



PROPOSED CHANGES TO THE 2025 LEAPFROG ASC SURVEY

OPEN FOR PUBLIC COMMENT

Comments Accepted until midnight ET on December 13, 2024

Through participation in the Leapfrog ASC Survey and engaging in the public comment process, ambulatory surgery centers (ASCs) continue to demonstrate their commitment to transparency. This empowers employers and purchasers to find the highest-value care while giving consumers the lifesaving information they need to make informed decisions. Hospital and ASC Survey Results are [publicly reported](#) on Leapfrog's website so stakeholders can compare hospital outpatient departments (HOPDs) and ASCs side-by-side. Participating ASCs are also eligible for consideration for awards programs including the [Leapfrog Top ASC](#) designation.

Since the inaugural launch of the Leapfrog ASC Survey in 2019, Leapfrog has worked with ASCs, its Board of Directors, [Regional Leaders](#), our [national expert panel](#), the research faculty at Johns Hopkins Medicine, and purchaser members to develop Survey content. We also work with and rely upon our [Ambulatory Surgery Center Advisory Committee](#), launched in March 2022, to advise on key issues related to ASC safety, quality, and efficiency.

Leapfrog's scientific experts review the latest evidence and literature to refine the current measures included in the Survey and propose changes for each upcoming year. We then seek public comment on the proposed changes and use stakeholder feedback to finalize the Survey.

In 2025, Leapfrog would like to highlight a proposal to greatly reduce NHSN reporting requirements by collecting data on ASC-1, ASC-2, ASC-3, and ASC-4 directly from the CMS Care Compare website, as part of the Ambulatory Surgical Center Quality Reporting (ASCQR) program. Leapfrog will no longer require ASCs to report the Same Day Outcome Measures (SDOM) Module to NHSN.

These changes, detailed in [Section 3C below](#), are part of Leapfrog's effort to substantially reduce the staff time associated with Survey submission. Leapfrog invites additional comments on further opportunities to streamline the Survey and encourage ASCs new to Leapfrog to publicly report their data.

Other changes described in this document include:

- Public Reporting: Proposal to update public reporting timeframes.
- Policy Update: Proposal to add questions regarding availability of data due to cybersecurity events, natural disasters, and changes in ownership.
- Section 1B: Billing Ethics: Proposal to add a response option, update the scoring algorithm for available pricing information, and to clarify how the itemized billing statement is provided.
- Section 1C: Health Care Equity: Proposal to add a response option and FAQ for patient self-identified demographic data, add a question for reporting the website URL where ASCs publicly share their efforts to identify and reduce health care disparities, and add an optional fact-finding question regarding the implementation of Federal Office of Management and Budget (OMB) standards.



- Section 2: Medical, Surgical, and Clinical Staff: Proposal to add a response option for ASCs that only care for pediatric patients aged 13-17.
- Section 4B: NHSN Outpatient Procedure Component Module: Proposal to update the reporting period and scoring algorithm.

To provide public comment, please complete the public comment form [here](#). Comments will be accepted until midnight ET on December 13, 2024.

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.

For information on the 2024 Leapfrog ASC Survey, visit <https://www.leapfroggroup.org/asc>.

DEADLINES AND REPORTING PERIODS FOR 2025

Review the 2025 Leapfrog ASC Survey Deadlines and anticipated reporting periods in [Appendix I](#) and [Appendix II](#).

SCORING AND PUBLIC REPORTING FOR 2025

As in prior years, ASCs that submit a Leapfrog ASC Survey by the June 30 Submission Deadline will have Survey Results available on their [ASCs Details Page](#) on July 12 and publicly reported at <https://ratings.leapfroggroup.org/> on July 25. After July, Leapfrog is proposing to update the Survey Results within the first seven (7) business days of the month to reflect Surveys (re)submitted by the end of the previous month. Previously, results were published within the first five (5) business days of the month.

NEW REPORTING POLICY FOLLOWING CYBERSECURITY EVENTS, NATURAL DISASTERS, AND CHANGES IN OWNERSHIP

As the frequency of cybersecurity events, natural disasters, and changes in ownership continues to grow, Leapfrog is proposing the following for facilities that have limited data availability during the reporting period for specific sections of the Survey as the result of one of these three events:

- Facilities missing data for less than 15 days during the reporting period due to a cybersecurity event or natural disaster will be able to report to the Leapfrog ASC Survey and use the data they have available for the specified reporting periods to be scored and publicly reported. [Survey Results](#) will be used in Leapfrog’s other programs.
- Facilities missing data for 15 or more days during the reporting period due to a cybersecurity event or natural disaster will be able to report to the Survey that (a) they had an event and (b) are missing 15 or more days of data during the reporting period. [Survey Results](#) will be reported as “Not available due to a cybersecurity event/natural disaster.” These facilities will be ineligible for Leapfrog Top ASC.
- Facilities missing data due to a change in ownership will be able to report to the Leapfrog ASC Survey and will have results displayed along with the following note: “This facility recently had a change in ownership.” Facilities will still be required to submit by all deadlines and will have results displayed as “Declined to Respond” if they elect not to report. [Survey Results](#) will be used in Leapfrog’s other programs.



The following questions will be added to Section 1A: Basic Facility Information regarding the availability of data for reporting on the Leapfrog ASC Survey:

<p>1) Did your facility experience a cybersecurity event, natural disaster, or change in ownership that resulted in limited data availability during the reporting period for any section of the Survey?</p> <p><i>If “yes, due to a change in ownership” or “no,” skip the remaining questions in Section 1A and continue to the next subsection.</i></p>	<p><input type="radio"/> Yes, due to a cybersecurity event</p> <p><input type="radio"/> Yes, due to a natural disaster</p> <p><input type="radio"/> Yes, due to a change in ownership</p> <p><input type="radio"/> No</p>
<p>2) How long were you closed or had system downtime?</p> <p><i>If “15 or more days” to question #2, skip the remaining questions in the Survey. The facility will be scored as “Not Available” for all Leapfrog ASC Survey measures.</i></p>	<p><input type="radio"/> 14 or fewer days</p> <p><input type="radio"/> 15 or more days</p>

Leapfrog is also proposing to add the following information on its public reporting [website](#) when facilities indicate having limited data availability:

“This facility’s quality and safety performance may have been impacted by a recent cybersecurity event, natural disaster, or change in ownership. We urge patients and family caregivers to ask the facility for information on their recent performance and consider that information in combination with historical performance. Patients and family caregivers may benefit from discussing with their health care provider the disruptions this event may have caused on quality and safety of care.”

PROPOSED CONTENT CHANGES

ASC PROFILE

There are no proposed changes to the ASC Profile.

SECTION 1: PATIENT RIGHTS AND ETHICS

SECTION 1A: BASIC FACILITY INFORMATION

As noted [above](#), Leapfrog will add two new questions to Section 1A to assess data availability. Additionally, in response to feedback from ASCs participating in the Survey and an analysis of responses submitted in 2024, Leapfrog is proposing the following update to Section 1A: Basic Facility Information:

- Question #7, regarding an ASC’s ownership status, will be updated to include “private equity” as a response option. ASCs should continue to select a response that best describes their ownership.

Finally, Leapfrog will add a new FAQ to this section, to offer facilities additional guidance in implementing a policy to follow up on patient-reported concerns:

What are some examples of a protocol to follow-up on patient-reported concerns?

Leapfrog’s goal is to capture how facilities are encouraging the submission of, and following up on, issues or complaints from patients that are specific to the care they received in an ASC. For example, ASCs could distribute a



patient satisfaction survey with space to report concerns with their care, and a protocol in place to investigate these by following up with a family member and logging the incident. Another example is to notify patients on admission about their right to report concerns as part of their [rights and responsibilities](#).

SECTION 1B: BILLING ETHICS

In response to feedback from ASCs participating in the Survey, an analysis of responses submitted in 2024, and new insights from researchers in the field, Leapfrog is proposing the following updates to Section 1B: Billing Ethics:

- Question #1, regarding what pricing information is available on your facility’s website, will include a new response option of “Department of Defense medical and dental reimbursement rates.” This response option will only be applicable to Military Treatment Facilities (MTFs). We will also update the scoring algorithm to incorporate the new response option for scoring and public reporting in 2025.
- Question #2, regarding a website URL where prices are displayed, will be updated to ask about displayed prices and “Department of Defense medical and dental reimbursement rates.”
- Question #3, regarding the itemized billing statement, will be updated to clarify that the itemized billing statement will be provided based on the patient’s choice of mail or electronically (via email or the patient portal).

The updated questions and scoring algorithm are available in [Appendix III](#) for Section 1B: Billing Ethics.

SECTION 1C: HEALTH CARE EQUITY

Leapfrog will continue to score and publicly report the Health Care Equity standard. We are proposing the following updates:

- Question #1, regarding patient self-identified demographic data, will include a new response option for ability status. We will also add a new FAQ which will provide more information about ability status and examples of questions to ask patients:

What does Leapfrog mean by “ability status”?

As described by the [CDC](#), a disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions). More information is available on the CDC website at <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>. Examples of questions that determine one’s ability status can be found here:

- <https://www.cdc.gov/ncbddd/disabilityandhealth/datasets.html>
 - <https://torontohealthequity.ca/wp-content/uploads/2018/03/Measuring-Health-Equity-Participant-Manual-2018.pdf>
 - <https://ifdhe.aha.org/hretdisparities/how-to-ask-the-questions>
- Leapfrog will add a new question asking ASCs to provide a link to where they publicly share their efforts to identify and reduce health care disparities. Only ASCs that answer “yes” to question #6 will be asked to provide the URL. This question, and the provided URL, will be used as part of Leapfrog’s [Data Verification Protocols](#) and the URL may be publicly reported. The new proposed question is available for review below:



1) Webpage URL where efforts to identify and reduce health care disparities and the impact of those efforts (based on the self-identified demographic data collected directly from patients (or patient’s legal guardian)) are displayed:	_____
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- Leapfrog will add an optional, fact-finding question to determine if ASCs have implemented (or have plans to implement) the new [Office of Management and Budget standards](#) for maintaining, collecting and presenting data on race and ethnicity:

2) Has your facility combined race and ethnicity categories into a single question to align with the 2024 Office of Management and Budget (OMB) seven minimum reporting categories that allows patients (or patient’s legal guardian) to select one or multiple categories?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, but plan to implement within the next 6 months <input type="radio"/> No, but plan to implement within the next 7-12 months
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This optional, fact-finding question will not be used in scoring or public reporting in 2025. There are no proposed changes to the scoring algorithm for Section 1C: Health Care Equity.

SECTION 2: MEDICAL, SURGICAL, AND CLINICAL STAFF

In response to feedback from ASCs participating in the Survey, Leapfrog is proposing the following update to Section 2: Medical, Surgical, and Clinical Staff:

- Question #2, regarding the presence of clinicians trained in Pediatric Advanced Life Support (PALS), will be updated to include a new response option of “Not applicable; pediatric patients are all aged 13-17” to clarify that all pediatric procedures reported on in Section 3 during the reporting period were performed on patients 13 years and older. The updated question is available for review below:

Updates highlighted in **yellow**

<p>1) Is there a Pediatric Advanced Life Support (PALS) trained clinician, as well as a second clinician (regardless of PALS training), present at all times and immediately available in the building while a pediatric patient (infant through 12 years) is present in the facility?</p> <p><i>Facilities that do not care for pediatric patients should select “Not Applicable; adult patients only” and facilities that only performed applicable pediatric procedures on pediatric patients 13 years and older during the reporting period should select “Not applicable; pediatric patients are all aged 13-17,” regardless of the presence of clinicians trained in PALS. These facilities will be scored as “Does Not Apply”.</i></p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable; adult patients only <input type="radio"/> Not applicable; pediatric patients are all aged 13-17
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There are no proposed changes to the scoring algorithm for Section 2: Medical, Surgical, and Clinical Staff.

SECTION 3: VOLUME AND SAFETY OF PROCEDURES

SECTION 3A: VOLUME OF PROCEDURES

There are no proposed changes to this subsection.

SECTION 3B: FACILITY AND SURGEON VOLUME

There are no proposed changes to this subsection.

SECTION 3C: CMS OUTCOME MEASURES

Leapfrog proposes to add four new measures to this subsection, formally titled “Patient Follow-up,” that are publicly reported on the CMS Care Compare website, as part of the Ambulatory Surgical Center Quality Reporting (ASCQR) program:

- ASC-1: Number of patients who experience a burn prior to discharge from the ASC
- ASC-2: Number of patients who experience a fall within the ASC
- ASC-3: Number 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

These four measures were first publicly reported on Care Compare in October 2024. Collecting these data from this publicly available source allows Leapfrog to remove the requirement for reporting same-day outcome measures in Section 4B: NHSN Outpatient Procedure Component Module.

These measures are in addition to the three CMS ASCQR measures collected in prior years:

- ASC-12: Rate of Unplanned Hospital Visits After an Outpatient Colonoscopy
- ASC-17: Hospital Visits After Orthopedic Ambulatory Surgical Center Procedures
- ASC-18: Hospital Visits After Urology Ambulatory Surgical Center Procedures

Because the distribution of scores from the CY2023 dataset for ASCs nationwide indicates that for ASC-1, ASC-2, and ASC-3 most reporting ASCs had no patients that experienced a burn, fall, or wrong site, side, patient, procedure or implant event, surgery centers will be scored based on whether they had any events in the calendar year. Facilities with no events will be scored as “Achieved the Standard,” others will be scored as “Considerable Achievement,” recognizing that they voluntarily reported these data.

However, Leapfrog proposes scoring ASC-4 using a similar model as the quartile-based determination for ASC-12, 17, and 18. Leapfrog proposes calculating a scoring cut-point for the top quartile based on the CY2023 dataset for ASCs nationwide. Facilities in the top quartile will be scored as “Achieved the Standard,” others will be scored as “Considerable Achievement.”



For Leapfrog to obtain the data for each applicable ASCQR measure, facilities must provide a valid CMS Certification Number (CCN) and National Provider Identifier (NPI) in the Profile Section of the Online Survey Tool and submit the Leapfrog ASC Survey.

For ASC-12, 17, and 18, facilities that do not perform the applicable procedures will be scored and publicly reported as “Does Not Apply.” ASC-1, 2, 3 and 4 apply to all ASCs. Facilities that do not provide an accurate CCN and NPI in the Profile or do not report applicable data to CMS will be scored and publicly reported as “Unable to Calculate Score.”

The scoring algorithm is available in [Appendix IV](#).

The table below indicates when Leapfrog will download data from the CMS provider catalog, when it will be available to ASCs for review on their Details Page, and when it will be publicly reported.

CMS data will be scored and publicly reported for ASCs that have submitted a Survey by	CMS Reporting Period	Available on ASC Details Page	Available on the Public Reporting Website
June 30, 2025	ASC 1-4: Most recent 12 months ASC-12: Most recent 36 months ASC-17: Most recent 24 months ASC-18: Most recent 24 months	July 12, 2025	July 25, 2025
August 31, 2025	ASC 1-4: Most recent 12 months ASC-12: Most recent 36 months ASC-17: Most recent 24 months ASC-18: Most recent 24 months	September 10, 2025	September 10, 2025
November 30, 2025	ASC 1-4: Most recent 12 months ASC-12: Most recent 36 months ASC-17: Most recent 24 months ASC-18: Most recent 24 months	December 9, 2025	December 9, 2025

Data will be downloaded from the CMS provider catalog at <https://data.cms.gov/provider-data/dataset/4jcv-atw7>

SECTION 3D: INFORMED CONSENT

Leapfrog has learned that surgery centers in Georgia and Texas have a statutory protection facilitated by using consent forms at a ninth-grade reading level. Leapfrog proposes to maintain the current scoring algorithm for “Considerable Achievement” which requires having all consent forms written at a ninth-grade reading level, if additional criteria are also met. However, because 54% of Americans between the ages of 16 and 74 read below the equivalent of a sixth-grade level, surgery centers will continue to be required to have all applicable consent forms written at a sixth-grade reading level or lower to “Achieve the Standard.”

In response to questions and feedback from hospitals participating in the Survey, Leapfrog will clarify FAQ #15 and update as follows:



What roles and staff levels need to be included in the training program on informed consent included in question #1? What types of training can we use?

As described on page 98 of the [AHRQ’s Making Informed Consent an Informed Choice – Training for Health Care Leaders](#), the appropriate roles for training include all the following: facility leaders, physicians/independent nurse practitioners/independent physician assistants, nurses or other clinical staff, administrative staff in a patient-facing role, and interpreters. The training may be tailored to only include relevant materials based on the staff role. The goal is for each responsible staff person to be trained in their applicable domains. For example:

- For facility leaders, training on the definition and principles of informed consent and specifics on the facility’s informed consent policy is appropriate.
- Clinical staff such as physicians and nurses should also be trained in strategies for clear communication, for presenting choices, and for documentation.
- For administrative staff in a patient-facing role and interpreters, participating in the informed consent process should also be trained in documentation.

Staff that are not directly employed by the facility (e.g., medical interpreters who are employed by a contractor) do not need to be trained by the facility.

Training does not need to be exclusive to informed consent and can be included as a component or module in other trainings. Examples of trainings include computer-based training, one-on-one precepting, webinars, and staff meeting presentations, as well as other modalities where learning can be assessed after the content is delivered to the trainee.

There are no proposed changes to the scoring algorithm for Section 3D: Informed Consent.

SECTION 3E: SAFE SURGERY CHECKLIST FOR ADULT AND PEDIATRIC OUTPATIENT PROCEDURES

There are no proposed changes to this subsection.

SECTION 4: PATIENT SAFETY PRACTICES

SECTION 4A: MEDICATION SAFETY

MEDICATION AND ALLERGY DOCUMENTATION

There are no proposed changes to this subsection.

SECTION 4B: NHSN OUTPATIENT PROCEDURE COMPONENT MODULE

Leapfrog is proposing the following updates to Section 4B: NHSN Outpatient Procedure Component Module:

- Leapfrog will update the reporting period for SSI outcome measure reporting plans from a 6-month reporting period to a 12-month reporting period. We will also update the scoring algorithm to reflect these changes. Facilities will be required to have reporting plans in place for the full 12-month reporting period in order to “Achieve the Standard” if they perform any of the following procedures:



- breast surgery (BRST),
- laminectomy (LAM),
- herniorrhaphy (HER), or
- knee prosthesis (KPRO)
- SDOM reporting plan data will no longer be collected through NHSN OPC. Instead, the four SDOM measures that are publicly reported on the CMS Care Compare website as part of the ASCQR program will be collected as described above in [Section 3C](#). Therefore, Leapfrog will remove the following questions from Section 4B:
 - Question #4: “During the reporting period, did your facility have a Monthly Reporting Plan in place with NHSN for the Same Day Outcome Measures (SDOM) Module and submit associated Summary Data?”
 - Question #5: “For how many months during the reporting period did your facility have a Monthly Reporting Plan and Summary Data in place with NHSN for the Same Day Outcome Measures (SDOM) Module?”

The updated scoring algorithm is available in [Appendix V](#) for Section 4B: NHSN Outpatient Procedure Component Module.

NHSN Reporting Periods and Deadlines for 2025

ASCs are required to join Leapfrog’s NHSN Group for ASCs for Leapfrog to download data on the following measures included in Section 4B NHSN Outpatient Procedure Module of the 2025 Leapfrog ASC Survey:

- Surgical site infections for Infections for breast surgery (BRST), laminectomy (LAM), herniorrhaphy (HER), and knee prosthesis (KPRO) using an All-SSI SIR model.

Leapfrog will also download a copy of your facility’s 2024 Outpatient Procedure Component (OPC) ASC Annual Facility Survey.

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 SSI Monthly Reporting Plans and applicable Summary Data,
- 3) Enter a valid NHSN ID in the Profile Section of their 2025 Leapfrog ASC Survey, and
- 4) Complete, affirm, and submit the 2025 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 19, 2025	June 20, 2025	June 30, 2025	Latest 12 months prior to Survey submission	July 12, 2025 Details Page July 25, 2025 Public Reporting Website



August 21, 2025	August 22, 2025	August 31, 2025	Latest 12 months prior to Survey submission	September 10, 2025*
October 22, 2025	October 23, 2025	October 31, 2025	Latest 12 months prior to Survey submission	November 12, 2025*
December 17, 2025	December 18, 2025**	November 30, 2025	Latest 12 months prior to Survey submission	January 12, 2026*

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, 2025. The last NHSN data download is on December 18, 2025 to incorporate any ASCs and corrections from ASCs that joined by the last join date of December 17, 2025.

SECTION 4C: HAND HYGIENE

There are no proposed changes to this subsection.

SECTION 4D: NATIONAL QUALITY FORUM (NQF) SAFE PRACTICES

NQF SAFE PRACTICE #1 - CULTURE OF SAFETY LEADERSHIP STRUCTURES AND SYSTEMS

There are no proposed changes to these questions.

NQF SAFE PRACTICE #2 - CULTURE MEASUREMENT, FEEDBACK, AND INTERVENTION

There are no proposed changes to these questions.

NQF SAFE PRACTICE #4 - RISKS AND HAZARDS

There are no proposed changes to these questions.

SECTION 4E: NEVER EVENTS

There are no proposed changes to this subsection.

SECTION 4F: NURSING WORKFORCE

There are no proposed changes to this subsection.



SECTION 5: PATIENT EXPERIENCE (OAS CAHPS)

There are no proposed changes to this section.



Thank you for your interest in the Leapfrog ASC Survey. To provide a public comment, please respond by completing the public comment form [here](#). Comments will be accepted until midnight ET on December 13, 2024. The Leapfrog Group and our experts will consider comments carefully in finalizing the 2025 Leapfrog ASC Survey. Leapfrog will publish responses to public comments and a summary of changes in March 2025.



APPENDIX I

Timeline for the 2025 Leapfrog ASC Survey

Date	Deadline
March	Summary of Changes to the 2025 Leapfrog ASC Survey and Responses to Public Comments will be available for download at https://www.leapfroggroup.org/asc-survey-materials/survey-materials .
April 1	2025 LEAPFROG ASC SURVEY LAUNCH: The hard copy of the 2025 Leapfrog ASC Survey and supporting materials are available for download on the Survey Materials webpage . The Online ASC Survey Tool is available.
June 30	SUBMISSION DEADLINE: ASCs that submit a Survey by June 30 will have their Leapfrog ASC Survey Results publicly reported starting on July 25. ASCs that do not submit a Survey by June 30 will be publicly reported as “Declined to Respond” until a Survey has been submitted.
July 12	ASC DETAILS PAGE AVAILABLE: The first set of Leapfrog ASC Survey Results, which reflect Surveys submitted by June 30, will be privately available for ASCs to view on July 12 via the ASC Details Page link on the Survey Dashboard. In addition, Leapfrog will send out its first round of monthly data verification emails and documentation requests.
July 25	ASC SURVEY RESULTS PUBLICLY AVAILABLE: The first set of Leapfrog ASC Survey Results, which reflect Surveys submitted by June 30 will be published on Leapfrog’s public reporting website . ASCs that do not submit a Survey by June 30 will be publicly reported as “Declined to Respond” until a Survey has been submitted. After July, results are updated on the seventh (7) business day of the month to reflect Surveys (re)submitted by the end of the previous month.
August 31	TOP ASC DEADLINE: ASCs that would like to be eligible to receive a Leapfrog Top ASC Award must submit a Survey by August 31. Facilities are encouraged to submit their Survey by June 30 in order to resolve any data entry or reporting errors identified by Leapfrog through its monthly data verification and documentation requests.
November 30	LATE SUBMISSION DEADLINE: The 2025 Leapfrog ASC Survey 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

CORRECTIONS DEADLINE:

ASCs that need to make corrections to previously submitted 2025 Leapfrog ASC Surveys must make necessary updates and re-submit the entire Survey by January 31, 2026. ASCs will not be able to make changes or re-submit their Survey after this date.



APPENDIX II

Anticipated Reporting Periods for the 2025 Leapfrog ASC Survey

	Survey Submitted <u>Prior to</u> September 1	Survey (Re)Submitted <u>on or after</u> September 1
Survey Section	Reporting Period	Reporting Period
1A Basic Facility Information	12 months ending 12/31/2024	12 months ending 06/30/2025
1B Billing Ethics	N/A	N/A
1C Health Care Equity	N/A	N/A
2 Medical, Surgical, and Clinical Staff	Latest 3 months prior to Survey submission	Latest 3 months prior to Survey submission
3A Volume of Procedures	12 months ending 12/31/2024	
3B Facility and Surgeon Volume	Volume: 12 months or 24 months ending 12/31/2024	Volume: 12 months or 24 months ending 06/30/2025
3C CMS Outcome Measures	Patient Follow-up: Latest 24 or 36 months prior to Survey submission	Patient Follow-up: Latest 24 or 36 months prior to Survey submission
3D Informed Consent	N/A	N/A
3E Safe Surgery Checklist for Adult and Pediatric Outpatient Procedures	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission
4A Medication Safety	12 months ending 12/31/2024	12 months ending 06/30/2025
4B NHSN Outpatient Procedure Component Module	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission
4C Hand Hygiene	N/A	N/A
4D National Quality Forum (NQF) Safe Practices	Latest 12, or 24 months prior to Survey submission (see individual Safe Practice for specific reporting period)	Latest 12, or 24 months prior to Survey submission (see individual Safe Practice for specific reporting period)
4E Never Events	N/A	N/A
4F Nursing Workforce	N/A	N/A
5 Patient Experience (OAS CAHPS)	Latest 12 months prior to Survey submission	Latest 12 months prior to Survey submission

APPENDIX III

Section 1B: Billing Ethics – Proposed Questions for 2025

Updates highlighted in **yellow**

Price Transparency	
<p>1) What pricing information is displayed on your facility’s website for commonly performed procedures?</p> <p>Select all that apply.</p> <p>Only Military Treatment Facilities should select “Department of Defense medical and dental reimbursement rates.”</p> <p><i>If “none of the above,” skip question #2 and continue to question #3.</i></p>	<p><input type="checkbox"/> Payer-specific negotiated charges</p> <p><input type="checkbox"/> Cash prices</p> <p><input checked="" type="checkbox"/> Department of Defense medical and dental reimbursement rates</p> <p><input type="checkbox"/> None of the above</p>
<p>2) Webpage URL where payer-specific negotiated charges, cash prices, or Department of Defense medical and dental reimbursement rates are displayed for consumers:</p> <p><i>The http:// prefix needs to be included.</i></p>	<p>_____</p>
Billing Ethics	
<p>3) Within 30 days of the final claims adjudication (or within 30 days from date of service for patients without insurance), does your facility provide every patient with a billing statement and/or master itemized bill for facility services, either by the patient’s choice of mail or electronically (via email or the patient portal), that includes ALL the following:</p> <ul style="list-style-type: none"> a) Name and address of the facility where billed services occurred; b) Date(s) of service; c) An individual line item for each service or bundle of services performed; d) Description of services billed that accompanies each line item or bundle of services performed; e) Amount of any principal, interest, or fees (e.g., late or processing fees), if applicable; f) Amount of any adjustments to the bill (e.g., health plan payment or discounts), if applicable; g) Amount of any payments already received (from the patient or any other party), if applicable; h) Instructions on how to apply for financial assistance, if applicable; i) Instructions in the patient’s preferred language on how to obtain a written translation or oral interpretation of the bill; and j) Notification that physician services will be billed separately, if applicable? <p><i>If any one of the elements above is only provided upon request, select “Only upon request.” If any one of the elements above is not ever provided, select “No.”</i></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Only upon request</p>



<p>4) Does your facility give patients instructions for contacting a billing representative:</p> <ul style="list-style-type: none"> • Who has access to an interpretation service to communicate in the patient’s preferred language, and • Who has the authority to do all the following within 10 business days of being contacted by the patient or patient representative: <ul style="list-style-type: none"> i. initiate an investigation into errors on the bill, ii. offer a price adjustment or debt forgiveness based on facility policy, and iii. offer a payment plan? 	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No
<p>5) Does your facility take legal action against patients for late payment or insufficient payment of a medical bill?</p> <p><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></p> <p><i>Only Military Treatment Facilities should respond “No, but required by federal law to transfer delinquent payments to the Department of Treasury for action.”</i></p>	<ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No, but required by federal law to transfer delinquent payments to the Department of Treasury for action

Section 1B: Billing Ethics – Proposed Scoring Algorithm for 2025

Billing Ethics Score (Performance Category)	Meaning that...
<p>Achieved the Standard (4 bars)</p>	<ul style="list-style-type: none"> • The facility provides either payer-specific negotiated charges or cash prices on their website for commonly performed procedures, • Provides every patient with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3, • Gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #4 within 10 business days, and • Does not take 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. <p>OR (applies to Military Treatment Facilities only)</p> <ul style="list-style-type: none"> • The facility provides Department of Defense medical and dental reimbursement rates on their website for commonly performed procedures, • Provides every patient with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3, • Gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #4 within 10 business days, and • Does not take legal action against patients but is required by federal law to

	transfer delinquent payments to the Department of Treasury for action.
<p>Considerable Achievement (3 bars)</p>	<ul style="list-style-type: none"> • The facility does not provide either payer-specific negotiated charges or cash prices or Department of Defense medical and dental reimbursement rates on their website for commonly performed procedures, but • Provides every patient with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3, • Gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #4 within 10 business days, and • Does not take 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 or the facility does not take legal action against patients but is required by federal law to transfer delinquent payments to the Department of Treasury for action.
<p>Considerable Achievement (Alternative) (3 bars)</p>	<ul style="list-style-type: none"> • The facility provides either payer-specific negotiated charges or cash prices or Department of Defense medical and dental reimbursement rates on their website for commonly performed procedures, • Upon request, provides patients with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3, • Gives patients instructions for contacting a billing representative who has access to an interpretation service and has the authority to do all three required elements in question #4 within 10 business days, and • Does not take 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 or the facility does not take legal action against patients but is required by federal law to transfer delinquent payments to the Department of Treasury for action.
<p>Some Achievement (2 bars)</p>	<ul style="list-style-type: none"> • The facility does not provide either payer-specific negotiated charges or cash prices or Department of Defense medical and dental reimbursement rates on their website for commonly performed procedures, • Upon request, provides patients with a billing statement and/or master itemized bill within 30 days of final claims adjudication that includes all 10 required elements listed in question #3, • Gives patients instructions for contacting a billing representative who has access to interpretation services and has the authority to do all three required elements in question #4 within 10 business days, and • Does not take 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 or the facility does not take legal action against patients but is required by federal law to transfer delinquent payments to the Department of Treasury for action.
<p>Limited Achievement (1 bar)</p>	<p>The facility responded to all the questions in this section, but it does not yet meet the criteria for Some Achievement.</p>

APPENDIX IV

Section 3C: CMS Outcome Measures - Proposed Scoring Algorithm for 2025

Number Of Patients Who Experience a Burn Prior to Discharge from the ASC Score (Performance Category)	Meaning that...
Achieved the Standard (4 bars)	<ul style="list-style-type: none"> The facility provided an accurate CCN and NPI in the ASC Profile Reported zero patients who experience a burn prior to discharge
Considerable Achievement (3 bars)	<ul style="list-style-type: none"> The facility provided an accurate CCN and NPI in the ASC Profile, Reported one or more patients who experience a burn prior to discharge
Unable to Calculate Score	The facility is not participating with CMS, is scored as “Not Available” by CMS, or did not provide an accurate CCN and NPI in the ASC Profile.

Number Of Patients Who Experience a Fall Within the ASC (Performance Category)	Meaning that...
Achieved the Standard (4 bars)	<ul style="list-style-type: none"> The facility provided an accurate CCN and NPI in the ASC Profile Reported zero patients who experience a fall within the ASC
Considerable Achievement (3 bars)	<ul style="list-style-type: none"> The facility provided an accurate CCN and NPI in the ASC Profile, Reported one or more patients who experience a fall within the ASC
Unable to Calculate Score	The facility is not participating with CMS, is scored as “Not Available” by CMS, or did not provide an accurate CCN and NPI in the ASC Profile.

Number Of Patients Who Experience a Wrong Site, Side, Patient, Procedure, or Implant (Performance Category)	Meaning that...
Achieved the Standard (4 bars)	<ul style="list-style-type: none"> The facility provided an accurate CCN and NPI in the ASC Profile Reported zero patients who experience a wrong site, side, patient, procedure, or implant



Considerable Achievement (3 bars)	<ul style="list-style-type: none"> The facility provided an accurate CCN and NPI in the ASC Profile, Reported one or more patients who experience a wrong site, side, patient, procedure, or implant
Unable to Calculate Score	The facility is not participating with CMS, is scored as “Not Available” by CMS, or did not provide an accurate CCN and NPI in the ASC Profile.

Percentage Of ASC Patients Who Are Transferred or Admitted to a Hospital Upon Discharge from the ASC Score (Performance Category)	Meaning that...
Achieved the Standard (4 bars)	<ul style="list-style-type: none"> The facility provided an accurate CCN and NPI in the ASC Profile Is in the top quartile of performance (where lower scores are better).
Considerable Achievement (3 bars)	<ul style="list-style-type: none"> The facility provided an accurate CCN and NPI in the ASC Profile, Has a score published by CMS but is not in the top quartile of performance.
Unable to Calculate Score	The facility is not participating with CMS, is scored as “Not Available” by CMS, or did not provide an accurate CCN and NPI in the ASC Profile.

APPENDIX V

Section 4B: NHSN Outpatient Procedure Component Module - Proposed Scoring Algorithm for 2025

Updates highlighted in **yellow**

For facilities that perform breast surgery (BRST), laminectomy (LAM), herniorrhaphy (HER), and knee prosthesis (KPRO), and so have one or more applicable Surgical Site Infection Measure(s):

NHSN Outpatient Procedure Component Module Score (Performance Category)	Meaning that...
<p>Achieved the Standard (4 bars)</p>	<p>Facility is enrolled in the NHSN OPC Module, completed the 2024 OPC Annual Facility Survey, and completed the following:</p> <ul style="list-style-type: none"> Has a Monthly Reporting Plan in place for each month of the reporting period (12 months) for all applicable Surgical Site Infection Measures.
<p>Considerable Achievement (3 bars)</p>	<p>Facility is enrolled in the NHSN OPC Module, completed the 2024 OPC Annual Facility Survey, and completed the following:</p> <ul style="list-style-type: none"> Has a Monthly Reporting Plan in place for 6 to 11 continuous months of the reporting period for all applicable Surgical Site Infection Measures.
<p>Some Achievement (2 bars)</p>	<p>Facility is enrolled in the NHSN OPC Module, completed the 2024 OPC Annual Facility Survey, and completed the following:</p> <ul style="list-style-type: none"> Has a Monthly Reporting Plan in place for less than 6 months for all applicable Surgical Site Infection Measures.
<p>Limited Achievement (1 bar)</p>	<p>Facility has not enrolled in the NHSN OPC Module, has not completed the 2024 OPC Annual Facility Survey, has not had a Monthly Reporting plan in place for applicable Surgical Site Infection Measures, has not provided a valid NHSN ID in the ASC Profile, or has not joined Leapfrog’s NHSN Group.</p>
<p>Does Not Apply</p>	<p>The facility does not perform any of the following applicable procedures: breast surgeries, herniorrhaphies, knee replacements, or laminectomies.</p>



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