



CY 2025 Hospital OPPS/ASC Payment System Final Rule

Ambulatory Surgical Center Quality Reporting Program

Speakers

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Objectives

Participants will be able to:

- Locate the calendar year (CY) 2025 Hospital Outpatient Prospective Payment System (OPPS)/Ambulatory Surgical Center (ASC) Payment System final rule in the *Federal Register*.
- State the ASCQR Program finalized action to the proposals in the CY 2025 OPPS/ASC Payment System final rule.
- List the deadlines for the program measures.

Locating the Final Rule

- The CY 2025 OPPS/ASC Final Rule can be found in the [Federal Register](#).

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ASCQR Program Finalized Proposals

Anita J. Bhatia, PhD, MPH
Program Lead, ASCQR Program, CMS

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Adoption of New Measures

Measure Adoptions

CMS proposed adoption of three new health equity measures:

- Facility Commitment to Health Equity (FCHE)
- Screening for Social Drivers of Health (SDOH)
- Screen Positive Rate for SDOH

These measures align with other quality programs across multiple care settings and incentivize facilities to use data to identify equity gaps and implement plans to address these gaps.

FCHE Measure

Measure Overview:

The measure assesses a facility's commitment to health equity using these five attestation domains:

Domain 1 – Equity is a Strategic Priority

Domain 2 – Data Collection

Domain 3 – Data Analysis

Domain 4 – Quality Improvement

Domain 5 – Leadership Engagement

The measure begins with the CY 2025 reporting period/CY 2027 payment determination. Domains and elements are in Table 160, page 94371.

FCHE Measure Calculation

Calculated on points for five attestation-based domains

- **Numerator:** The total number of domains the facility attests affirmatively for a maximum of five domains

One point received if the facility attests “Yes” to all elements within a domain.

- **Denominator:** Total of five points (one point per domain)

Finalized as proposed

Health-Related Social Needs (HRSNs)

Five selected core domains will be used to screen for HRSNs:

- Food Insecurity
- Housing Instability
- Transportation Needs
- Utility Difficulties
- Interpersonal Safety

Domains and their descriptions are found in Table 161, page 94382.

Screening for SDOH Measure

Assesses the percentage of patients, 18 years or older, screened for the five selected HRSNs

Implementation begins with voluntary reporting for the CY 2025 reporting period with mandatory reporting beginning with the CY 2026 reporting period/CY 2028 payment determination

Screening for SDOH Measure

For data collection, facilities can:

- Use a self-selected screening tool to collect data to reduce burden since some facilities already screen for HRSNs.
- Confirm the **current** status of previously reported HRSNs in another care setting and inquire about others not previously reported in lieu of re-screening within the reporting period.
- Visit the [Social Interventions Research and Evaluation Network \(SIREN\)](#) website for information on HRSN screening tools.
- Visit [CMS.gov](#) for the Accountable Health Communities screening tool.

Screening for SDOH Measure Calculation

- **Numerator:** Number of admitted patients, 18 years or older screened for all five HRSNs
- **Denominator:** Number of patients, 18 years or older, who are admitted to the ASC
- **Exclusions are patients who:**
 - Opt out of screening OR
 - Are unable to complete the screening and have no legal guardian or caregiver who can complete the screening on their behalf.

Screening for SDOH Measure

Data Reporting:

- CMS allows submission of aggregate data for the numerator and denominator.
 - Patient-level data will not be required and using aggregate data will reduce burden.
- The use of patient-level information may be considered in the future.
- By starting with voluntary reporting facilities will have a transition period to select and integrate screening tools into processes.

Finalized as proposed

Screen Positive Rate for SDOH Measure

Overview:

Provides information on the percent of patients, 18 years or older, who screened positive for one or more of the five HRSNs

- Begins with **voluntary** reporting for the CY 2025 reporting period followed by **mandatory** reporting beginning with the CY 2026 reporting period/CY 2028 payment determination
- Provides transparency in the delivery of care and actionable information to ASCs on unmet needs among patients

Screen Positive Rate for SDOH Measure

Calculated and reported as five rates; one for each core HRSN:

- **Numerator:** Number of patients, 18 years or older, receiving care who screened positive for one or more of the HRSNs
- **Denominator:** Number of patients receiving care, 18 years or older, and are screened for all five HRSNs
- **Denominator Exclusions** include patients who:
 - Opt out of screening OR
 - Are unable to complete the screening and have no legal guardian or caregiver who can complete the screening on their behalf.

Screen Positive Rate for SDOH Measure

Data Reporting:

Facilities will be required to submit aggregated data. This includes data results for the total number of patients who screened positive for each of the five HRSNs.

Finalized as proposed

Equity Measure Data Submission

For the FCHE, Screening for SDOH, and Screen Positive Rate for SDOH measures:

- The reporting period will be January 1 through December 31 (two years prior to the applicable payment determination year).
- Data will be submitted annually via the HQR system starting January 1 through May 15 the following year (one year prior to the applicable payment determination year).
- ASCs will be able to enter, review, and correct data during the submission period.

Finalized as proposed

Equity Measure Resources

- Additional information on implementing the SDOH measures is available in the Frequently Asked Questions document on the [QualityReportingCenter.com website](https://www.qualityreportingcenter.com).
- Measure specifications are available on the [QualityNet.cms.gov website](https://www.qualitynet.cms.gov).

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Modification of Immediate Removal to Suspension Policy

Modification

CMS proposed to modify the immediate measure **removal** policy to the immediate measure **suspension** policy beginning with CY 2025.

- For cases when there is evidence that collection and reporting raises potential patient safety concerns, CMS will suspend the measure until removal can go through rulemaking.
- CMS will notify facilities and the public of the suspension decision through standard communication channels.

Finalized as proposed

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Discussion

Request for Information (RFI)

Comment requested for two potential frameworks termed as Specialty-Select and the Specialty Threshold which would:

- Add case minimums for measure reporting.
- Remove the zero-case attestation requirement
- Verify individual measure case counts using claims data to determine which specialty measures would be potentially required for reporting.

RFI Resources

- For details and specifics on the RFI on potential frameworks, access the final rule in the [*Federal Register*](#).
- Thank you to all those who provided their comments and this feedback will be considered for use in future rulemaking.

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Discussion

Web-Based Measures in HQR

CY 2026 Payment Determination Year

Measure	Reporting Period	Submission Period
ASC-1: Patient Burn	Jan 1–Dec 31, 2024	Jan 1–May 15, 2025
ASC-2: Patient Fall		
ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant		
ASC-4: All Cause Hospital Transfer/Admission		

Web-Based Measures in HQR (cont.)

CY 2026 Payment Determination Year

Measure	Reporting Period	Submission Period
ASC-9: Endoscopy/Polyp Surveillance: Appropriate Follow-Up Interval for Normal Colonoscopy in Average Risk Patients	Jan 1–Dec 31, 2024	Jan 1–May 15, 2025
ASC-11: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery (Voluntary)		
ASC-13: Normothermia		
ASC-14: Unplanned Anterior Vitrectomy		

Web-Based Measures in HQR (cont.)

CY 2027 Payment Determination Year

Measure	Reporting Period	Submission Period
Facility Commitment to Health Equity	Jan 1–Dec 31, 2025	Jan 1–May 15, 2026
Screening for SDOH*		
Screen Positive Rate for SDOH*		

*Voluntary reporting begins with the CY 2025 reporting period.

Web-Based Measures in NHSN

CY 2026 Payment Determination Year

Measure	Reporting Period	Submission Deadline
ASC-20: COVID-19 Vaccination Coverage Among Healthcare Personnel	Quarter (Q)1 2024: Jan 1–Mar 31, 2024	Q1: August 15, 2024
	Q2 2024: Apr 1–Jun 30, 2024	Q2: November 15, 2024
	Q3 2024 Jul 1–Sep 30, 2024	Q3: February 17, 2025
	Q4 2024: Oct 1–Dec 31, 2024	Q4: May 15, 2025

NHSN=National Healthcare Safety Network

Claims-Based Measures

CY 2026 Payment Determination Year

Measure	Reporting Period
ASC-12: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy	Jan 1, 2022–Dec 31, 2024
ASC-17: Hospital Visits after Orthopedic Ambulatory Surgical Center Procedures	
ASC-18: Hospital Visits after Urology Ambulatory Surgical Center Procedures	Jan 1, 2023–Dec 31, 2024
ASC-19: Facility-Level 7-Day Hospital Visits after General Surgery Procedures Performed at Ambulatory Surgical Centers	

Data Submission: THA/TKA PRO-PM

CY 2027 Payment Determination

Reporting Cycle	Reporting Period	Pre-Procedure Data Collection	Pre-Procedure Data Submission Date	Post-Procedure Data Collection	Post-Procedure Data Submission	Preview/ Public Reporting
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Voluntary Reporting

CY 2025	Jan 1– Dec 31, 2025	Oct 3, 2024– Dec 31, 2025	May 15, 2026	Oct 28, 2025– Mar 1, 2027	May 15, 2027	CY 2028
CY 2026	Jan 1– Dec 31, 2026	Oct 3, 2025– Dec 31, 2026	May 15, 2027	Oct 28, 2026– Feb 29, 2028	May 15, 2028	CY 2029
CY 2027	Jan 1– Dec 31, 2027	Oct 3, 2026– Dec 31, 2027	May 15, 2028	Oct 28, 2027– Feb 28, 2029	May 15, 2029	CY 2030

Mandatory Reporting

CY 2028	Jan 1–Dec 31, 2028	Oct 3, 2027– Dec 31, 2028	May 15, 2029	Oct 28, 2028– Feb 28, 2030	May 15, 2030	CY 2031
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THA/TKA PRO-PM=Total Hip Arthroplasty and/or Total Knee Arthroplasty Patient-Reported Outcome Performance Measure

Survey Measure

CY 2027 Payment Determination Year

Measure	Reporting Period	Submission Deadline
Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (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 ASC-15e: Recommendation of Facility	Q1: Jan 1–Mar 31, 2025	July 9, 2025
	Q2: Apr 1–Jun 30, 2025	October 8, 2025
	Q3: Jul 1–Sep 30, 2025	January 14, 2026
	Q4: Oct 1–Dec 31, 2025	April 9, 2026

Voluntary reporting began with the CY 2024 reporting period.

Mandatory reporting begins with the CY 2025 reporting period



Resources, Acronyms, and Continuing Education Credit

Karen VanBourgondien, RN, BSN
Outpatient Quality Reporting Support Team

Resources

- **Outpatient Quality Reporting Program Support Team**
 - Phone: 866.800.8756
 - Ask a question via [QualityNet Question and Answer Tool](#)
- **Center for Clinical Standards and Quality (CCSQ) Service Center**
 - Phone: 866.288.8912
 - Email: qnetsupport@cms.gov
- **Secure Access Management Service (SAMS) Help Desk:**
Phone: 877.681.2901
- **NHSN Email:** nhsn@cdc.gov

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 Perspective Payment System
CCSQ	Center for Clinical Standards and Quality	PRO- PM	Patient-Reported Outcome Performance Measure
CMS	Centers for Medicare & Medicaid Services	RFI	Request for Information
CY	calendar year	SAMS	Secure Access Management Services
FCHE	Facility Commitment to Health Equity	SDOH	Social Drivers of Health
HQR	Hospital Quality Reporting	SIREN	Social Interventions Research and Evaluation Network
HRSN	Health-Related Social Needs	THA/ TKA	Total Hip Arthroplasty/ Total Knee Arthroplasty
NHSN	National Healthcare Safety Network		

Continuing Education Approval

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

- **National credit**

- Board of Registered Nursing (Provider #16578)

- **Florida-only credit**

- 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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