

Background: This response to comments document is in response to the 60-day OMB package, the National Implementation of the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems. We received comments from two organizations, a vendor organization, and a healthcare system. Each organization addressed several types of topics related to survey content and administration.

Comment: Both commenters requested the removal of the Consent to Share Identifying Information question to share with the vendor and facility (not direct care staff) identifying information from the OAS CAHPS survey for the purposes of quality improvement.

Response: Facilities include this question if the facility wants to receive patient level information. Responses to this question are not shared with CMS.

Comment: One commenter asked CMS to change the current OAS CAHPS patient eligibility from specific Current Procedural Terminology (CPT) codes to a more general definition of eligibility (like HCAHPS), such as adult outpatients experiencing an invasive procedure which required anesthesia/sedation who were not transferred to a hospital and admitted for observation or as an inpatient. Alternatively, the commenter asked for a narrower range of procedures/CPT codes, focusing on the most common surgical procedures in HOPDs and ASCs.

Response: OAS CAHPS eligibility is based upon the same codes that are used for billing as opposed to HCAHPS eligibility which is based on a hospital stay. Facilities use the CPT-4 and G-codes to determine eligible surgeries for billing purposes under the Outpatient Prospective Payment System for HOPDs and the ASC Payment System for ASCs.

Comment: Two commenters requested CMS to reverse the order of the response options for the overall rating and willingness to recommend questions to align with the positive to negative order in the other survey questions and prevent respondents from choosing the wrong response for those two questions.

Response: These questions are standard CAHPS questions and have undergone extensive testing that include cognitive testing with patients, stakeholder input, and psychometric testing of survey responses.

Comment: One commenter asked CMS to consider adding the term “sedation” to questions about patient experiences with anesthesia because some outpatient surgical procedures use sedation instead of general anesthesia.

Response: CMS will take this comment into consideration when we test future updates to the OAS CAHPS Survey.

Comment: One commenter recommended only administering OAS CAHPS in web mode to those patients who have an email address because web mode respondents without an email address may be less comfortable with technology, may not have an electronic device, and/or may not have access to the

internet. Additionally, the commenter requested that those respondents without an email address be sent a mail survey instead so that they can provide feedback at the same time the web mode is implemented.

Response: Facilities can choose the survey mode administration that works best for their population. If facilities have many patients without email addresses, then they can choose the mail only or telephone only modes. From field testing of the web with mail follow-up and web with phone follow-up, some patients without email addresses do complete the survey using a web survey link.