The Leapfrog ASC Public Reporting Program Scoring Algorithms

Scoring Details for the
2026 Leapfrog ASC Public Reporting Program

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Scoring and Public Reporting Overview

There are three components to the Leapfrog ASC public reporting program. This document describes the scoring algorithms used for each measure in public reporting.

1. **CMS ASCQR Measures** are scored and publicly reported for ALL ASCs included in the CMS provider data catalog, except those missing data for all four of the ASC 1-4 measures, for the following 13 measures:
    - ASC-1: Percentage of Patients Who Experience a Burn Prior to Discharge from the ASC
    - ASC-2: Percentage of Patients Who Experience a Fall Within the ASC
    - ASC-3: Percentage of Patients Who Experience a Wrong Site, Side, Patient, Procedure or Implant
    - ASC-4: Percentage of ASC Patients Who Are Transferred or Admitted to a Hospital Upon Discharge from the ASC
    - ASC-12: Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy
    - ASC-14: Rate of Unplanned Additional Eye Surgery After Cataract Surgery
    - ASC-17: Rate of Unplanned Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures
    - ASC-18: Rate of Unplanned Hospital Visits After Urology Ambulatory Surgical Center Procedures
    - ASC-19: Rate of Unplanned Hospital Visits After General Ambulatory Surgical Center Procedures
    - OAS CAHPS Top Box Scores for the following domains:
        - Facilities and Staff
        - Communication About Your Procedure
        - Patients' Rating of the Facility
        - Patients Recommending the Facility

2. **Accreditation Standards** are scored and publicly reported as Achieved the Standard (best score) for ASCs that provide basic demographic information and upload proof of AAAHC or JC's accreditation on Leapfrog's ASC Dashboard for the following 5 measures:
    - Clinicians Certified in Adult Advanced Life Support Always Present
    - Use of a Safe Surgery Checklist
    - Medication and Allergy Documentation
    - Effective Leadership to Prevent Errors
    - Identification and Mitigation of Patient Safety Risks

3. **The Leapfrog ASC Survey 2.0 Measures** are scored and publicly reported for ASCs that submit a completed Leapfrog ASC Survey 2.0 through the online survey tool for the following 8 measures:
   Patients' Rights and Ethics
    - Billing Ethics
    - Health Care Equity
    - Informed Consent
    - Taking Responsibility for Never Events

   Patient Safety Practices
    - Infection Surveillance Following Breast Surgeries, Laminectomies, Herniorrhaphies, or Knee Prosthesis Procedures
    - Hand Hygiene
    - Culture of Safety

   Volume of Procedures
    - National Volume Standards for Total Knee Replacement, Total Hip Replacement, and Bariatric Surgery for Weight Loss

- Facility Volume for Select Procedures (Optional; not scored but publicly reported)

Public Reporting Schedule

All results are publicly reported on Leapfrog's Hospital and Surgery Center Ratings website at https://ratings.leapfroggroup.org.

Review key dates and deadlines at https://www.leapfroggroup.org/asc-program/key-dates-and-deadlines

Program Component	Details	Updates
CMS ASCQR Measures	Facilities in the CMS Provider Data Catalog on Leapfrog's first download date of June 30th will have results scored and publicly reported on July 25th	Updated on June 30th, August 31st, and November 30th based on updates to the CMS Provider Data Catalog
Accreditation Standards	Facilities that upload proof of accreditation on the ASC Dashboard by June 30th will have results publicly reported on July 25th	Facilities can continue to upload proof of accreditation until November 30th
ASC Survey 2.0	Facilities that submit the Leapfrog ASC Survey 2.0 by June 30th will have results confidentially available on the ASC Details Page on July 12th and then publicly reported on July 25th Submission deadline.	Facilities can continue to (re)submit the Survey until November 30th. Results will be updated within the first 7 business days of the month following (re)submission. Facilities can make corrections to previously submitted Surveys until January 31st. Results will be updated within the first 7 business day of the months following resubmission.

Results on Leapfrog's Hospital and Surgery Center Ratings website are frozen from February to July.

Leapfrog's Hospital and Surgery Center Ratings Website

For the purposes of public reporting, performance on each measure included in the Leapfrog ASC Public Reporting Program is scored using the algorithms detailed in this document and then placed into one of four performance categories:

- **Achieved the Standard** (displayed as four filled bars)
- **Considerable Achievement** (displayed as three filled bars)
- **Some Achievement** (displayed as two filled bars)
- **Limited Achievement** (displayed as one filled bar)

Additional scoring terms include:

- **Does Not Apply**: This term is used for facilities that report not performing a particular procedure or not having applicable patients for a particular measure.
- **Not Available**: This term is used for facilities that are not included in the CMS dataset (i.e., Military Treatment Facilities, Pediatric Facilities, etc.) or did not submit proof of accreditation.
- **Unable to Calculate**: This term is used when the number of cases/patients is too few to report.
- **Declined to Report:** This term is used for facilities that do not submit an ASC Survey 2.0, did not report to CMS for the full reporting period for this measure, or suppressed their data.
- **Pending Leapfrog Verification:** This term is used for facilities that have Survey responses that are undergoing Leapfrog's standard verification process.

Additionally, for ASCs that have obtained approval from Leapfrog to participate in the 2026 Leapfrog ASC Survey 2.0 using limited data due to a cybersecurity event or natural disaster or have Extraordinary Circumstances Exception approved by CMS (i.e., CMS Footnote 28) , the following footnote will be included alongside impacted Survey Results: "Results are based on limited data due to a reported cybersecurity event, natural disaster, or a CMS Extraordinary Circumstance." For more information, please visit our webpage.

Figure 1: Legend from Leapfrog's public reporting website.

Progress towards meeting Leapfrog standards:

	Achieved the Standard
	Considerable Achievement
	Some Achievement
	Limited Achievement
DECLINED TO REPORT	Did not submit a Leapfrog Survey, did not report to CMS, or suppressed their CMS data
DOES NOT APPLY	This measure is not applicable to this facility
DID NOT MEASURE	Facility reported not collecting data on this measure
UNABLE TO CALCULATE	Sample size too small to calculate score
NOT AVAILABLE	CMS measure or surgery center accreditation status is not available for the reported facility
PENDING LEAPFROG VERIFICATION	This facility's responses are undergoing Leapfrog's standard data verification process

For the purposes of public reporting, measures are organized into eight groups. The following measures are included in each group:

Group Name	Program Component	Measure Name	Shown on public reporting website as:
Patient Rights and Ethics	Leapfrog ASC Survey Section 2A	Billing Ethics	*Billing Ethics*
	Leapfrog ASC Survey Section 2B	Health Care Equity	*Health Care Equity*
	Leapfrog ASC Survey Section 2C	Informed Consent	*Informed Consent*
	Leapfrog ASC Survey Section 2D	Never Events	*Responding to Never Events*
Preventing Patient Harm	Accreditation Standards	NQF Safe Practice #1 - Culture of Safety Leadership Structures and Systems	*Effective Leadership to Prevent Errors*
	Leapfrog ASC Survey Section 3C	NQF Safe Practice #2 - Culture Measurement, Feedback, and Intervention	*Staff Work Together to Prevent Errors*
	Accreditation Standards	NQF Safe Practice #4 – Risks and Hazards	*Identification and Mitigation of Patient Safety Risks*
	Leapfrog ASC Survey Section 3B	Hand Hygiene	*Handwashing*
	CMS ASCQR Measures	ASC-1: Percentage of Patients Who Experience a Burn Prior to Discharge from the ASC	*Percentage of Patients Who Experience a Burn Prior To Discharge from the ASC*
	CMS ASCQR Measures	ASC-2: Percentage of Patients Who Experience a Fall Within the ASC	*Percentage of Patients Who Experience a Fall Within the ASC*
	CMS ASCQR Measures	ASC-3: Percentage of Patients Who Experience a Wrong Site, Side, Patient, Procedure, or Implant	*Percentage of Patients Who Experience a Wrong Site, Side, Patient, Procedure, or Implant*
Healthcare-Associated Infections	Leapfrog ASC Survey Section 3A	Infection Surveillance Following Breast Surgeries, Laminectomies, Herniorrhaphies, or Knee Prosthesis Procedures	*Tracking and Reporting Infections*
Medication Safety	Accreditation Standards	Medication and Allergy Documentation	*Medication Documentation for Elective Outpatient Surgery Patients*
	Leapfrog ASC Survey Section 4A	Bariatric Surgery for Weight Loss	*Bariatric Surgery for Weight Loss*

Complex Adult Surgery	Leapfrog ASC Survey Section 4A	Total Knee Replacement Surgeries	*Total Knee Replacement Surgery*
	Leapfrog ASC Survey Section 4A	Total Hip Replacement Surgeries	*Total Hip Replacement Surgery*
Elective Outpatient Surgery – Adult*	Leapfrog ASC Survey Section 4B*	Gastroenterology	*Gastroenterology (Stomach and Digestive)*
	Leapfrog ASC Survey Section 4B*	General Surgery	*General Surgery*
	Leapfrog ASC Survey Section 4B*	Ophthalmology	*Ophthalmology (Eyes)*
	Leapfrog ASC Survey Section 4B*	Orthopedic	*Orthopedic (Bones and Joints)*
	Leapfrog ASC Survey Section 4B*	Otolaryngology	*Otolaryngology (Ear, Nose, Mouth, and Throat)*
	Leapfrog ASC Survey Section 4B*	Urology	*Urology (Urinary Tract, Male Reproductive)*
	Leapfrog ASC Survey Section 4B*	Neurological Surgery	*Neurosurgery*
	Leapfrog ASC Survey Section 4B*	Obstetrics and Gynecology	*Obstetrics and Gynecology*
	Leapfrog ASC Survey Section 4B*	Plastic and Reconstructive Surgery	*Plastic and Reconstructive Surgery*
Elective Outpatient Surgery - Pediatric*	Leapfrog ASC Survey Section 4B*	Ophthalmology	*Ophthalmology (Eyes)*
	Leapfrog ASC Survey Section 4B*	Orthopedic	*Orthopedic (Bones and Joints)*
	Leapfrog ASC Survey Section 4B*	Otolaryngology	*Otolaryngology (Ear, Nose, Mouth, and Throat)*
Care for Elective Outpatient Surgery Patients	CMS ASCQR Measures	Rate of Unplanned Hospital Visits After a Colonoscopy	*Unplanned Hospital Visits After Colonoscopy*
	CMS ASCQR Measures	Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures	*Unplanned Hospital Visits After Orthopedic Procedures*
	CMS ASCQR Measures	Hospital Visits After Urology Ambulatory Surgical Center Procedures	*Unplanned Hospital Visits After Urology Procedures*
	CMS ASCQR Measures	Hospital Visits After General Ambulatory Surgical Center Procedures	*Unplanned Hospital Visits After General Procedures*
	CMS ASCQR Measures	Percentage of Cataract Surgeries that	*Unplanned Additional Eye Surgery After Cataract Surgery*

		had an Unplanned Additional Eye Surgery	
	CMS ASCQR Measures	ASC-4: Percentage Of ASC Patients Who Are Transferred or Admitted to a Hospital Upon Discharge from the ASC	*Percentage Of ASC Patients Who Are Transferred or Admitted to a Hospital Upon Discharge from the ASC*
	CMS ASCQR Measures	Patient Experience (OAS CAHPS)	*Experience of Patients Undergoing Elective Outpatient Surgery*

*Note: These data are not scored but are displayed on Leapfrog's public reporting website for facilities that submit this section of the Leapfrog ASC Survey 2.0.

Change Summary Since Release

This section will be updated if changes are made to scoring after this document's initial release on April 1, 2026.

CMS ASCQR MEASURES

Outcome Measures

All ASCs that report to CMS and have data publicly available for at least one of the ASC 1-4 measures during the 01/01/2024-12/31/2024 reporting period (the most current reporting period available from CMS on April 1, 2026) will be eligible to have their data scored and publicly reported.

Facilities are scored based on their performance on nine outcome measures collected and published by the Centers for Medicare and Medicaid Services (CMS):

- ASC-1: Percentage of patients who experience a burn prior to discharge from the ASC,
- ASC-2: Percentage of patients who experience a fall within the ASC,
- ASC-3: Percentage of patients who experience a wrong site, side, patient, procedure, or implant within the ASC,
- ASC-4: Percentage of ASC patients who are transferred or admitted to a hospital upon discharge from the ASC,
- ASC-12 Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy,
- ASC-14 Rate of Unplanned Additional Eye Surgery After Cataract Surgery,
- ASC-17 Rate of Unplanned Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures,
- ASC-18 Rate of Unplanned Hospital Visits After Urology Ambulatory Surgical Center Procedures, and
- ASC-19 Rate of Unplanned Hospital Visits After General Ambulatory Surgical Center Procedures.

Leapfrog will download the CMS data from the CMS provider data catalog on the dates indicated in the public reporting schedule above for ASC measures 1-4,12,14,17-19.

The scoring algorithms used for each of the CMS measures listed above are described in detail in pages 12 to 20.

ASC-1: Percentage of Patients Who Experience a Burn Prior To Discharge from the ASC

ASCs' performance is based on scores published by CMS on April 1, 2026, for this measure. This scoring algorithm will remain in place for the entire 2026 program cycle, unless it is determined that there are compelling reasons to make revisions.

Percentage of Patients Who Experience a Burn Prior To Discharge from the ASC Score (Performance Category)	**Meaning that…**
Achieved the Standard	The facility did not have any patients that experienced a burn prior to discharge.
Considerable Achievement	The facility reported data for this measure to CMS.
Unable to Calculate Score	The number of cases is too few to report (i.e., CMS footnote 1).
Not Available	The facility is not included in the CMS dataset (i.e., Military Treatment Facilities, Pediatric Facilities, etc.).
Declined to Report	Results are not available for this reporting period because: • The facility elected not to submit data for the entire reporting period; or • The facility had no claims data for a particular measure; or • The facility elected to suppress a measure from being publicly reported (i.e., CMS footnote 5).

Note: See Appendix I for explanation of CMS footnotes that may be displayed

ASC-2: Percentage of Patients Who Experience a Fall Within the ASC

ASCs' performance is based on scores published by CMS on April 1, 2026, for this measure. This scoring algorithm will remain in place for the entire 2026 program cycle, unless it is determined that there are compelling reasons to make revisions.

Percentage of Patients Who Experience a Fall Within the ASC Score (Performance Category)	**Meaning that…**
Achieved the Standard	The facility did not have any patients that experienced a fall prior to discharge.
Considerable Achievement	The facility reported data for this measure to CMS.

Unable to Calculate Score	The number of cases is too few to report (i.e., CMS footnote 1).
Not Available	The facility is not included in the CMS dataset (i.e., Military Treatment Facilities, Pediatric Facilities, etc.).
Declined to Report	Results are not available for this reporting period because: • The facility elected not to submit data for the entire reporting period; or • The facility had no claims data for a particular measure; or • The facility elected to suppress a measure from being publicly reported (i.e., CMS footnote 5).

Note: See Appendix I for explanation of CMS footnotes that may be displayed

ASC-3: Percentage of Patients Who Experience a Wrong Site, Side, Patient, Procedure, or Implant Within the ASC

ASCs' performance is based on scores published by CMS on April 1, 2026, for this measure. This scoring algorithm will remain in place for the entire 2026 program cycle, unless it is determined that there are compelling reasons to make revisions.

Percentage of Patients Who Experience a Wrong Site, Side, Procedure, Or Implant Within the ASC Score (Performance Category)	**Meaning that…**
Achieved the Standard	The facility did not have any patients that experienced a wrong site, side, patient, procedure, or implant prior to discharge.
Considerable Achievement	The facility reported data for this measure to CMS.
Unable to Calculate Score	The number of cases is too few to report (i.e., CMS footnote 1).
Not Available	The facility is not included in the CMS dataset (i.e., Military Treatment Facilities, Pediatric Facilities, etc.).
Declined to Report	Results are not available for this reporting period because: • The facility elected not to submit data for the entire reporting period; or • The facility had no claims data for a particular measure; or • The facility elected to suppress a measure from being publicly reported (i.e., CMS footnote 5).

Note: See Appendix I for explanation of CMS footnotes that may be displayed

ASC-4: Percentage of ASC Patients Who Are Transferred or Admitted to a Hospital Upon Discharge from the ASC

ASCs' performance is compared to top quartile based on the distribution of ASC performance among all ASCs with scores published by CMS on April 1, 2026, for this measure. These cut-points will remain in place for the entire 2026 program cycle, unless it is determined that there are compelling reasons to make revisions.

	2026 Cut-points for Percentage of ASC patients who are transferred or admitted to a hospital
Minimum	0
Top quartile	0.28
99th Percentile	0.75

Percentage of ASC Patients Who Are Transferred or Admitted to a Hospital Upon Discharge from the ASC Score (Performance Category)	**Meaning that…**
Achieved the Standard	The facility is in the top quartile of performance.
Considerable Achievement	The facility is not in the top quartile of performance.
Unable to Calculate Score	The number of cases is too few to report (i.e., CMS footnote 1).
Not Available	The facility is not included in the CMS dataset (i.e., Military Treatment Facilities, Pediatric Facilities, etc.).
Declined to Report	Results are not available for this reporting period because: • The facility elected not to submit data for the entire reporting period; or • The facility had no claims data for a particular measure; or • The facility elected to suppress a measure from being publicly reported (i.e., CMS footnote 5).

Note: See Appendix I for explanation of CMS footnotes that may be displayed

ASC-12: Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy (per 1,000 colonoscopies)

ASCs' performance is compared to quartiles based on the distribution of rates among all ASCs and hospitals with scores published by CMS on April 1, 2026, for this measure. These cut-points will remain in place for the entire 2026 program cycle, unless it is determined that there are compelling reasons to make revisions.

	2026 Cut-points for Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy
Minimum	7.3
Top quartile	10.1
Second quartile	12.4
Third quartile	13.1
Maximum	17.0

Rate of Unplanned Hospital Visits After Colonoscopy Score (Performance Category)	Meaning that…
Achieved the Standard	The facility is in the top quartile of performance (where lower scores are better).
Considerable Achievement	The facility is in the second quartile of performance.
Some Achievement	The facility is in the third quartile of performance.
Limited Achievement	The facility is in the bottom quartile of performance.
Does Not Apply	No cases met the criteria for this measure (i.e., CMS footnote 7).
Unable to Calculate Score	The number of cases is too few to report (i.e., CMS footnote 1).
Not Available	The facility is not included in the CMS dataset (i.e., Military Treatment Facilities, Pediatric Facilities, etc.)
Declined to Report	Results are not available for this reporting period because: • The facility elected not to submit data for the entire reporting period; or • The facility had no claims data for a particular measure; or • The facility elected to suppress a measure from being publicly reported (i.e., CMS footnote 5).

Note: See Appendix I for explanation of CMS footnotes that may be displayed

ASC-14: Rate of Unplanned Additional Eye Surgery After Cataract Surgery

ASCs' performance is compared to the mean based on all ASCs with scores published by CMS on April 1, 2026, for this measure. This cut-point will remain in place for the entire 2026 program cycle, unless it is determined that there are compelling reasons to make revisions.

	2026 Cut-points for Rate of Unplanned Eye Surgery After Cataract surgery
Minimum	0.0
50th Percentile	0.227
Maximum	9.5

Rate of Unplanned Eye Surgeries After Cataract Surgery (Performance Category)	Meaning that…
Achieved the Standard	The facility is at or below the 50th percentile (where lower scores are better).
Considerable Achievement	The facility has a score published by CMS but is above the 50th percentile score (where lower scores are better).
Does Not Apply	No cases met the criteria for this measure (i.e., CMS footnote 7).
Unable to Calculate Score	The number of cases is too few to report (i.e., CMS footnote 1).
Not Available	The facility is not included in the CMS dataset (i.e., Military Treatment Facilities, Pediatric Facilities, etc.).
Declined to Report	Results are not available for this reporting period because: • The facility elected not to submit data for the entire reporting period; or • The facility had no claims data for a particular measure; or • The facility elected to suppress a measure from being publicly reported (i.e., CMS footnote 5).

Note: See Appendix I for explanation of CMS footnotes that may be displayed

ASC-17: Rate of Unplanned Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures (per 100 procedures)

ASCs' performance is compared to top quartile based on the distribution of ASC performance among all ASCs with scores published by CMS on April 1, 2026, for this measure. These cut-points will remain in place for the entire 2026 program cycle, unless it is determined that there are compelling reasons to make revisions.

	2026 Cut-points for Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures
Minimum	1.2
Top quartile	2.3
Maximum	4.3

Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures Score (Performance Category)	Meaning that…
Achieved the Standard	The facility is in the top quartile of performance (where lower scores are better).
Considerable Achievement	The facility has a score published by CMS but is not in the top quartile of performance.
Does Not Apply	No cases met the criteria for this measure (i.e., CMS footnote 7).
Unable to Calculate Score	The number of cases is too few to report (i.e., CMS footnote 1).
Not Available	The facility is not included in the CMS dataset (i.e., Military Treatment Facilities, Pediatric Facilities, etc.).
Declined to Report	Results are not available for this reporting period because: • The facility elected not to submit data for the entire reporting period; or • The facility had no claims data for a particular measure; or • The facility elected to suppress a measure from being publicly reported (i.e., CMS footnote 5).

Note: See Appendix I for explanation of CMS footnotes that may be displayed

ASC-18: Rate of Unplanned Hospital Visits After Urology Ambulatory Surgical Center Procedures (per 100 procedures)

ASCs' performance is compared to top quartile based on the distribution of ASC performance among all ASCs with scores published by CMS on April 1, 2026, for this measure. These cut-points will remain in place for the entire 2026 program cycle, unless it is determined that there are compelling reasons to make revisions.

	2026 Cut-points for Hospital Visits After Urology Ambulatory Surgical Center Procedures
Minimum	3.1
Top quartile	4.8
Maximum	9.2

Hospital Visits After Urology Ambulatory Surgical Center Procedures Score (Performance Category)	Meaning that…
Achieved the Standard	The facility is in the top quartile of performance (where lower scores are better).
Considerable Achievement	The facility has a score published by CMS but is not in the top quartile of performance.
Does Not Apply	No cases met the criteria for this measure (i.e., CMS footnote 7).
Unable to Calculate Score	The number of cases is too few to report (i.e., CMS footnote 1).
Not Available	The facility is not included in the CMS dataset (i.e., Military Treatment Facilities, Pediatric Facilities, etc.)
Declined to Report	Results are not available for this reporting period because: • The facility elected not to submit data for the entire reporting period; or • The facility had no claims data for a particular measure; or • The facility elected to suppress a measure from being publicly reported (i.e., CMS footnote 5).

Note: See Appendix I for explanation of CMS footnotes that may be displayed

ASC-19: Rate of Unplanned Hospital Visits After General Surgery Procedures (per 100 procedures)

ASCs' performance is compared to top quartile based on the distribution of ASC performance among all ASCs with scores published by CMS on April 1, 2026, for this measure. These cut-points will remain in place for the entire 2026 program cycle, unless it is determined that there are compelling reasons to make revisions.

	2026 Cut-points for Hospital Visits After General Surgery Procedures
Minimum	0.6
Top quartile	0.9
Maximum	2.0

Hospital Visits After General Surgery Procedures Score (Performance Category)	Meaning that…
Achieved the Standard	The facility is in the top quartile of performance (where lower scores are better).
Considerable Achievement	The facility has a score published by CMS but is not in the top quartile of performance.
Does Not Apply	No cases met the criteria for this measure (i.e., CMS footnote 7).
Unable to Calculate Score	The number of cases is too few to report (i.e., CMS footnote 1).
Not Available	The facility is not included in the CMS dataset (i.e., Military Treatment Facilities, Pediatric Facilities, etc.).
Declined to Report	Results are not available for this reporting period because: • The facility elected not to submit data for the entire reporting period; or • The facility had no claims data for a particular measure; or • The facility elected to suppress a measure from being publicly reported (i.e., CMS footnote 5).

Note: See Appendix I for explanation of CMS footnotes that may be displayed

Patient Experience (OAS CAHPS)

Facilities are scored based on Top Box Scores from four domains included in the Outpatient and Ambulatory Surgery (OAS) CAHPS Survey:

- Facilities and Staff
- Communication About Your Procedure
- Patients' Rating of the Facility
- Patients Recommending the Facility

Facilities are scored based on the number of domains where the facility is performing in the top quartile. The top quartiles will be calculated using results published by CMS for both Ambulatory Surgery Centers (ASCs) and hospitals on June 30, 2026. The scoring algorithm will be re-posted with an announcement once the cut points become available.

Top Quartile for OAS CAHPS Domains (Quartiles)	**Facilities and Staff (%)**	**Communication About Your Procedure (%)**	**Patients' Rating of the Facility (%)**	**Patients Recommending the Facility (%)**
Top Quartile (>= Q3)	TBD	TBD	TBD	TBD

Patient Experience (OAS CAHPS) Score (Performance Category)	**Meaning that the facility…**
Achieved the Standard	Scored in top quartile of facilities on **4 out of 4** OAS CAHPS domains.
Considerable Achievement	Scored in top quartile of facilities on **3 out of 4** OAS CAHPS domains.
Some Achievement	Scored in top quartile of facilities on **2 out of 4** OAS CAHPS domains.
Limited Achievement	Scored in top quartile of facilities on **1 or fewer** OAS CAHPS domains.
Not Available	The facility is not included in the CMS dataset (i.e., Military Treatment Facilities, Pediatric Facilities, etc.).
Declined to Report	The facility has elected not to publicly report a full year of OAS CAHPS data through CMS.
Unable to Calculate Score	The facility did not meet the minimum reporting requirements for the measure (<100 returned OAS CAHPS Surveys) or had too few cases/patients to report (i.e., CMS footnote 1, 6, or 10).

Note: Data for the OAS CAHPS measures will be downloaded from the CMS provider catalog at https://data.cms.gov/provider-data/dataset/48nr-hqxx.

See Appendix I for explanation of CMS footnotes that may be displayed.

ACCREDITATION STANDARDS

ASCs with active accreditation through the Accreditation Association for Ambulatory Health Care (AAAHC) or Joint Commission's (JC) accreditation programs are scored and publicly reported as Achieved the Standard (best score) for five (5) measures that were formerly collected via the Leapfrog ASC Survey and currently collected on the Leapfrog Hospital Survey:

- Clinicians Certified in Adult Advanced Life Support Always Present
- Use of a Safe Surgery Checklist
- Medication and Allergy Documentation
- Effective Leadership to Prevent Errors
- Identification and Mitigation of Patient Safety Risks

ASCs are required to upload proof on AAACH or JC's accreditation on the ASC Survey Dashboard. Visitors to our website will be able to see achievement of these important patient safety standards that ASCs have earned through their rigorous accreditation process.

ASCs that do not upload proof of accreditation and ASCs that are accredited by another organization will be reported as "Not Available" for the five measures.

LEAPFROG ASC SURVEY 2.0 MEASURES

Summary of Scoring Changes to Leapfrog ASC Survey 2.0 Measures

- **Section 2A Billing Ethics**
  - Leapfrog has updated the response option in question #5, asking if facilities take legal action against patients for late or insufficient payments to include state laws similar to Military Treatment Facilities that require transferring unpaid medical bills to the Department of Treasury.
- **Section 3A NHSN Outpatient Procedure Component Module**
  - Leapfrog is no longer asking ASCs for the number of monthly SSI reporting plans they have in place in NHSN OPC for applicable procedures or to select the reporting period end date. Instead, Leapfrog standardized the reporting period and will score applicable ASCs based directly on their participation with NHSN and the SSI monthly reporting plans they entered within NHSN OPC.
- **Section 3B Hand Hygiene**
  - In question #3, Leapfrog removed the requirement that hand hygiene training include a topic concerning “when gloves should be used in addition to hand washing”. This element was removed because it is specific to bedside care, instead of typical outpatient procedures.
  - Questions #4, #6, and #7, concerning audits of dispensers and audits of the volume of hand sanitizer, were removed. Many ASCs do not have enough dispensers for regular statistically sampled audits to be necessary.
- **Section 3C Culture of Safety**
  - Three questions were removed from this section so each practice element is now worth more points when scoring this measure.
- **Section 4B Facility Volume for Select Procedures (Optional)**
  - Leapfrog no longer requires ASCs to report on their facility volume of procedures. Instead, this section is optional, and ASCs will be able to submit responses to the Leapfrog ASC Measures of the ASC Survey 2.0 without using the CPT Code Workbook to track the volumes of procedures performed in CY2026.

Section 1 Basic Facility Information

This section will not be scored in 2026. However, some responses will be shown on Leapfrog's public reporting website. For example, Leapfrog will display the number of operating and/or procedure rooms.

Version 2.0 (First Released April 1, 2026)

Section 2 Patient Rights and Ethics
2A: Billing Ethics

Facilities are scored on four aspects of their billing practices, including whether they provide payer-specific negotiated charges or cash prices on their website, the quality and timeliness of the billing statement or master itemized bill, the availability of a billing representative to negotiate a patient's bill within 10 business days, and whether or not the facility takes legal action against patients for late or insufficient payment of a medical bill in cases where the facility did not have a written agreement in place specifying a good faith estimate for a medical service or is required by state or federal law to transfer delinquent payments to a state or federal agency (e.g., Department of Treasury, Attorney General, etc.) for action.

Billing Ethics Score (Performance Category)	**Meaning that…**
Achieved the Standard	• The facility provides **either** payer-specific negotiated charges or cash prices on their website for commonly performed procedures**,** • Provides **every** patient with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3**,** • Gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #4 within 10 business days**, and** • Does **not** take legal action against patients for late or insufficient payment of a medical bill in cases where the facility did not have a written agreement in place specifying a good faith estimate for a medical services or the ASC does **not** take legal action against patients, but is required by state law to transfer delinquent payments to a state agency (e.g., Department of Treasury, Attorney General, etc.) for action. OR (applies to Military Treatment Facilities only) • The facility provides Department of Defense medical and dental reimbursement rates on their website for commonly performed procedures**,** • Provides **every** patient with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3**,** • Gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #4 within 10 business days**, and** • Does **not** take legal action against patients but is required by federal law to transfer delinquent payments to a federal agency (e.g., Department of Treasury, Attorney General, etc.) for action.

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Billing Ethics Score (Performance Category)	**Meaning that…**
Considerable Achievement	• The facility does **not** provide either payer-specific negotiated charges or cash prices or Department of Defense medical and dental reimbursement rates on their website for commonly performed procedures, **but** • Provides **every** patient with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3**,** • Gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #4 within 10 business days, and • Does **not** take legal action against patients for late or insufficient payment of a medical bill in cases where the facility did not have a written agreement in place specifying a good faith estimate for a medical service or the facility does **not** take legal action against patients but is required by state or federal law to transfer delinquent payments to a state or federal agency (e.g., Department of Treasury, Attorney General, etc.) for action.
Considerable Achievement (Alternative)	• The facility provides **either** payer-specific negotiated charges or cash Prices or Department of Defense medical and dental reimbursement rates on their website for commonly performed procedures**,** • **Upon request**, provides patients with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3, • Gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #4 within 10 business days**, and** • Does **not** take legal action against patients for late or insufficient payment of a medical bill in cases where the facility did not have a written agreement in place specifying a good faith estimate for a medical service or the facility does **not** take legal action against patients but is required by state or federal law to transfer delinquent payments to a state or federal agency (e.g., Department of Treasury, Attorney General, etc.) for action.
Some Achievement	• The facility does **not** provide either payer-specific negotiated charges or cash prices or Department of Defense medical and dental reimbursement rates on their website for commonly performed procedures**,** • **Upon request,** provides patients with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3**,** • Gives patients instructions for contacting a billing representative who has access to interpretation services and has the authority to do all three required elements in question #4 within 10 business days**, and** • Does **not** take legal action against patients for late or insufficient payment of a medical bill in cases where the facility did not have a written agreement in place specifying a good faith estimate for a medical service or the facility does **not** take legal action against patients but is required by state or federal law to transfer delinquent payments to a state or federal agency (e.g., Department of Treasury, Attorney General, etc.) for action.
Limited Achievement	The facility responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.

Declined to Report	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

2B: Health Care Equity

Facilities are scored on whether they meet the requirements for collecting patient self-reported demographic data, training staff responsible for collecting demographic data, stratifying at least one quality measure, and additional steps the facility takes once this data is collected and analyzed.

Health Care Equity Score (Performance Category)	**Meaning that…**

Achieved the Standard	• The facility collects, at a minimum, patient self-identified **race, ethnicity, <u>and</u> preferred written or spoken language** data as described in question #1,
	• Trains staff responsible for collecting the self-identified demographic data from patients as described in question #2,
	• Uses the patient self-identified demographic data to stratify at least one quality measure as described in question #3,
	• And has done at least **<u>two</u>** of the three remaining elements:
	  ○ Has updated or revised a policy or procedure to address the disparity or developed a written action plan as described in question #5 (if disparities were identified in question #4), OR
	  ○ Shares information about efforts to identify and reduce health care disparities on its public website as described in question #6, OR
	  ○ Reports out and discusses efforts to identify and address health care disparities with the facility's leadership and governance as described in question #8.
	
	Question #5 is not used in scoring for facilities that responded "No, disparities were not identified" or "Inadequate data available to determine if disparities exist" to question #4.

Considerable Achievement	• The facility collects, at a minimum, patient self-identified **race, ethnicity, and preferred written or spoken language** data as described in question #1,
	• Trains staff responsible for collecting the self-identified demographic data from patients as described in question #2,
	• Uses the patient self-identified demographic data to stratify at least one quality measure as described in question #3,
	• And has done **<u>one</u>** of the three remaining elements:
	  ○ Has updated or revised a policy or procedure to address the disparity or developed a written action plan as described in question #5 (if disparities were identified in question #4), OR
	  ○ Shares information about efforts to identify and reduce health care disparities on its public website as described in question #6, OR
	  ○ Reports out and discusses efforts to identify and address health care disparities with the facility's leadership and governance as described in question #8.
	
	• *Question #5 is not used in scoring for facilities that responded "No, disparities were not identified" or "Inadequate data available to determine if disparities exist" to question #4.*

Health Care Equity Score (Performance Category)	**Meaning that…**

Some Achievement	• The facility collects, at a minimum, patient self-identified **race, ethnicity, and preferred written or spoken language** data as described in question #1,
	• Trains staff responsible for collecting the self-identified demographic data from patients as described in question #2,
	• Uses the patient self-identified demographic data to stratify at least one quality measure as described in question #3,
	• But has not yet done any of the remaining elements:
	  ○ Updated or revised a policy or procedure to address the disparity or developed a written action plan as described in question #5 (if disparities were identified in question #4), OR
	  ○ Shared information about efforts to identify and reduce health care disparities on its public website as described in question #6, OR
	  ○ Reported out and discusses efforts to identify and address health care disparities with the facility's leadership and governance as described in question #8.
	
	Question #5 is not used in scoring for facilities that responded "No, disparities were not identified" or "Inadequate data available to determine if disparities exist" to question #4.

Limited Achievement	The facility responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.
Declined to Report	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

2C: Informed Consent

Facilities are scored on whether they meet the requirements for their informed consent training, the content of their informed consent forms, and their processes for gaining informed consent for all procedures where general and regional anesthesia are used, or where monitored anesthesia care is administered.

Informed Consent Score (Performance Category)	**Meaning that…**

Achieved the Standard	• The facility responded "yes, **all** applicable forms are written at a 6th grade reading level or lower" to question #4, **and**
	• The facility responded "yes" to the remaining **five** questions in
	  ○ Training on Informed Consent (question #1),
	  ○ Content of Informed Consent Forms (questions #2-3), and
	  ○ Process for Gaining Informed Consent (questions #5-6).

Considerable Achievement	• The facility responded "yes, **all** applicable forms are written at a 6th grade reading level or lower" to question #4 **and**
	• The facility responded "yes" to at least **four** additional questions in
	  ○ Training on Informed Consent (question #1),
	  ○ Content of Informed Consent Forms (questions #2-3), and
	  ○ Process for Gaining Informed Consent (questions #5-6).
	OR
	• The facility responded that "no, but at least **one** form is written at a 6th grade reading level or lower" **OR** "no, all applicable forms are written at a 9th grade reading level or lower" to question #4 **and**
	• The facility responded "yes" to the **five remaining** questions in
	  ○ Training on Informed Consent (question #1),
	  ○ Content of Informed Consent Forms (questions #2-3), and
	  ○ Process for Gaining Informed Consent (questions #5-6).

Some Achievement	• The facility responded "yes, **all** applicable forms are written at a 6th grade reading level or lower" **OR** "no, but at least **one** form is written at a 6th grade reading level or lower" **OR** "no, all applicable forms are written at a 9th grade reading level or lower" to question #4 **and**
	• The facility responded "yes" to at least **three** additional questions in
	  ○ Training on Informed Consent (question #1),
	  ○ Content of Informed Consent Forms (questions #2-3), and
	  ○ Process for Gaining Informed Consent (questions #5-6).
	OR
	• The facility responded "no forms are written at a 6th grade reading level or lower" to question #4 **and**
	• The facility responded "yes" to **at least four** additional questions in
	  ○ Training on Informed Consent (question #1),
	  ○ Content of Informed Consent Forms (questions #2-3), and
	  ○ Process for Gaining Informed Consent (questions #5-6).

Limited Achievement	The facility responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.
Declined to Report	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

2D: Taking Responsibility for Never Events

Facilities are scored based on their adoption of the nine principles of The Leapfrog Group's Never Events Policy.

Never Events Score (Performance Category)	**Meaning that…**
Achieved the Standard	The facility has implemented a policy that adheres to **all nine principles** of The Leapfrog Group's Never Events Policy.
Considerable Achievement	The facility has implemented a policy that adheres to all the **original five principles*** of The Leapfrog Group's Never Events Policy, as well as **at least two additional principles**.
Some Achievement	The facility has implemented a policy that adheres to all the **original five principles*** of The Leapfrog Group's Never Events Policy.
Limited Achievement	The facility responded to all questions in this section, but it does not yet meet the criteria for Some Achievement.
Declined to Report	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

*The Leapfrog Group's original five principles include: apologizing to the patient, performing a root cause analysis, reporting to an external agency within 15 days, waiving all associated costs, and making a copy of the policy available to patients and payors upon request. More information is available at https://ratings.leapfroggroup.org/measure/asc/2026/responding-never-events.

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Section 3 Patient Safety Practices

3A: Infection Surveillance Following Breast Surgeries, Laminectomies, Herniorrhaphies, or Knee Prosthesis Procedures

Data from the NHSN Outpatient Procedure Component Module is downloaded by Leapfrog for all facilities who 1) join Leapfrog's NHSN Group for ASCs, 2) enter a valid NHSN ID in the ASC Profile, and 3) submit a 2026 Leapfrog ASC Survey.

Leapfrog downloads available data from NHSN for each facility for the following:

- 2025 Outpatient Procedure Component - Annual Facility Survey (available January 1, 2026)
- Breast Surgery (BRST) Procedure SSI Outcome Measure
- Herniorrhaphy (HER) Procedure SSI Outcome Measure
- Knee Prosthesis (KPRO) Procedure SSI Outcome Measure
- Laminectomy (LAM) Procedure SSI Outcome Measure

Facilities are scored based on their enrollment in the NHSN OPC Module and having 1) completed the 2025 OPC Annual Facility Survey, 2) had a Monthly Reporting Plan in place for all applicable Surgical Site Infection Measures, as follows:

NHSN Outpatient Procedure Component Module Score (Performance Category)	**Meaning that…**
Achieved the Standard	Facility is enrolled in the NHSN OPC Module, completed the 2025 OPC Annual Facility Survey, and has a Monthly Reporting Plan in place for each month of the reporting period (12 months) for all applicable Surgical Site Infection Measures.
Considerable Achievement	Facility is enrolled in the NHSN OPC Module, completed the 2025 OPC Annual Facility Survey, and has a Monthly Reporting Plan in place for 6 to 11 months of the reporting period for all applicable Surgical Site Infection Measures.
Some Achievement	Facility is enrolled in the NHSN OPC Module, completed the 2025 OPC Annual Facility Survey, and has a Monthly Reporting Plan in place for less than 6 months for all applicable Surgical Site Infection Measures.

Limited Achievement	Facility has not enrolled in the NHSN OPC Module, has not completed the 2025 OPC Annual Facility Survey, has not had a Monthly Reporting plan in place for applicable Surgical Site Infection Measures, or has not joined Leapfrog's NHSN Group.
Does Not Apply	The facility does not perform any breast surgeries, herniorrhaphies, knee replacements, or laminectomies.
Declined to Report	The facility did not submit a survey or did not provide a valid NHSN ID.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

3B: Hand Hygiene

Facilities are scored based on their performance in five domains of hand hygiene. To meet the requirements of each domain, the facility must respond in the affirmative to all applicable questions.

1. Monitoring: questions #5-8
    a. Electronic: questions #9-10
    b. Direct Observation: questions #11-12
2. Feedback*: questions #13-16
3. Training and Education: questions #1-3
4. Infrastructure: question #4
5. Culture: questions #17-18

*Facilities must respond "yes" to question #5, #6, or #7 in the Monitoring Domain to access the questions in the Feedback Domain.

Hand Hygiene Score (Performance Category)	**Meaning that…**

Achieved the Standard	The facility responded "yes" to **all** applicable questions in the Monitoring and Feedback Domains and meets the **monthly** sample size of **200** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (measure specifications, Section 4 of the ASC Survey 2.0), **each month** for monitoring hand hygiene opportunities:
	
	• **Monitoring Domain**:
	  ○ Question #6:
	  Facility collects hand hygiene compliance data on at least **200** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (measure specifications, Section 3B of the ASC Survey 2.0), **each month**.
	  ○ Question #8:
	  Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene.
	  ○ The facility responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #5):
	  ▪ *Electronic Compliance Monitoring*: questions #9-10
	  ▪ *Direct Observation*: questions #11-12
	• **Feedback Domain:** questions #13-16
	
	AND
	
	The facility responded "yes" to **all** questions in any **two** of the following domains:
	• **Training and Education Domain:** questions #1-3
	• **Infrastructure Domain:** question #4
	• **Culture Domain:** questions #17-18

Achieved the Standard (Alternative)	Facilities that collect hand hygiene compliance data on a **monthly** sample size of **100** hand hygiene opportunities per **month**, or at least the number of hand hygiene opportunities outlined in Table 2 (measure specifications, Section 3B of the ASC Survey 2.0), can Achieve the Standard if they meet the following:

Hand Hygiene Score (Performance Category)	**Meaning that…**

	• **Monitoring Domain**:
	  ○ Question #6:
	  Facility collects hand hygiene compliance data on at least **100** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 2 (measure specifications, Section 3B of the ASC Survey 2.0), **each month**.
	  ○ Question #8:
	  Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene.
	  ○ The facility responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #5):
	  ▪ *Electronic Compliance Monitoring*: questions #9-10
	  ▪ *Direct Observation*: questions #13-16
	
	AND
	
	The facility responded "yes" to **all** questions in the other four domains:
	• **Feedback Domain:** questions #13-16
	• **Training and Education Domain:** questions #1-3
	• **Infrastructure Domain:** question #4
	• **Culture Domain:** questions #17-18

Considerable Achievement	The facility responded "yes" to **all** applicable questions in the Monitoring and Feedback Domains and meets the **monthly or quarterly** sample size of **100** for monitoring hand hygiene opportunities:
	
	• **Monitoring Domain**:
	  ○ Question #6 or #7:
	  ▪ Facility collects hand hygiene compliance data on at least **100** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 2 (measure specifications, Section 3B of the ASC Survey 2.0), each **month**.
	  ▪ Facility collects hand hygiene compliance data on at least **100** hand hygiene opportunities **each quarter**.
	  ○ Question #8:
	  Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene.
	  ○ The facility responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #6):
	  ▪ *Electronic Compliance Monitoring*: questions #9-10
	  ▪ *Direct Observation*: questions #13-16
	• **Feedback Domain:** questions #13-16
	
	AND
	
	The facility responded "yes" to **all** questions in any **two** of the following domains:

	• **Training and Education Domain:** questions #1-3 • **Infrastructure Domain:** question #4 • **Culture Domain:** questions #17-18

Limited Achievement	The facility responded "yes" to **all** applicable questions in any **one** of the following domains:
	
	• **Monitoring Domain:**
	  ○ Question #5, #6, or #7:
	  ▪ Facility collects hand hygiene compliance data on at least **200** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined in Table 1 (measure specifications, Section 3B of the ASC Survey 2.0), **each month**.
	  ▪ Facility collects hand hygiene compliance data on at least **100** hand hygiene opportunities, or at least the number of hand hygiene opportunities outlined based on Table 2 (measure specifications, Section 3B of the ASC Survey 2.0), each **month**.
	  ▪ Facility collects hand hygiene compliance data on at least **100** hand hygiene opportunities **each quarter**.
	  ○ Question #8:
	  Facility uses hand hygiene coaches or compliance observers to provide individuals who touch patients or who touch items that will be used by patients with feedback on both when they are and are not compliant with performing hand hygiene.
	  ○ The facility responded "yes" to all questions pertaining to the monitoring method used (as indicated in question #5, #6, or #7):
	  ▪ *Electronic Compliance Monitoring*: questions #9-10
	  ▪ *Direct Observation:* questions #11-12
	• **Feedback Domain:** questions #13-16
	• **Training and Education Domain:** questions #1-3
	• **Infrastructure Domain:** question #4
	• **Culture Domain:** questions #17-18
	
	OR
	
	The facility met **0** domains.

Declined to Report	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

3C: Culture of Safety

Facilities are scored based on their progress in implementing elements of the National Quality Forum's (NQF) Safe Practice #2 – Culture Measurement, Feedback, and Intervention.

NQF Safe Practice #2 Score (Performance Category)	**Meaning that the facility earned…**
Achieved the Standard	100% of Points
Considerable Achievement	80% to 99% of Points
Some Achievement	50% to 79% of Points
Limited Achievement	0% to 49% of Points
Does Not Apply	The facility had too few employees (<20).
Declined to Report	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

Scoring details are described below.

1. **Maximum Points:** NQF Safe Practice #2 – Culture Measurement, Feedback, and Intervention has a maximum number of points of 120.

1. **Point Values per Safe Practice Element:** Each question has an equal point value, computed as the Maximum Points for this NQF Safe Practice divided by the number of elements within this NQF Safe Practice (n=6).

2. **Points Earned:** Total points earned for this NQF Safe Practice is the sum of the elements for which the facility responded "yes" for this NQF Safe Practice.

3. **Performance Category Cut Points** are based on a percentage of the Maximum Points achievable for this NQF Safe Practice. The distribution of scores, including new or updated Survey Results, will be reviewed periodically to determine if there are compelling reasons to revise these performance category cut points further. However, there are no current plans or commitments to change the cut-points during the 2026 Survey Cycle.

4. **Updated Submissions:** Facilities may update and resubmit their Surveys as often as needed to reflect actual progress achieved or additional commitments undertaken in these patient safety areas up until **November 30.** Updates made to reflect a change in performance after November 30 will not be scored or publicly reported.

Section 4: Volume of Procedures

4A: National Volume Standards for Total Knee Replacement, Total Hip Replacement, and Bariatric Surgery for Weight Loss

Facilities are scored on whether they met the minimum facility volume standards and whether the facility's process for privileging its surgeons includes meeting or exceeding the minimum annual surgeon volume standards in the table below.

Procedure	Facility Volume	Surgeon Volume
Total knee replacement surgery	50	25
Total hip replacement surgery	50	25
Bariatric surgery for weight loss	50	20

Performance categories are assigned for each procedure as follows:

Facility and Surgeon Volume Score (Performance Category)	**Meaning that for each of the procedures performed…**
Achieved the Standard	• The facility **met** the minimum facility volume standard for the procedure, **and** • The facility's process for privileging surgeons **does** include meeting or exceeding the minimum annual surgeon volume standard.
Considerable Achievement	• The facility **met** the minimum facility volume standard for the procedure, **but** • The facility's process for privileging surgeons **does not** include meeting or exceeding the minimum annual surgeon volume standard.
Some Achievement	• The facility **did not** meet the minimum facility volume standard for the procedure, **but** • The facility's process for privileging surgeons **does** include meeting or exceeding the minimum annual surgeon volume standard.
Limited Achievement	• The facility **did not** meet the minimum facility volume standard for the procedure, **and** • The facility **does not** include the minimum annual surgeon volume standard in its privileging process.
Does Not Apply	The facility does not perform the procedure.
Declined to Report	The facility did not submit a Survey.
Pending Leapfrog Verification	The facility's responses are undergoing Leapfrog's standard verification process.

4B: Facility Volume for Select Procedures (Optional)

Responses to the annual volume of each procedure performed are optional and not scored. However, if submitted, responses are publicly reported to inform purchasers and consumers about the facility's experience with the procedure.

Appendix I: CMS Footnote Table

See the table below for a list of CMS footnotes and definitions used in scoring and public reporting for the CMS ASCQR Measures ASC 1-4,12,14,17-19 and Patient Experience (OAS CAHPS).

CMS Footnote Definitions

Footnote Number	CMS Definition
1	The number of cases/patients is too few to report.
3	Results are based on a shorter time period than required.
5	Results are not available for this reporting period because: • The facility elected not to submit data for the entire reporting period; or • The facility had no claims data for a particular measure; or • The facility elected to suppress a measure from being publicly reported
6	Fewer than 100 patients completed the CAHPS survey. Use these scores with caution, as the number of surveys may be too low to reliably assess facility performance.
7	No cases met the criteria for this measure.
10	Very few patients were eligible for the CAHPS survey. The scores shown reflect fewer than 50 complete surveys. Use these scores with caution, as the number of surveys may be too low to reliably assess facility performance.

For more information about Leapfrog's new ASC Public Reporting Program, please click here.

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