

FREQUENTLY ASKED QUESTIONS FOR HOSPITALS AND ASCs OAS CAHPS®

How do I know if my hospital or ASC is eligible to participate in the OAS CAHPS Survey?

- An eligible hospital has an outpatient surgery department (HOPD) or other department that performs outpatient surgeries and procedures. A hospital is eligible to participate in the OAS CAHPS Survey if it has an HOPD or any department that meets **all** of the following criteria:
 - Performs procedures that are within the OAS CAHPS-eligible range of CPT¹-4 Codes for Surgery (i.e., CPT codes between 10021-69990) or one of the following G-Codes: G0104, G0105, G0121 or G0260;
 - Is Medicare-certified and has a CMS Certification Number (CCN);
 - Bills under Outpatient Prospective Payment System (OPPS) using CMS-1450 claim form for provider-based offices (not CMS-1500 claim form used for the Physician Fee Schedule), with the exclusion of emergency department procedures; and
 - Has an agreement with CMS and meets the general conditions and requirements in accordance with 42 CFR 419 subpart B.

Critical access hospitals (CAHs) are also eligible even though CAHs do not bill under OPPS; however, participation for CAHs is voluntary.

- An ASC is a freestanding medical facility that performs outpatient surgeries and procedures and operates exclusively for the purpose of furnishing outpatient services to patients. An ASC is eligible to participate in the OAS CAHPS Survey if it meets **all** of the following criteria:
 - Performs procedures that are within the OAS CAHPS-eligible range of CPT-4² Codes for Surgery (i.e., CPT codes between 10021 and 69990) or one of the following G-codes: G0104, G0105, G0121, or G0260;
 - Is Medicare-certified and has a CCN;
 - Bills under ASC Payment System; and

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- Has an agreement with CMS and meets the general conditions and requirements in accordance with 42 CFR 416 subpart B.
- For more information, please see any of the following documents:
 - **Chapter III** (Survey Participation Requirements) and **IV** (Sampling Procedures) in the *OAS CAHPS Survey Protocols and Guidelines Manual* available on the Survey Materials webpage (<https://oascahps.org/Survey-Materials>).
 - *Getting Started* document available in the Quick Links box on the Home page of the OAS CAHPS website (direct link: https://oascahps.org/OAS_Facility_Outreach.pdf).

My hospital has more than one eligible department. / My ASC has more than one eligible location. Should all eligible departments / ASC locations participate in OAS CAHPS?

Participation in the OAS CAHPS Survey occurs at the CCN-level. Therefore, all eligible hospital departments that bill under the same CCN should participate, and all eligible ASC locations that bill under the same CCN should participate.

What are the notable differences between Hospital CAHPS (HCAHPS) and OAS CAHPS?

- **Patient Population:** The OAS CAHPS Survey includes only outpatients. The HCAHPS survey includes only inpatients.
- **Survey Administration:** The OAS CAHPS Survey must be administered by CMS-approved survey vendors. The survey vendor will submit survey data to the OAS CAHPS Data Center on behalf of the facilities. On HCAHPS, the survey can be administered either by an approved vendor (on behalf of a hospital) or by the hospital.

When will participation in the OAS CAHPS Survey be linked to reimbursement?

Based on the 2019 Proposed Rule published in July 2018, CMS plans to continue the voluntary participation period for OAS CAHPS throughout 2019. If finalized, it will be published in the 2019 Final Rule in November 2018. The CY 2019 Rule reflects participation information for the 2019 data collection period (CY 2021 payment determination).

Please see a link to the 2019 Proposed Rule here:

https://oascahps.org/OAS_CY2019ProposedRule.pdf

What will be the survey participation requirements when participation in OAS CAHPS is linked to reimbursement?

When participation in the OAS CAHPS Survey is linked to reimbursement, it will be the responsibility of Medicare-certified HOPDs and ASCs to participate in the OAS CAHPS Survey to obtain the full payment reimbursement from CMS. If an HOPD/ASC served fewer than 60 survey-eligible patients during the year preceding the data collection period, the facility can request an exemption. To request an exemption, an HOPD/ASC must submit a Participation Exemption Request (PER) form for that payment determination period. This online form will be available through the OAS CAHPS website. HOPDs and ASCs will need to submit a PER for every year for which they qualify and wish to seek an exemption from participation. HOPDs and ASCs are encouraged to monitor the OAS CAHPS website for announcements regarding the availability of the OAS CAHPS Survey PER form. The submission of a PER form is not required during voluntary participation.

Each payment determination period has an associated reference count period and participation period that corresponds to a calendar year (January to December). The eligibility period (which HOPDs and ASCs should use to determine eligibility for the payment determination period) is the year preceding the data collection period. More information on participation requirements will be available on the OAS CAHPS website closer to the time when the payment determination period begins.

If an HOPD/ASC is eligible to participate, it must follow the participation requirements listed directly under this section's header. In addition, the HOPD/ASC must understand the payment determination periods, including key date ranges and deadline dates. Information about payment determination periods and other participation requirements will be provided in the Final Rule published for the *Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs* for each calendar year.

Are ASCs that are exempt from the ASC Quality Reporting Program also exempt from OAS CAHPS?

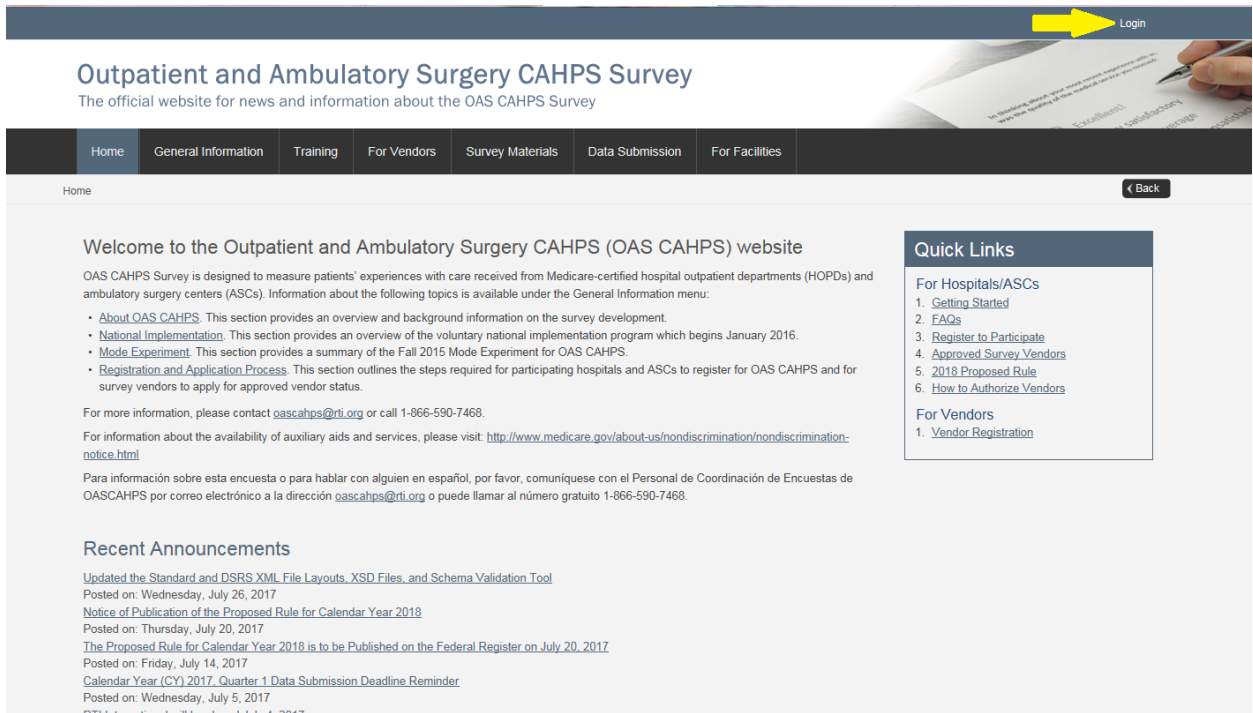
Yes. As per the CY 2017 Final Rule on page 79,810 of the Federal Register / Vol. 81, No. 219 / Monday, November 14, 2016 / Rules and Regulations ([Final Rule](#)), an ASC that qualifies for the exemption from the ASCQR Program because it had fewer than 240 Medicare claims (Medicare primary and secondary payer) in the year prior to the data collection year for the applicable payment determination, would also qualify for the exemption from the OAS CAHPS Survey for the same time period. In accordance with the CY 2017 Final Rule, these ASCs are not required to submit a Participation Exemption Request (PER) form.

How do I register my HOPD(s) or ASC(s) on the OAS CAHPS website?

1. Register for login credentials on the OAS CAHPS website by completing the online *Facility Administrator Registration* form. You can access this form by clicking on the **Register for Login Credentials** link under the “For Facilities” menu tab (as shown in the screenshot below) on the OAS CAHPS website (<https://oascahps.org/>). A direct link to the *Facility Administrator Registration* form is provided here: <https://oascahps.org/For-Facilities/Facility-Registration>.

The screenshot displays the OAS CAHPS website interface. At the top, a dark navigation bar contains several menu items: Home, General Information, Training, For Vendors, Survey Materials, Data Submission, and For Facilities. The 'For Facilities' tab is active, and a yellow arrow points to a sub-link labeled 'Register for Login Credentials'. Below the navigation bar, the main content area features a header for the 'Outpatient and Ambulatory Surgery CAHPS Survey' with a 'Login' link in the upper right corner. The page title is 'Facility Administrator Registration'. The form includes the following fields: Survey Administrator First Name, Survey Administrator Last Name, Survey Administrator Email, Confirm Email, Survey Administrator Phone, Requested Username, Password (minimum 8 characters), and Confirm Password. A CAPTCHA challenge is present with the text 'I'm not a robot' and a 'Submit' button. A 'Back' link is visible in the top right corner of the form area.

2. Using the login credentials (username and password) submitted on the registration form mentioned in Step 1 above, log onto the website. The “Login” link can be found in the upper right-hand corner of the Home page (as shown in the screenshot below).

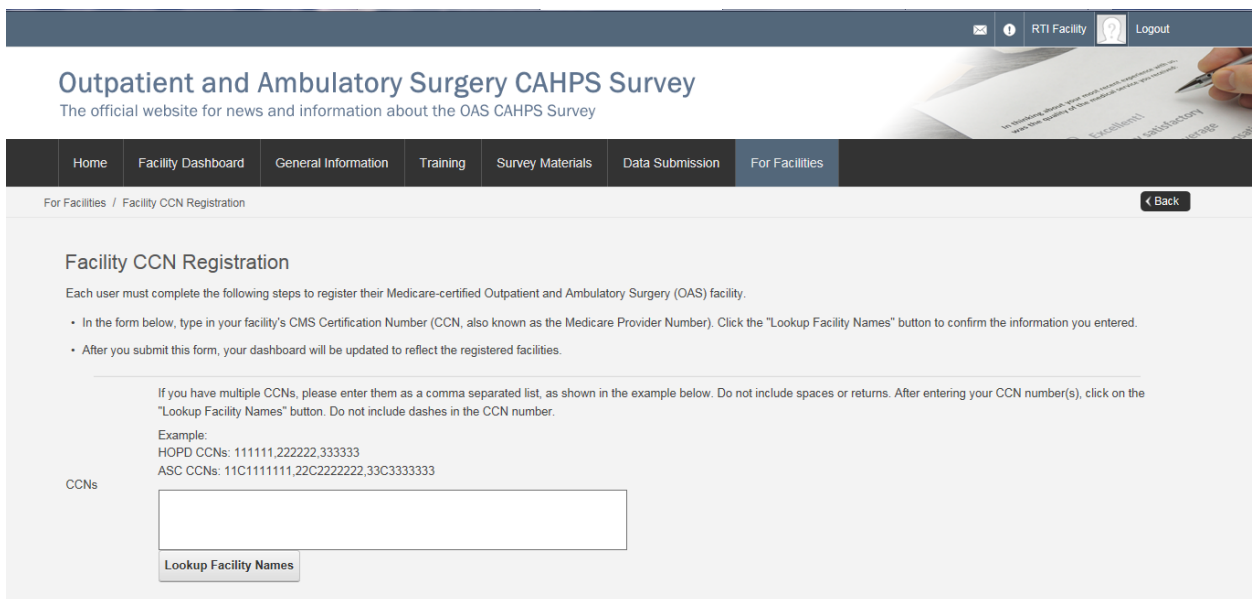
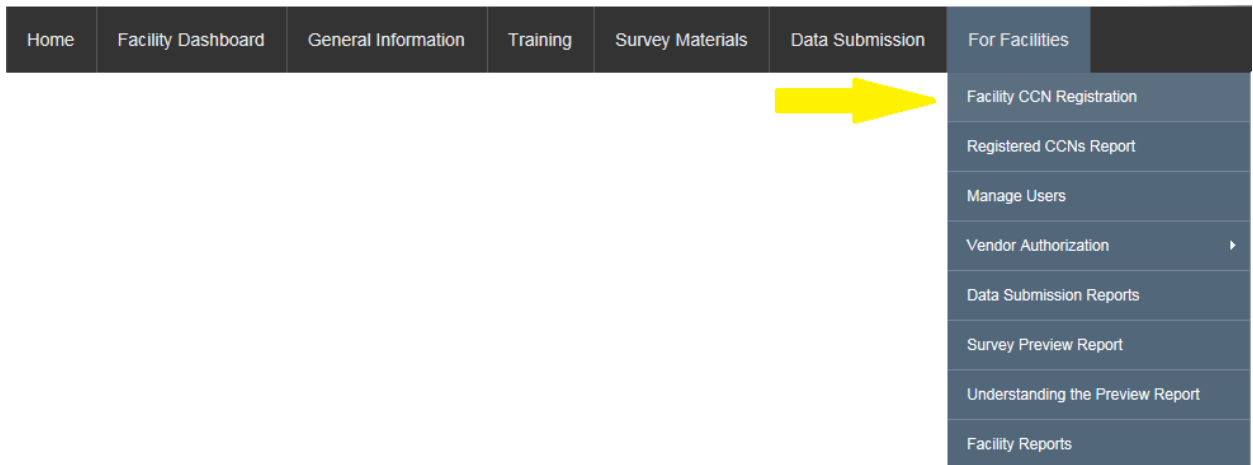


- Navigate to the *Facility CCN Registration* form available on your customized dashboard (through the “Click here to register your HOPD facility or your ASC facility (by CCN)” link (under the Resource column)). See screenshot below.

Facility Dashboard

Item	Status	Resource
✓ Facility Registration	Completed	
Register one or more HOPD facilities or one or more ASC facilities (by CCN)	0 CCN(s) already registered	Click Here to register your HOPD facility or your ASC facility (by CCN)
Vendor Authorization	0 of 0 CCNs have current authorization	Authorize a Vendor

Once you are logged in, you can also access this same form through the **Facility CCN Registration** link under the “For Facilities” menu tab, as shown in the screenshot below.



4. On this form, you will enter your facility’s CMS Certification Number (CCN, also known as the Medicare Provider Number). Do not include dashes in the CCN. If you have multiple CCNs, you can enter them as a comma separated list, as shown in the example below. Do not include spaces or returns.

Example:

HOPD CCNs: 111111,222222,333333

ASC CCNs: 11C111111,22C222222,33C333333

5. Then, click the “Lookup Facility Names” button to confirm the information you entered. See example screenshot below. Review the information populated in the Lookup Results table.

Facility CCN Registration

Each user must complete the following steps to register their Medicare-certified Outpatient and Ambulatory Surgery (OAS) facility.

- In the form below, type in your facility's CMS Certification Number (CCN, also known as the Medicare Provider Number). Click the "Lookup Facility Names" button to confirm the information you entered.
- After you submit this form, your dashboard will be updated to reflect the registered facilities.

If you have multiple CCNs, please enter them as a comma separated list, as shown in the example below. Do not include spaces or returns. After entering your CCN number(s), click on the "Lookup Facility Names" button. Do not include dashes in the CCN number.

Example:

HOPD CCNs: 111111,222222,333333

ASC CCNs: 11C1111111,22C2222222,33C3333333

CCNs

999997,999998

Lookup Facility Names

Lookup Results:

The following CCN number(s) will be registered when you click the "Submit" button below. Please verify that the list is correct. If it is not correct, please edit your CCN number(s) above and click the Lookup button again.

CCN	Facility Name
999997	Test Facility 7
999998	Test Facility 8

If the information above is correct, use the "Submit" button to record your registration information.

- To submit the form, the OAS CAHPS Survey Administrator should review and agree to the responsibilities listed at the bottom of the *Facility CCN Registration* form (see below).

The Outpatient and Ambulatory Surgery CAHPS (OAS CAHPS) Survey Administrator, RTI Facility, has the following **Roles and Responsibilities** on OAS CAHPS:

- Designating another individual within the organization as the backup OAS CAHPS Survey Administrator.
- Removing access or approving the removal of access for users who are no longer authorized to access the private side of the web portal.
- Serving as the main point of contact with the OAS CAHPS Coordination Team and Data Center.
- Notifying the OAS CAHPS Coordination Team if your role as the OAS CAHPS Survey Administrator will no longer be valid and identifying a successor.
- Authorizing the OAS CAHPS Coordination Team to give your name and e-mail address to individuals in your HOPD or ASC who request access to the OAS CAHPS web portal.

By checking the two radio buttons below, you acknowledge that you are the OAS CAHPS Survey Administrator for the CCN(s) listed above, and that you accept the roles and responsibilities of the OAS CAHPS Survey Administrator listed above.

am the OAS CAHPS Survey Administrator for the CCN(s) listed above.

agree to the terms specified above.

Submit

- After you submit this form, your customized dashboard will be updated to reflect the registered facilities. See example screenshot below.

Facility Dashboard

Item	Status	Resource
✓ Facility Registration	Completed	
✓ Register one or more HOPD facilities or one or more ASC fac	2 CCN(s) already registered	Click Here to register your HOPD facility or your ASC facility (by CCN)
Vendor Authorization	0 of 2 CCNs have current authorization	Authorize a Vendor

What is a CCN?

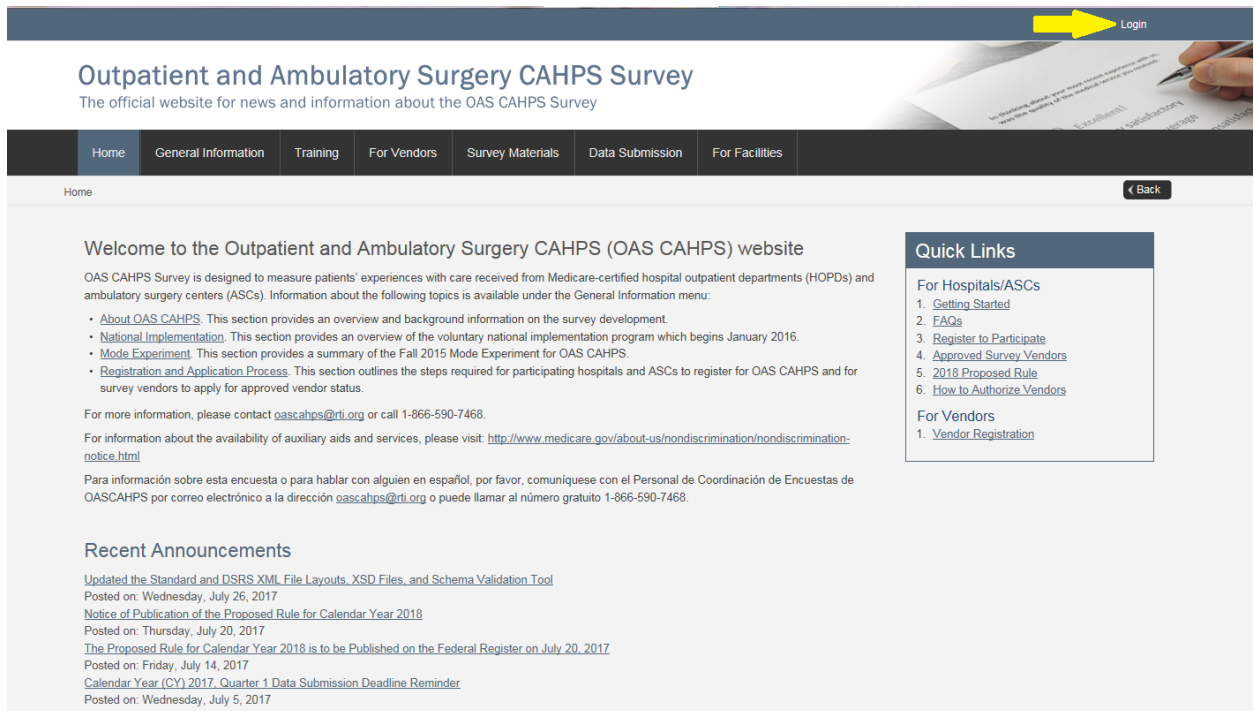
The CMS Certification Number (CCN) is assigned to a facility to verify that a provider has been Medicare certified and for what type of services. The CCN was previously known as the Medicare/Medicaid Provider Number or the Online Survey, Certification and Reporting (OSCAR) Number and is sometimes called the billing number.

The CCN is required to complete the registration process on the OAS CAHPS website. For hospitals, the CCN is a 6-digit number. For ASCs, the CCN is a 10-digit number/character combination with the 3rd character being a “C.”

The CCN is different from the National Provider Identifier (NPI), but the two numbers are linked. The NPI is assigned to covered health care providers and is used for HIPAA standard transactions. Your facility’s billing department can be a helpful resource in identifying the CCN.

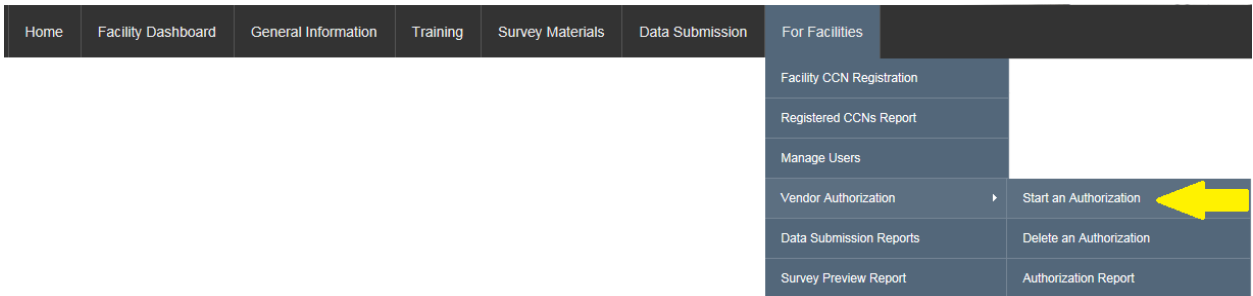
How do I authorize a vendor for my HOPD(s) or ASC(s) on the OAS CAHPS website?

1. Log in to the private side of the OAS CAHPS website (<https://oascahps.org/>) with your username and password. The Login link can be found in the upper right-hand corner of the Home page (as shown in the screenshot below).



The screenshot shows the homepage of the OAS CAHPS Survey website. At the top right, a yellow arrow points to a "Login" link. The main heading is "Outpatient and Ambulatory Surgery CAHPS Survey" with the subtitle "The official website for news and information about the OAS CAHPS Survey". Below this is a navigation bar with links for Home, General Information, Training, For Vendors, Survey Materials, Data Submission, and For Facilities. A "Home" button is also present. The main content area includes a welcome message, contact information, and a "Quick Links" sidebar with categories for Hospitals/ASCs and Vendors. The sidebar lists links such as "Getting Started", "FAQs", "Register to Participate", "Approved Survey Vendors", "2018 Proposed Rule", "How to Authorize Vendors", and "Vendor Registration".

2. Go to the “For Facilities” menu and select the “Vendor Authorization” link, and then select “Start an Authorization.”



3. On the *Authorize a Vendor* form, Use the drop-down list under “Select a Vendor” to select your survey vendor.

The screenshot shows the 'Authorize a Vendor' form. The title is 'Authorize a Vendor'. Below the title is a paragraph: 'Please use this page to authorize a Survey Vendor for the first time or to change/switch to a different vendor for one or more facilities.' The form has three main sections: 'Select Survey Vendor', 'Select Start Date', and 'Select Facility'. The 'Select Survey Vendor' section has a dropdown menu labeled 'Vendor' with the text '<Select Vendor>' and a yellow arrow pointing to it. The 'Select Start Date' section has a dropdown menu labeled 'Start Date' with the text '<Select Start Date>'. The 'Select Facility' section has a table with columns: CCN, Facility Name, Current Authorized Vendor, Current Start Date, New Authorized Vendor, and New Start Date. The table has two rows: one for 'Test Facility 7' with CCN '999997' and one for 'Test Facility 8' with CCN '999998'. Below the table is a button labeled 'Save Checked Authorizations'.

4. Use the drop-down list under “Select Start Date” to select the first day of the calendar quarter for which you are authorizing this vendor to start submitting survey data on your behalf. For example, if a vendor was scheduled to start administering the OAS CAHPS Survey for the January, February or March 2016 sample month, 1/1/2016 should be the selected Start Date.

The screenshot shows the 'Authorize a Vendor' form. The title is 'Authorize a Vendor'. Below the title is a paragraph: 'Please use this page to authorize a Survey Vendor for the first time or to change/switch to a different vendor for one or more facilities.' The form has three main sections: 'Select Survey Vendor', 'Select Start Date', and 'Select Facility'. The 'Select Survey Vendor' section has a dropdown menu labeled 'Vendor' with the text 'ABC Vendor'. The 'Select Start Date' section has a dropdown menu labeled 'Start Date' with the text '<Select Start Date>' and a yellow arrow pointing to it. The 'Select Facility' section has a table with columns: CCN, Facility Name, Current Authorized Vendor, Current Start Date, New Authorized Vendor, and New Start Date. The table has two rows: one for 'Test Facility 7' with CCN '999997' and one for 'Test Facility 8' with CCN '999998'. Below the table is a button labeled 'Save Checked Authorizations'.

- Under the “Select Facility” table, check the box next to each facility CCN/name for which the vendor authorization will apply. If you want to apply the vendor authorization to all facilities listed in the box, check the box on the top row of the grid (next to “CCN”).

Authorize a Vendor

Please use this page to authorize a Survey Vendor for the first time or to change/switch to a different vendor for one or more facilities.

Select Survey Vendor
In this step, select the vendor you wish to authorize from the drop down list.
Vendor:

Select Start Date
In this step, select the Start Date that reflects the first day of the calendar quarter in which you are authorizing this vendor.
Start Date:

Select Facility
In this step, check the box by each facility to which this authorization or change applies. Click the box in the top row of the grid if this action applies to all of the facilities listed in the grid.

<input checked="" type="checkbox"/>	CCN	Facility Name	Current Authorized Vendor	Current Start Date	New Authorized Vendor	New Start Date
<input checked="" type="checkbox"/>	999997	Test Facility 7			ABC Vendor	10/1/2017
<input checked="" type="checkbox"/>	999998	Test Facility 8			ABC Vendor	10/1/2017

- Review the information on the form for accuracy. If all is correct, click “Save Checked Authorizations.”

Authorize a Vendor

Please use this page to authorize a Survey Vendor for the first time or to change/switch to a different vendor for one or more facilities.

Select Survey Vendor
In this step, select the vendor you wish to authorize from the drop down list.
Vendor:

Select Start Date
In this step, select the Start Date that reflects the first day of the calendar quarter in which you are authorizing this vendor.
Start Date:

Select Facility
In this step, check the box by each facility to which this authorization or change applies. Click the box in the top row of the grid if this action applies to all of the facilities listed in the grid.

<input checked="" type="checkbox"/>	CCN	Facility Name	Current Authorized Vendor	Current Start Date	New Authorized Vendor	New Start Date
<input checked="" type="checkbox"/>	999997	Test Facility 7			ABC Vendor	10/1/2017
<input checked="" type="checkbox"/>	999998	Test Facility 8			ABC Vendor	10/1/2017

- After saving, the “Vendor Authorization Report” will display. It shows a table with the vendor authorization status for all the facilities for which you are the Survey Administrator. Any authorizations or changes to authorizations you just saved will be displayed. Under the column “Modified,” a green check mark will indicate if there was a change. See example screenshot below.

Vendor Authorization Report

You vendor authorization update(s) were successful.

The table below lists the vendor authorization status for each of the CCNs registered by you or someone at your organization.

CCN	Facility Name	Authorized Vendor	Start Date	End Date	Modified
999997	Test Facility 7	ABC Vendor	10/01/2017		✓
999998	Test Facility 8	ABC Vendor	10/01/2017		✓

Additional information on vendor authorizations can be found in the document provided here:
https://oascahps.org/OAS_Vendor_Auth_Instructions.pdf

Where can I find the Participation Exemption Request (PER) form?

- PER form will be an online form available on the OAS CAHPS website. Submission of this form is not needed during voluntary reporting.
- On the form, HOPDs and ASCs will provide patient counts for a variety of eligibility criteria over a 12-month period (January to December) for a specified year.
- Calculate the number of OAS CAHPS-eligible patients over the 12-month period. If the total is fewer than 60, the PER form can be submitted. If the total is 60 or more, the facility is eligible for participation in the OAS CAHPS Survey and should follow the steps outlined in the Getting Started document linked here:
https://oascahps.org/OAS_Facility_Outreach.pdf.

We do not serve enough patients to get 300 completes. What do we do?

The target for the statistical precision of OAS CAHPS Survey results that will be publicly reported is based on a reliability criterion. The reliability target for the OAS CAHPS Survey ratings and most of the composites is 0.8 or higher. For reasons of statistical precision, a target minimum of 300 completed OAS CAHPS Surveys has been set for each HOPD or ASC over each 12-month reporting period. This is an average of 25 completed surveys per month.

For small facilities with low patient volumes, the number of survey-eligible patients served may be less than the number required by the sampling rate. In this case, it is acceptable to sample, and then survey, all survey-eligible patients served during that sample month. For small facilities that sample all eligible patients (i.e., conducting a census), the survey measures the true value of the patient population. The survey measures the *true* value because *all* patients were selected for the survey. Large facilities target 300 completed surveys to achieve sufficient statistical precision to reflect their population of patients. Thus, the ratings for large facilities and the ratings for small facilities both achieve the statistical precision for the OAS CAHPS Survey results based on the reliability criterion targeted.

We currently administer our own survey to patients. How do we implement both our internal survey and the OAS CAHPS Survey?

A “survey,” for purposes of this project, is defined as a formal, patient experience/satisfaction survey. A formal survey, regardless of the data collection mode employed, is one in which the primary goal is to ask standardized questions of a sample of the patient population. Contacting patients to assess their care at any time or calling a patient to check on services received are both considered to be routine patient contacts, not surveys. HOPDs and ASCs that are administering other outpatient surveys must follow the guidelines below.

With regard to sampling and ensuring that patients are not overburdened by multiple surveys:

- For each sample month, the survey vendor *must select* the OAS CAHPS Survey sample *prior* to selecting the samples for any other HOPD or ASC survey.
- The HOPDs and ASCs cannot select the sample for the other facility survey. The vendor must select the sample because the sample selection for OAS CAHPS cannot be disclosed to the facility.
- If another CMS- or other federally sponsored effort is also conducting a survey of patients in the HOPD/ASC that month, the facility must contact the OAS CAHPS Survey Coordination Team to make arrangements for both surveys.

With regard to questionnaire content of other outpatient surveys:

- In other surveys that an HOPD or ASC conducts, the facility can include any of the OAS CAHPS questions or similar questions.
- They can also include questions that ask for more in-depth information about OAS CAHPS issues.

Is there an OAS CAHPS training we are required to attend?

The OAS CAHPS Survey does not have a training program required for hospitals and ASCs to attend. The annual OAS CAHPS webinar trainings are required for survey vendors. Hospitals and ASCs can voluntarily attend the webinar trainings; however, the webinars focus on the vendors’ responsibilities and include more detail than what a facility would need to know.

Has administering the OAS CAHPS Survey via Web mode been considered?

CMS is considering other modes of survey administration. The only modes tested in the mode experiment were telephone, mail, and mixed mode. However, no new modes will be available until they are fully tested and documented in a Proposed Rule.

Where can I go for additional information about the OAS CAHPS Survey?

More information about the OAS CAHPS Survey and ambulatory and outpatient surgical care is available at three websites—the OAS CAHPS Survey Website (<https://oascahps.org/>), the CMS Website (<https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS/OAS-CAHPS.html>), and the Medicare Website (<https://www.medicare.gov>).

1. OAS CAHPS Survey Website (<https://oascahps.org/>)—This website is maintained by the OAS CAHPS Survey Coordination Team. It provides general information about the OAS CAHPS Survey, the protocols and materials needed for survey implementation, and is one of the main vehicles for communicating information about the survey to HOPDs, ASCs, and survey vendors. The website has both public and secure pages.
2. CMS Website (<https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS/OAS-CAHPS.html>)—This website is maintained by CMS and contains high-level information about the OAS CAHPS Survey.
3. Medicare Website (<https://www.medicare.gov>)—This website is maintained by CMS and contains information on the services Medicare provides. It provides information to the public on various quality measures. When OAS CAHPS Survey results are publicly reported, viewers can obtain comparative information about HOPDs and ASCs by state, ZIP code, and county.

Who do we contact if we have questions about the OAS CAHPS Survey?

The OAS CAHPS Survey Coordination Team via telephone (1-866-590-7468) or email (oascahps@rti.org), Monday through Friday between 8:30 AM and 5:00 PM (Eastern Time).