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 CPT\(^1\)-4 Codes for Surgery (i.e., CPT codes between 10004 and 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;

  ◦ Participates in the Hospital Outpatient Quality Reporting Program (Hospital OQR); 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 purposes 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-4\(^2\) Codes for Surgery (i.e., CPT codes between 10004 and 69990) or one of the following G-codes: G0104, G0105, G0121, or G0260;

  ◦ Is Medicare-certified and has a CCN;

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1 Current Procedural Terminology (CPT) is a registered trademark of the American Medical Association. CPT only copyright 2022 American Medical Association. All rights reserved.
2 CPT only copyright 2022 American Medical Association. All rights reserved.
• Bills under ASC Payment System;
• participates in the Ambulatory Surgical Center Quality Reporting (ASCQR) Program; and
• 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:

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 on the facilities’ behalf. The survey vendor will submit survey data to the OAS CAHPS Data Center on the facilities’ behalf. 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 2022 Final Rule published in November 2021, CMS plans to incorporate two additional mixed modes (web with mail follow-up of nonrespondents and web with telephone follow-up of nonrespondents), allowing a total of five modes of survey administration for the OAS CAHPS Survey beginning in CY 2022. CMS also plans to continue voluntary implementation of the OAS CAHPS Survey through CY 2023 for HOPDs and CY 2024 for ASCs. Therefore, participation in the OAS CAHPS Survey will be linked to reimbursement.
beginning with CY 2024 for HOPDs and CY 2025 ASCs. Another change for ASCs that CMS has included in the Final Rule is a reduction in the target number of completes from 300 to 200 completed surveys annually.

Please see a link to the 2022 Final Rule here:

**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. 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 served fewer than 60 survey-eligible patients during the eligibility 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 evaluate its’ eligibility to qualify for an exemption annually and submit a corresponding PER form. An announcement will be posted on the OAS CAHPS website when the PER form is available. NOTE: The submission of a PER form is not required during voluntary participation.

If an HOPD/ASC is eligible to participate, it must register on the OAS CAHPS website and contract with an approved OAS CAHPS Survey vendor to administer the survey on its behalf. 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. 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. 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/](https://oascahps.org/)). A direct link to the *Facility Administrator Registration* form is provided here: [https://oascahps.org/For-Facilities/Facility-Registration](https://oascahps.org/For-Facilities/Facility-Registration).

![Facility Administrator Registration Form](https://oascahps.org/For-Facilities/Facility-Registration)

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).

![Login Link](https://oascahps.org/Login)
3. 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.

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: 11C1111111,22C2222222,33C3333333

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.
6. 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).

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

**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. You can use the NPI to look it up on the CCN. Your facility’s billing department can also 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).

![Login screenshot]

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.

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.
5. 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”).

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

7. 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” indicated by a green check mark. See example screenshot below.
Additional information on vendor authorizations can be found in the document provided here: [https://oascahps.org/OAS_Vendor_AuthInstructions.pdf](https://oascahps.org/OAS_Vendor_AuthInstructions.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 with getting started with the OAS CAHPS Survey linked here: [https://oascahps.org/OAS_Facility_Outreach.pdf](https://oascahps.org/OAS_Facility_Outreach.pdf).

**We do not serve enough patients to get 300 or 200 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 and 200 completed surveys for each ASC over a 12-month reporting period. This is an average of 25 completed surveys per month for HOPDs and 17 completed surveys per month for ASCs.

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 (HOPDs) or 200 (ASCs) 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 or 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. HOPDs and ASCs that are administering other outpatient surveys must follow the guidelines below.

Because of the promise of confidentiality stated in the OAS CAHPS Survey cover letters, survey vendors are not permitted to share with their HOPD or ASC clients the identities of patients who are sampled for OAS CAHPS.

During the voluntary participation period of OAS CAHPS, the following guidelines are strongly recommended if the HOPD/ASC is planning to administer other surveys in conjunction with the OAS CAHPS Survey and will be using the OAS CAHPS Survey vendor to conduct the other survey:

- For each sample month, OAS CAHPS Survey sample should be selected *prior* to the sample(s) for any other survey.
- Patients who were not randomly selected for OAS CAHPS may be included in a sample for any other survey.

Also, during the voluntary participation period of OAS CAHPS, the following guidelines are strongly recommended if the HOPD/ASC is utilizing more than one survey vendor or self-administering other surveys in addition to participating in OAS CAHPS:

- HOPDs and ASCs or their other vendor should select a sample of patients for the other survey with the understanding that some patients may be sampled for both the OAS CAHPS Survey and the other survey.
- If another CMS- or other federally sponsored effort is also conducting a survey of patients in the HOPD or ASC that month, the facility must contact the OAS CAHPS Survey Coordination Team to make arrangements for both surveys.

  ° **Exception:** HOPDs or ASCs that are participating in the American College of Surgeons’ National Surgical Quality Improvement Program (NSQIP) can administer the OAS
CAHPS Survey in conjunction with the NSQIP post-operative survey to patients such
that each survey can be administered independently. In other words, the OAS CAHPS
Survey vendor can sample OAS CAHPS patients as they normally would and the NSQIP
follow-ups can be administered as required.

NOTE 1: It is up to the facility to evaluate—based on the size, frequency, and purpose of the
other survey(s) it conducts—whether to potentially sample its patients more than
once or engage the services of their OAS CAHPS Survey vendor to ensure that
patients sampled for the OAS CAHPS are not also sampled for their other survey(s).

NOTE 2: Conducting additional surveys with the same patient population as OAS CAHPS
may lower OAS CAHPS survey response rates because of respondent survey
fatigue.

With regard to questionnaire content of other outpatient surveys:

- They can include questions that ask for more in-depth information about OAS CAHPS
  issues.

- If the HOPD or ASC can ensure that there is no overlap between the samples, the facility can
  include any of the OAS CAHPS questions or similar questions.

- If the OAS CAHPS and other survey samples potentially overlap, the facility cannot include
  any of the OAS CAHPS questions or similar questions.

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

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.

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

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, contains 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. Publicly reported OAS CAHPS Survey results are available on this website, where 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).