PROPOSED CHANGES TO THE 2027 LEAPFROG ASC PUBLIC REPORTING PROGRAM

OPEN FOR PUBLIC COMMENT
Comments Accepted until midnight ET on December 17, 2026

In 2026, Leapfrog successfully launched the redesigned ASC Public Reporting Program, making use of the CMS Ambulatory Surgery Center Quality Reporting Program (ASCQR) data published in the CMS Provider Data Catalog, restructuring the Leapfrog ASC Survey to remove nearly half of the Survey questions, and aligning with AAAHC and The Joint Commission Accreditation Standards. These changes gave consumers and purchasers, for the first time ever, the ability to compare patient safety and quality ratings for nearly 4,000 ASCs across the country on Leapfrog's public reporting website.

Moreover, submissions of the Leapfrog ASC Survey 2.0 have increased by over 35%, with submissions still accepted through November 30. This strong response supports Leapfrog's approach to focusing the ASC Survey 2.0 on 8 measures of the utmost importance to consumers and purchasers. Leapfrog also introduced a new Full Transparency badge for fully reporting ASCs and hospitals, alongside a redesigned public reporting website, a dedicated program homepage, and new webinars and outreach materials to help ASCs and their partners understand and act on their Results.

Building on this strong first year, Leapfrog remains committed to expanding meaningful participation in the ASC Public Reporting Program. The changes proposed for 2027, detailed below, reflect that ongoing commitment and the feedback we have received from ASCs, purchasers, and other stakeholders since the program's redesign. As always, we invite your comments on these proposed changes. Your feedback plays a critical role in helping us improve patient safety and quality for patients receiving care at ASCs nationwide.

Highlights of Proposed Changes for 2027 include:

- CMS Public Reporting: Proposal to add a new OAS CAHPS domain to scoring and public reporting.
- Accreditation Standards: Proposal to remove one measure and add two additional accreditation measures to scoring and public reporting.
- Section 1: Basic Facility Information: Proposal to resume data collection and public reporting of whether staff are required to be board certified.
- Section 2A: Billing Ethics: Proposal to update one FAQ to further clarify good faith estimates and add one new FAQ regarding turning over past due medical bills to collection agencies.
- Section 2C: Informed Consent: Proposal to add one new question, refine two existing questions, and add an additional fact-finding question.
- Section 2D: Taking Responsibility for Never Events: Proposal to move from the National Quality Forum (NQF) 2011 Serious Reportable Events (SRE) list to the 2025 Sentinel Events and Serious Reportable Events list.
- Section 4A: National Volume Standards for Total Knee Replacement, Total Hip Replacement, and Bariatric Surgery for Weight Loss: Proposal to remove the optional fact-finding question.

To provide public comment, please complete the public comment form here. Comments will be accepted until midnight ET on December 17, 2026.

We are grateful to those who take the time to submit comments each year. These comments bring enormous value to Leapfrog's team and help ensure the ASC Public Reporting Program is beneficial to ASCs, purchasers, and consumers.

For information on the 2026 Leapfrog ASC Public Reporting Program, visit https://www.leapfroggroup.org/asc.

DEADLINES AND REPORTING PERIODS FOR 2027

Review the 2027 Leapfrog ASC Public Reporting Program Deadlines and anticipated reporting periods in Appendix I and Appendix II. As a reminder, ASCs that do not submit a Leapfrog ASC Survey 2.0 by the June 30 Submission Deadline will be publicly reported as "Declined to Report" until a Survey has been submitted.

UPDATE TO REPORTING POLICY FOLLOWING CYBERSECURITY EVENTS AND NATURAL DISASTERS OR CMS EXTRAORDINARY CIRCUMSTANCES EXCEPTION

Leapfrog will update its current "Reporting Policy Following Cybersecurity Events and Natural Disasters or CMS Extraordinary Circumstances Exception" to include the Centers for Medicare and Medicaid Services' (CMS) Footnote 29 in addition to previously included CMS Footnote 28. These footnotes are used by CMS when publicly reporting results on CMS Care Compare for facilities that have an approved exception from reporting to various CMS programs. They are defined as follows:

- CMS Footnote 28: The results are based on the hospital or facility's data submissions. CMS approved the hospital or facility's Extraordinary Circumstances Exception request suggesting that results may be impacted.
- CMS Footnote 29: This measure was calculated using partial performance period data due to a CMS-approved exception.

ASCs will continue to be required to submit a request form (2027 request form will be available on April 1, 2027) with additional details and be approved by Leapfrog in order to have the following note displayed on Leapfrog's public reporting website for those Leapfrog ASC Survey 2.0 measures impacted by limited data availability: "Results are based on limited data due to a reported cybersecurity event, natural disaster, or a CMS Extraordinary Circumstance exception."

PROPOSED CONTENT AND SCORING CHANGES FOR 2027

ASC PUBLIC REPORTING PROGRAM

CMS PUBLIC REPORTING

CMS ASCQR OUTCOME MEASURES

Due to the limited number of updates to the CMS Provider Data Catalog, Leapfrog will reduce the number of CMS data downloads from four in 2026 to three in 2027. A schedule of anticipated download dates is available in Appendix III.

PATIENT EXPERIENCE (OAS CAHPS)

In anticipation of CMS reintroducing the "Preparations for Discharge and Recovery" OAS CAHPS domain, Leapfrog proposes to update its Patient Experience Standard to incorporate the reintroduced domain. In 2027, Leapfrog will obtain Top Box Scores for the OAS CAHPS domain "Preparations for Discharge and Recovery" from the CMS Provider Data Catalog and the following five domains will be scored and publicly reported:

Patient Experience Domains (OAS CAHPS):

1. Facilities and Staff
2. Communication About Your Procedure
3. Patients' Rating of the Facility
4. Patients Recommending the Facility
5. Preparations for Discharge and Recovery (***NEW***)

ASCs will continue to be scored based on the number of domains where the facility is performing in the top quartile. The threshold to Achieve the Standard will increase from 3 out of 4 domains (2026) to 4 out of 5 domains (2027). The top quartiles will be calculated using results published by CMS for both Ambulatory Surgery Centers (ASCs) and hospitals on June 30, 2027. These cut-points will remain in place for the entire 2027 program cycle, unless it is determined that there are compelling reasons to make revisions.

Anticipated reporting periods and data download dates for OAS CAHPS Top Box Scores are available in Appendix III.

The proposed updated scoring algorithm is also available in Appendix III.

ACCREDITATION STANDARDS

Beginning in 2027, Leapfrog proposes to remove the Clinicians Certified in Adult Advanced Life Support Always Present from both the Leapfrog Hospital Survey and ASC Public Reporting Program as both hospitals and ASCs have demonstrated achieving this standard for several years in a row. We propose to score and publicly report two (2) additional measures for ASCs that upload proof of active AAAHC or TJC accreditation.

Each reflects requirements that are consistent across AAAHC and TJC accreditation standards, so ASCs will not need to report any additional data to receive credit. ASCs that upload an accreditation certificate will be scored and publicly reported as Achieved the Standard (best score) for each applicable measure:

- **Safe Sterilization and High-Level Disinfection of Instruments and Equipment:** The ASC cleans, disinfects, sterilizes, and stores reusable instruments and equipment, and reprocesses any single-use devices, according to manufacturers' instructions for use and nationally recognized guidelines.

- **Labeling of Medications and Solutions:** Any medication or solution that is removed from its original container and not immediately administered is labeled with, at a minimum, the medication name, strength, amount, and expiration date.

Publicly reporting these additional accreditation standards gives consumers and purchasers more information about the safety practices ASCs demonstrate through accreditation, without adding to ASCs' reporting burden.

THELEAPFROGGROUP

LEAPFROG ASC SURVEY 2.0

ASC PROFILE

There are no proposed changes to the ASC Profile.

SECTION 1: BASIC FACILITY INFORMATION

In 2027, Leapfrog will resume data collection and public reporting of whether physicians and anesthesia providers are required to be board certified.

1) To help ensure that patients are cared for by well-trained physicians and anesthesia providers (e.g., anesthesiologists and certified registered nurse anesthetists), do your medical staff by-laws or facility-wide policies require all physicians and anesthesia providers who have privileges to provide care at your facility to be board certified or board eligible?	○ Yes ○ No

SECTION 2: PATIENT RIGHTS AND ETHICS

SECTION 2A: BILLING ETHICS

In response to feedback from facilities participating in the ASC Survey 2.0, Leapfrog is updating the FAQs in Section 2A: Billing Ethics.

First, Leapfrog will update the FAQ related to question #5, which asks about taking legal action, to further clarify the definition of a "good faith estimate."

Updates highlighted in yellow.

What is a "good faith estimate" as referred to in question #5?
A good faith estimate includes an itemized list of expected charges for the primary item or service the patient will receive and any other items or services provided as part of the same scheduled episode of care. The final bill must be no more than $400 over the amount of the good faith estimate. The Centers for Medicare and Medicaid Services have published an example template for providing good faith estimates: https://www.cms.gov/files/document/nsa-sample-good-faith-estimate.pdf.

The Good Faith Estimate is based on information known at the time the estimate was created and does not include any unknown or unexpected costs that may arise during treatment. If complications or special circumstances occur, a patient could be charged more resulting in a bill that is $400 or more than the Good Faith Estimate previously provided by the provider or facility. If this happens, the patient would be expected to pay the higher amount on the bill unless the facility is willing to do any of the following:

- Update the bill to match the Good Faith Estimate
- Negotiate the bill
- Offer financial assistance

Please note that federal law does allow patients to dispute the bill if it is $400 or more than the Good Faith Estimate provided by the provider or facility. During the dispute process, the provider or facility can't do the following:

- Move a patients bill into collections, or threaten to do so
- Collect any existing late fees on unpaid bills until the dispute process ends
- Take legal action against a patient because they are disputing their bill
- If the bill is already in collections, the provider or facility must stop pursuing payment until the dispute is resolved

For more information about the dispute process, please visit https://www.cms.gov/medical-bill-rights/help/dispute-a-bill.

In addition, we will add a new FAQ for question #5 to provide additional guidance regarding turning over past due balances to collection agencies.

Does selling or transferring a patient's debt to a collection agency constitute legal action?
If the ASC's contract with the collection agency prohibits the agency from taking legal action against patients, selling or transferring a patient's debt to that agency is not considered legal action.

If the collection agency is permitted to take legal action against patients to collect the debt, selling or transferring the debt to that agency is considered legal action.

ASCs should review their agreements with collection agencies to determine whether the agency is contractually prohibited from pursuing legal action against patients.

There are no proposed changes to the questions or scoring algorithm for Section 2A: Billing Ethics.

SECTION 2B: HEALTH CARE EQUITY

There are no proposed changes to this subsection.

SECTION 2C: INFORMED CONSENT

Leapfrog will add a new question to Section 2C: Informed Consent to identify ASCs that do not perform any procedures where general anesthesia, regional anesthesia, or monitored anesthesia care is used. ASCs that respond "no" will skip the remaining questions in this subsection and will be scored as "Does Not Apply."

1) Does your facility perform any procedures where general anesthesia, regional anesthesia, or monitored anesthesia care is used? *If "no," skip the remaining questions in this subsection and continue to the next subsection. The facility will be scored as "Does Not Apply."*	○ Yes ○ No

In addition, Leapfrog will update question #3, which asks if all applicable consent forms include specific information, such as the name(s) of the clinician(s) performing the procedure, to additionally ask if the names of any assistants or trainees who will be involved in the procedure are also included.

Updates highlighted in yellow.

3) Do ALL applicable consent forms used by your facility include: • the name(s) of the clinician(s) performing the procedure, • whether any assistants or trainees will be involved in the procedure, and • the name(s) of any assistants or trainees involved in the procedure (if applicable)?	○ Yes ○ No

Leapfrog will update question #5 to further clarify the timing of when each item should occur during the informed consent process (i.e., prior to or during/immediately following the informed consent discussion).

Updates highlighted in yellow.

5) As part of the process for gaining informed consent, does your facility do **all** the following: **Prior to the informed consent discussion:** • ask what the patient/legal guardian's preferred language for medical decision-making is; • as needed, provide the patient/legal guardian access to a qualified medical interpreter who is NOT a family caregiver; **AND** **During or immediately following the informed consent discussion:** • use a consent form or notation in the medical record to document whether a qualified medical interpreter was used to conduct the informed consent process; and • have the medical interpreter sign the consent form (either in-person, electronically, or by documenting the use of an interpreter in the medical record)?	○ Yes ○ No

For the optional fact-finding questions, Leapfrog is proposing to remove question #8, which asks who is responsible for leading the informed consent discussion, and add a new question that asks where the consent form is signed at the facility or at another location. In question #7, which asks where the informed consent discussion takes place, we are proposing to split the response option "At an office or other location located separately from the facility" into two separate response options that can be selected individually and remove the associated skip logic. The new fact-finding question will use the same response options.

Updates highlighted in yellow. Removed questions and text shown in ~~strikethrough.~~

7)	Where does the informed consent discussion take place for the majority of the procedures performed at your facility? *Select all that apply.* *The informed consent discussion is the conversation between a clinician and the patient/legal guardian, not the signing of the consent form itself.* ~~*If "at an office or other location located separately from the facility," skip question #8 and continue to the next subsection.*~~	○ At the facility where the procedure is performed ○ ~~At an office or other location located separately from the facility~~ ○ At an office located separately from the facility ○ At another location located separately from the facility
8)	~~Who is responsible for leading the informed consent discussion for the majority of procedures performed at your facility?~~	○ ~~The attending surgeon~~ ○ ~~A physician on the surgical team~~ ○ ~~A physician assistant or nurse practitioner on the surgical team~~ ○ ~~A registered nurse~~ ○ ~~Other (please specify): _____~~
9)	Where is the consent form signed for the majority of the procedures performed at your facility? *Select all that apply.* *This question refers to where the patient/legal guardian signs the consent form, not where the informed consent discussion takes place.*	○ At the facility where the procedure is performed ○ At an office located separately from the facility ○ At another location located separately from the facility

Leapfrog will update the scoring algorithm for Section 2C: Informed Consent to add a "Does Not Apply." The optional fact-finding questions will not be scored or publicly reported.

SECTION 2D: TAKING RESPONSIBILITY FOR NEVER EVENTS

To earn credit for the questions in Section 2D: Taking Responsibility for Never Events, ASCs must have a policy in place that addresses National Quality Forum's list of Serious Reportable Events. Beginning with the 2027 Leapfrog ASC Survey 2.0, Leapfrog will no longer use the National Quality Forum's (NQF) 2011 Serious Reportable Events (SRE) list and will instead start using the 2025 Sentinel Events and Serious Reportable Events list, which was published in January 2026 (revised May 2026) jointly by NQF and Joint Commission and will be adopted by the Joint Commission in January 2027. The updated list has 28 patient safety events in four categories: Procedural Events (SRE 1-7), Product or Device Events (SRE 8-11), Patient Protection Events (SRE 12-16), and Care Provision Events (SRE 17-28). Of these, 23 events are updated or consolidated from the 2011 list and 5 are new. Two 2011 events will be retired. SRE 21 does not apply to Ambulatory Surgery Centers. A crosswalk is available in Appendix IV which maps each 2025 patient safety event to its 2011 counterpart.

For the nine events on the 2025 list identified as occurring "regardless of the outcome," the event must reach the patient to qualify as a Never Event for the purpose of reporting on the Leapfrog Hospital Survey. The nine events are SRE 1, 2, 4, 5, 7, 11, 12, 14, and 16, which are marked with an asterisk (*) in the crosswalk.

"Near misses" are important for every hospital to account for and address, and Leapfrog supported their inclusion in NQF's new Sentinel Events and Serious Reportable Events list. However, Leapfrog's standard focuses on taking accountability following events where patients were harmed, such as not charging for the event and apologizing to the patient, and these actions may not apply to a "near miss" situation as a "near miss" is defined by NQF as an event that was caught before it reached the individual.

There are no proposed changes to the scoring algorithm for Section 2D: Taking Responsibility for Never Events.

SECTION 3: PATIENT SAFETY PRACTICES

SECTION 3A: INFECTION SURVEILLANCE FOLLOWING BREAST SURGERIES, LAMINECTOMIES, HERNIORRHAPHIES, OR KNEE PROSTHESIS PROCEDURES

There are no proposed changes to this subsection.

In 2027, Leapfrog will update the criterion for ASCs to be eligible for a Top ASC Award to only include ASCs that either achieve or make considerable progress towards achieving Leapfrog's standard in the NHSN Outpatient Procedure Component (OPC) Module (if applicable). Meaning they have a Monthly Reporting Plan in place for at least 6 months of the reporting period for all applicable Surgical Site Infection Measures.

As a reminder, this criterion does not apply to ASCs that did not perform breast surgeries, laminectomies, herniorrhaphies, or knee prosthesis procedures.

NHSN Reporting Periods and Deadlines for 2027

Data will be available on the ASCs Details Page, as well as scored and publicly reported by Leapfrog for facilities that:

1) Join Leapfrog's NHSN Group for ASCs by the dates below,
2) Submit the NHSN Annual Survey, SSI Monthly Reporting Plans, and applicable Summary Data,
3) Enter a valid NHSN ID in the Profile Section of their 2027 Leapfrog ASC Survey 2.0, and
4) Complete, affirm, and submit the 2027 Leapfrog ASC Survey 2.0 by the dates below:

Join Leapfrog's NHSN Group by	Leapfrog will download data from NHSN for all current group members	Data downloaded from NHSN will be scored and publicly reported for ASCs that have submitted a Survey by	SSI Reporting Period	Available on ASC Details Page and Public Reporting Website
June 20, 2027	June 21, 2027	June 30, 2027	01/01/2026 – 12/31/2026	July 12, 2027 ASC Details Page July 25, 2027 Public Reporting Website

August 18, 2027	August 19, 2027	August 31, 2027	01/01/2026 – 12/31/2026	September 10, 2027*
October 20, 2027	October 21, 2027	October 31, 2027	07/01/2026 – 06/30/2027	November 9, 2027*
December 15, 2027	December 16, 2027**	November 30, 2027	07/01/2026 – 06/30/2027	January 11, 2028*

Leapfrog will provide step-by-step instructions for ASCs to download the same reports that Leapfrog downloads for each of the NHSN data downloads on our website by April 1.

* Available on ASC Details Page on the same date as public release of Survey Results
** The Leapfrog ASC Survey closes on November 30, 2027. The last NHSN data download is on December 16, 2027 to incorporate any ASCs and corrections from ASCs that joined by the last join date of December 15, 2027.

SECTION 3B: HAND HYGIENE

There are no proposed changes to this subsection.

SECTION 3C: CULTURE OF SAFETY

There are no proposed changes to this subsection.

As a reminder, the AHRQ Hospital Survey on Patient Safety Culture Version 1.0 can no longer be used for the purposes of reporting on the 2027 Leapfrog ASC Survey 2.0. Only Version 2.0 may be used. Similarly, SCORE can no longer be used for the purposes of reporting on the 2027 Leapfrog ASC Survey 2.0. Only SCORE II may be used. Please reference the Guidelines for a Culture of Safety Survey document available on our website.

SECTION 4: VOLUME OF PROCEDURES

SECTION 4A: NATIONAL VOLUME STANDARDS FOR TOTAL KNEE REPLACEMENT, TOTAL HIP REPLACEMENT, AND BARIATRIC SURGERY FOR WEIGHT LOSS

Based on an analysis of the data collected in the 2026 Leapfrog ASC Survey 2.0, Leapfrog will remove the optional fact-finding question asking ASCs if they have surgeons that perform both total knee replacement and total hip replacement procedures as nearly all surgeons perform both procedures. However, the Complex Surgery Expert Panel is not recommending making any changes to the surgeon volume standards at this time.

There are no other changes to this subsection.

Request for Information

Leapfrog is engaged in a multi-year effort to evaluate safety and quality standards for both inpatient and outpatient surgery (performed in hospitals and ambulatory surgery centers). Historically, and aligned with our core constituency of patients and purchasers, Leapfrog has favored having facilities report on outcome measures, but uses evidence-based process or structural measures if outcome measures are not available or cannot be feasibly collected on our Surveys.

Because of the scarcity of nationally standardized outcome measures for surgical mortality and morbidity, Leapfrog has collected data on evidence-based hospital and surgeon volume measures, specifically for eleven surgical procedures where decades of peer reviewed literature strongly support a volume-outcome relationship. These measures have been both feasible for facilities and meaningful to patients and purchasers.

Leapfrog, along with our Complex Surgery Expert Panel, our research team at Johns Hopkins Armstrong Institute for Patient Safety and Quality, and the American College of Surgeons, are interested in new and innovative process or structural measures that may enhance or eventually replace our current hospital and surgeon volume standards and apply to a broader range of inpatient and outpatient procedures. We are seeking comments and recommendations, including measures from national registries that may be available and suitable for this purpose.

SECTION 4B: FACILITY VOLUME FOR SELECT PROCEDURES (OPTIONAL)

There are no proposed changes to this subsection.

Thank you for your interest in the Leapfrog ASC Public Reporting Program. The Leapfrog Group and our experts will consider comments carefully in finalizing the 2027 Leapfrog ASC Public Reporting Program. Leapfrog will publish responses to public comments and a summary of changes in March 2027.

APPENDIX I

Timeline for the 2027 ASC Public Reporting Program

Date	Deadline
March	Summary of Changes to the 2027 Leapfrog ASC Public Reporting Program and Responses to Public Comments will be available for download at https://www.leapfroggroup.org/asc.
April 1	**LEAPFROG ASC SURVEY 2.0 LAUNCH:** The hard copy of the Leapfrog ASC Survey 2.0 and supporting materials are available for download on the ASC Survey 2.0 webpage. **ASC DASHBOARD AVAILABLE:** ASCs can request a 16-digit security code to access the free, secure ASC Dashboard to upload accreditation documentation and access the Online ASC Survey Tool.
June 30	**FIRST CMS DATA DOWNLOAD:** This is the date that Leapfrog will download data published in CMS' Provider Data Catalog for the nine (9) outcome measures and five (5) OAS CAHPS domains. Data will be scored and publicly reported for all eligible ASCs regardless of participation in the Leapfrog ASC Survey 2.0 starting on July 25. **FIRST ACCREDITATION UPLOAD DEADLINE:** ASCs that provide basic demographic information and upload an accreditation certificate via the ASC Dashboard by June 30 will be scored and publicly reported as Achieved the Standard for six (6) accreditation standards from the AAAHC or JC starting on July 25. **FIRST SURVEY SUBMISSION DEADLINE:** ASCs that submit the Leapfrog ASC Survey 2.0 via the ASC Dashboard by June 30 will be scored and publicly reported for eight (8) Leapfrog measures starting on July 25. *ASCs that do not upload an accreditation certificate by June 30 will be publicly reported as "Not Available" for these measures until an accreditation certificate has been uploaded.* *ASCs that do not submit the Leapfrog ASC Survey 2.0 by June 30 will be publicly reported as "Declined to Report" for these measures until a Leapfrog ASC Survey 2.0 has been submitted.*
July 12	**ASC DETAILS PAGE AVAILABLE FOR SURVEY PARTICIPANTS:** For ASCs that submit the Leapfrog ASC Survey 2.0, the first set of scored results (based on Surveys submitted by June 30), will be confidentially available to review on July 12 via the ASC Details Page link on the ASC Dashboard. In addition, Leapfrog will send out its first round of monthly data verification emails and documentation requests.

July 25	**ASC RATINGS PUBLICLY REPORTED:** The fourteen (14) CMS ASCQR measures for all eligible ASCs will be scored and publicly reported based on data downloaded from the CMS Provider Data Catalog on June 30. The six (6) accreditation measures for ASCs that uploaded their accreditation certificate via the ASC Dashboard by June 30 will be scored and publicly reported. The eight (8) Leapfrog measures for ASCs that submitted the Leapfrog ASC Survey 2.0 by June 30 will be scored and publicly reported. After July, results are updated on the seventh (7) business day of the month to reflect accreditation certificates and/or Surveys (re)submitted by the end of the previous month. *ASCs that do not upload an accreditation certificate by June 30 will be publicly reported as "Not Available" for these measures until an accreditation certificate has been uploaded.* *ASCs that do not submit the Leapfrog ASC Survey 2.0 by June 30 will be publicly reported as "Declined to Report" for these measures until a Leapfrog ASC Survey 2.0 has been submitted.*
August 31	**SECOND CMS DATA DOWNLOAD:** This is the date that Leapfrog will download any updated data published in CMS' Provider Data Catalog for the nine (9) outcome measures and four (5) OAS CAHPS domains. Data will be scored and publicly reported for all eligible ASCs regardless of participation in the Leapfrog ASC Survey 2.0 within the first seven (7) business days of September. **DEADLINE FOR TOP ASC DESIGNATION:** ASCs that would like to be eligible for Leapfrog's national Top ASC designation must upload their accreditation certification **AND** submit a Leapfrog ASC Survey 2.0 by August 31.
November 30	**FINAL CMS DATA DOWNLOAD:** This is the date that Leapfrog will download any updated data published in CMS' Provider Data Catalog for the nine (9) outcome measures and four (5) OAS CAHPS domains. Data will be scored and publicly reported for all eligible ASCs regardless of participation in the Leapfrog ASC Survey 2.0 within the first seven (7) business days of December. These results are then frozen until July 2028. **FINAL ACCREDITATION UPLOAD DEADLINE** This is the deadline for ASCs to provide basic demographic information and upload an accreditation certificate via the ASC Dashboard to be scored and publicly reported as Achieved the Standard for six (6) accreditation standards from the AAAHC or JC within the first seven (7) business days of December. These results are then frozen until July 2028. **LATE SURVEY SUBMISSION DEADLINE:** The Leapfrog ASC Survey 2.0 will close to new submissions at 11:59 pm ET on November 30. No new Surveys can be submitted after this deadline. Only ASCs that have submitted a Survey by November 30 will be able to log into the Online ASC Survey Tool to make corrections to previously submitted sections during the months of December and January. Survey updates reflecting a change in performance must be made prior to

	November 30. Performance updates made after November 30 will not be scored or publicly reported.
January 31	**SURVEY CORRECTIONS DEADLINE:** ASCs that need to make corrections to previously submitted Leapfrog ASC Survey 2.0 must make necessary updates and re-submit the entire Survey by January 31, 2028. ASCs will not be able to make changes or re-submit their Survey after this date.

APPENDIX II

Anticipated Reporting Periods for the 2027 Leapfrog ASC Survey 2.0

	Survey Submitted Prior to September 1	Survey (Re-)Submitted on or After September 1
Survey Section	**Reporting Period**	**Reporting Period**
1 Basic Facility Information	12 months ending 12/31/2026	12 months ending 06/30/2027
2A Billing Ethics	Based on the practices currently in place at the time of Survey submission	Based on the practices currently in place at the time of Survey submission
2B Health Care Equity	Based on the practices currently in place at the time of Survey submission	Based on the practices currently in place at the time of Survey submission
2C Informed Consent	Based on the practices currently in place at the time of Survey submission	Based on the practices currently in place at the time of Survey submission
2D Taking Responsibility for Never Events	Based on the practices currently in place at the time of Survey submission	Based on the practices currently in place at the time of Survey submission
3A Infection Surveillance following Breast Surgeries, Laminectomies, Herniorrhaphies, or Knee Prosthesis Procedures	June and August Data Downloads: 01/01/2026 – 12/31/2026	October and December Data Downloads: 07/01/2026 – 06/30/2027
3B Hand Hygiene	Based on the practices currently in place at the time of Survey submission	Based on the practices currently in place at the time of Survey submission
3C Culture of Safety	Latest 12 or 24 months prior to Survey submission (see individual Safe Practice for specific reporting period)	Latest 12 or 24 months prior to Survey submission (see individual Safe Practice for specific reporting period)
4A National Volume Standards for Total Knee Replacement, Total Hip Replacement, and Bariatric Surgery for Weight Loss	Volume: 12 months or 24-month annual average ending 12/31/2026	Volume: 12 months or 24-month annual average ending 06/30/2027
4B Facility Volume for Select Procedures (Optional)	12 months ending 12/31/2026	

APPENDIX III

CMS Measures (OAS CAHPS) – Proposed Scoring Algorithm for 2027

ASCs are scored on their Top Box Scores from five domains included on the Outpatient and Ambulatory Surgery (OAS) CAHPS Survey:

- Facilities and Staff
- Communication About Your Procedure
- Patients' Rating of the Facility
- Patients Recommending the Facility
- Preparations for Discharge and Recovery (***NEW***)

ASCs 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, 2027. These cut-points will remain in place for the entire 2027 program cycle, unless it is determined that there are compelling reasons to make revisions.

Top Quartile for OAS CAHPS Domains (Quartiles [Q])	**Facilities and Staff (%)**	**Communication About Your Procedure (%)**	**Patients' Rating of the Facility (%)**	**Patients Recommending the Facility (%)**	**Preparations for Discharge and Recovery (%)**
Top Quartile (where higher scores are better)	TBD	TBD	TBD	TBD	TBD

Patient Experience (OAS CAHPS) Score (Performance Category)	**Meaning that the ASC…**
Achieved the Standard	Scored in top quartile of facilities on **4 or 5 out of 5** OAS CAHPS domains.
Considerable Achievement	Scored in top quartile of facilities on **3 out of 5** OAS CAHPS domains.
Some Achievement	Scored in top quartile of facilities on **2 out of 5** OAS CAHPS domains.
Limited Achievement	Scored in top quartile of facilities on **only 1 or no** OAS CAHPS domains.
Does Not Apply	The ASC is a pediatric facility.
Unable to Calculate Score	The ASC 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).
Not Available	The ASC did not provide an accurate CCN in the ASC Profile, does not have CMS results for the reporting period (CMS footnote 5), or is exempt from the CMS ASCQR Program.
Declined to Report	The ASC did not submit a Survey.

Anticipated CMS Download Dates

CMS data will be scored and publicly reported for ASCs that have data available by	CMS Reporting Period	Available on ASC Details Page	Available on the Public Reporting Website
June 30, 2027	ASC 1-4: 1/1/2025 - 12/31/2025 ASC 12: 1/1/2023 - 12/31/2025 ASC 17-19: 1/1/2024 - 12/31/2025 OAS CAHPS: 7/1/2025 - 6/30/2026	July 12, 2027	July 25, 2027
August 31, 2027	ASC 1-4: 1/1/2025 - 12/31/2025 ASC 12: 1/1/2023 - 12/31/2025 ASC 17-19: 1/1/2024 - 12/31/2025 OAS CAHPS: 10/1/2025 - 9/30/2026	September 10, 2027	September 10, 2027
November 30, 2027	ASC 1-4: 1/1/2025 - 12/31/2025 ASC 12: 1/1/2023 - 12/31/2025 ASC 17-19: 1/1/2024 - 12/31/2025 OAS CAHPS: 1/1/2026 - 12/31/2026	December 9, 2027	December 9, 2027

APPENDIX IV

Section 2D: Taking Responsibility for Never Events – Crosswalk for 2025 SRE List to 2011 SRE List

2025 SRE	2011 SRE	Change
Procedural Events		
SRE 1*: Surgery or other invasive procedure performed at the wrong site, on the wrong patient, or that is the wrong procedure, regardless of the type of procedure or the outcome	1A. Surgery or other invasive procedure performed on the wrong site; 1B. Surgery or other invasive procedure performed on the wrong patient; 1C. Wrong surgical or other invasive procedure performed on a patient	Three events consolidated
SRE 2*: Unintended retention of a medical or surgical item in a patient after surgery or other invasive procedure, regardless of the type of procedure or the outcome	1D. Unintended retention of a foreign object in a patient after surgery or other invasive procedure	Updated
SRE 3: Patient harm associated with perioperative or periprocedural anesthesia or sedation of an ASA Class I or ASA Class II patient	1E. Intraoperative or immediately postoperative/postprocedure death in an ASA Class I patient	Updated; expanded to ASA Class II
SRE 4*: Medically assisted reproduction with the wrong donor sperm or egg, regardless of the outcome	4G. Artificial insemination with the wrong donor sperm or wrong egg	Updated
SRE 5*: Introduction of an unapproved, unscreened, or inappropriately approved device, implant, or object into an MR Zone IV area, regardless of the outcome	6A. Death or serious injury of a patient or staff associated with the introduction of a metallic object into the MRI area	Updated
SRE 6: Patient harm associated with an MRI–related thermal injury	None	**New**
SRE 7*: Administration of radiotherapy to the wrong patient, to the wrong body region, by an unintended procedure, or that is the wrong dose, regardless of the outcome	None	**New**
Product or Device Events		
SRE 8: Patient harm associated with the use of contaminated drugs, devices, or biologics	2A. Patient death or serious injury associated with the use of contaminated drugs, devices, or biologics provided by the healthcare setting	Updated
SRE 9: Patient harm associated with the use or function of a medical device in patient care, in which the device is used or functions other than as intended	2B. Patient death or serious injury associated with the use or function of a device in patient care, in which the device is used or functions other than as intended	Updated; absorbs part of 5A
SRE 10: Patient harm occurring when systems designated for oxygen or other gas to be delivered to a patient contain no gas, the wrong gas, or are contaminated by toxic substances	5B. Any incident in which systems designated for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or are contaminated by toxic substances	Updated

2025 SRE	2011 SRE	Change
SRE 11*: Fire, flame, or unanticipated smoke, heat, or flashes occurring during direct patient care caused by equipment operated and used by the healthcare setting, regardless of the outcome	5A. Patient or staff death or serious injury associated with an electric shock in the course of a patient care process in a healthcare setting	**New**; absorbs part of 5A
Patient Protection Events		
SRE 12*: Discharge or release of a patient who does not have decision-making capacity to other than an authorized person or entity, regardless of the outcome	3A. Discharge or release of a patient/resident of any age, who is unable to make decisions, to other than an authorized person.	Updated
SRE 13: Patient harm associated with the disappearance or unauthorized departure of a patient who does not have decision-making capacity	3B. Patient death or serious injury associated with patient elopement (disappearance).	Updated; absorbs 7B
SRE 14*: Patient suicide or suicide attempt that occurs after presentation for care or within seven days of discharge or release, regardless of the outcome	3C. Patient suicide, attempted suicide, or self-harm that results in serious injury, while being cared for in a healthcare setting	Updated; adds seven-day post-discharge window
SRE 15: Patient harm associated with the use of chemical restraints, physical restraints, or seclusion	5D. Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting	Updated
SRE 16*: Sexual abuse or sexual assault within or on the grounds of a healthcare setting, regardless of the outcome	7C. Sexual abuse/assault on a patient or staff member within or on the grounds of a healthcare setting	Retained with prior intent
Care Provision Events		
SRE 17: Patient harm associated with a fall	4E. Patient death or serious injury associated with a fall while being cared for in a healthcare setting	Updated
SRE 18: Patient harm associated with an unintended burn from any source	5C. Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting	Updated
SRE 19: Patient harm associated with a medication error	4A. Patient death or serious injury associated with a medication error (e.g., errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration)	Updated
SRE 20: Patient harm associated with unsafe processing or administration of blood products	4B. Patient death or serious injury associated with unsafe administration of blood products	Updated; adds processing
SRE 21**: Patient harm associated with a Stage 3, Stage 4, unstageable, or deep tissue pressure injury acquired after admission	4F. Any Stage 3, Stage 4, and unstageable pressure ulcers acquired after admission/presentation to a healthcare setting	Updated; adds deep tissue injury
SRE 22: Patient harm associated with the irretrievable loss of a biological specimen that is irreplaceable or is only replaceable through an invasive procedure	4H. Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biological specimen.	Updated

2025 SRE	2011 SRE	Change
SRE 23: Patient harm resulting from failure to act on clinically significant laboratory, pathology, or radiology test results	4I. Patient death or serious injury resulting from failure to follow up or communicate laboratory, pathology, or radiology test results.	Updated
SRE 24: Patient harm associated with an intravascular air embolism	2C. Patient death or serious injury associated with intravascular air embolism that occurs while being cared for in a healthcare setting	Updated; recategorized
SRE 25: Maternal patient harm associated with labor or delivery in a low-risk pregnancy	4C. Maternal death or serious injury associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare setting	Updated
SRE 26: Neonatal patient harm associated with labor or delivery in a low-risk pregnancy	4D. Death or serious injury of a neonate associated with labor or delivery in a low-risk pregnancy	Updated
SRE 27: Patient harm associated with the care of a neonate	None	**New**
SRE 28: Patient harm associated with unrecognized clinical deterioration	None	**New**

* The event must reach the patient to qualify as a Never Event for the purpose of reporting on the Leapfrog ASC Survey 2.0.

** SRE 21 does not apply to Ambulatory Surgery Centers.

2011 events retired with no 2025 equivalent:

- 7A. Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider
- 7D. Death or serious injury of a patient or staff member resulting from a physical assault (i.e., battery) within or on the grounds of a healthcare setting



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