination.

- Assesses patient understanding of provided discharge information for patients aged 18 years or older who had a procedure (surgical or non-surgical) at an ASC via a 9-item survey. Evaluates patient reported understanding of information received across three domains- Applicability to:
  1. Patient needs
  2. Medication
  3. Daily activities

- Survey results provide patient reported outcome (PRO) data measuring ASCs' communication efforts regarding discharge instructions and enables ASCs to reduce future risk of patient harm related to patients not fully understanding their recovery information.

Public Reporting of Facility Specific Quality Reporting Data

- CMS publicly reports ASC data here:

https://data.cms.gov/provider-data/

- Facility comparison dashboard is available here:

https://www.qualityreportingcenter.com/en/facility-compare-dashboard/

Questions?

For ASC Quality Reporting Program Questions:

- Health Services Advisory Group (HSAG):
  https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question
  Call: 1-866-800-8756

- RTI International (OAS CAHPS): Contact oascahps@rti.org
  Call: 1-866-590-7468

CONTACT INFORMATION

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eSupport > Quality Reporting > Overview

2026 Final Rule

Summary of Major Changes

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SEARCH

QUALITY REPORTING

- **Quality Reporting Overview**
- Data Reporting
- ASC-15 OAS CAHPS
- Resources

QUALITY REPORTING: OVERVIEW

2026 FINAL RULE

2026 FINAL RULE

REIMBURSEMENT

The 2026 Final Payment Rule actually brings some good news for ASCs, finally. CMS confirmed a 2.6% average payment increase for 2026, matching the HOPD update once again. This comes from a 3.3% market basket increase with the usual 0.7% productivity cut. And in an unexpected win, CMS fixed a mistake in the proposed rule that would've slashed cataract reimbursement, especially CPT 66984. Instead of taking a 4.7% hit, this code will now see roughly a 3.4% increase next year.

COVERED PROCEDURES

Another big highlight: CMS is massively expanding the ASC Covered Procedures List (ASC-CPL). By updating the criteria and removing five of the old exclusion rules, CMS is adding 276 new procedures to the list. On top of that, they're starting to phase out the inpatient-only (IPO) list and moving 271 of those codes over to the ASC-CPL for 2026. That's 547 new ASC-approved procedures in a single year, the biggest expansion we've ever seen. This includes major additions in EP, PCI, spine, and vascular, opening the door for ASCs to offer a wider range of

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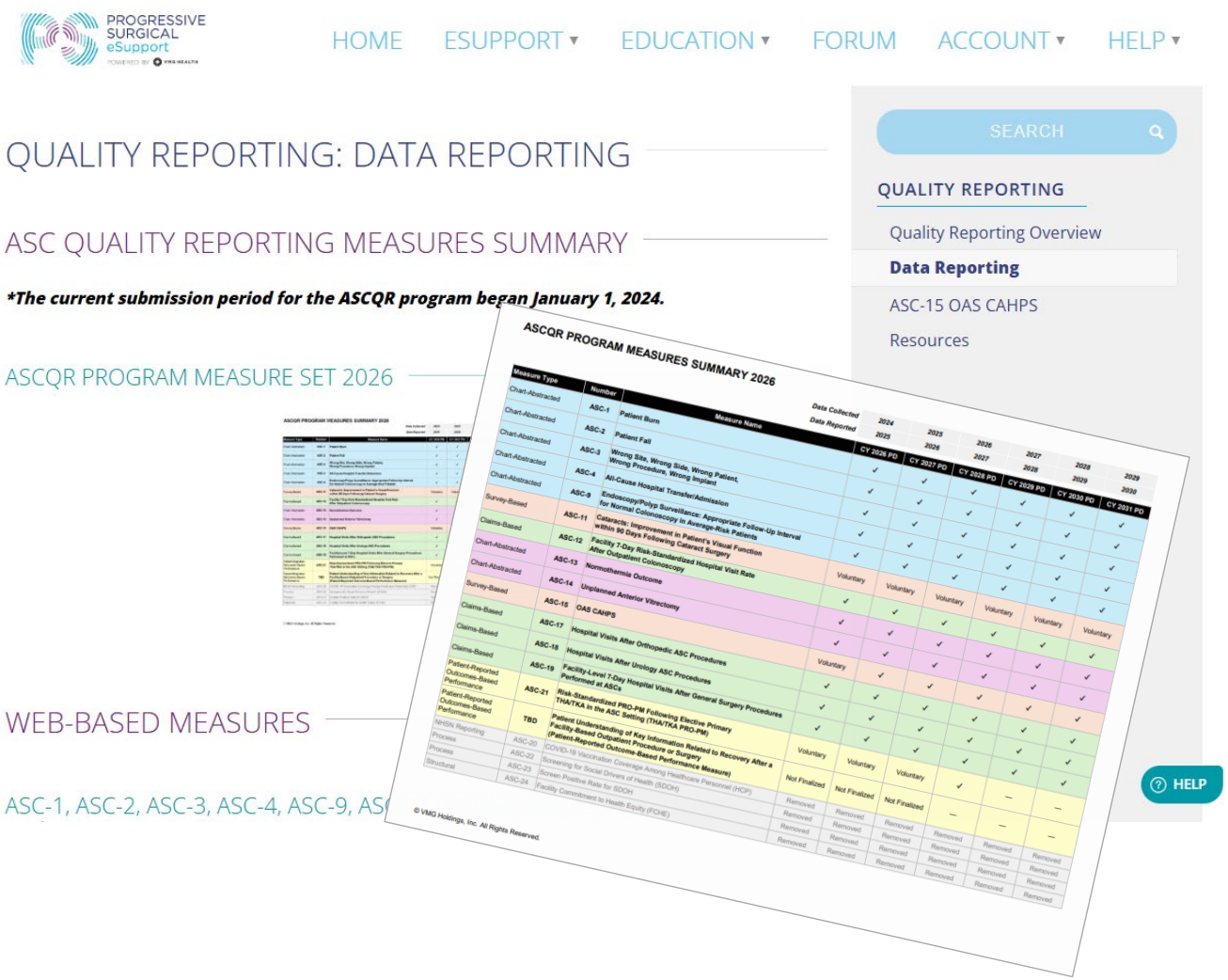
eSupport > Quality Reporting > Data Reporting

ASCQR Program Measure Set 2026



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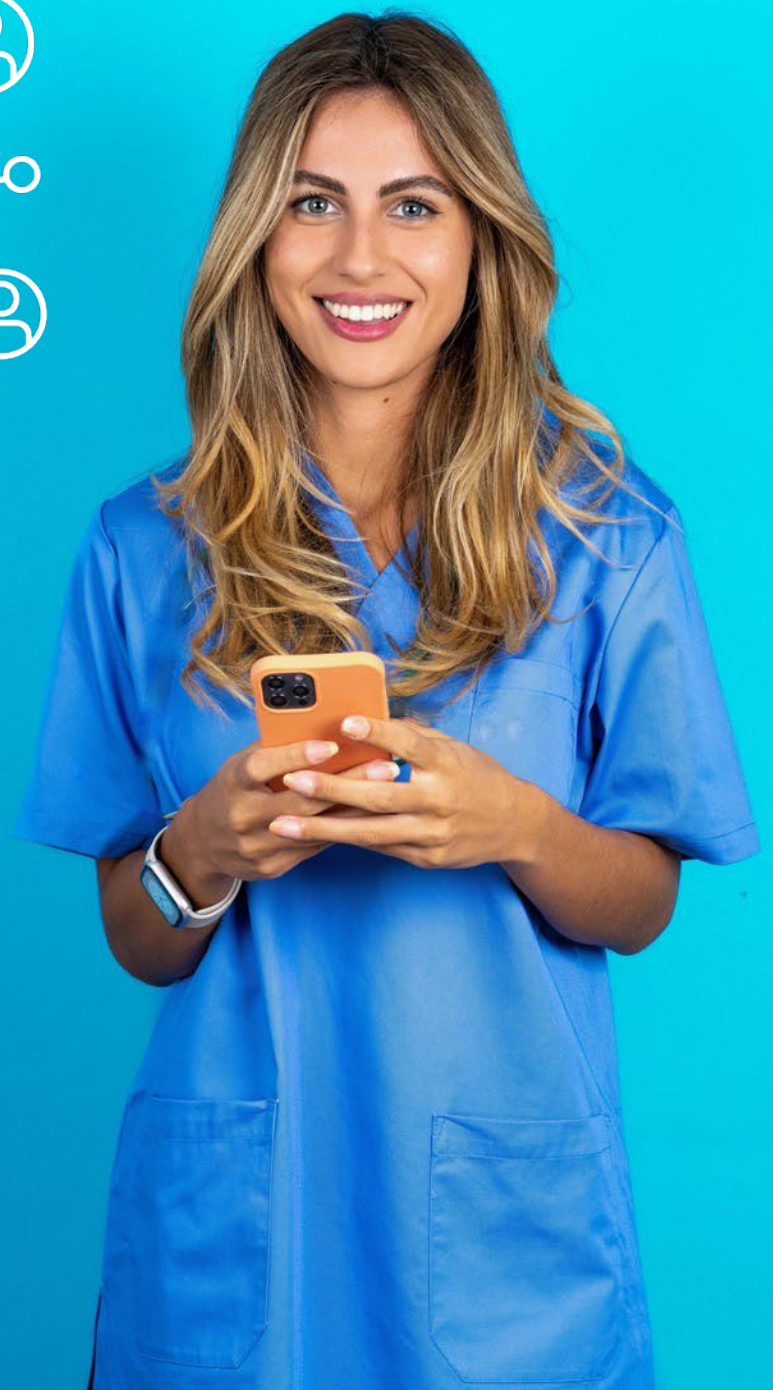

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MAR 30	20		**Staff Utilization: How to take Data and Improve Benchmarks**	**Vanessa Sindell** MSN, BSN, RN, CAIP *VMG Health*
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