



# 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>

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# Finalized Measure Proposals

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*Program Lead*  
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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).

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# **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.

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# Polling Question

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

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

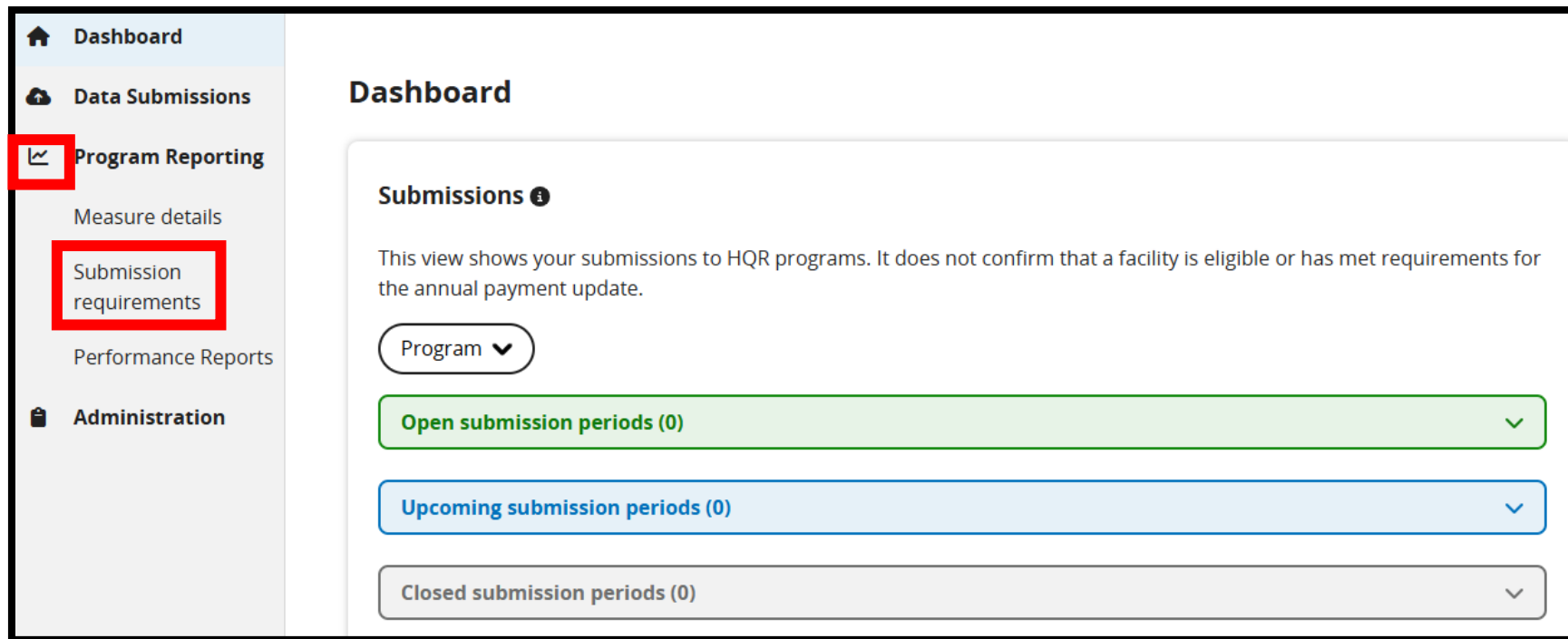
## Data Submission: Enter Your Data

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

The screenshot shows a web form titled "ASC-1 Patient burn". At the top, there is a light blue header with the text "ASC-1 Patient burn". Below the header, there is a checkbox with the label "Please enter zeros for this measure as I have no data to submit". Underneath this, the form is divided into two sections: "Numerator" and "Denominator". The "Numerator" section has the label "ASC admissions experiencing a burn prior to discharge \*" followed by a text input field. The "Denominator" section has the label "All ASC admissions \*" followed by a text input field. At the bottom of the form, there are two buttons: "Submit" and "Cancel".

# Checking Your Submitted Data

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



The screenshot displays a dashboard interface. On the left, a vertical sidebar contains the following menu items: 'Dashboard' (with a home icon), 'Data Submissions' (with a cloud icon), 'Program Reporting' (with a line graph icon and a red box around it), 'Measure details', 'Submission requirements' (with a red box around it), 'Performance Reports', and 'Administration' (with a clipboard icon). The main content area is titled 'Dashboard' and features a 'Submissions' section with an information icon. Below this, a text block states: 'This view shows your submissions to HQR programs. It does not confirm that a facility is eligible or has met requirements for the annual payment update.' A 'Program' dropdown menu is present. At the bottom, there are three expandable sections: 'Open submission periods (0)' (green bar), 'Upcoming submission periods (0)' (blue bar), and 'Closed submission periods (0)' (grey bar), each with a downward arrow.

**Dashboard**

**Submissions** ⓘ

This view shows your submissions to HQR programs. It does not confirm that a facility is eligible or has met requirements for the annual payment update.

Program ▼

Open submission periods (0) ▼

Upcoming submission periods (0) ▼

Closed submission periods (0) ▼

# Submission Requirements Dashboard

Select the blue **Submission requirements dashboard** link

The screenshot shows a web application interface with a sidebar on the left and a main content area. The sidebar contains the following links: Dashboard, Data Submissions, Program Reporting, Measure details, Submission requirements (highlighted in blue), Performance Reports, and Administration. The main content area is titled "Submission requirements" with a subtitle "Formerly Reporting Requirements". A red rectangular box highlights a link labeled "Submission requirements dashboard" with the text "On this dashboard you can view program requirements and status, and export reports to PDF." below it. Below this box are two dropdown menus: "Program" with the text "Select Program" and "Period" with the text "Select Quarter". To the right of these dropdowns is a button labeled "Export CSV".

**Submission requirements**  
Formerly Reporting Requirements

[Submission requirements dashboard](#)  
On this dashboard you can view program requirements and status, and export reports to PDF.

**Program**  
Select Program

**Period**  
Select Quarter

Export CSV

# Program Selection

Click on the **ASCQR** box

**Dashboard**

**Data Submissions**

**Program Reporting**

Measure details

**Submission requirements**

Performance Reports

**Administration**

[< Back](#)

## Submission requirements

Formerly Reporting Requirements

Select a program

**ASCQR**  
Ambulatory Surgical Center Quality Reporting

# Submission Requirements Page

[< Back](#)


## Submission requirements

Formerly Reporting Requirements

Export ▾

ASCQR ▾

Payment year 2027 ▾



This view shows your submissions to HQR programs. It does not confirm that a facility is eligible or has met requirements for the annual payment update. Critical Access Hospitals do not receive payment under this quality program.

<b>Security official status</b>	<b>Medicare accept date</b>
Active	Oct. 21, 2020

A "-" indicates no available measure data for facility  
Data updates within 10 hours. Expect longer waits during peak periods (such as close to submission deadlines).

COVID-19 vaccination measure for healthcare personnel

▾

Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS-CAHPS)

▾

Web-based measures

▾


# View of Submitted Data

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


### Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS-CAHPS)

Encounter quarter

Q1 2025Q2 2025**Q3 2025**Q4 2025


 **Submission requirements not met**

The Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems is now mandatory, and must be submitted monthly.

Month	Status	Updated 
July	Not submitted	-
August	Not submitted	-
September	Not submitted	-

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# Polling Question

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# **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
<b>ASC-1:</b> Patient Burn	Jan 1–Dec 31, 2025	May 15, 2026	Jan 1–Dec 31, 2027
<b>ASC-2:</b> Patient Fall			
<b>ASC-3:</b> Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant			
<b>ASC-4:</b> All-Cause Hospital Transfer/Admission			
<b>ASC-9:</b> Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients			
<b>ASC-11:</b> Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery ( <b>Voluntary</b> )			
<b>ASC-13:</b> Normothermia			
<b>ASC-14:</b> 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
<b>ASC-12:</b> Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Jan 1, 2023– Dec 31, 2025	Jan 1–Dec 31, 2027
<b>ASC-17:</b> Hospital Visits after Orthopedic ASC Procedures	Jan 1, 2024–Dec 31, 2025	Jan 1–Dec 31, 2027
<b>ASC-18:</b> Hospital Visits after Urology ASC Procedures		
<b>ASC-19:</b> Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at ASCs		

**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

Measure	Reporting Period	Submission Deadline	Payment Determination
<b>ASC-15a:</b> About Facilities and Staff	<b>Q1:</b> Jan 1–Mar 31, 2025	Jul 9, 2025	Jan 1–Dec1, 2027
<b>ASC-15b:</b> Communication About Procedure	<b>Q2:</b> Apr 1–Jun 30, 2025	Oct 8, 2025	
<b>ASC-15c:</b> Preparation for Discharge and Recovery	<b>Q3:</b> Jul 1–Sep 30, 2025	Jan 14, 2026	
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<b>ASC-15e:</b> Recommendation of Facility			

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# 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](mailto:qnetsupport@cms.gov)
- **OAS CAHPS**
  - Phone: 866.590.7468
  - Email: [oascahps@rti.org](mailto:oascahps@rti.org)



# Survey

Please [click here](#) to complete a short survey.

# Acronyms

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