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CY 2026 Hospital OPPS/ASC Payment System Final Rule and ASCQR Program Requirement Highlights

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Objectives

Participants will be able to:

- Locate the calendar year (CY) 2026 Hospital Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Payment System final rule in the *Federal Register.*
- Recall the ASCQR Program finalized proposals.
- State the program measures and current submission deadlines.

Guidance

- CMS will discuss the finalized proposals for the program in the CY 2026 Hospital OPPS/ASC Payment System final rule.
- The information provided is offered as an informal reference and does not constitute official CMS guidance.
- CMS encourages interested parties to refer to the final rule.

Locating the Final Rule

The CY 2026 Hospital OPPS/ASC Payment System Final Rule can be found in the *Federal Register*.

Direct link: https://www.federalregister.gov/public-inspection/2025-20907/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment

Finalized Measure Proposals

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Proposed Removal

- ASC-20: COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) Measure
- ASC-22: Screening for Social Drivers of Health (SDOH)
- ASC-23: Screen Positive Rate for SDOH
- ASC-24: Facility Commitment to Health Equity (FCHE)/ Hospital Commitment to Health Equity (HCHE) for hospitals

Removal Factor 8: The costs associated with these measures outweigh the benefits of their continued use in CMS quality reporting programs.

Finalized Removal: COVID -19 HCP

CMS finalized the proposal to remove the COVID-19 Vaccination Coverage Among HCP measure from the ASCQR Program beginning with the CY 2024 reporting period/CY 2026 payment determination.

- ASCs that did not report COVID-19 HCP measure data for the CY 2024 reporting period will **not** be penalized for CY 2026 payments, and any measure data submitted will **not** be used for public reporting or payment purposes.
- CMS also removed the measure from the Hospital Outpatient Quality Reporting and Rural Emergency Hospital Quality Reporting Programs.

Finalized Removal: Health Equity

CMS finalized the proposal to remove the FCHE and both SDOH measures from the ASCQR Program beginning with the CY 2025 reporting period/CY 2027 payment or program determination.

- Facilities that do not report FCHE data for the CY 2025 reporting period/CY 2027 payment determination, would not be considered noncompliant.
- SDOH measures were voluntary for the CY 2025 reporting period and any measure data submitted will not be used for public reporting or payment purposes.
- CMS also removed the measure from the Hospital Outpatient Quality Reporting and Rural Emergency Hospital Quality Reporting Programs.

Not Finalized: Measure Adoption

CMS **did not** finalize the proposal to adopt the 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).

Cross-Program: Finalized Extraordinary Circumstances Exception (ECE) Policy Updates

Finalized: ECE Guidelines

CMS finalized the proposal with modification to update policy to specify ECE relief could take the form of an extension of time for a facility to comply with a reporting requirement, if appropriate.

- A facility may request an ECE within **60-calendar days** (instead of the 30 days originally proposed) of the date the extraordinary circumstance occurred.
- CMS will notify the requestor in writing and will specify whether the facility is exempted from one or more reporting requirements or CMS has granted the facility an extension of time.
- CMS may grant an ECE to one or more facilities that have not requested an ECE if it is determined that there is a systemic problem or that an extraordinary circumstance has affected an entire region or locale.

Polling Question

ASCQR Program Spotlight: Important Tidbits

Data Submission: OAS CAHPS

Survey Measure: CY 2025 Reporting Period/CY 2027 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
ASC-15a: About Facilities and Staff **ASC-15b:** Communication About Procedure **ASC-15c:** Preparation for Discharge and Recovery **ASC-15d:** Overall Rating of Facility **ASC-15e:** Recommendation of Facility	**Quarter (Q)1:** Jan 1–Mar 31, 2025	Jul 9, 2025	Jan 1–Dec 31, 2027
	Q2: Apr 1–Jun 30, 2025	Oct 8, 2025	
	Q3: Jul 1–Sep 30, 2025	Jan 14, 2026	
	Q4: Oct 1–Dec 31, 2025	Apr 8, 2026	

OAS CAHPS=Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems

For information on CMS-approved vendors, visit the OAS CAHPS website.

Participation Exemption Request

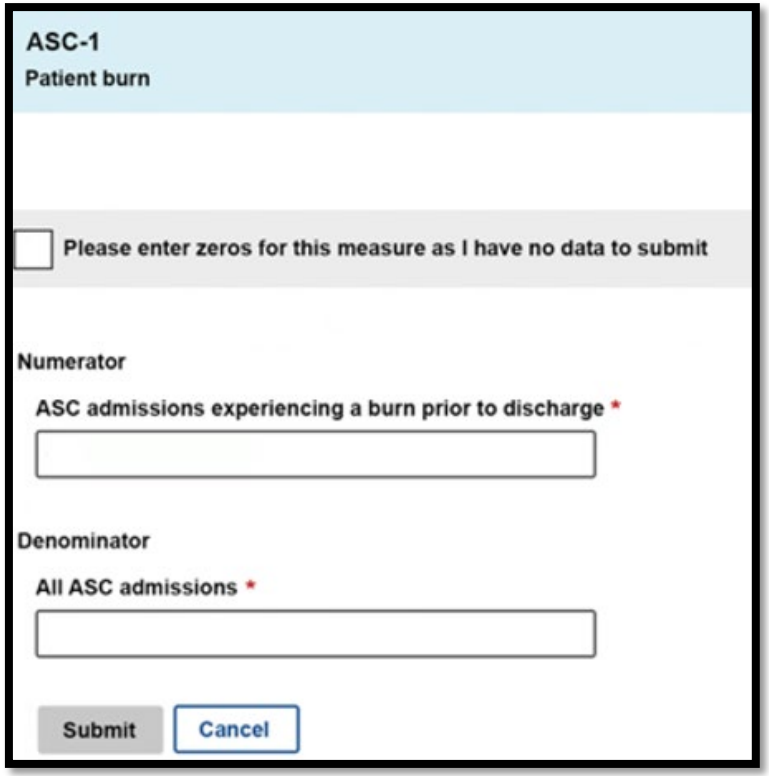
Participation Exemption Request (PER) forms are submitted if an eligible ASC served fewer than 60 survey-eligible patients during the reporting period.

- Example: If your ASC served fewer than 60 survey-eligible patients between January 1 and December 31, 2025, you may request an exemption.
  - PER forms are accepted through December 31 of the reporting period.
- A form should be submitted each year for which you qualify and wish to seek an exemption from participation.
- Information, instructions, and the PER form are on the OAS CAHPS website.

Data Entry for ASC-1—ASC-4

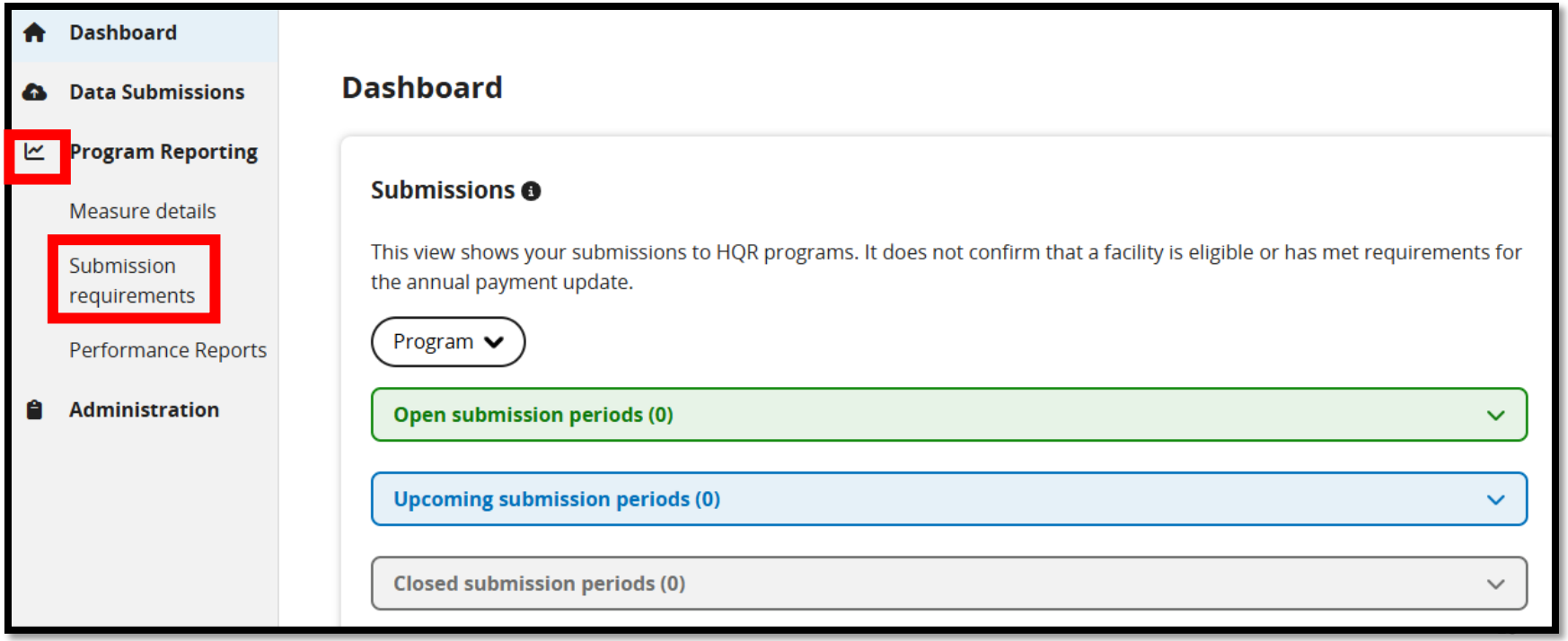
Data Submission: Enter Your Data

1. Enter the numerator*: ASC admissions experiencing a burn prior to discharge.*
2. Enter the denominator: *All ASC admissions*



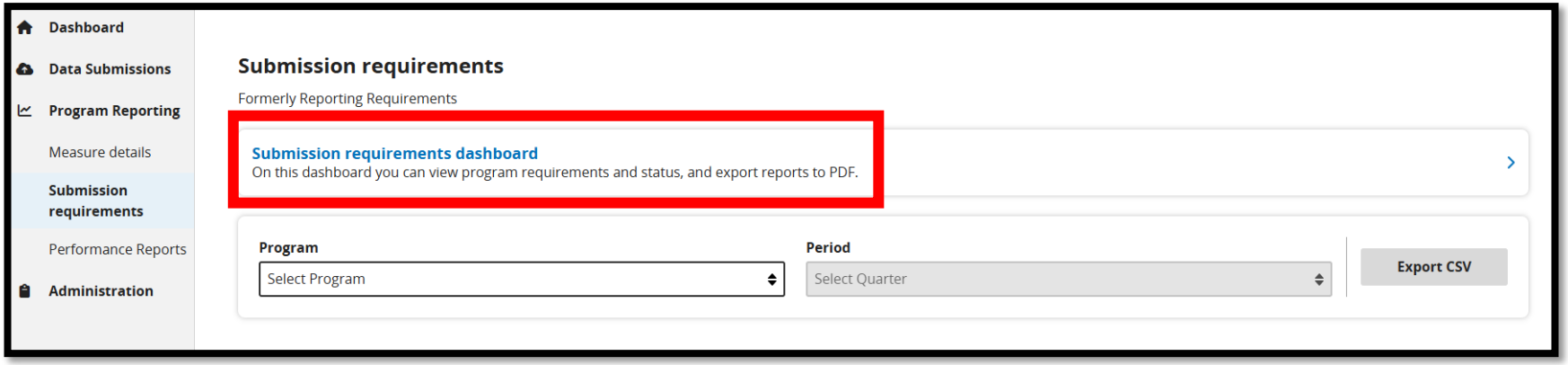
Checking Your Submitted Data

Click on the down-arrow next to Program Reporting and select **Submission requirements**.



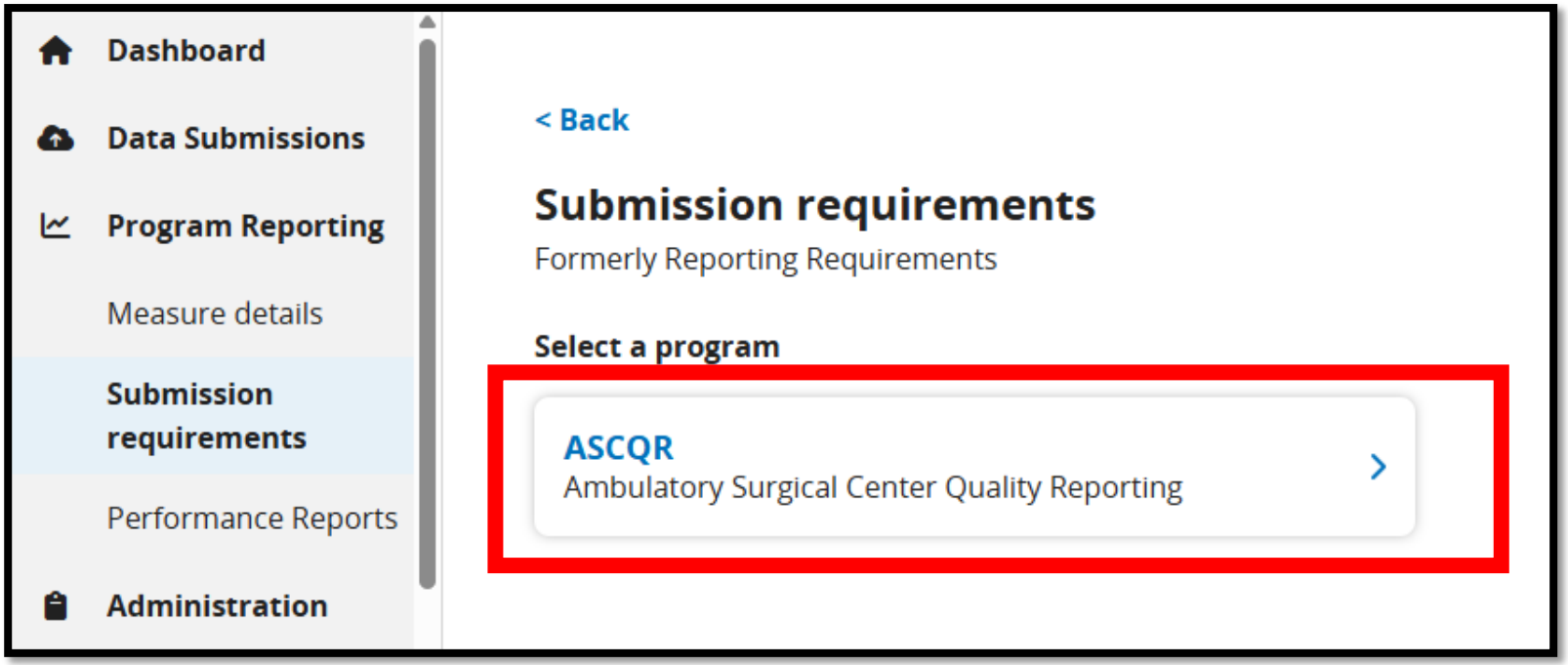
Submission Requirements Dashboard

Select the blue **Submission requirements dashboard** link

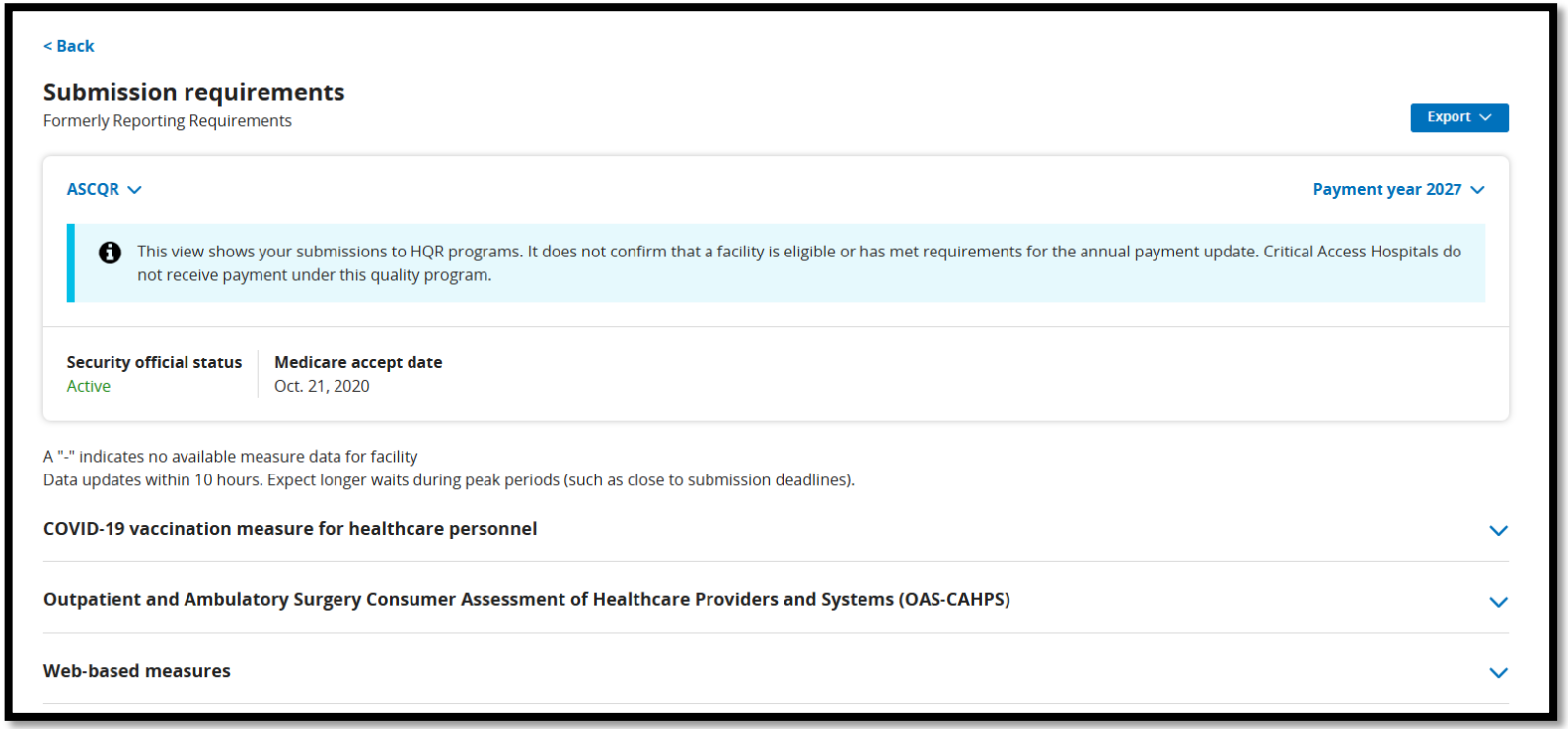


Program Selection

Click on the **ASCQR** box

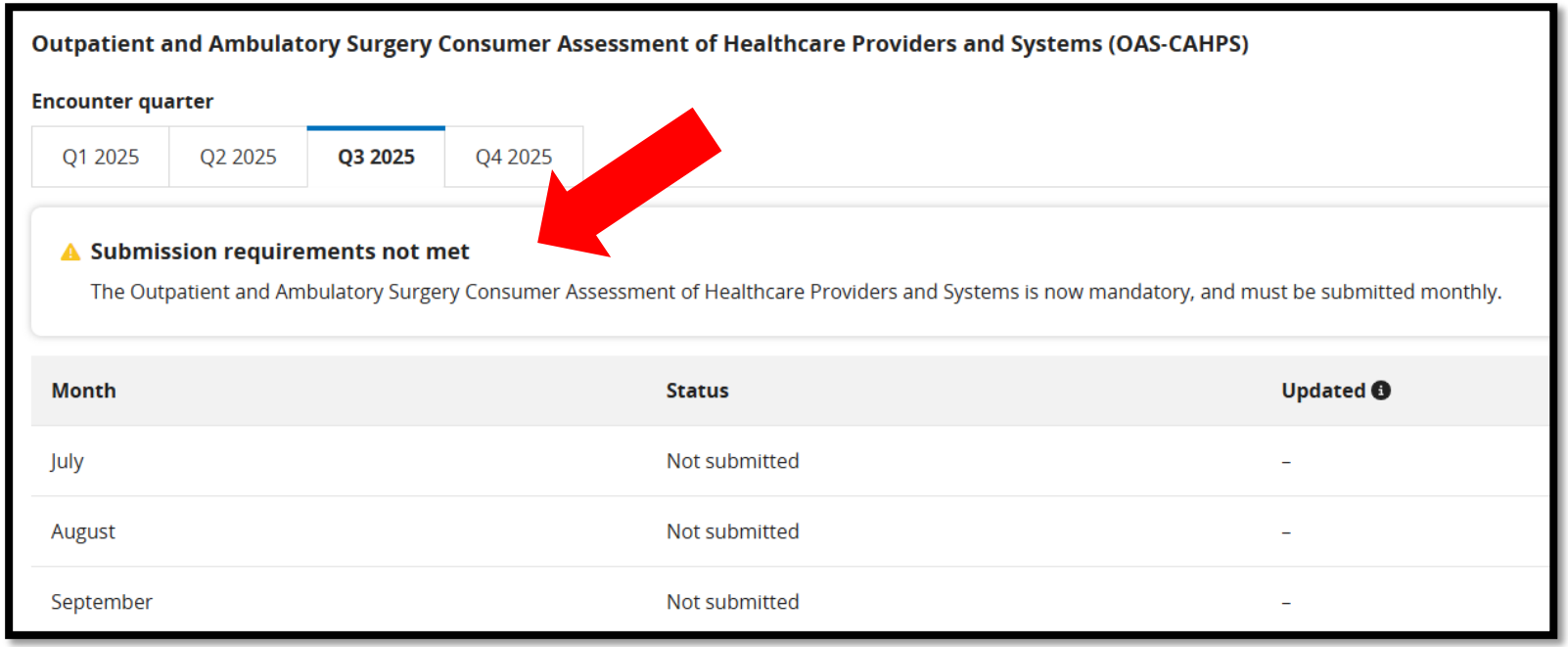


Submission Requirements Page



View of Submitted Data

You can view your data by quarter to determine the status of your submission



Polling Question

Appendix: Finalized ASCQR Program Measure Set

Removed Measures

You will no longer submit data for:

- **ASC-20:** COVID-19 Vaccination Coverage Among HCP
- **ASC-22:** Screening for SDOH
- **ASC-23:** Screen Positive Rate for SDOH
- **ASC-24:** FCHE

Web-Based Measures

CY 2025 Reporting Period/CY 2027 Payment Determination

Measure	Reporting Period	Submission Deadline	Payment Determination
ASC-1: Patient Burn	Jan 1–Dec 31, 2025	May 15, 2026	Jan 1–Dec 31, 2027
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: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients			
ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery **(Voluntary)**			
ASC-13: Normothermia			
ASC-14: Unplanned Anterior Vitrectomy			

There are no changes to these web-based measures.

Claims-Based Measures

CY 2025 Reporting Period/CY 2027 Payment Determination

Measure	Calculated Encounter Dates	Payment Determination
ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Jan 1, 2023–Dec 31, 2025	Jan 1–Dec 31, 2027
ASC-17: Hospital Visits after Orthopedic ASC Procedures **ASC-18:** Hospital Visits after Urology ASC Procedures **ASC-19:** Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at ASCs	Jan 1, 2024–Dec 31, 2025	Jan 1–Dec 31, 2027

There are no changes to claims-based measures.

PRO-PM Measure

ASC-21:Total Hip Arthroplasty/ Total Knee Arthroplasty
Patient Reported Outcome-Based Performance Measure (THA/TKA PRO-PM)

CY 2025 Voluntary Reporting Period

THA/TKA PRO-PM	Reporting Period	Pre-Procedure Data Collection	Pre-Procedure Submission Deadline	Post Procedure Data Collection	Post-Procedure Submission Deadline	Payment Determination
	Jan 1–Dec 31, 2025	Oct 3, 2024–Dec 31, 2025	May 15, 2026	Oct 28, 2025–Mar 1, 2027	May 17, 2027	Jan 1–Dec 31, 2028

OAS CAHPS

CY 2025 Reporting Period/CY 2027 Payment Determination

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	Q3: Jul 1–Sep 30, 2025	Jan 14, 2026	
	Q4: Oct 1–Dec 31, 2025	Apr 8, 2026	

Polling Question

Using Your Resources

Use all the resources available to you, and:

- Make a binder of important program documents.
- Create a checklist for yourself or others that come after.
- Ensure your facility always has at least two Security Officials for the HQR system.
- Download the program Specifications Manual.
- Complete the ASC Contact Change Form for changes in staff.

Resources

- **Outpatient Quality Reporting Support Team**
  - Phone: 866.800.8756
  - Ask a question via QualityNet Question and Answer Tool
- **Center for Clinical Standards and Quality Service Center**
  - Phone: 866.288.8912
  - Email: qnetsupport@cms.gov
- **OAS CAHPS**
  - Phone: 866.590.7468
  - Email: oascahps@rti.org

Survey

Please click here to complete a short survey.

Acronyms

ASC	ambulatory surgical center	**OAS CAHPS**	Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems
ASCQR	Ambulatory Surgical Center Quality Reporting	**OPPS**	Outpatient Prospective Payment System
CMS	Centers for Medicare & Medicaid Services	**PER**	Participation Exemption Request
CY	calendar year	**PRO-PM**	Patient-Reported Outcome-Based Performance Measure
ECE	Extraordinary Circumstances Exception	**Q**	quarter
FCHE	Facility Commitment to Health Equity	**RFI**	Request for Information
HCHE	Hospital Commitment to Health Equity	**SDOH**	Social Drivers of Health
HCP	healthcare personnel	**THA/ TKA**	Total Hip Arthroplasty/ Total Knee Arthroplasty
HQR	Hospital Quality Reporting		

Continuing Education Approval

This program has been approved for one Florida-only credit for the following boards:

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Registered Nursing
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

Note: To verify approval for any other state, license, or certification, please check with your licensing or certification board.

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