Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

CY 2026 Hospital OPPS/ASC Payment System Proposed Rule and ASCQR Highlights
Presentation Transcript

Speakers
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Karen VanBourgondien: Hello, everyone. My name is Karen VanBourgondien. I am with the Outpatient Quality Reporting Support Contractor. Thank you for joining us today as CMS discusses the proposals in the calendar year 2026 proposed 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. 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 you how and where to locate the rule in the *Federal Register*. We are going to be discussing the Request for Information which will apply to all outpatient quality reporting programs, and we will discuss proposals specific to the ASC Quality Reporting Program. Later in the presentation, we will go over the comment process, and please do comment. CMS does want to hear from you, and this is your opportunity to be involved in the rulemaking process.

I'd like to just make certain that the content covered on today's call should not be considered official guidance. This webinar is intended to provide information regarding program requirements only. Please refer to the proposed rule in the *Federal Register* to clarify and provide a more complete understanding of the proposals for the program, which CMS will be discussing.

Here are direct links to the proposed rule. Again, we do recommend that you read the rule for yourself. Without any more further delay, let me hand things over to Anita to discuss the proposals. Anita?

Anita Bhatia: Thank you, Karen. To begin, in accordance with administration priorities, we are seeking public input on measures related to well-being and nutrition for consideration in future rulemaking across our outpatient quality reporting programs, which are the ASC Quality Reporting Program, as well as the Hospital Outpatient Quality Reporting, and Rural Emergency Hospital Quality Reporting Programs.

Specifically, CMS is seeking input on well-being and nutrition measures. Well-being is a comprehensive approach to disease prevention and health promotion integrating mental and physical health while emphasizing preventive care. This comprehensive approach emphasizes person-centered care, promoting the well-being of patients and family members. We seek comment on tools and measures that address overall health, happiness, and life satisfaction, which could include aspects of emotional well-being, social connections, purpose, and fulfillment. We would like to receive input and comment on tools and constructs that asses the integration of complimentary and integrative health, skill building, and self-care.

We also seek comments on tools and measures that assess optimal nutrition and preventive care. Assessments for nutritional status may include strategies, guidelines, and practices that promote healthy eating habits and ensure individuals receive the necessary nutrients for maintaining health, growth, and overall well-being. While we will not be responding to specific comments in response to this Request for Information, this input is intended to inform our future measure development efforts.

There are several cross-program measure removal proposals for our hospital quality reporting programs.

The COVID-19 Vaccination Coverage Among Healthcare Personnel measure and the three equity measures: the Screening for Social Drivers of Health, or SDOH, measure; the Screen Positive Rate for SDOH measure; the Facility Commitment to Health Equity for ASCs; and the Hospital Commitment to Health Equity measure for hospitals are proposed for removal. Of our standardized measure removal factors, Removal Factor 8 (The costs associated with these measures outweigh the benefits of their continued use.) is the cited basis for removal.

For the Ambulatory Surgical Center Quality Reporting and Hospital Outpatient Quality Reporting Programs removal of the COVID-19 Vaccination Coverage Among Healthcare Personnel measure is proposed beginning with the calendar year 2024 reporting period, which applies to calendar year 2026 payment determination.

As the COVID-19 Public Health Emergency has ended and reporting for this measure requires data collection for at least one week per month, we believe the continued cost and burden to healthcare facilities outweighs the benefit of continued information collection. If finalized as proposed, facilities that did not report COVID-19 healthcare personnel measure data would not be penalized for payment determinations, and any measure data submitted would not be used for public reporting or payment purposes.

Removal of the health equity measures is proposed beginning with the calendar year 2025 reporting period, which applies to calendar year 2027 payment or program determination. These removals would alleviate facility reporting concerns with the cost and resources associated with screening patients via manual processes, manually storing such data, training staff, and altering workflows for these measures. As with the COVID-19 Vaccination Among Healthcare Personnel measure, if finalized as proposed, facilities that do not report the HCHE or FCHE measures would not be penalized for payment determination purposes Also, for the HCHE and accompanying FCHE as well as the voluntary SDOH measure, any measure data submitted would not be used for public reporting or payment purposes.

There are administrative cross-program proposals for 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. This current proposal reflects that there are circumstances for a facility to report data later than the reporting deadline, rather than having a full exception from requirements.

Under current Extraordinary Circumstances Exception regulations, CMS has granted exceptions to data submission deadlines and requirements in the event of an extraordinary circumstance beyond the control of the facility. We are proposing to update our regulations to specify extraordinary circumstances exceptions 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.

Current Extraordinary Circumstances Exception regulations can be found in the specified Code of Federal sites here on the slide.

We are also proposing that a facility may request an Extraordinary Circumstances Exception within 30 calendar days of the date that the extraordinary circumstance occurred. These remaining proposals basically update current requirements to add extensions. Thus, we are proposing that CMS notify the requestor 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. We are proposing that CMS may grant an Extraordinary Circumstances Exception to one or more facilities that have not requested an Extraordinary Circumstances 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.

Karen VanBourgondien

Thank you, Anita. If you don't mind, let's stop here for a minute and take a break for a polling question. This polling question is going to relate to what you just talked about.

So, Rachel, if you don't mind opening up that polling question for us. The question is: If the COVID-19 measure is removed, you would still have to submit data for all four quarters for the 2025 reporting period. That is the current reporting period right now. You would still be required to submit all of that data. Is that statement true or false? I'll give you all just a few minutes to make your response. We still have some responses coming in, so I will give it a few more minutes. Just click right there on your screen, True or False.

Okay Rachel, it looks like it is slowing down. Can you show us the results? There you go.

Thirty percent of you said True, and 70 percent of you said False. The correct answer is False. You would not need to submit all four quarters of the 2025 reporting period if this proposal is finalized. So, remember the proposal was to remove the measure with the 2024 reporting period. So again, if that is finalized, you would not have to submit the rest of the 2025 reporting period data. So, we are going to have to wait and see if this proposal is finalized. Of course, that will be in the final rule. The rule is usually published around early to mid-November. So, we will to wait to see what CMS' decision is about that. By the way, everybody, comment. Send CMS your comment about these proposals. They really want to know what your thoughts are. So, thank you again everybody for taking your time to do the polling question. I am going to turn things back over to you, Anita.

Anita Bhatia: Now, we can discuss proposals that are specific to the ASC Quality Reporting Program. The volume and complexity of surgical procedures performed in outpatient settings, including ambulatory surgical centers, 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. Research in the hospital setting indicates that information provided to patients that is simpler and more complete is associated with fewer follow-up calls to an associated trauma center and, importantly, less frequent hospital readmissions.

Therefore, we are proposing 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, also referred to as the Information Transfer PRO–PM. We are proposing that reporting would begin 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, which would apply to calendar year 2031 payment determination.

This measure will use a 9-question survey which can be administered by a third-party vendor or by the ASC. The survey evaluates patient-reported understanding of information received across three domains: Applicability to Patient Needs, Medication, and Daily Activities.

The measure numerator is the sum of all the individual scores an ASC receives from eligible respondents, which could be patients or their caregivers. Individual scores are calculated for each respondent by taking the sum of items for which the respondent gave the most positive response, either "Yes" or "Very Clear," and dividing by the number of items the respondent deemed applicable to their procedure or surgery. Applicable items are calculated by subtracting the sum of items for which the respondent selected "Does Not Apply" from the total number of survey items, which are nine. The measure denominator is the total number of patients 18 years or older who had a procedure or surgery in an ASC, left the ASC alive, and responded to the survey. The cohort of patients for the Information Transfer PRO–PM is standardized with the OAS CAHPS cohort to minimize provider burden and to harmonize between the two surveys. Only fully completed surveys are included in the measure calculation.

We propose that the Information Transfer PRO-PM would be calculated based on patient-reported outcome data collected by ASCs directly or through their authorized third-party vendors through the Information Transfer PRO-PM survey instrument. We propose that the survey be distributed within two to seven days post-procedure or surgery. This timeframe minimizes the influence of variables related to the surgery or procedure, such as medications that could affect comprehension, fatigue, or acute pain, while ensuring timely reporting of patient experience related to recovery information. In pilot testing conducted by the measure developer using a third-party vendor, patients were sent a reminder to complete the survey seven days after receipt. The survey remained open until pilot testing was completed. The average length of time between the procedure date to the survey response date was 65 days. Based on these findings, we propose a 65-day window for patient response to the survey.

We propose that the reporting period for this measure would include data collection for procedures performed from January 1 through and including December 31 of the year that is two years prior to the applicable payment determination year. For example, if a patient undergoes a procedure on December 20, 2027, and their survey response is received on January 4, 2028, that response would be attributed to the calendar year 2027 reporting period. We propose to require ASCs to submit their Information Transfer PRO-PM data in aggregate numerators and denominators by May 15 of the year prior to the applicable payment determination year. We additionally propose to require ASCs to offer all patients meeting the measure's denominator specifications the opportunity to complete the survey and to report on all completed surveys received. For ASCs that anticipate receiving more than 200 completed surveys, we propose that these facilities would have the option to either (1) survey and report data on their entire eligible Information Transfer PRO-PM patient population, or (2) randomly sample their eligible Information Transfer PRO-PM patient population to collect and report data from 200 completed surveys. ASCs that are unable to collect 200 completed surveys would not be able to perform random sampling and would instead be required to submit data on survey responses from all completed surveys received. This is similar to what is required for other measures in this and other quality reporting programs. This completes my summary of the current proposals. Let me turn things back over to Karen.

Karen VanBourgondien: Thank you, Anita. We appreciate you going over the proposals for this year's proposed rule. Before we move on in the presentation, we would like to do another polling question. This particular polling is related to a subject, and maybe some misunderstanding, about this subject. So, we are hoping to clarify a little bit. So, Rachel if you wouldn't mind opening the polling question.

The statement is: It is okay if our ASC does not submit the required data as the ASCQR Program is a pay-for-reporting program. So, just think about that a little bit. There is pay-for-reporting.

There is pay-for-performance and other types; but ASCQR [Program] is a pay-for-reporting program. So again, you want to select True or False. It is okay if you do not submit the required data to the ASCQR Program. I will give everyone a few minutes to make their selection.

You guys are smart. Okay. We still have responses coming in. We will give it a few more minutes. Okay. I think it's slowing down, Rachel, if you wouldn't mind showing the results.

The answer is False. It is not okay. You must report all the required data for the program. The ASCQR Program is a pay-for-reporting program not a pay-for-performance program. What that means is that the ASC must submit all required data to meet program requirements. If you do not submit the required data, then your ASC will not meet the ASCQR Program requirements and subsequently you will face that 2.0 percentage-point reduction, and we don't want that for you. We want you to get all of that money that your ASC works so hard for taking care of patients. So, if it were a pay-for-performance program, if we were that, then the emphasis would be on the performance. As pay-for-reporting, you are responsible for reporting all of the required data. So, I hope that makes sense. I hope it clarifies things for those of you that maybe got a little bit turned around with some of the language that is used. All right. Thank you, everybody, again, for the polling participation. Let's get back to the presentation and talk about commenting. We have said before, CMS does want your comments. They want to know what you are thinking about for the proposals and the Request for Information. So, please do comment.

To be assured of consideration, comments must be submitted no later than September 15, 2025. CMS cannot accept comments by fax and does encourage submission of comment by electronic means. You can submit comment via regular mail, express mail, those types of things. Please know that there are separate addresses for those types of formats. You can resource the proposed rule for those specific addresses.

Again, if you do choose to comment by mail and not by electronic means, make sure that you allow sufficient time for comments to be received before that September 15 deadline.

When you access the *Federal Register* link, you will be directed to the exact location of the rule in the *Federal Register*. That link to the *Federal Register* is right here on the slide. There is a screenshot of what it looks like. To begin the commenting process, you are just going to select that green Submit a Public Comment box.

You will enter your comment in the Comment field. Fill in the other designated information. You can even attach files if you would like to do so.

As you scroll down that page, enter your information in the designated fields. Fill in all the necessary information, and make sure you click on the "I read and understand the statement above" box. The green Submit Comment button won't turn green unless you select that little box. You will need that green box to actually submit your comment. Once you select that green Summit Comment button, that's it. That is all there is to submitting your comment. So, again, please do comment. CMS does look forward to hearing from you and knowing what your thoughts are about the proposals that were discussed here today.

There is a few important things we want to talk about today. We got a lot of comments about the survey measures. So, we are going to cover sort of those highlights while we have you all here today.

So, regarding the OAS CAHPS survey measure, the reporting period began with this current reporting period, the calendar year 2025 reporting period for the calendar year 2027 payment determination. These data are submitted quarterly. The first reporting period was for Quarter 1 2025 data, and those months were January 1 through March 31 of 2025. The first data submission deadline for Quarter 1 was in July, July 9, 2025. Your next submission deadline is going to be October 8, 2025.

So, don't miss that. We do have the rest of the quarters, the deadlines, noted here on this slide. As a reminder, the OAS CAHPS data are submitted by a CMS-approved vendor. In other words, ASCs do not submit these data themselves, but you should verify with your chosen vendor that your data is being submitting timely. We do have a direct link here on the slide for a list of CMS-approved vendors. Please, if you have not gotten a vendor yet, you are way behind. So, please access that website and obtain a vendor for submission of these data.

So, the Participation Exemption Request, that is a request form that is submitted if eligible ASCs served fewer than 60 survey-eligible patients in a reporting period. Make sure you are looking at the appropriate data and procedure codes corresponding to the correct reporting period when you are trying to decide your eligibility to submit this PER form, this Participation Exemption Request. It's also called a PER form. So, for example, if your ASC served fewer than 60 survey-eligible patients between January 1 and December 31, 2025, then you may request an exemption. The PER request forms are accepted through December 31 of the data collection calendar year. ASCs will need to submit a PER every year that they qualify and wish to seek an exemption from participation. So, in other words, it's not a one-and-done. Every year you would have to submit that by the December 31 deadline. On an annual basis, CMS does review all PERs and decides to approve or deny. If your ASC has fewer than 240 Fee for Service claims for the same reference period are automatically exempt, and you do not have to submit this PER form. Information, instructions, and the PER form are located on the OAS CAHPS website. We have the direct link here. So access that if you need more information. Before we close up, let me just go over a couple of frequently asked questions.

The first question is something that we get a lot. A person has registered as the OAS CAHPS Survey Administrator for their facility, but then they left. The person that is coming on, they do not know the credentials or how to access anything. What do they do?

If the person who was registered as the Survey Administrator did not designate a Backup Administrator, you should contact the OAS CAHPS Survey Coordination Team. The email address sis here on the slide. It is oascahps@rti.org. You will request that the existing registration be deleted. This will allow someone else to register as the new OAS CAHPS Survey Administrator. Remember that the new Survey Administrator should designate a Backup Administrator as soon as possible. We run into this a lot if the current Survey Administrator is on vacation or is on extended leave. You always want somebody else to be a backup. If that person leaves the employment of that ASC, you definitely want a backup so that you are not stuck with nobody and need to go through this. So, always have a backup.

Another comment is: I received an email saying our OAS CAHPS data have not been submitted, but we have been sending the data to our vendor. What should we do? So, these are targeted messages letting you know that your ASC's quarterly data have not yet been submitted. It may be that you are working with an vendor, and you want to verify real-time data submission details. If you would like to do that, you are going to log into the OAS CAHPS website, and you will log in to the Access Data Submission Reports. This will allow you to sort of check up on your vendor. If you don't see that your data has been submitted, call your vendor. They may be in the middle of it, but you don't want the deadline to pass. You don't want your data to not be submitted. If you are not already participating in OAS CAHPS, again, you can find information on how to get started under the Quick Links section of the OAS CAHPS website from the home page.

Lastly, let's talk about the ECE process. Now, Anita did discuss this earlier in the presentation about ECEs, and there is a proposal for updating the process. However, it is worth repeating that an ECE should be submitted for a true extraordinary circumstance. This is something, you know, like weather-related, a hurricane, a tornado, a system problem that prevented you from submitting data. Staffing changes and things of that nature are not considered an extraordinary circumstance.

So, if you have had changeover in staff, and you could not get your data in because of that, that is not considered grounds for submitting an ECE. If you have a qualifying event and you do need to submit an ECE, please do so after the deadline. Do not submit an ECE until after the data submission deadline has passed, and you are sure that your data was not submitted by the deadline and only for the qualifying circumstances which we just talked about. We do get a lot of ECEs from ASCs because they are just nervous that maybe their vendor didn't submit, you know, was running behind, and they didn't think it was going to be submitted for one reason or another. Then, the data are submitted timely and by the submission deadlines, so you have now submitted an ECE that was not even really necessary. Also, we get ECEs for reasons that are not considered a qualifying event. If you do need to submit an ECE, you can download a copy of the ECE Quick Reference Guide from the QualityNet website. For specifics on what to include, how to fill out the paper, etc., for ECEs related to the survey measure, include the name of your vendor and the date you are going to begin submitting or have begun your data. Those are two important things that are OAS CAHPS specific. Remember, though, there is that proposal, that ECE proposal, that Anita discussed earlier. So, watch out for the final rule sometime in November to see if that proposal is finalized.

Okay. So, very quickly we are going to do our last polling question for the day, and it's related to the survey measure. So, Rachel if you wouldn't mind opening that.

For the ASC-15a–e survey measure, how are the data submitted? Your choices are a) annually by the ASC; b) annually by any vendor; c) quarterly by a CMS-approved vendor; or d) the Tooth Fairy, my favorite. I will give you all a few minutes to make your selection. Okay. So far overwhelmingly everyone is choosing the correct answer, but we are still receiving responses, so we will give it a few more minutes or so.

Okay. It looks like it's slowing down, Rachel, if you want to share the results. C, 92 percent of you said quarterly by a CMS-approved vendor.

That is the correct answer. Your data must be submitted by a CMS-approved vendor quarterly. As I mentioned earlier, although ASCs do not submit the data themselves and they are submitted by your vendor, you can verify that your vendor is submitting timely. You can run that real-time data submission detail report on the OAS CAHPS website. That specific information was mentioned back on slide 32. So, definitely use that so that you don't make yourself stress unnecessarily, and you can keep tabs on your vendor.

So, Rachel, go ahead and close the poll, and let's just wrap things up for the day.

Let's take a quick review of the measures for the program and the proposals that Anita discussed.

Here are the web-based measures submitted through HQR. This is for the current reporting period, the calendar year 2025 reporting period. CMS did not propose any changes for these measures. These are reported annually, so the next data submission deadline for these measures on the slide is May 15, 2026.

Here are the health-equity web-based measures which were also to be submitted and reported in HQR. These measures are proposed for removal for the current reporting period. If this proposal is finalized, you would not need to report the ASC-24 measure by the May 15, 2026, deadline. ASC-22 and ASC-23 were still voluntary for this current reporting period. Nevertheless, we will wait to see if the proposal to remove these three measures is finalized when the final rule comes out.

The COVID-19 measure is reported through the NHSN system. Again, this is the current reporting period. This measure is also proposed for removal beginning with the calendar year 2024 reporting period. So, those data have already been submitted. So, if this removal is finalized, you will not have to submit all these quarters that you are seeing here on the slide. Typically, the final rule is posted in early to mid-November. So, it may be even that you don't have to submit your data for the November 17 deadline.

It depends on when the final rule is published. Certainly, keep an eye out for that. We will certainly let you know as well.

The claims-based measures for this program are here on this slide, and there were no proposed changes for these measures. So, this will keep being reported as it has been. As a reminder, data for these measures are extracted from paid Medicare claims that meet measure criteria. They do not require any manual abstraction or reporting on the part of the ASC.

Listed here are the two PRO-PM measures for the program. The THA/TKA PRO-PM was finalized previously and began voluntary reporting in this current reporting period, the calendar year 2025 voluntary reporting period. Mandatory reporting for this measure will not begin until the calendar year 2031 payment determination. So, there are a couple of more years of voluntary reporting for that THA/TKA measure. The table below has the newly proposed Information Transfer PRO-PM. That is proposed to begin 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, and that would be for the calendar year 2031 payment determination.

Lastly is the OAS CAHPS survey measure, and we did already discuss that a few slides back. Again, CMS did not propose any changes to this measure. So, you will continue to report via your CMS-approved vendor for this measure, just as you have.

Using your resources, you have many resources to assist you in being successful in your reporting. An issue that we do run into a lot with ASCs is that your community is very fluid, and there is a lot of turnover, changing in staff, staff responsibilities, and those types of things. So, take some time. Take some of these resources and 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 for you should you if you should ever leave. If you win the lottery, you skip down the road happily, you would be able to leave your binder behind for the person who takes your place. This would provide all the details for that person who

comes along to replace you. Also, make sure you have more than one person who can access and report data. Just as we talked earlier about the OAS CAHPS having a back-up, for the HQR system, you should have at least two Security Officials. You can even add additional users. You should always really have more than one Security Official. That way at least one other person has access to reports and being able to designate additional users and those types of things. The last thing here on the slide is, if you do have a change in staff, kindly fill out and complete the Contact Change Form. The direct link to that form is here on the slide. This really helps us to get in touch with the right person should your ASC ever be in danger of not meeting submission deadlines and any number of things. Plus, we do send out a lot of important information to help you stay on track, and we want it to get to the right person. With this form, you can remove someone that is no longer there at your facility. You can add contact people. It's just really important if you have change in staff to fill this form out.

We have some helpful resources here. Of course, our number is right there on the top. Reach out anytime. We are always glad to help. We also have the Center for Clinical Standards and Quality Service Center, otherwise known as QualityNet, and the OAS CAHPS phone number and email. It's very important if you have any issues with your OAS CAHPS measure.

Kindly, before you leave, click on our survey link and take our survey. We do appreciate your feedback. We do use it to help provide information that is needed, that you are all looking for. So, we do hope that today was helpful. Please comment. That is all we have for you today. Join us next time. Have a great day.