

**Crosswalk to Updated Cover Letter
OAS CAHPS Package**

This document provides a crosswalk between the cover letter that was included in the Request for Information Collection (CMS-10500, OMB 0938-1240), which was approved by OMB on July 7, 2015 for the Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey (OAS CAHPS) national implementation and mode experiment.

| Section | Cover letter submitted on January 14, 2015 for National Implementation of the OAS CAHPS | Cover letter submitted in October 27, 2015 for National Implementation of the OAS CAHPS | Source of Change |
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| Paragraph # 4 | <p>Original text:</p> <p>All information you provide will be confidential and is protected by the Privacy Act. Your participation is voluntary and will not affect any health care benefits you receive.</p> | <p>The <u>underlined text</u> has been added.</p> <p>All information you provide will be confidential and is protected by the Privacy Act. <u>Your answers to the survey will be grouped with answers from all other survey participants; your name and identifying information will not be linked to your answers when the data are analyzed. The overall survey results for [FACILITY NAME] and other facilities will be publically reported on the Internet at https://www.medicare.gov/. These results will help people make more informed decisions when choosing an outpatient or ambulatory surgery facility.</u> Your participation is voluntary and will not affect any health care benefits you <u>currently</u> receive <u>or will receive in the future</u>.</p> | <p>The new text was added as a result of internal review, to make the cover letter consistent with language used in cover letters on other CAHPS surveys.</p> |
| Paragraph # 5 | Original text: | The <u>underlined text</u> has been | The new text was added as |

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| | <p>If you have any questions about the survey, please call NAME toll-free at 1-800-XXX-XXXX. Thank you in advance for your participation. Si desea recibir la versión de la encuesta en español, por favor llame al 1-800-XXX-XXXX.</p> | <p>added:</p> <p>If you have any questions about the survey, please call NAME toll-free at 1-800-XXX-XXXX. <u>If you need help in reading the questions or marking responses, a friend or family member can assist you.</u></p> <p>Thank you in advance for your participation. Si desea recibir la versión de la encuesta en español, por favor llame al 1-800-XXX-XXXX.</p> | <p>a result of internal review, to make the cover letter consistent with language used in cover letters on other CAHPS surveys.</p> |
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