September 15, 2025

VIA ELECTRONIC SUBMISSION

Dr. Mehmet Oz, Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
ATTN: CMS-1834-P
Baltimore, MD 21244-1850

Re CMS-1834-P: Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Overall Hospital Quality Star Ratings; and Hospital Price Transparency

Dear Dr Oz:

Please accept the following comments from the ASC Quality Collaboration (ASC QC) regarding CMS-1834-P (90 FR 33476, July 17, 2025) Section XIV. Cross-Program Proposals for the Hospital Outpatient Quality Reporting (OQR), Rural Emergency Hospital Quality Reporting (REHQR), and Ambulatory Surgical Center Quality Reporting (ASCQR) Programs and Section XVII. Ambulatory Surgical Center Quality Reporting (ASCQR) Program. The ASC QC is a non-profit organization dedicated to advancing high quality, patient-centered care in ambulatory surgery centers (ASCs) through a collaborative membership of ASC stakeholders. Participants include leaders from ASC management companies, industry associations, professional physician and nursing associations, accreditation organizations and information technology companies (please see Appendix A to this letter for a complete listing). Collectively, these organizations represent over 2,100 ASCs.

The ASC QC's commitment to quality is reflected in our ongoing work to enable meaningful quality measurement in ASCs, including the developing ASC quality measures and posting free quarterly reports of ASC quality measure benchmarks on our website.[1] All our contributions are made possible through the voluntary efforts of our members.

We appreciate the efforts of CMS staff to improve the ASCQR Program and welcome this opportunity to offer feedback regarding the agency's recent proposals for the ASCQR Program and other Program details.

[1] ASC Quality Collaboration Quality Report. Available at: https://ascquality.org/benchmarking/.

I. Cross-Program Proposals Regarding Changes to Measure Sets for the ASCQR, Hospital Outpatient Quality Reporting (OQR) and Rural Emergency Hospital Quality Reporting Programs

A. Proposed Removal of the COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) Measure from the ASCQR Program

CMS has proposed to remove the COVID-19 Vaccination Coverage Among HCP measure from the ASCQR Program and its other quality reporting programs. As the agency knows, this is a labor-intensive measure requiring ASCs to track current vaccination status for all employees, licensed independent contractors, adult students and trainees, contract personnel, and any volunteers, and then submit data monthly.

CMS now believes the costs and other burdens outweigh the benefits of the continued use of the measure. We appreciate this acknowledgement and support its removal.

The proposal that the removal begin with the CY 2024 reporting period for the CY 2026 payment determination is likely to cause some confusion. Not only have ASCs already submitted CY 2024 data for the measure, they also have already begun to submit data for the CY 2025 reporting period. This potential confusion was highlighted during a recent CMS webinar that included a polling question immediately following presentation of information regarding this proposal. Fully 30% of those listening to the webinar believed an ASC would still have to submit data for all four quarters for the CY 2025 reporting period.[2] If this proposal is adopted, we request CMS and its contractors immediately take steps to issue clear guidance and consider NHSN system changes so ASCs do not expend resources performing additional data submission for the measure.

B. Proposed Removal of the Facility Commitment to Health Equity (FCHE) Measure from the ASCQR Program

After finalizing the FCHE measure in November 2024, CMS is now proposing its removal from the ASCQR Program. The related Hospital Commitment to Health Equity measure is also proposed for removal from other quality reporting programs. If the proposal is adopted, CMS would remove the FCHE measure beginning with the CY 2025 reporting period.

CMS notes this measure does not focus on clinical outcomes and direct patient care and now believes its benefits may not be sufficient to outweigh the cost of achieving a high score on the measure. The CMS estimate of the cost of the measure in ASCs was orders of magnitude too low - $41,313 across *all ASCs* participating in the Program - failing to account for the costly investments required. We appreciate the agency's sensitivity to cost burdens and support the proposal to remove the measure from the ASCQR Program.

C. Proposed Removal of Social Drivers of Health Measures from the ASCQR Program

[2] CY 2026 Hospital OPPS/ASC Payment System Proposed Rule and ASCQR Program Requirement Highlights. August 20, 2025.

CMS adopted two social drivers of health measures in last year's rulemaking. CMS is now proposing to remove both the Screening for Social Drivers of Health and Screen Positive Rate for Social Drivers of Health measures from the ASCQR Program beginning with the CY 2025 reporting period. These measures are also proposed for removal from its other quality reporting programs.

CMS notes these measures do not assess whether patients benefit from being screened. CMS also remarks on the burden to patients resulting from repeated screenings across multiple healthcare settings. As a result, the agency has concluded the cost and burdens to providers and patients outweigh the benefits of using these two measures. We share these concerns and support the proposal for removal. As we discussed last year, we would prefer to see the use of claims-based approaches for measuring disparities in outcomes.

II. Proposed Adoption of the Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient Reported Outcome-Based Performance Measure (Information Transfer PRO–PM)

The Information Transfer PRO-PM measure being proposed for the ASCQR Program was adopted into the Hospital Outpatient Quality Reporting (HOQR) Program in last year's rulemaking. The agency believes it is important to adopt the measure in ASCs as well.

CMS proposes to allow ASCs to voluntarily submit data for this measure for the CY 2027 and CY 2028 reporting periods. Mandatory reporting for the measure is proposed to begin with the CY 2029 reporting period/CY 2031 payment determination. Data would be submitted in aggregate on an annual basis through the Hospital Quality Reporting (HQR) system.

A. Measure Overview

The Information Transfer PRO-PM measure uses a nine-item survey administered to all patients aged 18 or older who had a surgical or non-surgical procedure at an ASC. The survey is intended to assess patient-reported assessment and understanding of discharge information in three areas: applicability to individual patient needs, medications and daily activities. CMS believes the measure would provide data ASCs could use "to reduce future risk of patient harm related to patients not fully understanding their recovery information".

B. Proposed Survey Instrument

The nine-item survey with its three domains and associated introduction is presented in Display 1 below.

Display 1. Information Transfer PRO-PM Measure: Introduction and Survey Questions for Each of the Three Domains

Introduction
This is a brief survey that should take you 5 minutes.

You are receiving this survey because you recently had a procedure at [Facility Name]. Either before or after you operation you should have been given information about what to do during your recovery process. We would like to know if this information was easy-to-follow.

Your survey responses will help your doctors and hospital improve the quality of care they provide. Your responses are completely anonymous, neither your name nor any other identifying information will be shared with your doctor or hospital. This survey can be filled out by you or your caregiver.

Information Took Into Account My Needs	**Response Options**
The information you got about your recovery considered:	
1) Your health needs (for example: medical conditions, pain management, treatment preferences, etc.)	Yes Somewhat No
2) Your personal situation (for example: transportation needs, insurance coverage, financial status, etc.)	Yes Somewhat No
Medications	**Response Options**
How clear was the following information about your recovery:	
3) Why you should take any new medications	Very clear Somewhat clear Not clear Does not apply
4) Possible side effects of new medications	Very clear Somewhat clear Not clear Does not apply
5) When to stop any medications	Very clear Somewhat clear Not clear Does not apply
Daily Activities	**Response Options**
How clear was the following information about your recovery:	
6) Changes to your diet	Very clear Somewhat clear Not clear Does not apply
7) Changes to physical activities, including exercise	Very clear Somewhat clear Not clear Does not apply

8) When you could return to work	Very clear Somewhat clear Not clear Does not apply
9) When you could drive	Very clear Somewhat clear Not clear Does not apply

Although the survey is being proposed for use in ASCs, the survey introduction uses the word "hospital" twice. This could be confusing to patients. Referencing a "hospital" may cause patients to question the legitimacy of the survey even if the name of the facility is correct.

C. Measure Specifications

The Information Transfer PRO-PM measure uses the above survey instrument to gather patient perceptions of discharge instructions. The survey data is used to generate an average facility score.

Table 1. Measure Specifications of the Proposed Information Transfer PRO-PM Measure

Data Element	Specification
Numerator	The measure numerator is the sum of all individual scores an ASC receives from eligible respondents, which could be patients or caregivers. Individual scores are calculated using a top-box approach; each individual score is calculated for each respondent by taking the sum of items for which the respondent gave the most positive response ("Yes" or "Very Clear") and dividing by the number of items the respondent deemed applicable to their procedure or surgery. Applicable items are calculated by subtracting the sum of items for which the respondent selected "Does not apply" from the total number of items (nine).
Denominator	The measure denominator is the total number of patients 18 years or older who had a procedure or surgery in an ASC, left the facility alive, and responded to the survey. Only fully completed surveys are included in the measure calculation.
Measure Score Calculation	Each facility score is the average of the individual patient scores. Individual patient scores reflect the percentage of the total number of items respondents selected the most favorable responses ("Yes" or "Very Clear"), out of the total number of items respondents deemed applicable to their procedure/surgery.

It is important to note that the Measure Information Form referenced by the agency at QualityNet clarifies that the denominator cohort of patients who had a procedure or surgery in an ASC is

limited to the "range of CPT-4 Codes for Surgery (i.e., CPT codes between 10004 and 69990) or one of the following G-Codes: G0104, G0105, G0121 or G0260." [3]

D. Measure Evidence Base Not Applicable to ASCs

We agree ASC patients should receive discharge instructions that are clear and address individual needs. In fact, providing written discharge instructions is standard of care in ASCs. CMS Conditions for Coverage at §416.52(c)(1) require participating centers provide written discharge instructions informing patients of their prescriptions, post-operative instructions and physician contact information for follow-up care.[4] Our collective experience indicates ASCs routinely meet this standard.

We recognize the Information Transfer PRO-PM measure was developed with the intent of sharing information about the patient's view of discharge instructions. Yet all the evidence presented to support the notion that performance improvement is needed comes from hospital settings. Without setting-specific evidence of a performance gap in ASCs, the measure does not meet criteria for importance to measure.

E. Scientific Acceptability Has Not Been Established

The first formal evaluation of this measure was performed as part of the Partnership for Quality Measurement's consensus-based endorsement process, which assessed the measure for the HOPD setting. The committee found the measure did not meet the requirements for scientific acceptability, noting that the testing sample of HOPDs was too small to report reliability by decile and that validity testing had non-significant results.[5] HOPD reliability testing indicated that 25% of measured entities might not be able to distinguish good from poor quality care based on the measure results. There is no way to know what that percentage would be in ASCs.

Given our experience with measure development, the ASC QC understands the standards measures should meet, particularly those being considered for widespread use. Meeting established criteria allows healthcare providers to have confidence in the measure as an indicator of performance and its ability to provide valid, reliable and useful data for improvement efforts. No evidence has been presented demonstrating use of this measure would lead to improvement in ASCs. Without ASC performance scores, it cannot be determined if a performance gap exists or if improving performance on the measure would impact outcomes.

F. Measure Not Tested in the ASC Setting

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[3] See Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient Reported Outcome-Based Performance Measure (Information Transfer PRO–PM) Measure Information Form at https://qualitynet.cms.gov/asc/ascqr/proposedmeasures2#tab2.
[4] CMS State Operations Manual Appendix L - Guidance for Surveyors: Ambulatory Surgical Centers. Available at: https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107ap_l_ambulatory.pdf.
[5] Partnership for Quality Measurement. Fall 2023 Endorsement and Maintenance (E&M) Committee Independent Review Summary: Management of Acute Events and Chronic Conditions Committee. January 2024.

This measure has not been tested in the ASC setting. Pilot testing was performed strictly in HOPDs. During a Technical Expert Panel (TEP) meeting conducted early in the measure development process, TEP members requested the pilot be expanded to include ASCs. The measure developer indicated the pilot would be limited to HOPDs "because it is more pragmatic; HOPDs are larger, provide a greater variety of procedures, and have greater current technological capacities which are more pragmatic for the pilot. Conceptually, we are considering both settings equally throughout the development process but will, in the future, have to consider what other testing and/or adaptation are necessary to use among ASCs".[6] Despite the acknowledgement of differences between HOPDs and ASCs during the meeting, there has been no adaption for ASC use.

A subsequent evaluation of the Information Transfer PRO-PM measure was performed as part of the Pre-Rulemaking Measure Review process for the ASCQR Program.[7] CMS's measure development contractor submitted its materials without any testing in the ASC setting. The Hospital Recommendation Group reviewed the measure and committee members recommended specific testing in ASCs.

CMS continues to allow its contractor exemption from processes put in place to assure measures have been properly tested and vetted. CMS has come to rely on voluntary reporting periods as a substitute for setting-specific testing. This practice shifts what should be a developer-borne burden to providers. In this case, providers must do the work of - or pay a third party to do the work of - fielding surveys, then collecting and submitting measure data to CMS and its contractors so that all the kinks can be worked out *post-implementation*. This work should be done by the measure developer *prior to* any proposal to adopt a measure. We do not support the use of voluntary reporting periods in lieu of testing in ASCs.

G. Lack of Consensus Among Affected Parties

CMS has not met the statutory requirement that this measure reflect consensus among affected parties. The traditional method for establishing consensus is endorsement by a consensus-based entity but this measure has never been endorsed for use in ASCs.

As the agency knows, all candidate measures being considered for adoption in CMS quality reporting programs must undergo review prior to the rulemaking to establish consensus regarding their suitability. This required review of the Information Transfer PRO-PM was completed by the Pre-Rulemaking Measure Review Hospital Recommendation Group. The committee was not able to reach consensus around the measure and did not recommend including this measure in the ASCQR Program either with or without conditions.

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[6] Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation. Summary of Technical Expert Panel (TEP) Meeting April 23, 2021 - Patient Receipt of Key Information Following Outpatient Procedure Patient-Reported Outcome-Based Performance Measure (PRO-PM). July 26, 2021.

[7] Partnership for Quality Measurement. 2024 Pre-Rulemaking Measure Review Preliminary Assessment. November 2024.

Alternative methods of achieving consensus among affected parties have not been demonstrated. The requirement for consensus has not been met through broad acceptance of the measure by ASCs or through use of the measure by ASCs. Although the measure TEP included one ASC representative, that representative did not support or endorse the use of the measure in the ASC setting. Further, ASC stakeholders have not supported the measure in public comments.

Given that the obligation to ensure consensus among the parties affected by the adoption of the Information Transfer PRO-PM measure in the ASC setting has not been met, the measure should not be adopted for the ASCQR Program.

H. Proposed Survey Administrators

CMS has proposed the survey data for the Information Transfer PRO-PM be collected either by an ASC directly or through a third-party vendor. While we appreciate the idea of ASC self-administration, the survey instrument's introductory statement assures patients their responses would be "completely anonymous". However, following the voluntary implementation of this measure in the HOQR Program, CMS has determined the requirement for anonymous administration has made it impossible for HOPDs self-administering the survey to conduct targeted follow-up with patients to try to improve response rates. The requirement for anonymity has also limited their ability to use the survey data to investigate any issues identified and to develop targeted action plans and quality improvement efforts - which defeats the purpose of the measure. This post-implementation discovery highlights the importance of adequate measure testing. Self-administration was not tested during the measure pilot, which relied entirely on the use of a third-party vendor.

Because recent HOPD experience with the measure shows that having facilities self-administer the survey would limit the usefulness of the survey data and potentially lower response rates, those wanting to benefit from the measure would face added costs for a third-party survey vendor. Based on industry experience with the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey, the expense of an additional, separate survey would be significant. These mounting expenses are no small matter.

I. Proposed Modes for Survey Invitations and Administration

CMS has proposed the Information Transfer PRO-PM measure survey be distributed to patients or their caregivers by electronic mail or text. Although this is not specifically stated in the proposals for the Information Transfer PRO-PM measure, the Measure Information Form indicates the survey itself would be web-based. The web-based data collection mode would not be combined with other survey administration modes, such as mail or phone, for follow-up.

We appreciate the use of a web-based mode for the survey. The delivery of the survey invitations via email or text reflects modern communications methods, but we have some concerns about the use of text messages for the delivery of survey invitations. Most importantly, we do not see appropriate exclusions within the measure specifications or instructions included in the Measure

Information Form to ensure compliance with the Telephone Consumer Protection Act and any state requirements governing consent for text messages.

In addition, the CAN-SPAM Act requires commercial text (and email) messages to include a clear way to opt out of future communications. We are aware CMS has received feedback from healthcare organizations expressing concerns that texting survey invitations will negatively impact other clinical communications: some legal teams interpret a patient's opting-out from text survey invitations as opting-out from all text-based communications, including appointment reminders and other important patient communications.

If the measure were to be adopted, particularly with a self-administration option, clear measure specifications and guidance on fielding survey invitations in compliance with federal and state requirements would be needed.

J. Proposal to Require Survey Be Offered to All Patients Meeting Denominator Criteria

The agency has proposed to require ASCs to offer all patients meeting the measure's denominator specifications the opportunity to complete the survey. We cannot support this proposal for several reasons.

First, CMS has proposed the survey invitation be administered by email or text. However, the measure denominator does not exclude those patients who do not have email or the ability to receive text messages.

Second, if the survey invitation is sent by text, the requirement to offer the survey to all patients specified in the denominator could result in violation of the provisions of the Telephone Consumer Protection Act, which made it unlawful to use automatic telephone dialing systems to deliver text messages to cell phones without the prior express consent of the recipient. The measure denominator does not exclude those patients who have not given prior express consent or who have withdrawn prior express consent for text messages.

Thirdly, under HIPAA, patients have a right to request that their admission be kept confidential. When such a request has been made, and no exception has been granted for purposes of surveys, disclosure would be a violation of the Act. These patients need to be excluded from eligibility for the survey.

Finally, requiring that a survey invitation be sent to all patients would mean any sample of patients subsequently drawn for the now mandatory OAS CAHPS Survey would have already received a survey invitation in the 2- to 7-day post-procedure period for the Information Transfer PRO-PM. The temporal proximity of the survey requests is likely to negatively impact response rates to the OAS CAHPS Survey. Guidelines recommend the OAS CAHPS Survey sample be selected prior to any other survey, and that the same patients should not be included in both to ensure the highest response rates possible.

For these reasons, we cannot support the proposed requirement that ASCs offer all patients meeting the measure's denominator specifications the opportunity to complete the survey.

K. Proposed Reporting Requirements

CMS proposes ASCs be required "to report on all completed surveys received." The agency subsequently proposes that ASCs anticipating receipt of more than 200 completed surveys would have the option to either 1) survey and report data on their entire eligible Information Transfer PRO–PM patient population, or 2) to randomly sample that population to collect and report data from 200 completed surveys.

We request clarification regarding these proposals. How would allowing sampling be reconciled with the earlier proposal to "require ASCs to offer all patients meeting the measure's denominator specifications the opportunity to complete the survey and to report of all completed surveys received" by the center? If the measure is adopted, would ASCs be required to offer the survey to all eligible patients, or to enough of those patients to generate 200 completed surveys? Did CMS intend to propose a minimum threshold of 200 completed surveys without necessarily requiring survey invitations be extended to the entire denominator population?

We also have concerns regarding the 200-survey threshold. A pilot study for the Information Transfer PRO-PM measure involved 26 HOPDs which participated over an 8-month period from August 2022 to March 2023. Only 15 of the 26 HOPDs (57%) garnered 100 or more complete responses over that period despite a median monthly volume of 758 cases.[8] Of those 15 with 100 or more complete responses, five would not have reached the 200 completed survey threshold over the period of an entire year if the number of responses over the 8-month period of the study had been extrapolated to a 12-month period. Based on this extrapolation, only 10 of the 26 HOPDs (38%) would have met the threshold of 200 completed surveys. The majority of the HOPDs, 16 of the 26 (62%), would not have met the 200 completed surveys threshold. This suggests the 200 completed survey threshold is not feasible.

The low number of completed surveys in the HOPD pilot test highlights the important issue of survey fatigue. CMS has not taken this matter seriously although the issue was raised at every opportunity for TEP and public input during the measure development process. It was clear from the start in 2021 that patients were already experiencing survey fatigue. At that time, every member of the patient workgroup for this measure "agreed they are experiencing survey fatigue in all facets of their lives."[9] This feedback was critical, but did not lead CMS and its developer to pursue recommendations to seek to incorporate the themes of the survey into the already mandatory OAS CAHPS Survey.

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[8] Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE). Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient Reported Outcome-Based Performance Measure (PRO-PM), Version 1.0 Methodology Report. April 2024.
[9] Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation. Summary of Technical Expert Panel (TEP) Meeting April 23, 2021 - Patient Receipt of Key Information Following Outpatient Procedure Patient-Reported Outcome-Based Performance Measure (PRO-PM). July 26, 2021.

The Department of Health and Human Services has been aware of declining response rates to federal surveys for years – a 2016 report documented a significant decrease through 2014.[10] Increasing numbers of individuals are concerned about data privacy and security, leading to greater reluctance to complete surveys. Reluctance to engage with email or text communications from unknown persons or entities is also rising. OAS CAHPS survey data illustrate this ongoing decline in survey participation. When the OAS CAHPS mode experiment was conducted in 2015, the overall response rate for all modes was 39%.[11] The most recent national survey response rate for the OAS CAHPS was 26%.[12]

Although the measure takes advantage of distribution by email and text, the results of pilot testing in HOPDs revealed even lower response rates that those reported for the most recent OAS CAHPS Survey data. Specifically, in the 15 out of 26 participating HOPDs that reached a threshold of 100 completed surveys required for inclusion in analysis of the measure, there were 3,069 responses to a total of 30,139 issued surveys – a response rate of 10.2%.[13] During the pilot, the majority (82%) of the survey invitations were distributed by email, with only 18% sent via text. Although the specific response rates for each were not included in the report, the discussion highlighted a significantly lower text response rate.[14]

Low response rates have a significant impact on survey data quality. When a large part of the survey population does not respond, the data may not accurately reflect the patient cohort and result in bias. Bias was seen in the HOPD pilot study respondents: patients were significantly more likely to respond if they were older, female, and had undergone a major surgery.

Low response rates also lead to data that is less valid and reliable, raising questions about whether results are truly meaningful or actionable. In addition, more effort and expense are needed to ensure enough respondents, adding to costs.

L. Proposed Timeframe for Survey Administration

CMS has proposed the Information Transfer PRO-PM survey be distributed within 2 to 7 days following the procedure or surgery. The agency believes this timeframe will minimize the effects of factors related to the services provided, such as acute pain, fatigue or medications that could affect comprehension while still ensuring timely reporting of patient perceptions of discharge information.

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[10] Mathematica Policy Research. Final Report Volume I: Background Paper, Declining Response Rates in Federal Surveys: Trends and Implications. June 15, 2016. Submitted to Office of the Assistant Secretary for Planning and Evaluation, US Department of Health & Human Services.
[11] https://oascahps.org/General-Information/Mode-Experiment. Last accessed September 5, 2025.
[12] https://data.cms.gov/provider-data/dataset/tf3h-mrrs/. Last accessed September 5, 2025
[13] Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE). Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient Reported Outcome-Based Performance Measure (PRO-PM), Version 1.0 Methodology Report. April 2024.
[14] Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE). Summary of Technical Expert Panel (TEP) Meeting March 28, 2023, Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient-Reported Outcome-Based Performance Measure (PRO-PM). March 28, 2023.

From a practical standpoint, having a third-party vendor issue survey invitations within a 2- to 7-day timeframe post-procedure would be operationally challenging. First, establishing patient eligibility requires knowledge of the CPT-4 or HCPCS Level II code assigned to the service the patient received. This code would not be available until the documentation of the procedure or surgery had been created by the physician and subsequently assigned the appropriate code based on that documentation.

Another issue is that to meet the 7-day deadline for issuing the survey invitation, ASCs would need to submit patient information files to their vendor frequently – certainly no less than weekly and probably continuously. Even then it is unclear if the third-party vendor would have time to process these files, confirm patient eligibility, develop any needed sample, and issue an invitation prior to the 7-day cutoff.

Consequently, we doubt this timeframe is actually feasible. Even the HOPD pilot study does not support it. During the TEP meeting discussing the results of the pilot, the measure developer stated patients received the survey if they had a surgery or procedure between May 2022 and February 2023. The surveys were sent on a rolling basis from August 2022 to March 2023, with a lag time from the surgery or procedure date to when the patient received the survey. According to the developer, "[t]he average lag time for the survey was 65 days."[15] During the TEP discussion, the measure developer indicated they "hoped to specify the survey is sent out 2-7 days post-procedure, but this is likely to change due to implementation challenges." Nonetheless, we see the measure is now specified with a 2- to 7-day post-procedure timeframe, although there is no data to support its feasibility.

CMS is also proposing a 65-day window for patient response to the survey. Referencing the HOPD pilot study, the agency has stated in its proposals, "[t]he survey remained open until pilot testing was completed; the mean length of time between the procedure date to the survey response date was 65 days. Based on these findings, we propose a 65-day window for patient response to the survey." Has there been some misunderstanding regarding the average length of time between the patient's procedure and the survey invitation on the one hand, and the average length of time between the patient's procedure and their response to the survey? We think it is unlikely that the average number of days between the patient's procedure and their response to the survey was exactly the same as the average lag between the patient's procedure and their receipt of the survey invitation. If the survey remained open to patients until the end of the pilot as stated, and the lag time to the receipt of the invitation was 65 days, it is more likely the mean length of time between the procedure date and the survey response date was longer than 65 days.

In short, there is no concrete evidence of the feasibility of the timeframes CMS has put forth. Therefore, we do not support the proposed timeframes for survey administration.

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[15] Yale New Haven Health Services Corporation – Center for Outcomes Research and Evaluation (CORE). Summary of Technical Expert Panel (TEP) Meeting March 28, 2023, Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient-Reported Outcome-Based Performance Measure (PRO-PM). March 28, 2023.

M. Impact on OAS CAHPS Response Rates

We are very concerned that requiring the survey for the Information Transfer PRO-PM to be administered prior to the OAS CAHPS survey will have a negative impact on the response rates for the OAS CAHPS survey. Giving the Information Transfer PRO-PM survey first pass at potential respondents will reduce the likelihood of a patient or caregiver responding to the subsequently issued OAS CAHPS survey. We believe this is short-sighted. It would give priority to a survey that is focused on a single aspect of patient experience, favoring a single topic over a multi-dimensional assessment. Compared to OAS CAHPS survey data, the data from the Information Transfer PRO-PM survey would be less comprehensive and less useful, offering fewer insights for both providers and patients.

N. Integration With the OAS CAHPS Survey

Throughout the years of development and review of the proposed Information Transfer PRO-PM measure, many independent, interested parties – including the ASC QC – repeatedly asked CMS and its contractor to integrate the themes of the Information Transfer PRO-PM survey into the OAS CAHPS. As a result of extensive testing and national use, the CAHPS surveys have become the de facto standard for measurement of patient experience. CMS recently implemented mandatory reporting of the OAS CAHPS survey-based measures in both the ASCQR and HOQR Programs. There are many good reasons to integrate the two surveys, as we discuss below.

1. The OAS CAHPS Survey Includes the Topic

As CMS knows, the OAS CAHPS survey already includes questions addressing discharge instructions, preparation for recovery and communication regarding potential adverse outcomes. There is clearly overlap between these OAS CAHPS topics and those addressed by the Information Transfer PRO-PM. It would be more efficient and less costly to field a single survey that incorporates these items.

CMS is currently conducting a quality review on the OAS CAHPS composite measure "Preparing for Discharge and Recovery."[16] Given that a review of the data for the composite is already underway, now would be an ideal time for the two CMS teams from the Center for Clinical Standards and Quality and the Center for Medicare to work together with the Agency for Healthcare Research and Quality to incorporate specific topics from the Information Transfer PRO-PM into the OAS CAHPS.

2. Standardization of the Survey Cohort

The Measure Information Form for the Information Transfer PRO-PM measure states, "[t]he cohort of patients who had a procedure or surgery in an ASC is standardized with the OAS-CAHPS cohort to minimize provider burden and to harmonize between the two surveys. The

[16] OAS CAHPS Preview Reports Available for Quarter 4, 2023 through Quarter 3, 2024. Available at: https://oascahps.org/General-Information/Announcements/entryid/1427. Last accessed September 5, 2025.

specific definition is the OAS CAHPS-eligible range of CPT-4 Codes for Surgery (i.e., CPT codes between 10004 and 69990) or one of the following G-Codes: G0104, G0105, G0121 or G0260." In actuality, the code set is not harmonized with the OAS CAHPS as claimed. The OAS CAHPS survey cohort also includes CPT-4 Codes for Medicine from 92920 through 93986. In addition, the OAS CAHPS survey removes selected minor outpatient procedures from survey eligibility.[17] There are over 100 such exclusions in the CPT-4 Codes for Surgery alone, and none of these are replicated in the patient cohort for the Information Transfer PRO-PM. The proposed measure also does not exclude discontinued procedures (as indicated by modifiers -73 and -74). In addition to the differences in the procedures used, other patient eligibility exclusions for the OAS CAHPS do not align with the Information Transfer PRO-PM measure specifications. Having different denominator cohorts results in different processes for determining patient eligibility for the two surveys, increasing, rather than minimizing, provider burden and costs.

The OAS CAHPS procedure codes for patient eligibility are periodically reviewed, and changes are incorporated as appropriate. Given that the initial procedure codes for the Information Transfer PRO-PM are not aligned, it is not clear if there would be a mechanism to ensure future standardization across the two surveys. Ongoing variances would add to the complexity of fielding the two surveys. Having a single survey would obviate the need for such efforts.

3. Standardization of the Survey Administration Timeframes

As noted above, CMS has proposed a timeframe of 2 to 7 days post-procedure for the administration of the Information Transfer PRO-PM survey. Given the issues discussed above with self-administration of the Information Transfer PRO-PM survey, most participating ASCs are likely to look to their OAS CAHPS vendor to assist with implementation. As discussed above, expecting a third-party vendor to issue survey invitations within a 2- to 7-day timeframe post-procedure is not realistic.

In addition, the different timing of survey administration would not allow centers and their vendors to seamlessly blend the Information Transfer PRO-PM survey into their current operational processes for administering the OAS CAHPS Survey. As with the issue of the differing survey cohorts, the lack of alignment in survey timing would be another factor driving the need to create of separate processes for each survey.

At a minimum, CMS should adjust the survey administration timeframes in the final rule. OAS CAHPS guidelines allow ASCs to add up to 15 questions per respondent to the OAS CAHPS survey. If the timeframe for survey administration for the Information Transfer PRO-PM were aligned with the OAS CAHPS, this would allow for the addition of all nine items included in the Information Transfer PRO-PM at the end of the OAS CAHPS survey.

4. Standardization of Survey Modes

[17] Centers for Medicare & Medicaid Services. Outpatient and Ambulatory Surgery CAHPS Survey Protocols and Guidelines Manual. Version 9.0. November 2024.

The proposed email and text invitations to web-based surveys for the Information Transfer PRO-PM measure are more limited compared to the survey modes available with the OAS CAHPS Survey. The poor response rates seen in the HOPD pilot of the Information Transfer PRO-PM suggests all modes should be available to maximize response rates.

Each of the OAS CAHPS Survey modes have been more successful in garnering responses than the modes used for the Information Transfer PRO-PM, pointing to clear benefit from combining the surveys. Combining the surveys would also ensure more patients would have the opportunity to respond by including those who cannot be reached with email or text invitations and those who cannot respond because they do not have access to the internet.

5. Standardization of Adjustment for Patient Mix

Certain patient characteristics may influence survey responses and bias results. As a result, it is typical for performance scores to be adjusted to account for patient factors beyond the control of the facility that are known to influence assessment of care, such as age, education, surgery type, overall health, overall mental health and relative lag time. Statistical models have been developed to account for these patient characteristics to ensure a level playing field across facilities with different patient mixes. While the OAS CAHPS Survey results are routinely adjusted for these variables[18], data from the Information Transfer PRO-PM would not be adjusted at all.

Consolidating the two surveys would allow data from the Information Transfer PRO-PM to be adjusted in the same manner as the OAS CAHPS Survey data. This would ensure that scores reflect real differences in performance and allow fair comparisons across facilities, regardless of patient mix.

6. Resolution of Conflicting Guidelines and Removal of Other Administrative Burdens

Current OAS CAHPS guidelines require ASCs planning to administer other surveys in conjunction with the OAS CAHPS Survey to follow additional guidelines. These guidelines stipulate that, for each sample month, the OAS CAHPS Survey sample should be selected *prior* to the sample for any other survey. Those patients not randomly selected for the OAS CAHPS may then be included in a sample for any other survey. The proposed Information Transfer PRO-PM implementation guidance is clearly at odds with existing requirements for the three mandatory OAS CAHPS Survey-related ASCQR Program measures.

OAS CAHPS Survey protocols further require that if another CMS-sponsored effort is also conducting a survey of patients in the ASC a given month, the center must contact the OAS CAHPS Survey Coordination Team to make arrangements for both surveys. Given the overlap in patients for the Information Transfer PRO-PM measure, all participating ASCs would need to make these arrangements.

[18] https://oascahps.org/General-Information/Mode-Experiment. Last accessed September 5, 2025.

These conflicting guidelines and additional burdens could be resolved by consolidating the two surveys.

7. Every Effort Should Be Made to Minimize Patient Burden and Survey Fatigue

With declining survey response rates, keeping patient requests to a minimum is paramount. How many times should patients be asked to respond to different surveys related to the same episode of care? If the Information Transfer PRO-PM measure is adopted as proposed, those patients sampled for the mandatory OAS CAHPS Survey would receive two different survey requests for the same visit because of the proposed requirement to send the Information Transfer PRO-PM survey to "all" patients 18 and over. Additional patient requests for information could result from the Risk-Standardized PRO-PM Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) measure and separate physician-based surveys such as the American College of Surgeon's National Surgical Quality Improvement Program (NSQIP) post-operative survey. It is possible for a patient to be asked about the same episode of care three or four times. This level of patient burden is not reasonable when there is an opportunity to consolidate the Information Transfer PRO-PM survey with the OAS CAHPS Survey.

O. Summary

Based on all the issues described above, we cannot support the proposed Information Transfer PRO-PM measure because a good alternative to yet another new survey exists. Blending the Information Transfer PRO-PM survey with the already mandatory OAS CAHPS Survey would represent a win-win situation for all stakeholders. The topic of discharge instructions could be addressed in a well-established survey instrument that has demonstrated feasibility and better response rates. It would also assure consistency in the patient cohort, administration modes and timeframes, and ensure application of the relevant patient-mix adjustments to facility performance scores. Consolidation would also increase efficiency and lower costs, while reducing burden for both patients and providers.

CMS has been mindful of cost and burden in its proposal to remove four measures in this rulemaking cycle: the COVID-19 Vaccination Coverage Among HCP measure, the FCHE measure and the two Social Drivers of Health measures. We trust the agency is committed to taking all necessary steps to streamline quality measure data collection and reporting for the ASCQR Program and urge you to forgo finalizing this measure due to the unnecessary cost and burden it would create.

III. Additional Action is Needed to Address Burden in the ASCQR Program

We appreciate CMS proposals to make ASCQR Program modifications to decrease burden and would like to highlight another opportunity to do so. As currently specified, the Risk Standardized Patient-Reported Outcome-Based Performance Measure Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA/TKA PRO–PM) in the ASC Setting measure is complex and poses significant implementation challenges. CMS should continue the voluntary reporting period indefinitely until a simplified PRO-PM can be put in

place. We encourage CMS to use ASC feedback to guide modifications to the measure specifications, measure methodology, performance expectations and data submission requirements. We would be happy to work with CMS's measure development contractor in this effort.

IV. Proposed Updates to the Extraordinary Circumstances Exception (ECE) Policy for the ASCQR Program

Current Extraordinary Circumstances Exception (ECE) regulations allow CMS to grant exceptions to data submission deadlines and requirements for the ASCQR Programs in the event of extraordinary circumstances – such as natural disasters or systemic problems with data collection systems - beyond the control of an ASC.

The agency is proposing to update its regulations to specify that, in addition to an exemption from reporting, an ECE could also take the form of an extension of the time an affected ASC would have to comply with a data reporting requirement. We support this proposal for another option for relief.

CMS also proposes to update its regulations to reflect that it may grant an ECE to ASCs that have not requested an ECE if the agency determines that a systemic problem with a CMS data collection system directly impacted the ability of the ASC to comply with a quality data reporting requirement, or that an extraordinary circumstance has affected an entire region or locale. We support this proposal.

Finally, the agency has proposed that an ASC may request an ECE within 30-calendar days of the date the extraordinary circumstance occurred. This would represent a significant decrease in the 90-day period currently permitted for such a request. We do not support the more limited timeframe. We are particularly concerned about extraordinary circumstances that are not sufficiently well-publicized to prompt CMS to issue an ECE without a request. Current policy requires submission of an ECE request via the HQR portal, email or secure fax. However, an ASC may not be able to make a request using these methods within a 30-day window following events such as a cyberattack, which can cripple and/or disrupt operations for months. When extraordinary events occur, restoring operations that affect patient care are prioritized, and addressing ASCQR Program reporting requirements may not rise to the top of the list for some time. We believe the current 90-day period is more appropriate and should be retained.

V. Expanding Quality Measures Across Surgical Sites of Service

CMS should adopt additional clinical outcome measures across surgical sites of service. There are six existing ASCQR Program measures that could be applied to the HOPD setting to expand the ability of consumers to compare facility-level outcomes.

- ASC-1: Patient Burn
- ASC-2: Patient Fall
- ASC-3: Wrong Site, Wrong Side, Wrong Patient, Wrong Procedure, Wrong Implant

- ASC-4: Hospital Transfer/Admission
- ASC-13: Normothermia Outcome
- ASC-14: Unplanned Anterior Vitrectomy

We would also like to draw your attention to two additional outcome measures that have yet to be incorporated into either the ASCQR Program or the HOQR Program:

- Toxic Anterior Segment Syndrome (TASS)
- Ambulatory Breast Procedure Surgical Site Infection (SSI) Outcome

Data from these measures would be helpful to prospective patients. We encourage CMS to adopt existing ASCQR Program measures into the HOQR Program to expand the points of comparison between the two, and to adopt the TASS and SSI measures into both programs.

VI. Public Reporting of ASCQR Program Data

ASCs perform the majority of outpatient surgical and procedural services in the United States, so it essential for consumers to have ready access to ASC quality data. Participating ASCs put a significant amount of effort into collecting and submitting quality data to CMS. The agency is solely responsible for ensuring this information is shared in a manner that is easily accessible and in a form that is readily understandable and helpful to the public. CMS continues to fall short in fulfilling this responsibility.

Medicare beneficiaries and consumers are most likely to look for information about quality of care on the CMS Medicare.gov Care Compare website. Despite this, there is no ASC data on the site. While the Care Compare landing page includes multiple buttons for various healthcare provider types, it does not include a button for ASCs. The only link to ASC data on the site is accessed via the "Hospitals" button. Even there, an individual must read through the page to potentially spot the question, "Or want to learn more about ambulatory surgical centers (ASC)? Visit the ASC data on data.cms.gov" with a link to ASC data. This link to the Provider Data Catalog on the data.cms.gov site is very difficult to find.

Until such time as ASC data is presented on the Care Compare website, major improvements are needed in the presentation of ASC data on the cms.data.gov website. There are no clear and intuitive paths to ASC data from Provider Data Catalog homepage. Changes should include both creating an ASC category button under the "Explore and download provider data on:" heading and creating an ASC link under "Topics".

The method of displaying the data needs improvement to help consumers understand and use the information presented. Program data is presented in different areas of the website instead of being consolidated. Explanatory material is presented on different pages than measure data. Measure scores are currently listed under column titles such as "ASC-9 Rate", so it is difficult to understand what measure data is being displayed and what it means. Further, there is no easy way to compare measure data between individual ASCs or across ASCs and HOPDs.

We urge CMS to make a serious effort to improve its public reporting of ASC data.

VII. Closing Remarks

Participation in the ASCQR Program has become expensive due to the high cost of implementing the OAS CAHPS survey. The challenges posed by the THA/TKA PRO-PM measure will be significant. ASCs now face the possibility of having to field yet another survey for the Information Transfer PRO-PM even though the measure topics could have been incorporated into the OAS CAHPS. We believe the Program is important and would like to see high levels of participation continue. We urge the agency to carefully consider the balance between participation and burden as it determines additional requirements for the Program.

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Thank you for considering these comments. We look forward to continuing our dialogue with CMS regarding the ASCQR Program and would be happy to provide additional information at your request.

Sincerely,

Nina Goins

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Executive Director
ASC Quality Collaboration

Appendix A:
Current Participants in the Activities of the ASC Quality Collaboration

Accreditation Association for Ambulatory Health Care
Accreditation Commission for Health Care
Ambulatory Surgery Center Association Foundation
AMSURG
Association of periOperative Registered Nurses
California Ambulatory Surgery Association
Colorado Ambulatory Surgery Center Association
ECRI
Florida Society of Ambulatory Surgery Centers
GI Alliance
HST Pathways
Indiana Federation of Ambulatory Surgery Centers
Kaiser Permanente
Merritt Healthcare
Michigan Ambulatory Surgery Association
New Jersey Association of Ambulatory Surgery Centers
New York State Association of Ambulatory Surgery Centers
NueHealth
OrthoForum
Outpatient Ophthalmic Surgery Society
Proliance Surgeons
QUAD A
Regent Surgical Health
RFX Solutions
SCA Health
Sovereign Healthcare
Specialist Management Solutions
Surgery Partners
Surgery Ventures powered by HCA Healthcare
Surgical Management Professionals
Tenet Healthcare/United Surgical Partners International
The Joint Commission
US Heart and Vascular