

August 27th, 2025

America's Best Ambulatory Surgery Centers 2026 – Methodology –

Table of contents

1	Introduction	1
2	Study design.....	2
2.1	New features and changes in the 2026 edition	2
2.2	Eligibility	2
2.3	General methodology	3
2.3.1	Quality metrics	4
2.3.2	Evaluation from peers	10
2.3.3	Patient experience	12
2.3.4	Accreditations.....	13
2.4	Scoring model.....	14
3	Disclaimer.....	16
4	Literature.....	17

1 Introduction

High-quality outpatient surgical care is an essential part of today's healthcare system, giving patients safe and effective treatment without the need for extended hospital stays. Ambulatory surgery centers (ASCs) operate exclusively to provide surgical services to patients who do not require hospitalization, with the expectation that the duration of services will not exceed 24 hours following admission (Centers for Medicare & Medicaid Services, 2023; Accreditation Association for Ambulatory Health Care, n.d.). By offering procedures that range from pre-operative preparation to same-day recovery, ASCs improve access to specialized care while upholding high standards of safety and efficiency (Ambulatory Surgery Center Association, n.d.).

Recognizing the importance of these centers, Statista and Newsweek partnered to identify ***America's Best Ambulatory Surgery Centers 2026***. The current 6th edition of the ranking is an update of the annual *America's Best Ambulatory Centers ranking*, which was first published by Newsweek and Statista in 2021.

In the 2026 edition, the leading **700 ambulatory surgery centers in the U.S. are featured in total**. The 25 states with the most facilities were surveyed individually. The remaining states were grouped into 4 regions: Northeast, Midwest, West, South. Over 5,000 ambulatory surgery centers were analyzed, resulting in a varying number of ASCs awarded per state or region: California had 125 ambulatory surgery centers awarded, while Kansas is represented with 5 ambulatory surgery centers. Additionally, standout specialties were highlighted.

The ranking is based on quality metrics sourced from Centers for Medicare & Medicaid Services and Arcadia, evaluation from peers via a national online survey, patient experience data as well as accreditation data.

2 Study design

The following section provides an overview of the study design, and the methodology underlying the ranking. First, the newly implemented features and changes in this year's edition will be described (see chapter 2.1). Second, the eligibility is outlined in chapter 2.2, followed by the general approach (see chapter 2.3) and the scoring model (see chapter 2.4).

2.1 New features and changes in the 2026 edition

The following list provides a brief overview of the major changes in this year's edition, compared to the *America's Best Ambulatory Centers 2025* ranking:

- **New data source in quality metric pillar:** Medicare Fee-for-Service claims, including quality performance benchmark data sourced from Arcadia (see chapter 2.3.1)
- Inclusion of two new accreditations:
 - Accreditation Commission for Health Care (ACHC) (see chapter 2.3.4).
 - The Joint Commission (TJC) (see chapter 2.3.4).
- **Inclusion of additional quality metric data points:** Four new CMS Measures were included (see chapter 2.3.1).
- **Inclusion of previous year's recommendation data:** To account for reputational continuity, recommendation data from the last year was factored into the evaluation from peer's pillar (see chapter 2.3.2).
- **Inclusion of additional standout specialties:** To align with the quality metrics, several additional standout categories have been introduced (see chapter 2.3.2)
- **Adjustment of state lists:** Mississippi was replaced by Kansas as a state list while Mississippi has now been grouped into the South region. The rationale for this adjustment is that Kansas is among the 25 states with the highest number of centers, according to the most recently released CMS dataset (see chapter 2.2).

2.2 Eligibility

Ambulatory surgery centers from 25 U.S. states and 4 regions were eligible for the ranking. Ambulatory surgery centers from **states** with the highest number of these centers based on the most recently released dataset from CMS (Centers for Medicare & Medicaid Services, n.d.) were included in the ranking as **single state lists**:

Single State Lists		
Arizona	Louisiana	Oregon
Arkansas	Maryland	Pennsylvania
California	Michigan	South Carolina
Colorado	Minnesota	Tennessee
Florida	Missouri	Texas
Georgia	New Jersey	Washington
Illinois	New York	Wisconsin
Indiana	North Carolina	
Kansas	Ohio	

All remaining states were grouped into **four regions**:

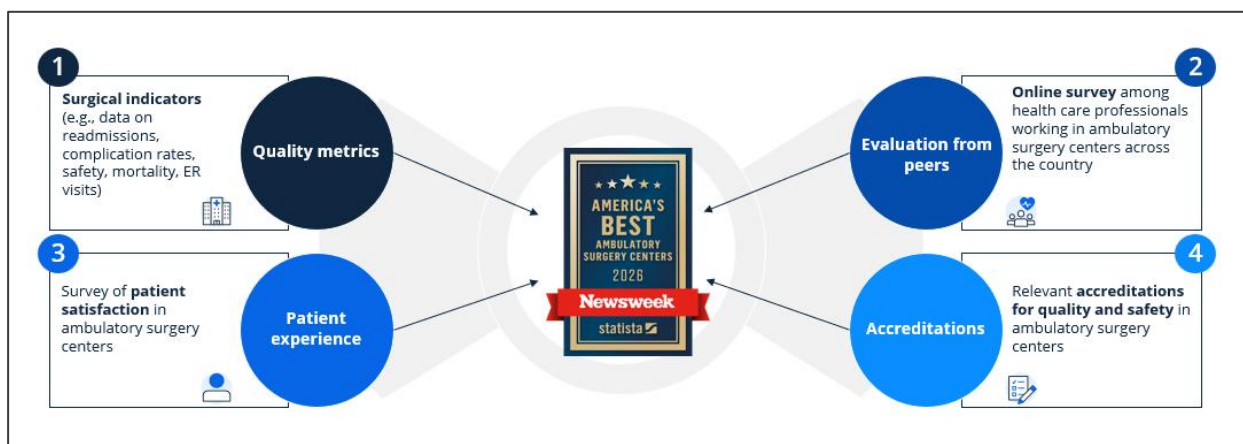
Regions	
Northeast	Connecticut, Delaware, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, Washington D.C.
Midwest	Iowa, Nebraska, North Dakota, South Dakota
West	Alaska, Hawaii, Idaho, Montana, Nevada, New Mexico, Utah, Wyoming
South	Alabama, Kentucky, Mississippi, Oklahoma, Virginia, West Virginia

2.3 General methodology

The 2026 *America's Best Ambulatory Surgery Centers* ranking is based on four pillars:

- **Quality metrics** with a focus on surgical indicators (see chapter 2.3.1).
- **Evaluation from peers** (health care professionals) working in ambulatory surgery centers across the country, including recommendations and quality assessments (see chapter 2.3.2).
- **Results from patient experience surveys** (see chapter 2.3.3).

- Relevant **accreditations** for quality and safety in ambulatory surgery centers (see chapter 2.3.4).



2.3.1 Quality metrics

The quality metrics score for the *America's Best Ambulatory Surgery Centers* ranking is based on data from the Centers for Medicare & Medicaid Services (CMS), as well as on performance benchmark data sourced from Arcadia, which are detailed in the following sections.

Centers for Medicare & Medicaid Services (CMS)

The dataset provided by the Centers for Medicare & Medicaid Services (CMS) is available for over 5,600 ambulatory surgery centers publicly reporting quality information on the Hospital Compare platform. It includes information on centers' characteristics, quality measures, performance metrics, and medicare claims (Centers for Medicare & Medicaid Services, 2025). The *America's Best Ambulatory Centers* ranking evaluates all indicators reported for the ASC Quality Reporting Program. The most recent data, published April 2025, was used to determine the CMS quality score.

The following measures were included in the evaluation:

Measure ID	Measure Name
ASC_1	Percentage of patients who experience a burn prior to discharge from the ASC
ASC_2	Percentage of patients who experience a fall within the ASC

ASC_3	Percentage of patients who experience a wrong site, side, patient, procedure, or implant
ASC_4	Percentage of ASC patients who are transferred or admitted to a hospital upon discharge from the ASC
ASC_9	Percentage of patients receiving appropriate recommendations for follow-up screening colonoscopy
ASC_11	Percentage of patients who had cataract surgery and had improvement in visual function within 90 days following the surgery
ASC_12	Rate of unplanned hospital visits within 7 days of an outpatient colonoscopy
ASC_13	Percentage of patients who received general or neuraxial anesthesia who had a body temperature of 96.8 Fahrenheit within 15 minutes of arriving in the post-anesthesia care unit
ASC_14	Percentage of cataract surgeries that had an unplanned additional eye surgery (anterior vitrectomy)
ASC_17	Rate of unplanned hospital visits within 7 days of an orthopedic surgery at an ASC
ASC_18	Rate of unplanned hospital visits within 7 days of a urology surgery at an ASC
ASC_19	Rate of unplanned hospital visits within 7 days of a general surgery at an ASC

Scores for each measure were calculated using the following approach:

All measures with a categorical designation according to CMS (e.g., with each center performing better than, no different, or worse than the national average) were assigned points according to their designation, with a maximum of 1 point allotted for individual measures better than average, 0.75 point for measures no different to the average, and 0.5 points for measures worse than average.

For all measures with a numerical score assigned by CMS, the percentile position of each center was calculated (i.e., the percentile into which the center falls compared to all other centers nationwide), and points were allotted according to the measure's distribution. For measures where lower scores indicate better performance (e.g., ASC_14, percentage of cataract surgeries that had an unplanned additional eye surgery), the maximum of 1 point was awarded if they were in the 5th percentile or lower. Additionally for measures ASC_1,

ASC_2, and ASC_3 if the center reported no cases the center also received the maximum 1 point. For measures where higher scores are better (e.g., ASC_9, percentage of patients receiving appropriate recommendations for follow-up screening colonoscopy), the maximum of 1 point was awarded to centers in the 95th percentile or higher. Centers at or below the 10th percentile received a base score of 0.7 to maintain continuity with prior years. All other centers received a continuously scaled score between 0.7 and 1. This approach ensures a nuanced and equitable distribution of scores according to relative performance.

Finally, the points of all measures were averaged to build a single score for each center. The CMS score constitutes 40% of the quality metrics score.

Information on and the dataset can be found on the CMS website:

<https://qualitynet.cms.gov/asc>

Performance benchmark data based on Medicare Fee-for-Service claims sourced from Arcadia

In this year's edition, performance benchmark data based on Medicare Fee-for-Service claims sourced from Arcadia were incorporated into each of the specialty scoring models. In this analysis, centers' performance was evaluated based on two types of data:

- **Population level:** A variety of measures relating to a center's quality performance were taken into consideration
- **Episodes of care data:** For each medical episode, the following measures were taken into consideration wherever possible:
 - Average LOS (Days) of Institutional Long-term Stay
 - ER Visits per 1,000 Episodes
 - Mortality Rate
 - Complications by Episode
 - Unplanned Readmissions per 1,000 Episodes

To evaluate a center's performance, the following population-level measures and episodes of care were considered:

Population level performance

Measure ID	Measure Name
CMS_113	CMS Colorectal Cancer Screening
CMS_128	CMS Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan
CMS_141	CMS Primary Open-Angle Glaucoma (POAG): Reduction of Intraocular Pressure (IOP) by 15% or Documentation of a Plan of Care
CMS_317	CMS Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
GAM_04	Percent of Patients undergoing CEA or CAS
GAM_05	Use of Arteriovenous Fistula vs. Graft for First-time Permanent Hemodialysis Access
GAM_06	Percent of Arterial Duplex and CT Angiography Before First Time Infrainguinal Peripheral Vascular Intervention
GAM_07	Percentage of Patients Undergoing a Re-Excision after the Initial Breast-Conserving Therapy
GAM_08	Percentage of Breast Core Needle Biopsy within 3 Months Prior Breast Surgery
GAM_09	Percent of Knee Arthroscopy Before Knee Replacement
GAM_10	Percent of Questionable SAD
GAM_100	Different Day Mohs Surgery and Repair by the Same Surgeon
GAM_102	Mohs Procedure Repair by a Different Surgeon at Any Time
GAM_108	Same Surgeon Graft Procedure Head & Neck
GAM_11	Percent of Physical Therapy before Lumbar Surgery
GAM_127	Ultrasound Guided Intra Articular Injections of the Knee
GAM_133	Multiple Skin Biopsy Rate
GAM_150	Radiofrequency Ablation Procedures for Low Back Pain

GAM_26	Percent of Underuse FFR or IFR During Percutaneous Coronary Intervention
GAM_32	Percent of all cataract operations that a surgeon performs that are billed as complex cataract surgery
GAM_34	The percentage of patients in a physician's practice who developed postoperative endophthalmitis within 90 days after their cataract surg
GAM_46	Opioid Prescribing for Arthroscopic Rotator Cuff Repair
GAM_59	Use of Urine Culture to Guide the Treatment of Uncomplicated Recurrent Urinary Tract Infection
GAM_68	Percent of Cervical Spinal Surgery without Prior Epidural Steroid Injection
GAM_69	Percent of Lumbar Spinal Surgery without Prior Steroid Injection
GAM_71	Percent of Questionable PCI
GAM_84	The percentage of patients who underwent at least one routine preoperative test within the 30 days before their index cataract surgery
OP_32	Hospital Visits following Colonoscopy
OP_36	Hospital Visits following OP-Surgery

Episode of care performance

Episode names
AV fistula creation and revision
Back & neck except spinal fusion
Breast reconstruction
Cardiac catheterization
Cataract surgery
Cholecystectomy
Colonoscopy
EGD endoscopy
ERCP

Endoscopic sinus surgery
Excision of Malignant Skin Lesions
Fracture/dislocation treatment arm/wrist/hand
Fracture/dislocation treatment knee
Fracture/dislocation treatment lower leg/ankle/foot
Glaucoma surgery
Hip replacement
Hysterectomy
Implantation of defibrillator/AICD
Knee arthroscopy
Knee replacement
Leg revascularization
Leg vein ablation
Lumbar and sacral spine injection
Mammaplasty
Mastectomy
Open prostatectomy
Pacemaker implant, replacement, or revision
Percutaneous cardiac intervention
Repair inguinal hernia
Repair ventral hernia
Shoulder arthroscopy / rotator cuff repair
Shoulder total arthroplasty
Spinal fusion
Surgical Management of Retinal Disorders
TURP
Thyroidectomy and parathyroidectomy
Urinary endoscopy
Vaginal repair

The scoring process was performed in the same manner as for the CMS variables; for each variable the percentile position of each center was calculated relative to all other centers in the nation. Centers that were in the 95th percentile received a maximum of 1 point and centers in the bottom 10th percentile or lower received a base score of 0.5. To allow for variance and nuance across ASC performance, the remaining percentile positions were scaled between the values of 0.5 and 1 in a continuous manner. The points across all measures were then averaged into one composite episode score for each center.

The combined Arcadia scores constitutes 60% of the quality metrics score, with the providers' population-level quality performance data contributing 20% to the overall quality metric score, and facilities' episode-level performance data by medical field making up 40% of the overall score, based on the overall number of ASCs reporting these measures.

2.3.2 Evaluation from peers

The peer evaluation score was calculated from the weighted number of peer recommendations and the respective quality assessments. The details of the calculation are explained in the sections below.

Recommendations from peers

From June to July 2025, Statista invited medical professionals (medical doctors/surgeons, registered nurses, nursing assistants, therapists) and managers/administrators working in ASCs to an online survey. The survey was accessible to participants via newsweek.com, and invitations were also sent by email. Participants were asked to recommend notable ambulatory surgery centers in their respective state. Recommendations for participants' own employers/ASCs were not permitted. Statista performed plausibility checks on all data to prevent self-nomination.

The recommendations portion of the peer evaluation score for each center was determined by the total number of weighted recommendations. The recommendations provided by participants were weighted based on their order of preference, and the professional experience of each participant was considered.

This year, the recommendations from the past year were also taken into account. Recommendations from the 2024 survey period were given less weight compared to those from 2025.

The ASC with the highest number of weighted recommendations received a recommendation score of 100%. The next best ASCs, in general, received a score relative to the number of weighted recommendations (e.g., when ASC A received the most votes with 100, ASC B with 80 votes received a score of $\frac{80}{100} = 80\%$). The recommendation score constituted 80% of the peer evaluation score.

Within this survey, participants were required to state at least one standout category in which the ASC performs best. The standout categories were as follows:

Standout categories

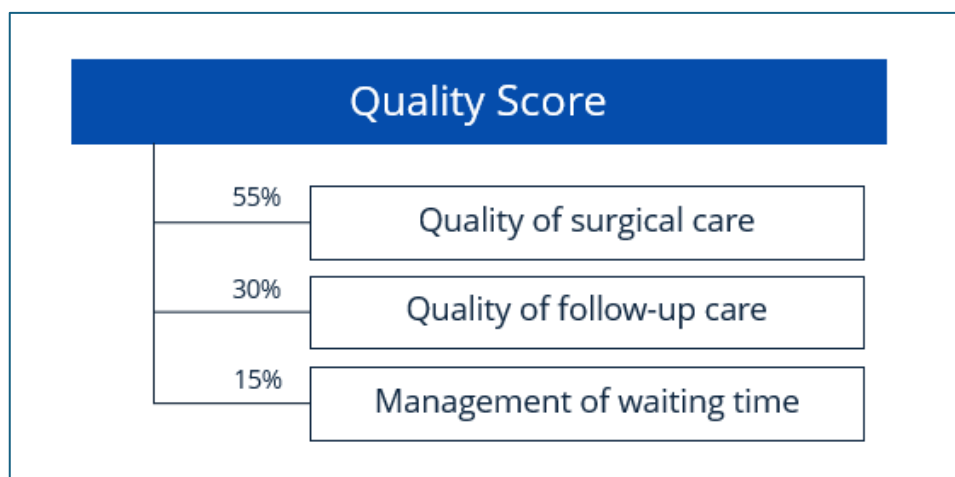
- Cardiology (e.g. cardiac catheterization, pacemaker replacement)
- Dermatology (e.g. removal of cancerous skin lesions)
- Gastroenterology (e.g. colonoscopy, colorectal surgery)
- Neurology (e.g. nerve blocks or injections for back and neck pain)
- Obstetrics/Gynecology (e.g. vaginal repair)
- Oncology (e.g. skin cancer excisions)
- Ophthalmology (e.g. cataract surgery)
- Orthopedics (e.g. fracture/dislocation treatment of arm, wrist, or hand)
- Otolaryngology (ENT) (e.g. endoscopic sinus surgery)
- Plastic and Reconstructive Surgery (e.g. minor skin grafting)
- Urology (e.g. endoscopy of the urethra and bladder)
- Vascular Surgery (e.g. varicose vein treatment)

Quality assessment from peers

For each recommended ambulatory surgery center, participants were asked to rate three quality dimensions from a scale from 1 ("Poor") to 10 ("Excellent"):

- Quality of surgical care
- Quality of follow-up care
- Management of waiting time

A quality score was assigned to each center based on the weighted average of these ratings as follows:



The quality score constituted 20% of the peer evaluation score.

2.3.3 Patient experience

Publicly available data from existing patient surveys were used to analyze patient experience. The patient experience score was based on Medicare OAS CAHPS data. The Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey is a standardized survey of ASC patients in the USA regarding their experiences during a recent procedure or surgery. The most recent dataset available was the April 2025 edition, which is based on surveys from patients undergoing an outpatient procedure or surgery between July 2023 and June 2024. The specific measures are derived from questions in the OAS CAHPS for the measures shown below:

OAS CAHPS Measures	
1.	Facilities and staff
2.	Communication about your procedure
3.	Patients' rating of the facility
4.	Patients recommending the facility

Centers were required to have at least 100 complete OAS CAHPS surveys over a given four-quarter period to receive a score.

The percentile position of each center's measures was calculated (i.e., the percentile into which the center falls compared to all other centers nationwide). As higher scores indicate better performance for each of measures, points were assigned such that a center would receive the maximum of 1 point if it scored in the 95th percentile or higher. Centers at or

below the 10th percentile received a base score of 0.7 to maintain continuity with prior years. All other centers received a continuously scaled score between 0.7 and 1. This approach ensures a nuanced and equitable distribution of scores according to relative performance. The points from all measures were then averaged to create a single score for each center.

The patient experience score constitutes 7.5% of the total score.

2.3.4 Accreditations

Additionally, several publicly available accreditations were included in the analysis, reflecting the commitment to excellence in overall healthcare.

The **Accreditation Association for Ambulatory Health Care (AAAHC)** is an organization that provides accreditation services to various types of ambulatory health care facilities in the United States and internationally (Accreditation Association for Ambulatory Health Care, n.d.). The AAAHC sets standards for and assesses the quality of care provided in outpatient settings, which include facilities where surgeries, procedures, and other health services are performed without the need for an overnight hospital stay (Accreditation Association for Ambulatory Health Care, n.d.). The following accreditation/certification programs were included in the ranking:

- Ambulatory Accreditation
- Medicare Deemed Status Accreditation
- Advanced Orthopedic Certification

Furthermore, the **Accreditation Commission for Health Care (ACHC)** was included for the first time. This accreditation serves as an indicator of adherence to nationally recognized standards for quality, safety, and performance across various healthcare services (Accreditation Commission for Health Care, n.d.). The following program type was considered:

- Ambulatory Surgery Center

Lastly, the Ambulatory Care accreditation from **The Joint Commission's (TJC)** was included for the first time, recognizing outpatient facilities that meet rigorous standards for patient safety, quality of care, and continuous performance improvement (The Joint Commission, n.d.).

The list of AAAHC accredited institutions can be found here:

<https://www.aaahc.org/>

The list of ACHC accredited institutions can be found here:

<https://www.achc.org/>

The list of Joint Commission accredited institutions can be found here:

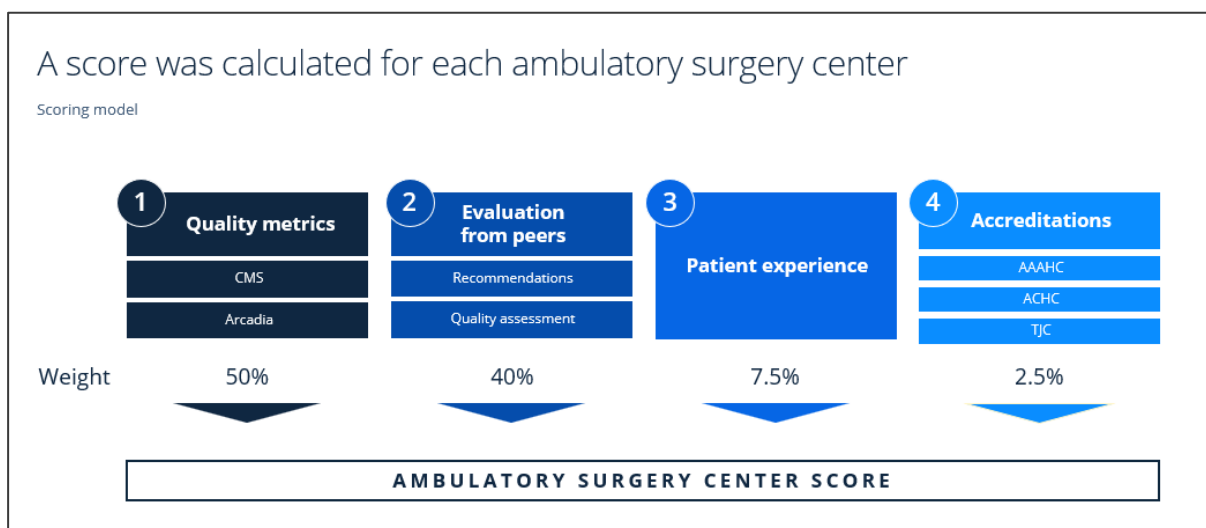
<https://www.jointcommission.org/>

The accreditation score constitutes 2.5% of the total score.

2.4 Scoring model

The scoring model is based on the quality metrics score, the peer evaluation score, the patient experience score and the accreditation score.

ASCs were ranked based on their overall performance across the four scoring pillars:



As shown above, quality metrics account for 50% of each ASC's overall score. Within the quality metrics score, the CMS measures score constitutes 40%, while the combined Arcadia scores account for 60%. The providers' population-level quality performance data account for 20% of the overall quality metric score, and facilities' episode-level performance data by medical field accounts for 40% of the overall score, based on the overall number of ASCs reporting these measures.

The evaluations from peers account for 40% of each ASC's overall score. Within this category, peer recommendations constitute 80% and quality assessments 20%. Recommendations from the previous year were weighted lower than those from 2025.

The patient experience score accounts for 7.5% of each ASC's overall score.

The accreditation score accounts for 2.5% of each ASC's overall score, with each accreditation contributing equally to this component.

Based on the overall ASC score, the 700 highest-ranked facilities are listed from top to bottom within the 25 state and four regional lists. The results of this ranking are published by Newsweek as such:

California				Florida			
Rank	Center	City	Standout Specialties	Rank	Center	City	Standout Specialties
1	Cedars-Sinai - Beverly Hills Surgery Medical Center	Beverly Hills	Orthopedics, Gastroenterology	1	TGH Surgery Center at Morsani	Tampa	
2	Huntington Ambulatory Surgery Center	Pasadena		2	Florida Medical Clinic - Orlando Health - North Tampa	Tampa	Oncology
3	Scripps - Ambulatory Surgery Center - Ximed Building	La Jolla		3	Tampa General Hospital Brandon-Outpatient Surgery Center	Tampa	
4	SCA Health - UCSD Center for Surgery of Encinitas	Encinitas	Plastic & Reconstructive Surgery	4	Mayo Clinic - Mayo Building & Hospital - Florida	Jacksonville	Otolaryngology, Cardiology
5	Hoag Endoscopy Center - Newport Beach	Newport Beach	Vascular Surgery	5	Coral Gables Surgery Center	Miami	
[...]				[...]			

3 Disclaimer

The rankings are comprised exclusively of ambulatory surgery centers that are eligible regarding the scope described in this document. A mention in the ranking is a positive recognition based on peer recommendations and publicly available data sources at the time. The ranking is the result of an elaborate process which, due to the interval of data-collection and analysis, is a reflection of the last calendar year. Furthermore, events preceding or following the period August 01, 2024 – August 01, 2025, and/or pertaining to individual persons affiliated/associated to the facilities were not included in the metrics. As such, the results of this ranking should not be used as the sole source of information for future deliberations.

The information provided in this ranking should be considered in conjunction with other available information about ambulatory surgery centers or, if possible, accompanied by a visit to a center. The quality of ambulatory surgery centers that are not included in the rankings is not disputed.

4 Literature

Accreditation Association for Ambulatory Health Care. (n.d.). *About AAAHC*.

<https://www.aaahc.org/about/> (accessed August 4th, 2025)

Accreditation Commission for Health Care (n.d.). Available online: <https://www.achc.org/> (accessed July 28th, 2025)

Ambulatory Surgery Center Association. (n.d.). *Ambulatory surgery centers: A positive trend in health care*.

<https://www.ascassociation.org/advancingsurgicalcare/aboutascs/industryoverview/apositivetrendinhealthcare>

Centers for Medicare & Medicaid Services. (2023). *42 CFR Part 416—Ambulatory Surgical Services*. U.S. Department of Health & Human Services.

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-E/part-416>

Centers for Medicare & Medicaid Services. (n.d.). Ambulatory Surgical Center Quality Measures – Facility [Data set]. CMS Provider Data Catalog. Retrieved August 23, 2025, from <https://data.cms.gov/provider-data/dataset/4jcv-atw7>

Centers for Medicare & Medicaid Services (2025): CMS Provider Characteristics & Initiatives, available online: <https://data.cms.gov/> (accessed March 4th, 2025)

Outpatient and Ambulatory Surgery CAHPS Survey (n.d.): About OAS CAHPS Survey, available online: <https://oascahps.org/General-Information/About-OAS-CAHPS-Survey> (accessed: August 25th, 2025)

The Joint Commission (n.d.). Available online: <https://www.jointcommission.org/> (accessed August 19th, 2025)