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FACT SHEET

Understanding OAS CAHPS

Understand the OAS CAHPS requirement and how to easily collect and report the necessary patient experience data



What is OAS CAHPS?

The Outpatient and Ambulatory Surgery (OAS) CAHPS Survey is designed to assess the experiences of patients who underwent a surgery or procedure at a Medicare-certified hospital outpatient department (HOPD) or ambulatory surgery center (ASC). The survey collects patient-reported data about the care experience, and the data is intended to guide quality comparisons between facilities and inform quality improvement initiatives. **Beginning in 2025, OAS CAHPS is required and survey compliance impacts reimbursement**.

What data does the OAS CAHPS collect?

The survey questions patients about:

- Procedure Preparation
- Check-in Processes
- Cleanliness of the facility
- Communication with facility staff
- Discharge from the facility
- Preparation for recovering at home

What is required for compliance with the OAS CAHPS survey?

A minimum of 200 completed surveys for each facility over a 12-month reporting period is required (17 surveys per month). Facilities that do not conduct and submit OAS CAHPS will receive a 2% reduction in their annual fee schedule update.

2% Payment Penalty

Facilities that do not conduct and submit OAS CAHPS as part of the quality reporting requirement will receive a 2% reduction in their annual fee schedule update.

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Collection and submission with PatientIQ

Only 16 vendors have been authorized to conduct OAS CAHPS outreach. PatientIQ has partnered with Arbor Associates, one of these approved vendors, to deliver comprehensive OAS CAHPS services. Arbor Associates manages data collection while PatientIQ delivers the results of your survey, including analytical insights to guide quality improvement initiatives.

1. The facility submits a secure, electronic listing of patients on the Arbor Associates patient portal
2. Arbor Associates identifies eligible patients and conducts the surveying process
3. Arbor Associates submits survey results to CMS
4. PatientIQ provides survey results and analytical insights to the facility, including reporting, visualization, and exporting capabilities

What does surveying look like?

CMS requires surveying to begin at the start of a quarter. Surveying follows the following process:

Initial surveys sent to eligible patients

Patients with email addresses will receive an initial survey via email. Patients without an email address on file receive an initial survey via traditional mail.

1 Week: Email and mail reminders delivered

Two weeks after initial surveys are sent, patients who did not respond to the initial send receive email and mail reminders to complete the survey.

3 Weeks: Telephone surveying attempts being

Three weeks after initial invitations are sent, patients who did not respond are contacted via telephone. Telephone attempts occur over the span of three weeks with a maximum of five calls attempted.

5 Weeks: Final email reminders are sent

Five weeks after the initial invitation, email reminders are sent while phone attempts continue. 42 days after the initial send (six weeks), the surveying window closes.

