Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

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

Speakers
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Karen VanBourgondien: Hello, everyone. My name is Karen VanBourgondien, and I am with the Outpatient Quality Reporting Support Team. Thank you for joining us today as CMS discusses the finalized proposals in the calendar year 2026 final rule as it relates to the ASCQR Program. Our speaker today is Dr. Anita Bhatia. Anita is the CMS Program Lead for the Ambulatory Surgical Center Quality Reporting Program, and she has 25 years of experience with policy development and evaluation at CMS.

The objectives for today are here on the slide. We will show how and where to locate the rule in the *Federal Register*. We will discuss the cross-program finalized proposals, and those apply to all outpatient quality reporting programs, as well as finalized proposal specific to the ASC Quality Reporting Program. Towards the end, we will also go over the important dates, updates, information, program measures, and deadlines, and we will give you some tidbits of information that we get a lot of questions on. I'd like to make certain that the content covered on today's call should not be considered official guidance. This webinar is only intended to provide information regarding program requirements. Please refer to the final rule, located in the *Federal Register*, to clarify and provide a more complete understanding of the finalized proposals for the program which Anita will be discussing.

Here is the direct link to the rule. We highly recommend you read the rule yourselves for a more complete understanding of the finalized proposals. So, without any further delay, let me hand things over to Anita to discuss the finalized proposals. Anita?

Anita Bhatia: Thank you, Karen. There were several finalized proposals to remove measures across the outpatient quality reporting programs that apply to the Hospital Outpatient, Rural Emergency Hospital, and the ASC Quality Reporting Programs. Additionally, we will talk about the finalized status of the proposed Information Transfer measure.

In this rulemaking, CMS proposed the removal of the COVID-19 Vaccination measure, as well as the three equity measures:

the Screening for Social Drivers of Health, or SDOH, measure; the Screen Positive Rate for SDOH measure; the Hospital Commitment to Health Equity, or HCHE, measure for hospital outpatient departments and Rural Emergency Hospitals; and the Facility Commitment to Health Equity, or FCHE, measure for ASCs. These measures were proposed for removal under one of the finalized measure removal factors, Factor 8: The costs associated with these measures outweigh the benefits of their continued use in CMS quality reporting programs.

After consideration of the comments received, we are finalizing our proposal to remove the COVID-19 Vaccination measure beginning with the calendar year 2024 reporting period which applies to the calendar year 2026 payment determination. Facilities that did not report COVID-19 Vaccination measure data will not be penalized for payment determination, and any measure data submitted will not be publicly reported. This measure has also been removed from the Hospital Outpatient and Rural Emergency Hospital Quality Reporting Programs with the same payment determination and public reporting parameters.

In addition to our proposals regarding this COVID-19 Vaccination measure, after consideration of the comments received, we are finalizing our proposal to remove the previously adopted equity measures beginning with the calendar year 2025 reporting period and calendar year 2027 payment determination. Facilities that did not report the relevant [Facility] Commitment to Health Equity measure data will not be penalized for payment determination, and any measure data submitted will not be used for public reporting or payment determination purposes. The Social Drivers of Health measures were voluntary for the calendar year 2025 reporting period. However, any measure data submitted will not be used for public reporting or payment determination purposes. These removals apply to the Hospital Outpatient, Rural Emergency Hospital, and the ASC Quality Reporting Programs.

The volume and complexity of surgical procedures performed in outpatient settings, including ASCs, have steadily increased for over a decade.

As patients can benefit from having a clear understanding of their discharge information to support recovery from such procedures, the communication of discharge information is an important quality of care area for assessing facilities, and this information should be publicly available. Therefore, in the calendar year 2026 OPPS/ASC proposed rule, we proposed 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. It's also known as the Information Transfer PRO–PM, beginning with voluntary reporting for the calendar year 2027 and calendar year 2028 reporting periods, followed by mandatory reporting beginning with the calendar year 2029 reporting period that would be applied to the calendar year 2031 payment determination. However, in consideration of the comments received related to concerns about low response rates and survey fatigue, we are not adopting the Information Transfer PRO–PM at this time.

Next, we will be discussing our finalized proposal regarding the Extraordinary Circumstances Exception process. The current Extraordinary Circumstances Exception policy provides flexibility for program participants in meeting program requirements in the event of an extraordinary circumstance.

We proposed to update our policy to specify relief could take the form of an extension. We finalized this proposal to update our regulations to specify that an Extraordinary Circumstances Exception could take the form of an extension of time for a facility to comply with a data reporting requirement if CMS determines that this type of relief would be appropriate under the circumstances. We also proposed that a facility may request an Extraordinary Circumstances Exception within 30 calendar days of the date that the extraordinary circumstance occurred. The current policy allows a request within 90 days. However, after consideration of the public comments received, we are finalizing that, in lieu of the 30-day deadline we proposed, we are finalizing an Extraordinary Circumstances Exception request deadline of 60 days following an extraordinary circumstance.

Additionally, we finalized our proposal that CMS notify the requestor of an Extraordinary Circumstance Exception with a decision in writing. If CMS grants an Extraordinary Circumstances Exception to the facility, the written decision will specify whether the facility is exempted from one or more reporting requirements or whether CMS has granted the facility an extension of time to comply with one or more reporting requirements. Lastly, we finalized our proposal that CMS may grant an Extraordinary Circumstances Exception to one or more facilities that have not requested such an exception if CMS determines that a systemic problem with a CMS data collection system directly impacted the ability of the facility to comply with a quality data reporting requirement or that an extraordinary circumstance has affected an entire region or locale. This concludes my summary of the finalized proposals for this rulemaking cycle for the Ambulatory Surgical Center Quality Reporting Program. Let me now turn things back over to Karen.

Karen VanBourgondien: Thank you, Anita. We appreciate you discussing the finalized proposals for the ASC Quality Reporting Program. Let's stop here and discuss some of the information that you just went over. Rachel, if you wouldn't mind, just open up the polling questions. Anita just went over this, so the question is: "What quarterly measure was finalized beginning with the calendar year 2024 reporting period?" Your options here are all current quarterly measures: ASC-1, ASC-20, or ASC-21. So, just take a minute, click right there on the screen what your answer is, and we'll give everybody just a few minutes.

Okay, just about half of you have voted. So, go ahead and get your vote in. What quarterly measure was finalized for removal with the calendar year 2024 reporting period? We'll give it just another maybe 20 seconds or so.

Okay. I think that's slowing down. Rachel, show us the results, close the poll, and show us the results. Most of you, 96% of you, chose ASC-20, the COVID-19 Vaccination measure, and that is correct. That is the measure that was finalized for removal for the calendar year 2024 reporting period.

In addition to that, Anita did discuss the removal of the equity measures, and that was beginning with calendar year 2025 reporting period. So, thank you everybody for taking that poll. Let me just mention a couple of things here before we move on. Number one, if you did not download the slides from our website, you can get them right now. Just look at the, on your menu, handouts icon, and just click on the down arrow. You should be able to download the slides if you have not already done so. Also, if you have questions once the presentation is over that were not answered during the presentation, please put your question in the [QualityNet Q&A Tool](). Pam, if you wouldn't mind, put the direct link to the Q&A tool in the chat box. We'll put that link in there, and you just copy and paste that link into your browser. So, that's it for now. Thanks again, everybody, for taking the poll. Rachel, I think we can close this out and move on.

Before we close out for the day, let me go over some program reminders. These items are considered important tidbits if you will. It means that we hear a lot from you all on these issues and topics. So, we did want to spend some time discussing those today.

Regarding the OAS CAHPS Survey measure, the mandatory reporting began with the calendar year 2025 reporting period, and that is for the calendar year 2027 payment determination. The OAS CAHPS data is submitted quarterly. The first reporting period for Quarter 1 2025 data was for the months of January 1 through March 31, 2025. That submission deadline was back on July 9, 2025. So, we do have the rest of the quarters here on the slide for the reporting period of 2025. Your next deadline for the survey measure is April 8 because, hopefully, you submitted your Quarter 3 data on January 14, 2026. So, the last quarter for the 2025 data, which is October 1 through December 31, 2025, data, will be due by April 8, 2026. Just as a reminder, the OAS CAHPS data are collected and submitted by CMS-approved survey vendors. In other words, ASCs do not submit this data themselves, but you should verify data submission for your vendor. I am going to let you know in just a minute another way you can check up on your vendor.

So, we do have a direct link here on the slide to the OAS CAHPS website and the CMS-approved vendors, should you need that.

OK. With regard to the Participation Exemption Request, or PER, form, the PER forms are submitted if eligible ASCs served fewer than 60 survey-eligible patients during a reporting period. Make sure that you are looking at the appropriate data/procedure codes corresponding to the correct reporting period when you are trying to determine your eligibility for your ASC. For example, if your ASC served fewer than 60 survey-eligible patients between January 1 and December 31, 2025, you can request an exemption. PER request forms are accepted through December 31 of the data collection calendar year. ASCs will need to submit a PER every year for which they qualify and wish to seek that exemption from participation. On an annual basis, CMS reviews all participation exemption requests and decides to either approve or deny. If your ASC served fewer than 240 Medicare Fee for Service claims for the same reference period, you are automatically exempt and do not need to submit this form, this PER form. Information, instructions, and the PER form are located on the [OAS CAHPS website](). We do have that direct link here.

So, the next topic we get a lot of questions about: Data entry for measures ASC-1 through ASC-4. We see a lot of ASCs that are just entering zeros for these measures, and that is not correct. For these four measures, you must enter data. So, here on the slide you are seeing the data entry screen for ASC-1. The numerator for ASC-1 is ASC admissions experiencing a burn prior to discharge. The denominator is all ASC admissions. In this example, if 100 patients are admitted to your ASC, then those 100 patients are going to be your denominator. Out of the 100 patients, any of those that experience a burn prior to discharge would be your numerator. So, you cannot put a zero for the denominator because that would mean you had no patients in the entire reporting period. So, if you ever get hung up or have questions about entering this data, give us a call. We are always happy to help and walk you through it. Again, for ASC-1 through 4, you cannot just enter zeros.

You may have a zero for the numerator, but you are not going to have a zero for the denominator because, again, that means you did not have any patients for that entire year. OK. So, again if you struggle or have any difficulty, give us a call. We are glad to help.

There have been some really great updates in HQR. So, if you ever want to check on any of the data that you have submitted you can do it right there in the HQR System. So, what you are seeing on the slide is the home page after you are in the HQR. You will click on the Program Reporting down arrow, and you will select Submission Requirements. Once you do that, this is the view that you are going to see. You are going to select the Open Submission Periods.

Once you do that, you are going to select the blue Submission Requirements Dashboard link. It is right there enclosed in the red box. Once you select that link, you will be able to view program requirements, the status of your submission, and export reports.

So, of course, you are going to select ASCQR. That is also enclosed in the red box.

Then, you are going to see, right here you can see, if your ASC has an active SO, Security Official; when your ASC's Medicare acceptance date was; and the three categories of measures you are required to submit. You see the COVID-19, OAS CAHPS, and web-based measures categories. Now, since the COVID measure has been removed from this program, you are no longer going to have access to that category, and it will be removed from the system in the near future. Let's pretend we are going to open the OAS CAHPS category.

So, if you just click on that box, you will get this view. You can see that we are viewing Quarter 3 202, and this particular ASC did not submit any OAS CAHPS data. The system is telling them that they have not met program requirements. That's right there next to the red arrow. Below, you can see each month of the quarter the status is displaying Not Submitted.

So, use this submission tool in HQR. It's really easy. It is a simple way to check on your submissions, and, specifically for OAS CAHPS, you are able to check on your vendor.

So, once again, let's stop here. I did go over quite a few things, and we're going to take a question on some of that in a minute here. Well, let's just go ahead and do that. Rachel, if you wouldn't mind, open up the polling question.

You can see the question is: "For the ASC-1 through ASC-4 measures, if your ASC does not have an event, you can just enter all zeros, meaning zero for the numerator, zero for the denominator." Go ahead and make your selection. We have about… almost half of you have voted. So, if you have not yet voted, go ahead and make your selection either True or False. We'll give it just about another 10, 15 seconds.

Okay, Rachel, I think the responses are slowing down, if you can go ahead and close the poll, then show us the results. OK. So, most of you chose False, that you can enter all zeros for the numerator and denominator for ASC-1 through 4. False is the correct answer. So, remember that you can enter zero for the numerator but not denominators for all four of these measures. So, back on slide 17, we discussed the data entry for these measures. You cannot enter zeros for both the numerator and denominator. We did use one as an example. So, if you had none in your ASC, you can have a zero for the numerator, but that denominator is going to be all ASC admissions. So just remember, you can't enter zeros for both the numerator and denominator. If you need any points of clarification, you can always access the Specifications Manual. Pam, if you wouldn't mind, put the direct link to the Specifications Manual in the chat box. That would be great. Again, I said earlier, if you ever have any problems, you get confused about any measure, just give us a call. We're always glad to help. So, next, we're going to discuss some measures that you are going to be reporting that are related to the rest of the calendar year 2025 reporting period. So, Rachel, for right now, I think you can close this up and we can move on.

So, let's go ahead and review the measures for the program related to the finalized proposals that Anita discussed earlier.

First, as Anita discussed, the COVID measure and all of the equity measures have been removed from the ASC Quality Reporting Program. So, you will no longer have to report any data for those measures.

On this slide, we are looking at the web-based measures, and CMS did not propose any changes to these measures. So, you are going to go and continue on reporting these measures annually as you have been in the HQR System. Don't forget, for ASC-1 through ASC-4, please do not put zeros for the denominators.

The claims-based measures for the program are listed here. Again, there were no changes proposed related to any of the claims-based measures. As a reminder, data for claims-based measures are extracted from paid Medicare claims, and this means that it does not require any manual abstraction on the part of the ASC.

Next is the PRO-PM measure for the program. The THA/TKA PRO-PM was finalized previously and began voluntary reporting for the calendar year 2025 reporting period, which is where we currently are. It is the current reporting period, and that will continue on for four years. Mandatory reporting will begin in the calendar year 2031 payment determination. The Information Transfer PRO-PM was not finalized as Anita discussed. So, right now, ASCs only have this one PRO-PM as a part of the ASC Quality Reporting Program. The THA/TKA measure is, as I stated, voluntary for now, but mandatory reporting will be starting October 3, 2027, through December 31, 2028, pre-operative data collection. So, it's good to look at this now so you are prepared at the time when mandatory reporting begins.

Again, we see the OAS CAHPS Survey measure, which we discussed a few slides back. CMS did not propose any changes to this measure. So, you will continue to report these data through your CMS-approved vendor for this measure.

As we talked about a few slides back, please check with your vendor or in the HQR Data Submission Dashboard to ensure your data has been reported. You can keep tabs on your vendor by looking in HQR yourself.

Let's stop here and take another polling question. Rachel, you can go ahead and pull that up.

The question is: "What is the submission window to submit for the web-based measures for the calendar year 2025 reporting period through the HQR System?" Your choices are you can submit data through January 1, 2025, through December 31, 2025; you will submit data January 1, 2026, through December 31, 2026; or January 1, 2026 to May 15, 2026; or finally, the window is always open. So, which option is the correct answer for the submission window to submit your web-based measures? Go ahead and make your selection, and we'll give you just a few minutes.

OK. Just over half of you have voted. So, if you haven't made your selection yet, go ahead and make your selection right there on the screen.

OK. I think the responses are slowing down. Rachel, I guess let's go ahead and close that and then just show us the results. Most of you chose C. January 1, 2026, through May 15, 2026, is the correct answer. That is when you can submit your web-based measures. Now, the calendar year 2025 reporting period is January 1, 2025, to December 31, 2025, but you do submit those data January 1, 2026, to May 15, 2026. So, most of you, 86% of you, got that correct. So, that's great. Back on slide 26, we did have all the web-based measures that are due for the 2025 recording period. The reason we are going over that is because the submission deadline is May 15, and we're reminding you of that because we want you to all submit your data by May 15. By the way, please don't wait till May 15. We highly encourage you to submit your data early because I can't tell you how many times we receive phone calls from people who have waited until the last minute. Then there's some sort of technical issue or unforeseen circumstance that prevents an ASC from recording their data timely. So don't let that be you. Submit your data early.

So, before we close out, let me just address a few things that have just come up. Pam Rutherford is our subject matter expert for the ASC Quality Reporting Program, and she just wanted me to mention a few things, some of these things I touched on. Back on slide 28, we talked about the THA/TKA measure. That is currently under voluntary reporting and will be voluntary until the 2031 payment determination. However, October 3, 2027, through December 31, 2027, is the preoperative data collection date. So, you do have time before mandatory reporting is required, but we're just putting that out there so that you are prepared to report for this measure when it does become mandatory.

Also, the OAS CAHPS, the last quarter for the 2025 reporting period is April 8. I did mention that. There are still some of you who do not have a vendor. Please get a vendor. Pam, if you wouldn't mind, put in the chat box the direct link to the OAS CAHPS website and to the vendors. Also, as we talked about, you can check on your vendor if you're wondering, "Are they submitting my data?" I did go over that, how you can do that in HQR, but you can also check that right on the OAS CAHPS website. If you need any assistance with that, you can give the OAS CAHPS team a call or, of course, call us. We're always happy to help. Again, please get a vendor if you have not gotten one yet.

If your ASC has less than 60 survey-eligible patients for a reporting period, you can complete a PER form. Make sure that you are looking at the appropriate data or procedure codes that correspond to the correct reporting period when you are determining your eligibility to fill out that form. I am going to talk about this in just a minute, but this is really worth mentioning again because there is a lot of turnover with staff in ASC. If you have had staff changes, please fill out the ASC Contact Change Form. It's on our [QualityReportingCenter.com website](). Pam, if you wouldn't mind, put that direct link in the chat box. By updating your contact change of staff information that helps us help you because we can ensure that all of the important information that we are constantly sending out is getting to the proper individual. So, I'm going to stop here, and, Rachel, I think we can probably move on. Thank you.

Using Your Resources: So, you have a lot of resources to assist you in being successful with your reporting. We have a few things noted here on this slide but let me elaborate a little bit. An issue we run into with a lot of ASCs is that, you know, this particular community is very fluid. There is a lot of turnover. Sometimes that causes issues for the person onboarding and coming in new. So, take some of these resources. Create a binder, and create a checklist, everything you need to report your data. You can house it for yourself or leave it for the person who takes over should you leave one day. If you win the lottery, and you skip happily down the road, then you have the details for successful reporting for the person who comes in behind you to replace you. Also, please make sure you have more than one person who can access and report data. For the HQR System, you can have more than one Security Official, and you can also have additional users. Make sure there is one, at least. We do recommend having two SOs if at all possible.

If there is a change in staff, kindly fill out and complete the Contact Change Form. The direct link is here on the slide. This really helps us keep in touch and get in touch with the right person should your ASC ever need a call because maybe you didn't submit your data and the deadline is coming up. We really like to try to reach out to the Security Official and let them know that their ASC might be in danger of a payment reduction. We don't want that for you. We do want to have the most current information. Plus, we do send out a lot of important information, and we want to make sure that the right person is receiving this information. You can remove someone that is no longer there at your facility by using this form; you can add important individuals. So, keep that in mind. It helps us help you.

Of course, our phone number is right here at the top. Reach out anytime you need help. Also, the CCSQ contact information is also there. You would contact them, that's QualityNet, for any technical issues that you are experiencing with HQR system or your Security Official accounts. The OAS CAHPS contact information is here for any questions regarding the OAS CAHPS survey measure.

Please take the time to fill out our post-event survey. We really do appreciate your feedback. We read all of your comments, and we appreciate you taking the time to fill out this survey. Thank you for joining us and have a great day. See you next time.