September 12, 2025

Dr. Mehmet Oz
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Re: [CMS-1834-P] RIN 0938-AV51; 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 Administrator Oz,

Anatomy IT (AIT) is submitting our comments on the Centers for Medicare & Medicaid Services (CMS) proposed rule regarding the 2026 Ambulatory Surgical Center Quality Reporting Program (ASCQR). AIT's Value-based Care division helps small- to medium-sized specialty practices implement and manage EHR technology and comply with quality reporting requirements. We support over 1,000 clinicians in quality compliance and reporting nationwide.

Provided below is a summary of the key points from our comments on the ASCQR portion of the proposed rule. These comments are more fully developed in the body of this letter along with other issues and comments not highlighted in our summary.

AMBULATORY SURGICAL CENTER QUALITY REPORTING PROGRAM EXECTIVE SUMMARY

We appreciate the thought and time that went into the development of this proposed rule. We focus our comments on the proposed changes and requests for comment related to the ASCQR program.

Existing and New Measures

- Measure ASC-11 (Cataracts: Improvement in Patient's Visual Function): **Anatomy IT strongly supports CMS' decision to maintain ASC-11: as *voluntary*.** We also urge CMS to remove this measure from the ASCQR program.
- Proposed New Information Transfer PRO-PM Measure: We are concerned that this proposed new measure will introduce additional survey fatigue for patients and reporting burden for ASCs. **We recommend either merging the Information Transfer survey into the OAS-CAHPS survey or eliminating the OAS-CAHPS measure.**

Proposed Measure Removals

- Retroactive Measure Removals: **Anatomy IT is concerned with the instability CMS is introducing into ASCQR with substantial and retroactive proposed measure removals. These actions undermine trust in the ASCQR program.**
- ASC-20 (COVID-19 Vaccination Coverage Among Health Care Personnel): **We oppose the removal of ASC-20: beginning in 2024.**
- ASC-22 and ASC-23 (Social Drivers of Health Measures): **We support the removal of ASC-22 and ASC-23**. While the impacts of SDOH are real and fundamental to long-term health, ASCs do not provide longitudinal care, and it is therefore unreasonable to expect them to comprehensively address SDOH.
- ASC-24(Facility Commitment to Health Equity Measure): **We support the removal of ASC-24** given the substantial burden this measure imposes on ASCs.

Proposed Updates to Extraordinary Circumstances Exception (ECE)

- We generally support the proposed updates to the ECE. However, **we oppose the proposal to allow ASCs only 30 days to submit the ECE request from the date of the extraordinary circumstance. This represents a reduction of 60 days compared to the current policy.**

RFI: Well-being and Nutrition Measure Concepts

- While we agree with CMS about the importance of well-being and nutrition, we emphasize that ASCs do not provide longitudinal care and are therefore not the appropriate setting to address these issues. **The only way for ASCs to truly impact patient well-being is through the vaccination of health care personnel (HCP); therefore, we urge CMS and HHS to maintain the HCP vaccination measures and to maintain access to the COVID-19 vaccine.**

Detailed ASCQR Comments of Anatomy IT: Contents

SPECIFIC ISSUES ON THE ASC QUALITY REPORTING PROGRAM

I. Existing and New Measures

A. ASC-11: Cataracts – Improvement in Patient's Visual Function

AIT applauds CMS' decision to maintain ASC-11 as voluntary. We also urge CMS to remove this measure from the ASCQR program. As mentioned in previous comments, this measure had problems before it was even implemented, with the Ambulatory Surgery Center Association (ASCA), the American Society of Cataract and Refractive Surgeons (ASCRS), and the American Academy of Ophthalmology (AAO) strongly advocating against its use from its inception. This measure has ill-defined logic as an evaluation of individual physicians and is a high burden for facilities to complete.

B. Proposed New Measure: Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery (Information Transfer PRO-PM)

AIT is concerned that this proposed new measure will exacerbate the survey fatigue already felt patients and increase reporting burden for ASCs. Rather than creating a second new survey measure, we recommend either merging this survey into the OAS-CAHPS survey or eliminating the OAS-CAHPS measure.

We have seen from our clients that the OAS-CAHPS survey measure already places significant burden on ASCs and their patients. The difficulty of collecting patient survey responses is even more pronounced with our ASC clients who specialize in ophthalmology. Many ophthalmology patients are unable to regularly check their email or texts due to their limited vision. Ophthalmology-specific ASCs represent approximately 20 percent of all ASCs.[1] In this context, it is easy to understand why many patients refuse to complete surveys.

II. Proposed Measure Removals

AIT is concerned with the instability CMS is introducing into the ASCQR program with these substantial and retroactive proposed measure removals. The proposed removals will not be guaranteed until and unless the removals are finalized in October or November of this year. This means ASCs must continue working on them until at least that time in order to maintain ASCQR compliance. **Therefore, despite citing a desire to decrease burden, CMS has increased confusion.**

We have had ASC clients express this confusion to us. The Facility Commitment to Health Equity (FCHE) measure, for instance, requires intense effort for ASCs

[1] Medicare Payment Advisory Commission. March 2025. *Report to the Congress: Medicare Payment Policy.* Chapter 10, Ambulatory Surgical Center Services: Status Report.

throughout the year. It includes collecting demographic and/or Social Drivers of Health (SDOH) data, conducting thorough data analyses, and integrating this data into a dashboard (which, for most of our ASC clients, must be built from scratch). In fact, this measure is so involved that we created a 20+ page guide for our clients on how to successfully complete the measure.

While we support CMS' proposal to remove the FCHE measure in *future* years due to the burden it places on ASCs (as outlined in our discussion of this measure below), we highlight this example to illustrate that, while this may seem like a straightforward measure removal, it could in fact erode substantial efforts already made by ASCs. Moreover, the uncertainty surrounding the finalization of this proposed change (which will not be finalized until October or November of this year) compels ASCs to continue their work on the FCHE measure, despite the risk that their efforts may go unrecognized.

Even more problematic is the proposed removal of a 2024 ASCQR measure (COVID–19 Vaccination Coverage Among Health Care Personnel). All data for 2024 has already been submitted. ASCQR is not a pay-for-performance program – it is pay-for-reporting. This means that the ASC's score does not impact their reimbursement. **ASCs, including our clients, have already spent significant human and financial resources to report their data. Now, despite not having a potential negative impact on ASC reimbursement, these measures are being expunged from the program. Such actions undermine trust in the program.**

A. Proposed Removal of ASC-20: COVID–19 Vaccination Coverage Among Health Care Personnel (HCP)

AIT opposes the removal of the COVID-19 Vaccination measure beginning in 2024. As we discussed above, all data for 2024 has already been submitted. Q1 data for 2025 has already been submitted as well. **Moreover, COVID-19 vaccination supports the Administration's goal of focusing on well-being and prevention.** Long COVID has a significant impact on wellness. For more details, see our response to the RFI on well-being and nutrition below.

B. Proposed Removal of ASC-22: Screening for Social Drivers of Health (SDOH)

AIT agrees that ASC-22 is problematic in a facility setting and supports its removal in future years. ASCs do not provide longitudinal care and are thus not able to provide follow-up care or connect patients with community resources. Though it is important to ensure patients have access to appropriate nutrition and to healthcare, ASCQR measures are not an appropriate nor effective avenue to address these issues. Because of this, we also oppose the addition of nutrition measures to ASCQR in future years (see our response to the RFI on well-being and nutrition below).

C. Proposed Removal of ASC-23: Screen Positive Rate for SDOH

AIT supports the proposed removal of ASC-23 in future years for the same reasons as discussed above regarding ASC-22. We emphasize that ASCs do not provide longitudinal care, and it is therefore not feasible for them to comprehensively address the impacts of SDOH. For this same reason, it is also not feasible for ASCs to treat issues related to well-being and nutrition (as we discuss in our response to the RFI below).

D. Proposed Removal of ASC-24: Facility Commitment to Health Equity (FCHE)

AIT supports the proposed removal of ASC-24 in *future* years. This measure places a substantial burden on ASCs. requires intense effort for ASCs throughout the year. It includes collecting demographic and/or Social Drivers of Health (SDOH) data, conducting thorough data analyses, and integrating this data into a dashboard (which, for most of our ASC clients, must be built from scratch). In fact, this measure is so involved that we created a 20+ page guide for our clients on how to successfully complete the measure.

As stated in our discussions regarding ASC-22 and ASC-23 above, ASCs do not provide longitudinal care; therefore, the ASCQR program is neither an appropriate nor effective avenue for addressing the comprehensive nature of the FCHE measure.

While we support CMS' proposal to remove the FCHE measure in future years due to the burden it places on ASCs, we emphasize that efforts to comply with 2025 ASCQR requirements are already underway. The uncertainty surrounding the finalization of this proposed change (which will not be finalized until October or November of this year) compels ASCs to continue their ASCs to continue their work on the FCHE measure, despite the risk that their efforts may go unrecognized.

III. Proposed Updates to Extraordinary Circumstance Exception (ECE)

AIT supports the proposed updates to the ECE with modification. **Specifically, we oppose the portion of the proposal that would only allow ASCs 30 days to submit the ECE request from the date of the extraordinary circumstance. This represents a reduction of 60 days compared to the current policy.** Given that ECE requests can be due to natural disasters, we ask CMS to consider the impact of such events and the recovery time necessary for ASCs to resume ordinary compliance operations.

IV. RFI: Measure Concepts Under Consideration for Future Years: Well-being and Nutrition

While AIT agrees with CMS about the importance of well-being and nutrition, we emphasize that ASCs do not provide longitudinal care and are, therefore, not the appropriate setting to address issues related to well-being and nutrition.

The only way for ASCs to truly impact patient well-being is through the vaccination of health care personnel (HCP). As we have seen over the past five years, COVID-19 can be fatal, especially for individuals with pre-existing health conditions.[2] The vaccination of HCP protects patients from contracting COVID-19 from the health care setting.[3] **Furthermore, not only do vaccines save lives, but the COVID-19 vaccine also saves well-being.** Long COVID has a profound detrimental impact on individual well-being. Below is an abbreviated list of the impacts of long COVID on well-being and quality of life[4,5]:

- Sleep disturbance and reduced sleep quality
- Mental health conditions such as anxiety and depression
- Progressive weakness and muscle wasting leading to disability, functional impairment, cognitive blunting, falls, and reduced quality of life
- Loss of smell and taste leading to loss of enjoyment of food
- Neurocognitive dysfunction such as brain fog and mental fatigue

COVID-19 vaccination is the most reliable way to prevent long COVID.[6,7] In light of the significant impacts long COVID has on both quality of life and well-being, we urge CMS and HHS to maintain the HCP vaccination measure and to maintain access to the COVID-19 vaccine.

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[2] Treskova-Schwarzbach, M., Haas, L., Reda, S. *et al.* Pre-existing health conditions and severe COVID-19 outcomes: an umbrella review approach and meta-analysis of global evidence. *BMC Med* **19**, 212 (2021). https://doi.org/10.1186/s12916-021-02058-6

[3] Panagiotakopoulos L, Moulia DL, Godfrey M, et al. Use of COVID-19 Vaccines for Persons Aged ≥6 Months: Recommendations of the Advisory Committee on Immunization Practices — United States, 2024–2025. MMWR Morb Mortal Wkly Rep 2024;73:819–824. DOI: http://dx.doi.org/10.15585/mmwr.mm7337e2.

[4] Al-Aly, Ziyad et al. "Long COVID science, research and policy." Nature medicine vol. 30,8 (2024): 2148-2164. doi:10.1038/s41591-024-03173-6

[5] Sawano, Mitsuaki et al. "Long COVID Characteristics and Experience: A Descriptive Study From the Yale LISTEN Research Cohort." The American journal of medicine vol. 138,4 (2025): 712-720.e13. doi:10.1016/j.amjmed.2024.04.015

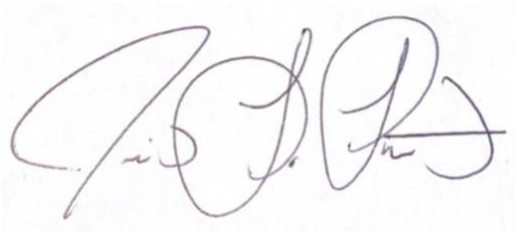
[6] Romeiser, Jamie L, and Kelsey Schoeneck. "COVID-19 Booster Vaccination Status and Long COVID in the United States: A Nationally Representative Cross-Sectional Study." Vaccines vol. 12,6 688. 20 Jun. 2024, doi:10.3390/vaccines12060688

[7] Watanabe, Atsuyuki et al. "Protective effect of COVID-19 vaccination against long COVID syndrome: A systematic review and meta-analysis." Vaccine vol. 41,11 (2023): 1783-1790. doi:10.1016/j.vaccine.2023.02.008

Conclusion

Anatomy IT appreciates the opportunity to work with CMS to improve the Ambulatory Surgical Center Quality Reporting Program. If you have questions or need any additional information regarding any portion of these comments, please contact Dr. Jessica Peterson, Senior Director of Health Policy at jessica.peterson@anatomyit.com.

Sincerely,



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