



MAJOR REDESIGN OF THE LEAPFROG ASC SURVEY AND PUBLIC REPORTING PROGRAM TO VASTLY INCREASE SAFETY AND QUALITY RATINGS AVAILABLE TO THE PUBLIC

OPEN FOR PUBLIC COMMENT

Comments Accepted until midnight ET on **December 18, 2025**



I. COMPREHENSIVE PROGRAM REDESIGN

Overview

In preparation for 2026, Leapfrog proposes **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**. The goal of the Leapfrog ASC Survey--as well as the Leapfrog Hospital Survey-- has always been the same: give the public meaningful, independent ratings to help them make informed decisions about where to receive their health care. We have struggled to achieve this goal with the Leapfrog ASC Survey. This programmatic redesign aims to give consumers and purchasers the same level of visibility into ASCs that Leapfrog has given them into hospitals, **while making it easier for ASCs to participate in Leapfrog's voluntary, annual Survey**.

Leapfrog's ASC Public Reporting Program is the result of a year of intense engagement with our [Ambulatory Surgery Center Advisory Committee](#), outreach to ASC networks and health systems, meetings with leading accrediting organizations including the Accreditation Association for Ambulatory Health Care (AAAHC) and The Joint Commission (TJC), and close consultation with Leapfrog's community of authoritative experts in performance improvement, including our [national expert panels](#), the research team at Johns Hopkins Armstrong Institute for Patient Safety and Quality and, above all, **our constituency of purchasers, employers**, and consumer advocates.

Key Components of Leapfrog's New ASC Public Reporting Program:

- **Make CMS ASCQR Data More Accessible to Consumers and Purchasers** - Score and Publicly Report **12** Measures from the CMS ASCQR Program on Leapfrog's Public Reporting Website for All ASCs Regardless 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 TJC Accreditation Standards on Leapfrog's Public Reporting Website for All ASCs that Submit Accreditation Certificate Regardless 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 Voluntarily Submit the **Leapfrog ASC Survey 2.0**

Leapfrog invites additional comments on ideas to further our mission of informing health care decisions during this open [public comment period](#).

NEW PUBLIC REPORTING PROGRAM HAS THREE COMPONENTS TO MEET ASCS WHERE THEY ARE ON THEIR PATH TO FULL TRANSPARENCY

1. **Make CMS ASCQR Data More Accessible to Consumers and Purchasers - Score and Publicly Report 12 Measures from the CMS ASCQR Program on Leapfrog's Public Reporting Website for All ASCs**

Description: Beginning in 2026, Leapfrog will score and publicly report 12 measures (See [Appendix I](#)) from the CMS Ambulatory Surgery Center Quality Reporting (ASCQR) Program on our Public Reporting website to ensure that patients and family caregivers have a place to easily search for and compare facilities. ASCs will be scored using benchmarks established in previous years of the Leapfrog ASC Survey and their progress will be publicly reported on a four-level scale ranging from Achieved the Standard (best score) to Limited Achievement (worst score). Visitors to Leapfrog's public reporting [website](#) will be able to select up to three facilities to compare side-by-side.



Rationale: CMS makes data from the ASCQR Program available via the [Provider Data Catalog](#). However, this Catalog is not usable or searchable by consumers and there is no ability to compare ASCs to each other. Further, in previous years of the Leapfrog ASC Survey, we have incorporated several CMS ASCQR measures and have been scoring and publicly reporting seven (7) of those measures for ASCs that voluntarily participate in the annual Survey. **Beginning in 2026, this information will now be published and searchable for thousands of ASCs across the U.S.**

Resources/Requirements from ASCs: No data collection or reporting will be needed for this component of Leapfrog's ASC Public Reporting Program. Leapfrog will score and publicly report all ASCs with available data regardless of their participation in the Leapfrog ASC Survey 2.0.

2. Highlight National Accreditation Standards and Replace Some Reporting Requirements – Score and Publicly Report 5 Measures from AAAHC and TJC on Leapfrog's Public Reporting Website for All ASCs that Upload Accreditation Certificate

Description: Beginning in 2026, ASCs with active accreditation through the AAAHC or TJC's Deemed Status programs will be scored and publicly reported as Achieved the Standard (best score) for five (5) measures (See [Appendix II](#)) that previously required additional data collection to report performance via the Leapfrog ASC Survey. Visitors to Leapfrog's public reporting [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 their accreditation certification will be publicly reported as "Declined to Report" for these five measures.**

Rationale: Leapfrog's research team at Johns Hopkins Medicine has done an extensive review of the various requirements of the AAAHC and TJC's Deemed Status programs and found robust alignment between certain Leapfrog ASC standards and accreditation standards. Leapfrog is seizing this opportunity to reduce duplicative data collection and reporting, thereby significantly reducing the resources needed to participate in the Leapfrog ASC Survey 2.0. **Beginning in 2026, information about patient safety standards met through accreditation will be published and searchable for ASCs that upload documentation to Leapfrog.**

Resources/Requirements: ASCs will be required to provide basic demographic information and proof of AAAHC or TJC's Deemed Status by uploading their accreditation certificate on Leapfrog's free and secure ASC Dashboard.

3. Maintain Measures of Utmost Importance to Purchasers and Employers – Score and Publicly Report 8 Measures for ASCs that Voluntarily Submit the Leapfrog ASC Survey 2.0

Description: ASCs will continue to be urged to voluntarily submit the **Leapfrog ASC Survey 2.0** via the free and secure ASC Dashboard by Leapfrog's [purchaser and employer members](#), so that Leapfrog can score and publicly report on eight (8) measures not nationally available by any other source (see [Appendix III](#)). Additionally, in response to feedback from ASCs that while many value the opportunity to highlight their volumes to consumers and purchasers, for some access to this data is a barrier for participation, the surgical volume reporting will be optional in 2026.

Visitors to our public reporting [website](#) will be able to see and compare ASC's progress towards achieving these robust, evidence-based patient safety and quality standards, identify ASCs that have earned Leapfrog's prestigious Top ASC Award, and quickly identify those ASCs that have demonstrated full transparency through voluntary



reporting. **ASCs that do not voluntarily submit the Leapfrog ASC Survey will be publicly reported as “Declined to Report” for these eight measures.**

Rationale: This component of Leapfrog’s ASC Public Reporting Program continues to reinforce our commitment to informing health care decision-making and ensuring purchasers, employers, the health plans they work with have the information they need to drive value-based purchasing strategies including direct contracting and preferred networks, and consumers have critical information unavailable elsewhere. **Those ASCs participating in voluntary reporting display an important commitment to full transparency, patient safety, and quality and Leapfrog wants to ensure that stakeholders can easily identify these standouts.**

Resources/Requirements: Leapfrog anticipates that ASCs will need to commit about 10 hours of staff time for data collection and reporting; this is a 50% reduction from previous years. ASCs participating in the Leapfrog ASC Survey since 2020 that have processes and structures for data collection already in place may require even fewer staff hours.

A VISION OF PROGRESSIVE TRANSPARENCY TO DRIVE PATIENT OUTCOMES

Taken together, these changes 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**.

This program redesign reflects Leapfrog’s vision of progressive transparency among ASCs to drive safe, high-quality care for patients:

1. 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.
2. Next, ASCs that upload documentation of their AAAHC or The Joint Commission Deemed Status can additionally build trust by having even more patient safety information publicly reported on Leapfrog’s public reporting [website](#).
3. 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](#).



II. PROPOSED CHANGES TO LEAPFROG ASC SURVEY MEASURES FOR 2026

Proposed changes to the measures that will be maintained for the **Leapfrog ASC Survey 2.0** are detailed in [Appendix IV](#) and include:

- **CMS ASCQR Measures:** Will be removed from the Leapfrog ASC Survey. Eight (8) outcome measures and four (4) OAS CAHPS Domains will be scored and publicly reported for all ASCs regardless of participation in ASC Survey.
- **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:** Will be removed from the Leapfrog ASC Survey. ASCs that upload documentation of AAAHC or TJC Deemed Status will be scored and publicly reported as Achieved the Standard for these five (5) measures.
- **Billing Ethics:** Proposal to update response option and scoring algorithm for facilities regarding legal action taken against patients for late or insufficient payments.
- **Infection Surveillance (NHSN Outpatient Procedure Component Module):** Proposal to standardize the SSI reporting period.
- **Hand Hygiene:** Proposal to update the Hand Hygiene Standard to more closely align with ASC operations.
- **Culture of Safety:** Proposal to remove elements from the standard to more closely align with ASC operations.
- **Nursing Workforce:** Proposal to remove these questions from the Survey.
- **Total Hip and Knee Replacements:** Proposal to add a new optional, fact-finding question to assess if the hospital has surgeons that perform both total knee and total hip replacement procedures.
- **Facility Volume Reporting:** Proposal to make optional.



III. SUBMIT PUBLIC COMMENTS

YOUR FEEDBACK PLAYS A CRITICAL ROLE IN HELPING US IMPROVE PATIENT SAFETY AND QUALITY. WE BELIEVE THIS PROGRAM REDESIGN WILL MAKE PARTICIPATION MORE VALUABLE FOR EVERYONE!

To provide public comment, please complete the public comment form [here](#). Comments will be accepted until midnight ET on **December 18, 2025**.

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 Survey is beneficial to ASCs, purchasers, and consumers.



Thank you for your interest in Leapfrog's ASC Program redesign. The Leapfrog Group and our experts will consider comments carefully in finalizing the program for 2026, including the Leapfrog ASC Survey 2.0. Leapfrog will publish responses to public comments and a summary of changes in March 2026.



APPENDIX I: CMS ASCQR MEASURES

Leapfrog will obtain data for eight (8) CMS Ambulatory Surgical Center Quality Reporting (ASCQR) outcome measures directly from CMS' [publicly available provider data catalog](#):

- 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-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

Leapfrog will also obtain Top Box Scores for four (4) OAS CAHPS Domains directly from CMS' [publicly available provider data catalog](#):

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

Beginning in 2026, performance on these measures will be scored and publicly reported for ALL ASCs that have reported data in the CMS provider data catalog. ASCs included in the CMS provider data catalog but missing data for all four of the ASC 1-4 measures will not be included on Leapfrog's public reporting website.

For detailed information on Leapfrog's scoring algorithms used to place ASCs into performance categories (e.g., Achieved the Standard, which represents the best performance) for the purposes of public reporting, please visit our [ASC Scoring and Public Reporting tutorial website](#).



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, 2026	ASC 1-4: 1/1/2024 - 12/31/2024 ASC-12: 1/1/2022 - 12/31/2024 ASC-17-19: 1/1/2023 - 12/31/2024 OAS CAHPS: 7/1/2024 - 6/30/2025	July 12, 2026	July 25, 2026
August 31, 2026	ASC 1-4: 1/1/2024 - 12/31/2024 ASC-12: 1/1/2022 - 12/31/2024 ASC-17-19: 1/1/2023 - 12/31/2024 OAS CAHPS: 10/1/2024 - 9/30/2025	September 10, 2026	September 10, 2026
November 30, 2026	ASC 1-4: 1/1/2025 - 12/31/2025 ASC-12: 1/1/2022 - 12/31/2024 ASC-17-19: 1/1/2023 - 12/31/2024 OAS CAHPS: 1/1/2025 - 12/31/2025	December 9, 2026	December 9, 2026

APPENDIX II: ACCREDITATION STANDARDS

Beginning in 2026, ASCs with active accreditation through the AAAHC or TJC's Deemed Status programs will be scored and publicly reported as Achieved the Standard (best score) for the following five (5) measures that previously required additional data collection to report performance via the Leapfrog ASC Survey:

- 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

ASCs will be required to provide basic demographic information and upload proof on AAAHC or TJC's Deemed Status on Leapfrog's ASC 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.

Please note that ASCs that are not accredited by either AAAHC or The Joint Commission will not be able to submit an ASC Survey.

For detailed information on Leapfrog's scoring algorithms used to place ASCs into performance categories (e.g., Achieved the Standard, which represents the best performance) for the purposes of public reporting, please visit our [ASC Scoring and Public Reporting tutorial website](#).

APPENDIX III: LEAPFROG'S MEASURES FOR ASCS

Leapfrog will continue to score and publicly report on eight (8) measures of specific interest and importance to purchasers and employers and not nationally available by any other sources for ASCs that voluntarily submit the [Leapfrog ASC Survey 2.0](#) via the ASC Dashboard:

Patients' Rights and Ethics

- 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.
- 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.
- Informed Consent: Facilities are scored on whether they meet the requirements for their informed consent policies and 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.
- Taking Responsibility for Never Events: Facilities are scored based on their adoption of the nine principles of The Leapfrog Group's Never Events Policy.

Patient Safety Practices

- Infection Surveillance: Facilities that perform select procedures are scored based on their enrollment in the NHSN OPC Module and having 1) completed the 2025 OPC Annual Facility Survey, 2) having Monthly Reporting Plans in place during the full reporting period for all applicable Surgical Site Infection Measures.
- Hand Hygiene: Facilities are scored based on their performance in five domains of hand hygiene: training and education, infrastructure, monitoring, feedback, and culture. To meet the requirements of each domain, the facility must respond in the affirmative to all applicable questions.
- 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.

Volume of Procedures

- 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.
- Optional Reporting – Facility Volume for Select Procedures: Responses to the annual volume of each procedure performed are not scored. However, responses are used to facilitate the search functionality on Leapfrog's public reporting website (e.g., allowing users to search for facilities that perform the procedure they need) and the information is publicly reported to inform purchasers and consumers about the facility's experience with the procedure.



For detailed information on Leapfrog’s scoring algorithms used to place ASCs into performance categories (e.g., Achieved the Standard, which represents the best performance) for the purposes of public reporting, please visit our [ASC Scoring and Public Reporting tutorial website](#).

APPENDIX IV: PROPOSED CHANGES TO LEAPFROG'S MEASURES 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:

- ☐ General Surgical Procedures
- ☐ Integumentary System
- ☐ Musculoskeletal System
- ☐ Respiratory System
- ☐ Cardiovascular System
- ☐ Hemic and Lymphatic Systems
- ☐ Mediastinum and Diaphragm
- ☐ Digestive System
- ☐ Urinary System
- ☐ Male Genital System
- ☐ Female Genital System
- ☐ Maternity Care and Delivery
- ☐ Endocrine System
- ☐ Nervous System
- ☐ Eye and Ocular Adnexa
- ☐ Auditory System



SECTION 2: PATIENT RIGHTS AND ETHICS

BILLING ETHICS

Leapfrog will update 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.

Updates highlighted in **yellow**.

Does your facility take legal action against patients for late payment or insufficient payment of a medical bill? <i>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.</i>	☐ Yes ☐ No ☐ No, but required by state or federal law to transfer delinquent payments to the Department of Treasury for action
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There are no proposed changes to the scoring algorithm for Section 2A: Billing Ethics.

HEALTH CARE EQUITY

There are no proposed changes to the questions or scoring algorithm for Section 2B: Health Care Equity.

Request for Information

The Leapfrog Group is requesting feedback on the new [Office of Management and Budget standards](#) for maintaining, collecting and presenting data on race and ethnicity. While facilities are not required to implement these updates to existing record keeping or data collection systems until 2029, we are interested in hearing feedback on the following three items:

- How prepared is your organization to implement the new standards?
- When do you anticipate using the revised OMB Race and Ethnicity standard at your facility?
- At what point is your surgery center at in terms of implementing the new standards (e.g., discussing, planning, implementing, etc.)?
- General thoughts, comments, and reactions to the revised standards.

INFORMED CONSENT

Due to very limited tested tools available to collect patient feedback on informed consent, Leapfrog is proposing to remove a fact-finding question that asked if the facility solicits feedback from patients/legal guardians about the facility's informed consent process.

In addition, Leapfrog proposes to remove 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.

SECTION 3: PATIENT SAFETY PRACTICES

INFECTION SURVEILLANCE FOR ASCS PERFORMING BREAST SURGERIES, LAMINECTOMIES, HERNIORRHAPHIES, OR KNEE PROSTHESIS PROCEDURES

Leapfrog is proposing to standardize the reporting period, rather than have ASCs report on the most recent 12-months, and 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.

Proposed Questions:

1) Has your ASC 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) <i>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.”</i>	☐ Yes ☐ No ☐ No, facility does not perform any applicable procedures
2) Check all procedures your facility offered during the full 12-month reporting period:	☐ Breast Surgeries ☐ Herniorrhaphy ☐ Knee Prosthesis ☐ Laminectomies

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 2026 Leapfrog ASC Survey 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.

HAND HYGIENE

Based on feedback from Leapfrog's [Outpatient Surgery Expert Panel](#), Leapfrog proposes changes to 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 proposes to remove the requirement that hand hygiene training include a topic concerning "when gloves should be used in addition to hand washing". This element is proposed for removal 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, are proposed for removal. Based on the size of the facility, many ASCs do not have enough dispensers for regular statistically sampled audits to be necessary.

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

CULTURE OF SAFETY

Based on feedback from Leapfrog's [Outpatient Surgery Expert Panel](#), Leapfrog proposes changes to 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 proposes to remove 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 proposing the removal of 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

NATIONAL VOLUME STANDARDS FOR TOTAL HIP REPLACEMENTS, TOTAL KNEE REPLACEMENTS, AND BARIATRIC SURGERY FOR WEIGHT LOSS

Leapfrog will add a fact-finding question asking whether the same surgeons are performing both the hip and knee procedures.



1) Do any of the same surgeons perform both hip and knee procedures at your facility?	☐ Yes ☐ No
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This fact-finding question will be optional and will not be used in scoring or public reporting in 2026. There are no proposed changes to the scoring algorithm for Section 4A: National Volume Standards for Total Knee Replacement, Total Hip Replacement, and Bariatric Surgery for Weight Loss.

OPTIONAL – FACILITY VOLUME FOR SELECT PROCEDURES

Leapfrog will no longer require ASCs to report on their facility volume of procedures. Instead, this section will be optional, and ASCs will be able to submit the Leapfrog ASC Performance Standards Section of the ASC Survey without using the CPT Code Workbook to track the volumes of procedures performed in CY2026.

Note that as indicated in the proposed changes to the ASC Profile above, Leapfrog proposes to expand the specialties that can report volume data to the ASC Survey to match the full breadth of CPT codes.

SCORING AND PUBLIC REPORTING

For detailed information on Leapfrog’s scoring algorithms used to place ASCs into performance categories (e.g., Achieved the Standard, which represents the best performance) for the purposes of public reporting, please visit our [ASC Scoring and Public Reporting tutorial website](#).

DEADLINES AND ANTICIPATED REPORTING PERIODS

Review the 2026 Leapfrog ASC Survey Deadlines and anticipated reporting periods in [Appendix V](#) and [Appendix VI](#). As a reminder, ASCs that do not submit a Leapfrog ASC Survey by the June 30 Submission Deadline will be publicly reported as “Declined to Respond” for the Leapfrog ASC Measures until a Survey has been submitted.



APPENDIX V: 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 eight outcome measures and four 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 accreditation standards from the AAAHC or TJC 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 Leapfrog measures starting on July 25. <i>ASCs that do not upload an accreditation certificate or submit the Leapfrog ASC Survey 2.0 by June 30 will be publicly reported as "Declined to Respond" for these measures until an accreditation certificate has been uploaded and/or Leapfrog ASC Survey 2.0 has been submitted.</i>
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 12 CMS ASCQR measures for all eligible ASCs will be scored and publicly reported on based on data downloaded from the CMS Provider Data Catalog on June 30. The 5 accreditation measures for ASCs that uploaded their accreditation certificate via the ASC Dashboard by June 30 will be scored and publicly reported. The 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 “Declined to Report” 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 eight outcome measures and four 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 eight outcome measures and four 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 accreditation standards from the AAAHC or TJC within the first seven (7) business days of December. These results are then frozen until July 2027.

LATE SURVEY SUBMISSION DEADLINE:

The 2026 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 VI: ANTICIPATED REPORTING PERIODS FOR THE LEAPFROG ASC SURVEY 2.0

	Survey Submitted <u>prior to</u> September 1	Survey (Re)Submitted <u>on or after</u> September 1
Survey Section	Reporting Period	Reporting Period
1 Basic Facility Information	12 months ending 12/31/2025	12 months ending 06/30/2026
2 Patient Rights and Ethics - Billing Ethics - Health Care Equity - Informed Consent - Taking Responsibility for Never Events	N/A	N/A
3 Patient Safety Practices - Infection Surveillance - Hand Hygiene - Culture of Safety	12 months ending 12/31/2025 - N/A - Latest 12 or 24 months prior to Survey submission (see individual Safe Practice for specific reporting period)	12 months ending 06/30/2026 - N/A - Latest 12 or 24 months prior to Survey submission (see individual Safe Practice for specific reporting period)
4 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
4 Optional Reporting - Facility Volume for Select Procedures	12 months ending 12/31/2025	



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