

Frequently Asked Question Regarding the Implementation of the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Survey

**General OAS CAHPS Questions**

Q: Can you confirm the voluntary and mandatory reporting periods for the OAS CAHPS survey?

*A: The voluntary participation program became available January 1, 2016 and runs through December 31, 2017. Mandatory participation begins January 1, 2018 (referred to as the data collection period: January 1 – December 31, 2018).*

Q: Once an ASC has 300 completed surveys, does the ASC need to continue to survey patients?

*A: To satisfy the OAS CAHPS requirement, you must have 300 completed surveys. CMS recommends that facilities obtain 25 completed surveys per month to achieve the 300 completed surveys needed annually to comply with the program.*

Q: If an ASC does not participate in the OAS CAHPS survey, does that affect the ASC's payment?

*A: Yes, if the facility has a CMS license and meets the criteria to participate in the ASC Quality Reporting program (minimum of 240 Medicare patients), they are required to participate in the OAS CAHPS survey measures or are subject to a 2% reduction in their Medicare reimbursement rate.*

Q: Once implemented, would the OAS CAHPS survey replace the current patient satisfaction survey used by ASCs?

*A: It is up to each ASC to determine if they will do both the OAS-CAHPS and another survey. Alternatively, an ASC could elect to add supplemental questions to the OAS-CAHPS survey after the CMS-mandated questions.*

Q: Can the OAS CAHPS survey be administered via email instead of mail and/or phone?

*A: No, mail, telephone, and mixed method/mode (mail and telephone) are the only approved methods at this time.*

**Patient Eligibility**

Q: Are Medicaid patients included to receive the OAS CAHPS survey?

*A: If a patient with Medicaid meets the OAS CAHPS survey eligibility criteria, they would be eligible to receive a random survey.*

Q: Are patients with special needs included to receive the OAS CAHPS survey?

*A: If the patient meets the OAS CAHPS survey eligibility criteria, they are eligible to receive a survey. Information regarding a patient's medical history is not part of the eligibility criteria.*

Q: If an ASC doesn't survey patients under 18 years of age, then how does a facility with a large pediatric population get input from this specialty?

*A: Just because the OAS CAHPS survey is not administered to patients under 18 does not mean you cannot continue to administer your own survey to these patients.*

Q: If an ASC is a pediatric only center and has some patients greater than 18 years of age, but the majority are less than 18 years of age, are all patients included?

*A: For **age eligibility**, the only eligible patients are those 18 years of age and older.*

Q: Some ASCs have patients that visit the center twice within a short timeframe (one procedure on different dates of service). Does the patient need to receive a survey for both dates of service?

*A: The survey vendor will not select patients who have been surveyed within the previous 5 months.*

Q: If personnel at the center can't discuss the OAS CAHPS survey with the patient, how can a patient choose to opt out prior to sending the file?

*A: CMS allows you to inform patients about the survey and let them know they may receive one and let patients know why we survey patients (to obtain feedback about their experience so we can improve our care). They do not allow you to discuss the content of the survey or in any way influence how the patient answers.*

Q: Please define "no publicity" for opt-out patients?

*A: If patients specifically state they do not want to receive a patient experience survey, the facility should document this under 'No Publicity' in their Patient Accounting System. A "No publicity patient" is a patient who requests at admission that the ASC: 1) not reveal that he or she is a patient; and/or 2) not survey him or her.*

*Some states have regulations and laws governing the release of patient information for patients with specific illnesses or conditions, and for other special patient populations, including patients with HIV/AIDS. It is the ASC's responsibility to identify any applicable state laws and regulations and exclude state-regulated patients from the survey as required by law or regulation.*

### **Facility Exemptions:**

Q: Are ASCs exempted from the OAS CAHPS survey if they do fewer than 60 patients or fewer than 240? Is this based on a monthly or annual basis?

*A: ASCs performing procedures on fewer than 240 Medicare patients are not required to participate in the CMS ASC Quality Reporting Program, which includes OAS CAHPS Survey Measures. A facility may be exempt from participating in the OAS CAHPS survey measures component of the program if treating fewer than 60 eligible patients on an annual basis beginning in 2017.*

Q: What is meant by patient count for exemptions made at the CCN level?

*A: ASC eligibility to perform the OAS CAHPS Survey is determined at the individual ASC level. In other words, an individual ASC that meets the exemption criteria may submit a participation exemption request form, regardless of whether it operates under an independent CCN or shares a CCN with other facilities. However, all data collection and submission, and ultimately, also public reporting, for the OAS CAHPS Survey measures would be at the CCN level. Therefore, the reporting for a CCN would include all eligible patients from all eligible ASCs covered by the CCN.*

*It is important to note that the 60-patient exemption will rarely (if ever) be used, because ASCs that fall under the 240 threshold and do not need to participate in the ASC Quality Reporting Program in general would not be required to apply for the exemption.*

### **Vendor Questions**

Q: How soon after day of service does the vendor contact the patient?

*A: CMS has specific guidelines for survey vendors to follow regarding when surveys can be administered to eligible patients. Data collection must begin 3 weeks (21 days) after the close of the sample month.*

Q: How is releasing patient contact information to a vendor HIPAA compliant?

*A: Patient information/data should be encrypted and transferred to the survey vendor using a secure method. Vendors and all subcontractors must have and implement systems and security policies that protect the security of personally identifiable information (PII) as defined by the Health Insurance Portability and Accountability Act.*

Q: Can an ASC apply to become a CMS approved vendor to submit the OAS CAHPS survey?

*A: An ASC is not permitted to administer its own OAS CAHPS Survey. CMS believes an independent third party (survey vendor) will be better able to solicit unbiased responses to the survey.*

Q: How is the billing vendor involved in the OAS CAHPS survey?

*A: The billing vendor is involved because reports must be run out of the billing system which meet certain file specifications required by the survey vendor. Those files contain lists of patients seen during the report period, and surveys are randomly administered to patients whose names are included in the file.*

*The file specifications are provided to the billing vendor and the billing vendor builds a report that contains all the required elements. Once that report is compiled, a test file is sent to the survey vendor to determine if the report meets all the requirements.*

Q: How does an ASC know if the vendor has experience with multi-specialty ASCs?

*A: Ask the vendor about their ASC experience before you contract with them.*

Q: Why is there a test file submission?

*A: The test file submission is to ensure that the files being uploaded, which contain the required patient demographic information, are uploading effectively with no omissions, errors, or duplications. This is especially important if there are multiple interfaces involved. The requirements and guidelines for test files are given in the OAS CAHPS Protocols and Guidelines Manual.*

### **Public Reporting/Results**

Q: Are the results from the OAS CAHPS survey calculated by number of procedures performed or number of patients?

*A: Results are calculated on the number of returned surveys.*

Q: Does negative feedback from the patient effect the ASC's payment?

*A: No, right now it is Pay for Reporting only.*

Q: How often will a facility get updates from the survey for quality action planning strategies if necessary?

*A: The survey vendors make the data available to the center-usually at least monthly, if not in real time.*

Q: Will ASCs be competing with all other ASCs? Will ASCs be ranked?

*A: It is likely that percentile rankings will be used as a basis of comparison. In that regard, an ASC will know how they compare to other ASCs. The exact format of public reporting is still to be determined.*

Q: Are the results from the OAS CAHPS survey separated by single versus multi-specialties?

*A: No.*

Q: Where can I find additional information about OAS CAHPS?

*A: The official OAS CAHPS website is <https://oascahps.org/>. For more information, please contact [oascahps@rti.org](mailto:oascahps@rti.org) or call 1-866-590-7468.*