FINAL DETAILS OF LEAPFROG'S ASC SURVEY PUBLIC REPORTING PROGRAM FOR 2026 AND RESPONSES TO PUBLIC COMMENTS

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NEW LEAPFROG ASC PUBLIC REPORTING PROGRAM OVERVIEW

In November 2025, Leapfrog held a 30-day public comment period announcing a comprehensive program redesign to vastly increase access to patient safety and quality ratings for consumers and purchasers and make it easier to compare ASCs side-by-side. Details of the new program have been finalized and are described in detail in this document along with responses to the public comments we received.

KEY COMPONENTS OF LEAPFROG'S NEW ASC PUBLIC REPORTING PROGRAM:

- **Make CMS ASCQR Data More Accessible to Consumers and Purchasers** – Score and Publicly Report **13** Measures from the CMS ASCQR Program on Leapfrog's Public Reporting Website for All ASCs <u>Regardless</u> of Participation in the **Leapfrog ASC Survey 2.0**
- **Highlight National Accreditation Standards and Replace Some Reporting Requirements** – Score and Publicly Report **5** Measures Aligned with AAAHC and JC Accreditation Standards on Leapfrog's Public Reporting Website for All ASCs that Submit Accreditation Certificate <u>Regardless</u> of Participation in the **Leapfrog ASC Survey 2.0**
- **Maintain Measures of Utmost Importance to Consumers and Purchasers** – Score and Publicly Report **8** Additional Measures for ASCs that <u>Voluntarily Submit</u> the **Leapfrog ASC Survey 2.0**

The full list of measures included in the ASC Public Reporting Program is available in Appendix I.

A VISION OF PROGRESSIVE TRANSPARENCY TO DRIVE PATIENT OUTCOMES

The new Leapfrog ASC Public Reporting Program will vastly enhance public access to meaningful, independent ratings of ASCs, while giving ASCs the visibility they deserve to consumers making important decisions about where to have their procedure performed. Additionally, as participation in **ASC Survey 2.0** grows, ASCs themselves will benefit from more robust benchmarking, facilitating new opportunities for quality improvement that results in **safe, high-quality patient outcomes**.

Submit the Leapfrog ASC Survey 2.0

Finally, ASCs that commit to voluntary reporting on evidence-based measures of critical importance to consumers and purchasers, can demonstrate their commitment to full transparency and earn recognition on Leapfrog's public reporting website and through Leapfrog's Top ASC designation.

THELEAPFROGGROUP
Giant Leaps for Patient Safety

Leapfrog's ASC Public Reporting Program:
A Journey of Progressive Transparency to Improve Patient Outcomes

Upload Accreditation Certificate for Public Reporting

Next, ASCs that upload documentation of their AAAHC or Joint Commission accreditation can additionally build trust by having even more patient safety information on Leapfrog's public reporting website.

CMS Public Reporting

As a starting point, ASCs that participate in the CMS ASCQR program can point to Leapfrog's public reporting website for patients, employers, purchasers, and health plans who have questions about their safety and quality.

RESPONSES TO PUBLIC COMMENTS

Leapfrog was grateful to receive several valuable public comments in response to the major redesign of the Leapfrog ASC Survey and Public Reporting Program and through the national pilot test of the Leapfrog ASC Survey 2.0. Comments were submitted from health care organizations, as well as health care experts, patient advocates and purchasers.

If you submitted a comment and do not see a response, or if you have additional questions, please contact the Help Desk at https://leapfroghelpdesk.zendesk.com.

ASC PUBLIC REPORTING PROGRAM

Leapfrog received several comments from ASCs in strong support of the ASC Public Reporting Program and Survey redesign.

We appreciate this feedback.

Some commenters noted that CMS has significantly expanded the ASC Covered Procedures List.

Leapfrog is aware of the expansion of the ASC Covered Procedure List and appreciates the additional context from commenters, understanding that the change in the number of ASCs and the acuity of the patients they serve may have implications for future updates to the ASC Public Reporting Program in the years to come. Leapfrog continues to regularly engage with CMS leaders and those of the Ambulatory Surgical Center Association and will review this major change with our ASC Advisory Committee.

CMS ASCQR MEASURES

One commenter noted the nuances to the CMS reporting timeline and that CMS has recently reintroduced the "Preparations for Discharge and Recovery" domain to OAS CAHPS public reporting.

We are aware that this measure is currently publicly reported by CMS for HOPDs**,** but it is not yet available for ASCs. Leapfrog aligns the public reporting of OAS CAHPS measures for both HOPDs and ASCs. We plan to publicly report the "Preparations for Discharge and Recovery" OAS CAHPS domain for both ASCs and hospitals in 2027.

ACCREDITATION STANDARDS

Several commenters noted that ASCs commonly meet the CMS Conditions of Coverage through a state survey, and not through either the AAAHC or JC's Deemed Status accreditation process and encouraged Leapfrog to accept accreditation by AAAHC and JC regardless of whether it included the Deemed Status pathway.

Leapfrog will revise the terms of the ASC Public Reporting Program to accept accreditation certificates from either AAAHC or JC, without considering whether these were obtained through the Deemed Status pathway or through the standard accreditation process. The five measures publicly reported by Leapfrog based on submission of the accreditation certificate are specific to the AAAHC and JC accreditation and are not specific to the CMS Conditions of Coverage, and so achievement will be satisfied by submitting proof of accreditation.

ASCs that do not upload their accreditation certification and ASCs that are accredited by other organizations will be publicly reported as Not Available for the five applicable measures.

LEAPFROG ASC SURVEY 2.0

HEALTH CARE EQUITY

One commenter supported the newly revised Office of Management and Budget standards for maintaining, collecting and presenting data on race and ethnicity, but asked for clarification on whether ASCs will have to implement the new standards as it only impacts federal agencies.

Leapfrog currently uses the Office of Management and Budget (OMB) race and ethnicity reporting categories in its Health Care Equity Standard. However, we included a request for information to better understand how the revised standards will impact organizations moving forward as many health care organizations have also voluntarily adopted the OMB's categories. We will continue to solicit feedback from surgery centers on their plans to collect race and ethnicity data from patients.

INFORMED CONSENT

Some commenters note difficulties with contacting patients for patient education and that the informed consent discussion as a shared responsibility between the ASC and the surgeon's office.

Leapfrog has added a new optional fact-finding question to better understand whether the informed consent discussion is primarily happening at a surgeon's office or at the surgery center, and the clinical roles who are assuming primary responsibility for leading these discussions. As we learn more from this year of fact-finding, we may adapt our questions and scoring algorithm in the future.

HAND HYGIENE

Two commenters requested that Leapfrog re-assess its monitoring requirements for Hand Hygiene given the Reese et al. study cited by the Association for Professionals in Infection Control and Epidemiology's (APIC).

The letter submitted on behalf of APIC does not apply to ASCs. The request referenced a peer-reviewed study suggesting the number of observations could be limited to 50 per unit per month while still providing an accurate and reliable assessment of performance. However, the hand hygiene monitoring requirements for ASCs are facility-wide, and not per unit. As such, the findings of this study would not apply. Leapfrog received several responses to our request for information which will be reviewed by our Hand Hygiene Expert Panel in advance of any proposed changes to the 2027 Leapfrog Hospital Survey.

APPENDIX I: ASC PUBLIC REPORTING PROGRAM MEASURES

CMS ASCQR MEASURES

OUTCOME

- 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 Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures
- ASC-18: Rate of Hospital Visits After Urology Ambulatory Surgical Center Procedures
- ASC-19: Rate of Unplanned Hospital Visits After General Ambulatory Surgical Center Procedures

OAS CAHPS

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

ACCREDITATION STANDARDS

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

LEAPFROG ASC SURVEY 2.0 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)

APPENDIX II: SUMMARY OF CONTENT AND SCORING CHANGES TO THE LEAPFROG ASC SURVEY 2.0 FOR 2026

ASC PROFILE

Leapfrog will add a new question to the Profile to capture surgical specialties performed by facilities. The ASC Profile is required by ASCs that submit accreditation documentation or the Leapfrog ASC Survey 2.0. This information will be used to inform the facility search function on our public reporting website.

ASCs will be able to select whether they perform procedures in one or more of the following specialties:

- ☐ Cardiothoracic Surgery
- ☐ Gastroenterology
- ☐ General Surgery
- ☐ Neurological Surgery
- ☐ Obstetrics and Gynecology
- ☐ Ophthalmology
- ☐ Oral and Maxillofacial Surgery
- ☐ Orthopedics
- ☐ Otolaryngology
- ☐ Pain Management
- ☐ Plastic and Reconstructive Surgery
- ☐ Podiatry
- ☐ Urology
- ☐ Vascular Surgery

SECTION 1: BASIC FACILITY INFORMATION

Leapfrog is adding a new question regarding the use of an electronic health record (EHR).

1) Does your facility use an electronic health record (EHR) for any of the following functions? *Select all that apply.*	☐ Electronic charting ☐ Billing and payment processing ☐ Scheduling and patient communication ☐ Financial management ☐ Data and analytics ☐ None of the above; facility does not use an EHR

SECTION 2: PATIENT RIGHTS AND ETHICS

SECTION 2A: BILLING ETHICS

Leapfrog is updating the response options in question #5, which asks if facilities take legal action against patients for late or insufficient payments, to include an option for facilities that are required by state law to transfer unpaid medical bills to a state or federal agency, similar to federal law requirements for Military Treatment Facilities. We anticipate that this updated response option will only apply to public ASCs in limited states (e.g., Illinois or New York). Leapfrog will also add a FAQ with further information.

As a reminder, ASCs should maintain a copy of the state or federal legislature requiring the transfer of medical bills. As part of Leapfrog's Data Accuracy protocol, ASCs may be randomly selected for Leapfrog's monthly documentation requirement and will need to provide documentation supporting their Survey responses.

Updates highlighted in ==yellow==.

1) Does your facility take legal action against patients for late payment or insufficient payment of a medical bill? *This question does not include patients with whom your facility has entered into a written agreement specifying a* good faith estimate *for a medical service.*	○ Yes ○ No ○ No, but 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

How do I know if a state or federal law requires my facility to transfer delinquent payments to a state or federal agency (e.g., Department of Treasury, Attorney General, etc.)?
These requirements generally apply to public or state-owned healthcare facilities, including ASCs operated by public universities or state health systems, in certain states (e.g., Illinois or New York). The obligation is tied to the facility's public ownership or operation, rather than its status as an ASC.

Private ASCs are generally not required under state or federal law to transfer delinquent patient accounts to a state or federal agency for collection.

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

SECTION 2B: HEALTH CARE EQUITY

There are no changes to this subsection.

SECTION 2C: INFORMED CONSENT

Leapfrog is removing question #2, which asks if facilities solicit feedback from patients/legal guardians about their facility's informed consent process, as the current resources available to health care organizations to collect this feedback are

extremely limited. As this question was neither scored nor publicly reported, there are no changes to the scoring algorithm for Section 2C: Informed Consent.

In addition, Leapfrog has removed two elements of question #4, that asks if the facility includes certain information on consent forms, like the name of the physician performing the procedure. We are proposing to remove the elements that ask about (a) disclosure of whether the clinician is expected to be absent from portions of the procedure and (b) whether any assistants or trainees will be involved in the procedure. These considerations are most commonly at issue in the hospital setting, and rare in ASCs.

Leapfrog has added the following two optional fact-finding questions:

1) 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
2) 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): _____

After additional research and consideration of public comments, Leapfrog is adding a new FAQ with guidance on how ASCs can assess the reading level of their Spanish-language consent forms. The reading level of consent forms in languages other than English is an important consideration for improving the accessibility of the informed consent process to all patients, so Leapfrog created an online calculator (available at: https://readability.leapfroggroup.org/) to assist ASCs in evaluating the reading level of their Spanish-language consent forms. In 2026, Leapfrog's standard will continue to focus on consent forms written in the English language, but we expect to extend the standard to Spanish as early as 2027.

Leapfrog has added a new FAQ to describe the standard and the process for verifying the reading level:

How should the reading level of consent forms be assessed in languages other than English?
Leapfrog's reading level standard only applies to consent forms written in the English language. However, Leapfrog has developed readability guidance for Spanish-language consent forms, and expects to extend the standard to Spanish in future years of the Survey. For the Spanish language, Leapfrog considers a score of 55 or above on the INFLESZ Scale to be written at a sixth-grade reading level or below. The INFLESZ Scale, developed and validated in 2008 by Barrio-Cantalejo et al, is the most widely used in academic research on readability of Spanish-language consent forms (Aponte

2025). The INFLESZ scale is calculated as 206.835 − 62.35 × (total syllables/total words) − (total words/total sentences). A minimum threshold of 55 and above on the INFLESZ scale is considered to be readable by most patients. To calculate an INFLESZ score, Leapfrog has provided an online calculator (available at: https://readability.leapfroggroup.org/). You may paste in the text of your consent form or upload a Microsoft Word 365 file: the calculator will provide a score, an indication of pass/fail, and details on the calculation.

For languages other than Spanish, Leapfrog has not yet established a scoring methodology.

Barrio-Cantalejo IM, Simón-Lorda P, Melguizo M, Escalona I, Marijuán MI, Hernando P. Validación de la Escala INFLESZ para evaluar la legibilidad de los textos dirigidos a pacientes [Validation of the INFLESZ scale to evaluate readability of texts aimed at the patient]. An Sist Sanit Navar. 2008;31(2):135-152. doi:10.4321/s1137-66272008000300004

Aponte J, Tejada K, Figueroa K. Readability Level of Spanish Language Online Health Information: A Systematic Review. Hisp Health Care Int. 2025;23(2):107-122. doi:10.1177/15404153241286720

In addition, Leapfrog has updated FAQ #24 in Section 2C to add additional information regarding strategies for simplifying consent forms using Large Language Models:

Why has Leapfrog selected a 6th-grade reading level target for consent forms, and what are some strategies we can use to meet this?

Just over half of U.S. adults have a reading level that permits them to understand and synthesize information from a complex text. According to a Gallup analysis, 54% of Americans between the ages of 16 and 74 read below the equivalent of a sixth-grade level. A more recent survey by the Organization for Economic Development and Cooperation (OECD) indicates that literacy in the U.S. has gradually declined since that Gallup analysis, suggesting a still-greater proportion of the population reads below a sixth-grade level today.

Leapfrog hosted two Town Hall Calls led by AHRQ describing techniques for reducing the written complexity of consent forms. The slides are available on Leapfrog's Town Hall Calls webpage; please refer to slides 40-47 for more information in the "Informed Consent" slide deck and slides 40-45 in the "Health Literacy" deck. Additional resources include:

- AHRQ Training Module
- The Patient Education Materials Assessment Tool (PEMAT)
- Clear Communication Index (CCI)
- CMS Toolkit for Making Written Material Clear and Effective

In addition, recent research suggests that Large Language Models (e.g. ChatGPT) can be leveraged to reduce the reading level of consent forms, while retaining the accuracy and completeness of the medical terminology and descriptions used.

Ramanathan, Rahul & Kelly, Ryan & Shaw, Jeremy & Gopakumar, Adway & Shannon, Michael & Gonzalez, Christopher & Weinberg, Jacob & Bonamer, John & Wawrose, Richard & Spitnale, Michael & Lee, Joon & Weddle, John. (2026). Reducing Complexity in Surgical Consents: The Role of AI in Patient Communication. Medical Research Archives. 13. 10.18103/mra.v13i12.7178.

SECTION 2D: TAKING RESPONSIBILITY FOR NEVER EVENTS

There are no changes to this subsection.

SECTION 3: PATIENT SAFETY PRACTICES

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

Leapfrog will standardize the reporting period for this measure. Rather than have ASCs report on the most recent 12 months, Leapfrog will score applicable ASCs based on the number of SSI monthly reporting plans they entered within the standardized reporting periods of:

- 01/01/2025 – 12/31/2025 for June and August Data Downloads
- 07/01/2025 – 06/30/2026 for October and December Data Downloads

ASCs that performed breast surgeries, laminectomies, herniorrhaphies, or knee prosthesis procedures, for the full 12-month reporting period will also continue to be asked to join Leapfrog's NHSN Group and complete the OPC annual survey.

Updated Questions:

1) Has your facility joined Leapfrog's NHSN Group, completed the OPC annual survey, and entered a valid NHSN ID in the Profile so that a summary of your monthly SSI reporting plans for the following applicable procedures can be downloaded directly from NHSN for scoring and public reporting? • Breast Surgery (BRST) • Herniorrhaphy (HER) • Knee Prosthesis (KPRO) • Laminectomy (LAM) *If "no" to question #1, skip questions #2 and continue to the next subsection. The facility will be scored as "Limited Achievement." If "no, facility does not perform any applicable procedures," skip questions #2 and continue to the next subsection. The facility will be scored as "Does Not Apply."*	○ Yes ○ No ○ No, facility does not perform any applicable procedures
2) Select all procedures your facility offered during the full 12-month reporting period:	☐ Breast Surgeries ☐ Herniorrhaphy ☐ Knee Prosthesis ☐ Laminectomies

In addition, Leapfrog is adding a FAQ with additional information on how facilities should respond if they did not perform one of the four procedures for the full 12-month reporting period.

How should an ASC respond if they didn't perform one of the four procedures in section 3A for the full 12-month reporting period?

Facilities should select procedures that they *offered* during the 12-month reporting period even if they did not perform them during every month of the reporting period. If the procedure was offered, they should have a monthly reporting plan in place in the NHSN OPC module.

NHSN Reporting Periods and Deadlines for 2026

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 2026 Leapfrog ASC Survey, and
4) Complete, affirm, and submit the 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 18, 2026	June 19, 2026	June 30, 2026	01/01/2025 – 12/31/2025	July 12, 2026 ASC Details Page July 25, 2026 Public Reporting Website
August 20, 2026	August 21, 2026	August 31, 2026	01/01/2025 – 12/31/2025	September 10, 2026*
October 22, 2026	October 23, 2026	October 31, 2026	07/01/2025 – 06/30/2026	November 10, 2026*
December 17, 2026	December 18, 2026**	November 30, 2026	07/01/2025 – 06/30/2026	January 12, 2027*

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, 2026. The last NHSN data download is on December 18, 2026 to incorporate any ASCs and corrections from ASCs that joined by the last join date of December 17, 2026.

SECTION 3B: HAND HYGIENE

Based on feedback from Leapfrog's [Outpatient Surgery Expert Panel](), Leapfrog is updating the Hand Hygiene Standard to better reflect best practices based on the type of care being provided in an ASC setting. These include:

- In question #3, Leapfrog is removing the requirement that hand hygiene training include a topic concerning "when gloves should be used in addition to hand washing". This element will be 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, will be removed. Based on the size of the facility, many ASCs do not have enough dispensers for regular statistically sampled audits to be necessary.

Leapfrog is updating the scoring algorithm to reflect updated question numbering; however, the algorithm itself will not change.

SECTION 3C: CULTURE OF SAFETY

Based on feedback from Leapfrog's [Outpatient Surgery Expert Panel](), Leapfrog will align expectations for culture measurement, feedback, and intervention based on an ASC setting. Experts concluded that the ASCs are sufficiently varied (single vs multi-specialty, single room to multi-room, etc.) to challenge conventional benchmarking for the Culture of Safety Survey results. Likewise, because ASCs vary considerably in size and staffing arrangement, a response rate benchmark may not always be appropriate for use in performance evaluation criteria, nor specifically included in a specific patient safety program budget. Leapfrog is removing the following elements from the standard:

- 2.2b., concerning benchmarking the results of the culture of safety survey against external organizations.
- 2.3b, concerning including the response rate to the culture of safety survey in performance evaluation criteria for leadership
- 2.4b, concerning including the cost of culture measurement in the patient safety program budget.

The scoring algorithm for this section will not change as a result of these removals: ASCs will continue to be scored based on the percentage of possible points earned, and the percentage minimums for each scoring category will not change. Each of the six remaining questions will have a point value of 20, with a maximum number of points of 120.

NURSING WORKFORCE

Leapfrog is removing the Nursing Workforce questions in the Leapfrog ASC Survey 2.0, which assessed the proportion of nursing staff who had obtained a Bachelor's Degree in Nursing or higher as the evidence regarding patient outcomes for this standard is more inclusive of hospitalized patient outcomes than outcomes for patients undergoing same-day surgery.

We will be researching new nursing measures appropriate for the ASC setting and aligned with positive same-day surgery patient outcomes.

SECTION 4: VOLUME OF PROCEDURES

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

Leapfrog is adding an optional, fact-finding question to determine if the ASC has surgeons that perform both total knee replacement and total hip replacement procedures listed in Section 4A. Leapfrog is adding this question to evaluate how common it is to have the same surgeon performing both procedures given requests received from hospitals and ambulatory surgery centers to combine total hip and knee replacements into a single volume standard. The new question is available below:

1) Does your facility have surgeons that perform both total knee replacement and total hip replacement procedures at your facility? *This question only applies to facilities that perform both total knee replacement and total hip replacement procedures.*	o Yes o No

This optional, fact-finding question will not be used in scoring or public reporting in 2026. There are no changes to the scoring algorithm for Section 4A: National Volume Standards for Total Knee Replacement, Total Hip Replacement, and Bariatric Surgery for Weight Loss.

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

Leapfrog will no longer require ASCs to report on their facility volume of procedures. Instead, this section will be optional, and results will not be scored but will continue to be used in public reporting for those who submit this subsection. For those ASCs opting to report their volumes, updated CPT Codes will be provided on the ASC Dashboard when the Survey opens on April 1.

SCORING AND PUBLIC REPORTING

In 2026, Leapfrog is updating the "Declined to Respond" performance category to "Declined to Report" to more accurately reflect facilities that do not submit a Survey or report on a measure. In addition, Leapfrog is adding a "Not Available" performance category for facilities that do not have a CMS measure or Surgery Center Accreditation status available to be reported.

DEADLINES AND REPORTING PERIODS

Review the Leapfrog ASC Survey 2.0 Deadlines and reporting periods in Appendix III and Appendix IV. 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" for the Leapfrog ASC Measures until a Survey has been submitted.

APPENDIX III: TIMELINE FOR THE LEAPFROG ASC PUBLIC REPORTING PROGRAM

Date	Deadline
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 Survey Materials 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 four (4) 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 (best score) for five (5) 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 or submit the Leapfrog ASC Survey 2.0 by June 30 will be publicly reported as "Not Available" for these measures until an accreditation certificate has been uploaded and/or 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 thirteen (13) 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 five (5) 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 or submit the Leapfrog ASC Survey 2.0 by June 30 will be publicly reported as "Not Available" for these measures until an accreditation certificate has been uploaded and/or 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 (4) 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	**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 (4) 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 2027. **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 (best score) for five (5) accreditation standards from the AAAHC or JC within the first seven (7) business days of December. These results are then frozen until July 2027. **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, 2027. ASCs will not be able to make changes or re-submit their Survey after this date.

APPENDIX IV: REPORTING PERIODS FOR THE LEAPFROG ASC SURVEY 2.0

Survey Section	Survey Submitted Prior to September 1 Reporting Period	Survey (Re-)Submitted on or After September 1 Reporting Period
1 Basic Facility Information	12 months ending 12/31/2025	12 months ending 06/30/2026
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: 01/01/2025 – 12/31/2025	October and December Data Downloads: 07/01/2025 – 06/30/2026
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 12/31/2025	Volume: 12 months or 24-month annual average ending 06/30/2026
4B Facility Volume for Select Procedures (Optional)	12 months ending 12/31/2025	

More information about the Leapfrog ASC Public Reporting Program and Leapfrog ASC Survey 2.0 is available on our website at https://www.leapfroggroup.org/new-asc-public-reporting-program

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