August 31, 2026

Mehmet Cengiz Oz, MD, MBA
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services

Dear Dr. Oz,

The Leapfrog Group is a 501c3 national nonprofit organization governed by employers and other purchasers committed to improving patient safety and health care quality in the United States. We are one of the few organizations that both collects and publicly reports safety and quality data from health care facilities at the national level, thereby bringing a unique perspective to measurement. On behalf of our Board of Directors, members and interested parties, including hundreds of purchasers and employer organizations across the country, we appreciate the opportunity to submit comments to the Centers for Medicare & Medicaid Services on the proposed changes to the CY 2027 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs rule.

For over 25 years, Leapfrog has been collecting quality and safety information about hospital inpatient care. In 2019, Leapfrog expanded to also collect information from ambulatory surgery centers (ASCs) and hospital outpatient departments (HOPDs). Leapfrog began publicly reporting this data in September 2020. Recognizing that most surgeries are performed in outpatient or ambulatory settings, employers and other purchasers, as well as consumer advocates, appreciate that these settings offer the opportunity for improved patient experience, greater cost-efficiency and the prevention of unintended patient harm that can result from hospital stays (e.g., healthcare-associated infections). Unfortunately, the availability of independent, publicly reported information about patient safety and quality for outpatient and ambulatory surgery is currently inadequate, so purchasers and consumers do not have the information they need to select the best place for their care.

In the appendix to this letter, we detail our comments on items in this proposed rule including:

- Cross-Program Measure Removal
- The ASC Quality Reporting Program
- Hospital Outpatient Quality Reporting Program
- Eliminating the Inpatient Only List
- Hospital Price Transparency

We wish to emphasize our most important recommendation: We strongly advise CMS to significantly expand ASC measures. This proposed rule includes no expansion of measures, and that is deeply concerning to Leapfrog and the purchasers involved with our work. More and more surgical procedures are being shifted to ASCs, which means millions more patients will entrust their lives to ASCs. CMS has a significant role to play in ensuring ASCs are accountable for the trust their patients give them.

In addition, our comments emphasize the following points:

It is too early to eliminate the Inpatient Only List: Leapfrog urges CMS to strengthen and expand quality and safety measurement and public reporting for ASCs so patients and purchasers can evaluate the safety and outcomes of care as increasingly complex procedures move to these settings.

Pair Hospital Price Transparency with quality data: Leapfrog commends CMS for continuing to prioritize hospital price transparency and making cost information more accessible and useful to consumers and purchasers. However, price will not drive affordability or better care unless it is paired with quality data. Consumers do not wish to purchase poor or unsafe care no matter what the price. Nor is poor or unsafe care ever a cost-effective option, because it typically results in longer lengths of stay and expensive health complications. Leapfrog urges CMS to ensure that quality and safety information is meaningfully integrated with price data so patients and purchasers can assess the true value of care and make informed health care decisions.

The Leapfrog Group, including our Board, members and interested parties, appreciates the opportunity to share our comments on the proposed changes to the CY 2027 rule.

Sincerely,

Leah Binder, M.A., M.G.A
President & Chief Executive Officer
The Leapfrog Group

Cosigning Individuals and Organizations Supporting these comments on the CMS CY 2027 proposed rule:

Dallas-Fort Worth Business Group on Health
Donita Doubet
Economic Alliance for Michigan (EAM)
Florida Alliance for Healthcare Value
Floridians for Accountability in Health Care, Inc
Gateway Business Health Coalition
Health Action Council
Healthcare Purchaser Alliance of Maine
Janet Lucas-Taylor
Lehigh Valley Business Coalition on Healthcare (LVBCH)
Montana Association of Health Care Purchasers
New Jersey Health Care Quality Institute
Purchaser Business Group on Health
Techtronic Industries North America Inc
Texas Business Group on Health
The ERISA Industry Committee
U.S. PIRG

APPENDIX: THE LEAPFROG GROUP'S DETAILED COMMENTS REGARDING CY 2027 OPPS PROPOSED RULE

CROSS-PROGRAM MEASURE REMOVAL

- **Proposed Removal of Appropriate Follow-Up Interval for Normal Colonoscopy in Average-Risk Patients**
  We support removal of this measure and agree with CMS' stated reasons for why this measure is no longer driving care improvements. This measure assesses whether the recommended 10-year interval for a follow-up colonoscopy is documented in the colonoscopy report, rather than whether appropriate clinical care is delivered. This makes for a weak "check the box" quality measure on a topic of great importance to patient well-being, so a better measure that evaluates outcomes should be incorporated instead. The Leapfrog Group does not currently use this measure in any of its reporting programs, instead relying on the measure that indicates whether a colonoscopy was actually performed appropriately (CMS 130), which we believe provides the most meaningful information to patients.

HOSPITAL OUTPATIENT QUALITY REPORTING PROGRAM

- **RFI on Potential Inclusion of Advance Care Planning Measure in Outpatient Setting**
  We support the use of the Advance Care Planning eCQM in the outpatient setting. The eCQM currently calculates the proportion of adult patients with one or more hospitalizations during the measurement period who, by the time of discharge for at least one encounter, have either an advance care planning document in the EHR or documentation of an advance care planning discussion that results in a documented decision in the patient's EHR. We support patients having access to competent and appropriate advance care planning in all care settings, including hospital outpatient (depending on analysis of above measure specifications). Hospitals should not avoid accountability for providing appropriate care for patients, including advance care planning, simply based on the patient's status within the delivery system (i.e. inpatient, outpatient, observation). If providing advance care planning to a patient is appropriate, hospitals should provide it and be measured on it regardless of the formal classification of the patient's status. We encourage CMS to adopt the eCQM with the current broadly defined numerator and denominator, including no exclusions, to ensure patients receive this critical service in all cases.

- **Proposed Updates to Validation and Validation Appeals Procedures to Increase Data Accountability for Digital Quality Measures**
  We support the proposed changes to the data validation and validation appeals procedures CMS proposes. In particular, we support the shift from random selection of hospitals for data validation to a combination of random selection and targeted validation based on specific criteria such as validation failure the previous year. We believe this will help lower-performing hospitals improve based on targeted interventions, while allowing already high-performing hospitals to continue performing well without additional burden. We also support the proposed shift toward including eCQMs in chart-abstracted data validation and establishment of an eCQM validation scoring method based on data accuracy. We believe these changes will help move towards more and better eCQMs.

AMBULATORY SURGERY CENTER QUALITY REPORTING PROGRAM

We are deeply concerned that CMS has not proposed any changes to the ASC quality reporting program in this NPRM. We strongly encourage CMS to re-evaluate this decision in the future and continue working toward development of meaningful and actionable quality measures for ASCs. There is currently a gap in measurement and public reporting on ASCs, and Leapfrog recommends development and use of more ASC measures.

In setting priorities for measurement, we encourage CMS to immediately put forward anesthesia outcomes measures. Anesthesia is the most dangerous part of any ASC procedure and, especially as CMS continues phasing out the Inpatient-Only List (see our comments below on the IOL), patients need reporting on the riskiest part of their care. We strongly encourage CMS to consider the egregious case of Dr. Michael Urban, an anesthesiologist whose online game playing during a patient's surgery in an ASC caused him to be so distracted during a relatively low-risk surgery that the patient died.[1] Patients and their families desperately need this type of safety information if they are to make informed decisions about care provided in ASCs.

In addition to anesthesia measures, Leapfrog recommends surgical site infections measurement, which can be drawn from CDC's National Healthcare Safety Network data.[2] Hospitals are measured on this data, and ASCs deserve to be held to similar standards for accountability. We strongly encourage CMS to invest in ASC measurement overall, whether that means modifying existing hospital measures for this particular type of facility, or developing new measures unique to this setting.

The Leapfrog Group urges CMS to add mandatory surgical site infection (SSI) surveillance and reporting to the ASC Quality Reporting Program for facilities that perform breast procedures, using the existing, endorsed Ambulatory Breast Procedure Surgical Site Infection (SSI) Outcome Measure (CBE/NQF #3025). While this proposed rule does not propose to add any new measures to the ASC Quality Reporting Program, we believe this is a missed opportunity to close a persistent patient safety reporting gap as an increasing share of breast surgeries, including mastectomy, lumpectomy, and breast reconstruction, has shifted from the hospital setting into ASCs. This measure is endorsed, outcome-based, and steward-maintained (CBE/NQF #3025). The measure calculates a risk-adjusted Standardized Infection Ratio (SIR) for all SSIs — superficial, deep, and organ/space — occurring within 30 to 90 days following breast procedures performed in ASCs. Because it measures an actual clinical outcome rather than a process or documentation step, it directly answers the question of how often infections occur after breast surgery at a particular facility, which is exactly the type of information patients need to make informed decisions. Leapfrog has previously recommended that CMS add the Ambulatory Breast Procedure SSI Outcome Measure to the Hospital Outpatient Quality Reporting and ASC Quality Reporting Programs, alongside our broader recommendation for mandatory infection reporting through CDC's National Healthcare Safety Network (NHSN).

The infrastructure to collect this measure already exists and is proven feasible. SSI data for breast procedures is reported through the CDC's NHSN Outpatient Procedure Component (OPC), the same infrastructure ASCs already use for other post-surgical infection surveillance. The Leapfrog Group has independently validated the operational feasibility of this reporting by building it into our own ASC Survey 2.0. ASCs that perform breast

---

[1] Van Alstin, Chad. "Music bingo leads to patient's death during routine cataract surgery." HealthExec, July 23, 2025. https://healthexec.com/topics/healthcare-management/legal-news/music-bingo-leads-patients-death-during-routine-cataract-surgery

[2] Centers for Disease Control and Prevention. "NHSN." CDC, https://www.cdc.gov/nhsn/index.html. Accessed Aug. 21, 2026.

surgery are required to join Leapfrog's NHSN Group for ASCs, submit OPC Annual Facility Surveys and monthly SSI reporting plans, and have their breast-procedure SSI outcomes publicly scored and reported using this same measure and an all-SSI Standardized Infection Ratio model. Years of voluntary, private-sector adoption of this exact measure demonstrate that ASCs can reliably collect and report this data without new measure development or additional technical infrastructure.

- **RFI on Stratifying the All-Cause Transfer/Admission Measure by Phase of Care**
  We support stratification of this measure. The current measure reports an overall rate of transfers or admissions and does not specify when during the ASC encounter the need for transfer or admission is identified. As it is used currently, this measure is too broad to provide patients with meaningful information about procedures provided in ASCs. Stratification by phase of care will achieve CMS' goals of improved attribution and interpretability across services, while also making the information more meaningful and actionable for patients and their families.

OTHER PROPOSALS AND RFIS

- **Eliminating the Inpatient Only List**
  While we support innovations in health care delivery that reduce or eliminate inpatient hospital stays and make care safer and more affordable, Leapfrog does not support elimination of the Inpatient Only List unless and until CMS has better and more comprehensive reporting on quality of care for outpatient and ASC procedures. Patients deserve to have systematic data on quality regardless of the setting of procedures, but to date, reporting on outpatient settings has been far less robust than reporting on inpatient surgical procedures, and ASC reporting by CMS has been unavailable to the lay public. Shifting a procedure from an inpatient to an outpatient setting, particularly a complex procedure that has never been performed outpatient, should require the highest levels of accountability for patient safety and outcomes. Thus, we do not support free movement of procedures to the outpatient setting when quality outcomes and patient safety are not fully reported in the outpatient setting. We recommend CMS moves to align quality reporting for inpatient and outpatient procedures, including health care associated infections, and then work on a system for permitting the shift to outpatient when quality metrics are acceptable. Public reporting of those metrics will also allow beneficiaries, other patients, and purchasers to make responsible decisions about where to seek services.

- **Accrediting Organization Deeming Authority for EMTALA**
  We do not have any specific comments regarding this particular proposed policy change for accrediting organizations' deeming authority for EMTALA deficiencies but wish to reinforce our position that EMTALA is an important federal law that protects the safety of patients. CMS should ensure that all policies related to this law signal the government's commitment to strong and effective enforcement of EMTALA requirements.

- **RFI on Strengthening Requirements for Hospital Price Transparency**
  We applaud CMS' efforts thus far to work toward increasing meaningful price transparency. However, hospital price transparency is only effective at driving a market for better, more cost-effective health care when it is paired with quality and safety ratings. Poor or unsafe care is never what consumers choose no matter what the price, nor is it normally cost-effective for patients or purchasers, since complications and errors result in long lengths of stay and compounded health problems.

Health care spending continues to outpace wage growth and inflation, putting increasing pressure on employers that sponsor coverage and on the employees and their families who rely on it.[3] Research has also shown that higher prices do not consistently mean higher quality.[4] Patients and purchasers routinely encounter situations in which providers charging dramatically different prices deliver comparable – or in some cases inferior – quality. That gap between price and value would be concerning in any market. In health care, it is compounded by a level of opacity that makes informed decision making extraordinarily difficult. Leapfrog stands with our friends in the employer-purchaser community, including the National Alliance of Healthcare Purchaser Coalitions and the ERISA Industry Committee, in strongly encouraging effective price and quality data transparency that is integrated in a way that assists patients and their families in making informed health care decisions.

[3] Eisner, Emily. "The Healthcare Affordability Agenda Part I: The Economic Toll of Rising Private Health Insurance Costs." Fiscal Policy Institute, March 10, 2026. <https://fiscalpolicy.org/the-healthcare-affordability-agenda-i

[4] Hussey, Peter S., Samuel Wertheimer and Ateev Mehrotra. "The Association Between Health Care Quality and Cost: A Systematic Review." Annals of Internal Medicine, Vol. 158, No. 1, Jan. 1, 2013, pp. 27-34; https://pmc.ncbi.nlm.nih.gov/articles/PMC4863949/