

2018 Response to Comments Submitted Regarding CMS-10500, 60 Day Notice for Outpatient and Ambulatory Surgery CAHPS (OAS CAHPS)

Thank you for the opportunity to respond to comments submitted in response to the 60 Day Notice for CMS-10500, Outpatient and Ambulatory Surgery CAHPS Survey, which was posted on April 14, 2018. We value the commenters' insight and suggestions to improve the OAS CAHPS Survey.

***Alternative Survey Administration Modes and Implementation Protocols* (KaiserP Comment #1, p.2/ Optum #2, p.1-2, and KaiserP Comment #2, p.2)**

1. Recommendation to consider adding new modes of survey administration:

CMS appreciates the comment and acknowledges that the traditional survey administration methodologies (mail, telephone, and mail with telephone follow-up) may not capture feedback from all patient populations. CMS is actively investigating email and a web-based survey as possible new modes of administration for the future. As part of this investigation, CMS is planning another mode experiment in 2018 to explore the feasibility of testing a web-based survey methodology for OAS CAHPS.

2. Recommendation to consider single-wave mailing approach:

While CMS acknowledges that the second mailing of the survey to nonrespondents adds costs for a diminished return, there are no current plans to change the implementation protocol for mail surveys. The second mailing is needed to assess nonresponse bias. The respondents from the second mailing in the mail survey can be considered less cooperative (i.e., they have a low propensity to respond) than respondents from the first mailing. By comparing the survey outcomes between respondents from the first mailing and respondents from the second mailing, we can estimate the correlation between the response propensity and survey outcomes. High correlations suggest that nonresponse bias may be present, while low correlations indicate nonresponse bias may not be a concern. It is impossible to conduct this type of nonresponse bias analysis without the second mailing.

***Responses to Comments about Burden Estimates* (Optum Comment #3, p.2)**

3. Current burden estimate is accurate for current methodology and survey length.

CMS acknowledges the comment that the current burden estimate is accurate, and confirms that there are no current plans to expand the core survey questions or demographic questions for the OAS CAHPS Survey. As noted in the CY 2017 OPPI/ASC final rule with comment period (81 FR 79815), CMS continues to evaluate the utility of individual questions during the survey's voluntary national implementation, and will consider options for shortening the OAS CAHPS Survey without the loss of important data in the future. If the survey items are modified in the future, the burden

estimate will be reevaluated and resubmitted for OMB review and approval. The current burden estimates, which are based on voluntary national implementation, will be updated to reflect any changes in participation requirements that are posted in future rule-making.

Responses to Comments about the OAS CAHPS Questionnaire – methodological issues and new questions (Optum Comment #1, p.1 and #4, p.2)

4. **Consider adoption of a Net Promoter Score (NPS) methodology for Question 24:**
CMS is currently reviewing the data collected during voluntary national reporting for Question 24, which asks patients if they would recommend the facility to friends and family. The current question has a 4-point scale, which is used on other CAHPS[®] Surveys. CMS appreciated the reviewers' feedback on the NPS methodology and will consider the recommendation to change to a 10-point scale, which would be similar to Question 23.
5. **Open-ended question for patient's written comments:**
For national implementation of the OAS CAHPS, CMS allows addition of up to 15 supplementary questions to the survey such as a question allowing patients to provide comments. Any supplementary questions are not submitted to CMS.
6. **Consider adding questions to gather feedback pertaining to the person administering the anesthesia:**
The OAS CAHPS Survey includes three questions about anesthesia (Questions 10, 11, and 12). While these questions do not specifically ask about the person who administers the anesthesia, they do solicit input regarding the communications about the anesthesia and the process. Currently, CMS has no plans to add additional questions to the OAS CAHPS Survey, however, CMS does allow up to 15 supplementary questions. Facilities can choose to include additional questions regarding the person administering the anesthesia. Any additional questions would not be submitted to CMS.
7. **Consider adding questions about the family and caregiver experience. to gather feedback pertaining to the person administering the anesthesia:**
The OAS CAHPS Survey focuses on the patient's experience of care. Currently, CMS has no plans to add additional questions to the OAS CAHPS Survey, however, CMS does allow up to 15 supplementary questions. Facilities can choose to include additional questions regarding the family and caregivers. Any additional questions would not be submitted to CMS.

Responses to Comments about the OAS CAHPS cover letter and telephone script (KaiserP Comment #3, pg 2)

8. **Recommendation to research health literacy levels and messages in cover letters and telephone scripts:**

CMS appreciates the comment and will explore possible modifications for the future. We note that the text for the cover letter is suggested text and can be modified as long as the required informed consent elements are included in the letter that is sent to patients. Facilities can make modifications to the letter.

Responses to Comments about plans for Star Ratings (KaiserP Comment #4, pg 3)

1. Recommendation to develop and implement a methodology for star ratings that are meaningful for hospital outpatient departments and ambulatory surgery centers:

CMS is currently developing a methodology for public reporting of star ratings for OAS CAHPS and plans to present separate ratings for both Ambulatory Surgery Centers (ASC) and Hospital Outpatient Departments (HOPD). The methodology is currently being testing on the data collected through voluntary reporting. The methodology is based on methods used by both HCAHPS and HHCAHPS and is being modified to address the particular specifics of the OAS CAHPS data. CMS will work to enhance and refine the Star Ratings methodology by using sensitivity analyses to ensure that the ratings allow for accurate conclusions to be made.

Responses to Comments about the Timing and Notice of the OAS CAHPS program rollout (KaiserP Comment #5, pg 3)

9. Recommendation to provide a minimum of one quarter notice and a dry run period when OAS CAHPS Final Rule indicates reporting is linked to reimbursement:

CMS acknowledges the recommendation to provide more advance notice before future rule-making regarding OAS CAHPS Survey participation. The proposed Rule, which is posted in July and the Final Rule, which is posted in November of each year offer a six-month window for facilities to begin implementation if they are not early-adopters of the OAS CAHPS Survey. The decision to delay implementation linked to reimbursement in 2018 was made in response to comments and concerns from hospitals and ambulatory surgery centers. The delay was intended to allow additional time for CMS to analyze the national implementation data and consider any necessary modifications to the survey tool and/or CMS systems and to review the regulatory burden for providers and investigate strategies to reduce the burden before making a determination of timing for future implementation. The delay also allowed time for participating facilities to identify a survey vendor and work through the initial implementation process. CMS will consider your suggestion in any future rulemaking