


GETTING STARTED WITH THE OAS CAHPS SURVEY

The Centers for Medicare & Medicaid Services (CMS) initiated the national implementation phase of the Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery (OAS CAHPS®) Survey in January 2016. Below are highlights about national implementation:

- Medicare-certified hospitals outpatient departments (HOPDs) and ambulatory surgery centers (ASCs) that meet the definitions provided below are eligible to participate.
- Guidelines for administration of the survey instrument are documented in the *OAS CAHPS Survey Protocols and Guidelines Manual*. ([Survey Materials \(oascahps.org\)](https://www.oascahps.org))
- CMS-approved survey vendors administer the survey on behalf of HOPDs and ASCs and submit the data to the OAS CAHPS Data Center. ([Approved Survey Vendors \(oascahps.org\)](https://www.oascahps.org))
- Results are publicly reported on a CMS websites after four consecutive quarters of data are collected. Voluntary data are published on the Provider Data Catalog website (direct link: <https://data.cms.gov/provider-data/>). Future reporting will be on the Care Compare website (<https://www.medicare.gov/care-compare/>).
- The *target* minimum number of surveys for the OAS CAHPS survey is 300 completed surveys for HOPDs and 200 completed surveys for ASCs over each 12-month reporting period.
- Participation in the OAS CAHPS Survey is linked to reimbursement beginning with CY 2024 for HOPDs and CY 2025 for ASCs. These plans were detailed in the previous rulemaking in the CY 2017, CY 2018, and CY 2022 Final Rules and reaffirmed in the [CY 2024 Final Rule](#).

See **Participation Exemptions Based on Patient Records** below for information about exemptions for HOPDs and ASCs based on number of eligible patients records per year.

How to Participate

To participate in the OAS CAHPS survey, with the intention of publicly reporting data, see the steps provided in the “OAS CAHPS Participation Overview” document available in the Quick Links box on the Home page. https://oascahps.org/OAS_Part_Overview.pdf 

Benefits to Participating

- Participating HOPDs and ASCs will provide valuable information to consumers and stakeholders about the quality of outpatient care provided at their facility. The survey findings can be used by HOPDs, ASCs, and other stakeholders for internal quality improvement and benchmarking efforts.
- HOPDs and ASCs can compare performance against their state and the national average. Results and links to these datasets will be available for download on CMS’ website.
- HOPDs and ASCs may add supplemental questions to the survey for their own patient experience of care metrics; however, they may not change the wording or order of the OAS CAHPS Survey questions or response options.
- The OAS CAHPS Survey may be used to meet state or other regulations that require a patient satisfaction survey to be conducted regularly. Check with your state or accreditation bodies on such regulations.

Facility-Level Eligibility for OAS CAHPS

Eligibility requirements for OAS CAHPS are based first on facility-level criteria and second on patient-level criteria. The eligibility criteria for HOPDs and ASCs are listed below.

HOPD Eligibility. An HOPD is an outpatient surgery department or specialized department of a hospital 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-4¹ Codes for Surgery (i.e., CPT codes between 10004 and 69990) or G-codes: G0104, G0105, G0121, or G0260;
- is Medicare-certified, has a CCN, and has in effect an agreement with CMS obtained in accordance with 42 CFR 419 subpart B (General Conditions and Requirements);
- bills under the Outpatient Payment Prospective System (OPPS) when billing to CMS; and
- is eligible to participate in the Hospital Outpatient Quality Reporting (Hospital OQR) Program.

Clarification for Hospital Billing Forms

The following claim forms are used to bill CMS for institutional charges under OPPS:

- CMS-1450 (formerly known as UB-04)
- 837I electronic form

Note: Billing with CMS-1500 claim form for the Physician Fee Schedule would not be eligible for OAS CAHPS hospital outpatient billing under OPPS.

- While facility-level eligibility for OAS CAHPS is based on how HOPDs submit for payment to CMS, OAS CAHPS patient-level eligibility includes all payer types, not only CMS.

Note that all locations that bill under the hospital CCN hospital (both on and off campus) and are eligible based on the criteria above are expected to participate.

Exceptions to participation requirements based on facility type or location:

1. Critical access hospitals (CAHs) may choose to participate in OAS CAHPS even though CAHs do not bill under OPPS; participation for CAHs is voluntary.
2. Emergency Departments are excluded from OAS CAHPS.
3. Rural Emergency Hospitals are excluded from OAS CAHPS.
4. Hospitals located in U.S. Territories are excluded from OAS CAHPS. (There are some exceptions to this exclusion)"

ASC Eligibility. An ASC is a freestanding medical facility that performs outpatient surgeries and procedures. CMS specifically defines eligible ASCs as distinct entities that operate 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 10004 and 69990) or G-codes: G0104, G0105, G0121, or G0260;
- is Medicare-certified, has a CCN, and has in effect an agreement with CMS obtained in accordance with 42 CFR 416 subpart B (General Conditions and Requirements);
- bills under ASC Payment System when billing CMS; and
- is eligible to participate in the Ambulatory Surgical Center Quality Reporting (ASCQR) Program.

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² Current Procedural Terminology (CPT) is a registered trademark of the American Medical Association. CPT only copyright 2024 American Medical Association. All rights reserved.

Clarification for ASC Billing Forms

The following claim forms are used to bill CMS for institutional charges under the ASC Payment System:

CMS-1500

ASC X12 837P claim form

- While facility-level eligibility for OAS CAHPS is based on how ASCs submit for payment to CMS, OAS CAHPS patient-level eligibility includes all payer types, not only CMS.

Some ASCs have more than one location, typically in a geographic region. Each location that bills under the ASC's CCN and meets the criteria above is eligible to participate.

Exception to participation requirements based on location:

1. ASCs located in U.S. Territories are excluded from OAS CAHPS. (There are some exceptions to this exclusion.)

Participation Exemptions Based on Patient Records

- Hospitals and ASCs that served fewer than 60 OAS CAHPS survey-eligible patients in the year prior to the data collection year for the applicable payment determination, qualify for a participation exemption. This exemption comes into effect when participation is linked to reimbursement (i.e. CY 2024 for hospitals and CY 2025 for ASCs). An exemption can be submitted using this form: [Participation Exemption Request \(oascahps.org\)](https://oascahps.org/participation-exemption-request)
- An additional exemption is available to ASCs when participation is linked to reimbursement in CY 2025. An ASC that qualifies for an exemption from the ASC Quality Reporting (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. There is no need to request an exemption specifically for OAS CAHPS in this case.
- The OAS CAHPS Survey Participation Periods are provided below.

Questions About the OAS CAHPS Survey?

We welcome questions and comments via our email address at oascahps@rti.org or our toll-free number 1-866-590-7468 (please leave a message).

Outpatient and Ambulatory Surgery CAHPS (OAS CAHPS) Survey Participation Periods

| (A) Annual Payment Update (APU) Calendar Year | (B) Did the facility serve 60 or more survey-eligible patients during the 12-month period specified below? | (C) If the facility served 60 or more survey-eligible patients during the 12-month period specified in Column B, to receive the annual payment update for a specific calendar year, the facility must administer the survey and submit an OAS CAHPS data file for each month as noted below. | (D) If the facility served fewer than 60 survey-eligible patients during the 12-month period specified in Column B, the facility is eligible for an exemption from participating in the OAS CAHPS Survey for the 12-month period specified in Column C. To receive an exemption, the facility must submit a Participation Exemption Request Form by the date noted below. |
|--|---|---|--|
| 2026 | January 1, 2023–December 31, 2023 | January 2024–December 2024 | December 31, 2024 |
| 2027 | January 1, 2024–December 31, 2024 | January 2025–December 2025 | December 31, 2025 |

1. Medicare-certified HOPDs and ASCs (facilities) that serve less than 60 survey-eligible patients during the 12-month period specified in Column B are eligible for an exemption from participating in the OAS CAHPS Survey for the corresponding months shown in Column C. NOTE: During voluntary participation, the exemption request is not required. Therefore, ASCs are not required to request this exemption for the 2026 APU calendar year and data collection remains voluntary in 2024 for ASCs.
2. Facilities that qualify for an exemption should note that the exemption for each annual payment update calendar year expires on December 31 of each year. Therefore, to receive an exemption, a Participation Exemption Request Form must be submitted on an annual basis.
3. The Participation Exemption Request Form for the CY 2026 APU will be available on the OAS CAHPS website at <https://oascahps.org/> beginning January 1, 2024.
4. Patient survey-eligible criteria are included in **Chapter IV** of the *OAS CAHPS Survey Protocols and Guidelines Manual*, which is available on the OAS CAHPS website at <https://oascahps.org/Survey-Materials>
5. ASCs should note that they may be exempt from participating in OAS CAHPS if they 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. ASCs who qualify for this exemption do not need to submit an exemption request.