



The Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) Measure

Details About the OAS CAHPS Survey Measure for the Hospital Outpatient Quality Reporting (OQR) and Ambulatory Surgical Center (ASC) Quality Reporting Programs

Agenda

- Introduction
- OAS CAHPS measure details
- Program requirements
- OAS CAHPS submission details
- The registration and application process for the OAS CAHPS Survey measure
- Data submission specifics and deadlines
- Checking your data submission status
- Helpful hints based on frequently asked questions

Webinar Questions

- For program-related questions not addressed in this presentation, call the Outpatient Quality Reporting Support Team at 866.800.8756.
- For survey measure-specific questions not addressed in this presentation, contact the Survey Coordination Team:
 - Phone: 866.590.7468
 - Email: oascahps@rti.org

Acronyms

APU	Annual Payment Update	ECE	Extraordinary Circumstance Exception
ASC	Ambulatory Surgical Center	HOPD	Hospital Outpatient Department
CAH	Critical Access Hospital	HQR	Hospital Quality Reporting
CCN	CMS Certification Number	OAS CAHPS	Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems
CCSQ	Center for Clinical Standards and Quality	OPPS	Outpatient Perspective Payment System
CMS	Centers for Medicare & Medicaid Services	OQR	Outpatient Quality Reporting
CPT	Current Procedural Terminology	PER	Participation Exception Request
CY	Calendar Year	Q	Quarter
DNR	Discrepancy Notification Report	XML	Extensible Markup Language

A decorative graphic on the left side of the slide, consisting of a large, dark blue arrow shape pointing to the right. The interior of the arrow is filled with a pattern of smaller, lighter blue triangles, creating a mosaic or geometric effect.

Measure Details

Measure Background

The OAS CAHPS Survey Measure is designated as OP-37a–e in the Hospital OQR Program and ASC-15a–e in the ASC Quality Reporting Program:

- The OAS CAHPS initiative was developed as a patient-experience-of-care survey for patients who had surgery or a procedure at a hospital outpatient department (HOPD) or an ASC.
- Prior to OAS CAHPS, there was no standardized survey instrument to assess patient experience with outpatient surgical care received at HOPDs and ASCs.

For detailed information regarding the survey measure, access the [OAS CAHPS](#) website.

Eligibility: Hospital OQR

A hospital is eligible to participate in the OAS CAHPS Survey if it has a HOPD or any department that meets all the following criteria:

1. Performs procedures with eligible Current Procedural Terminology (CPT) codes between 10004 and 69990, and between 92920 and 93986; or the following G-codes: G0104, G0105, G0121, or G0260
2. Is Medicare-certified, has a CMS Certification Number (CCN), and has an agreement with CMS in accordance with 42 CFR 419 subpart B
3. Bills under the Outpatient Payment Prospective System (OPPS)
4. Is eligible for Hospital OQR Program reporting

Reporting for Critical Access Hospitals and Indian Health Services Hospitals is voluntary but encouraged.

Eligibility: ASC Quality Reporting

An ASC is eligible to participate in the OAS CAHPS Survey if it meets all the following criteria:

1. Performs procedures that are with eligible CPT-4 Codes for Surgery (CPT codes between 10004 and 69990 and between 92920 and 93986) or G-codes: G0104, G0105, G0121, or G0260
2. Is Medicare-certified, has a CCN, and has in effect an agreement with CMS accordance with 42 CFR 416 subpart B
3. Bills under ASC Payment System when billing CMS
4. Is eligible to participate in the ASC Quality Reporting Program

Access the [Protocol and Guidelines Manual](#) for a complete list of eligible codes and exclusions.

CMS-Approved Vendors

- Only survey vendors listed on the OAS CAHPS website are approved to officially administer and submit data to meet participation requirements. A list of [approved vendors](#) is on the OAS CAHPS website.
 - Facilities cannot use their own surveys nor conduct the surveys.
 - Facilities can familiarize themselves with the current [survey materials](#) available on the same website.
- The facility's Survey Administrator should authorize the chosen vendor enabling data submission on their behalf.
- The OAS CAHPS website contains detailed [instructions](#).

A decorative graphic on the left side of the slide, consisting of a large blue arrow shape pointing to the right. The interior of the arrow is filled with a pattern of smaller, overlapping triangles in various shades of blue, creating a textured, mosaic-like effect.

Program Requirements

Definitions

Annual payment update (APU)

Refers to the annual adjustment CMS applies to the payment rates for Medicare-certified providers. The APU is used in "pay-for-reporting" programs. Providers must report specific quality measure data by designated deadlines to CMS to receive the full payment update.

Payment determination

Refers to the specific calendar year in which payment adjustments/rates, based on meeting or not meeting program requirements, are applied to Medicare reimbursement.

Program Requirements

- **Mandatory** reporting (linked to reimbursement) for the survey measure for hospitals began with the calendar year (CY) 2024 reporting period and the CY 2025 reporting period for ASCs.
- Data must be submitted by a CMS-approved vendor using the data submission tool on the OAS CAHPS website.
- All four quarters of data in the reporting period must be submitted by the designated deadlines. Facilities that do not report all four quarters will not meet program requirements.

Exemptions

Hospitals and ASCs:

Facilities that treated fewer than 60 survey-eligible patients in the year prior to the data collection period have the option to submit a Participation Exemption Request (PER).

ASCs Only:


ASCs that had fewer than 240 Medicare Fee-For-Service claims (Medicare primary and secondary payer) in the year prior to the data collection period are exempt from reporting. There is no requirement to submit a participation exemption request form for this exemption.

Public Reporting

- Survey measure data submitted are publicly displayed and include four rolling quarters of data.
- Public display of data are on CMS-designated websites:
 - For hospitals: The Compare Tool on [Medicare.gov website](https://www.medicare.gov)
 - For ASCs and hospitals: Provider Data Catalog at [data.cms.gov website](https://data.cms.gov)
- A preview report is made available prior to publication.

Data Refresh

- Preview Reports for the July 2026 refresh will be posted on the OAS CAHPS website for ASCs.
- Preview Reports for the October 2026 refresh will be posted in August in the Hospital Quality Reporting (HQR) system for both hospitals and ASCs.
- Additional Public reporting information and important links are available on the [QualityReportingCenter](#) website.



OAS CAHPS
Participation Exemptions,
Extraordinary Exceptions,
and Discrepancies

Participation Exemption Request

PER forms are:

- Submitted if eligible facilities served fewer than 60 survey-eligible patients during the previous reporting period (previous calendar year).
- Accepted through December 31 of the reporting period.

Example: If your facility serves fewer than 60 survey-eligible patients between January 1 and December 31, 2026, you may request an exemption for the CY 2027 reporting period/ CY 2029 payment determination.

PER Form Details


- A form should be submitted each year for which you qualify and wish to seek an exemption from participation.
- CMS reviews all PERs annually.
- Information, instructions, and the PER form are located on the [OAS CAHPS website](#).

PER Form Timeframe

If your facility has less than 60 eligible cases during the CY 2026 reporting period.



You are eligible to submit a PER form for the CY 2027 reporting period no later than December 31, 2027.



If your PER is approved, your facility will not submit data for the CY 2027 reporting period/CY 2029 payment determination

Discrepancy Notification Reports

Discrepancy Notification Reports (DNR) are designed to allow the vendor to notify the OAS CAHPS Survey Coordination Team of an unplanned deviation from the protocols that will require some form of corrective action on the part of the survey vendor.

- The vendor must also notify all affected facilities that a DNR has been submitted on their behalf.
- The report must clearly describe the discrepancy and the action proposed by the vendor to correct the discrepancy, along with a proposed timeline for correction.

DNR Examples

1. A vendor could not sample eligible patients because the facility submitted records too late (outside the designated vendor deadline).
2. A facility had eligible patients but did not submit a patient file to the vendor.
3. A facility was unable to provide a vendor with a file for a sample month.

DNR Review Process

- The OAS CAHPS Survey Coordination Team will review the vendor's DNR and evaluate the impact of the discrepancy on the publicly reported data.
- Depending on the type of discrepancy, a footnote may be added to the publicly reported data.
- The vendor will be notified by the Survey Coordination Team whether additional information is required to document or correct the discrepancy.

Zero Eligibility

No DNR is needed if a facility has no eligible cases or the facility did not serve *any* patients in the sample month.

- The facility must still inform the vendor that there were zero eligible patient records.
- The vendor will then submit a Zero Sampled file for that facility for that sample month indicating that there were no eligible patients.

A decorative graphic on the left side of the slide, consisting of a large blue arrow pointing to the right. The arrow is filled with a pattern of smaller, overlapping triangles in various shades of blue, creating a textured, mosaic-like effect.

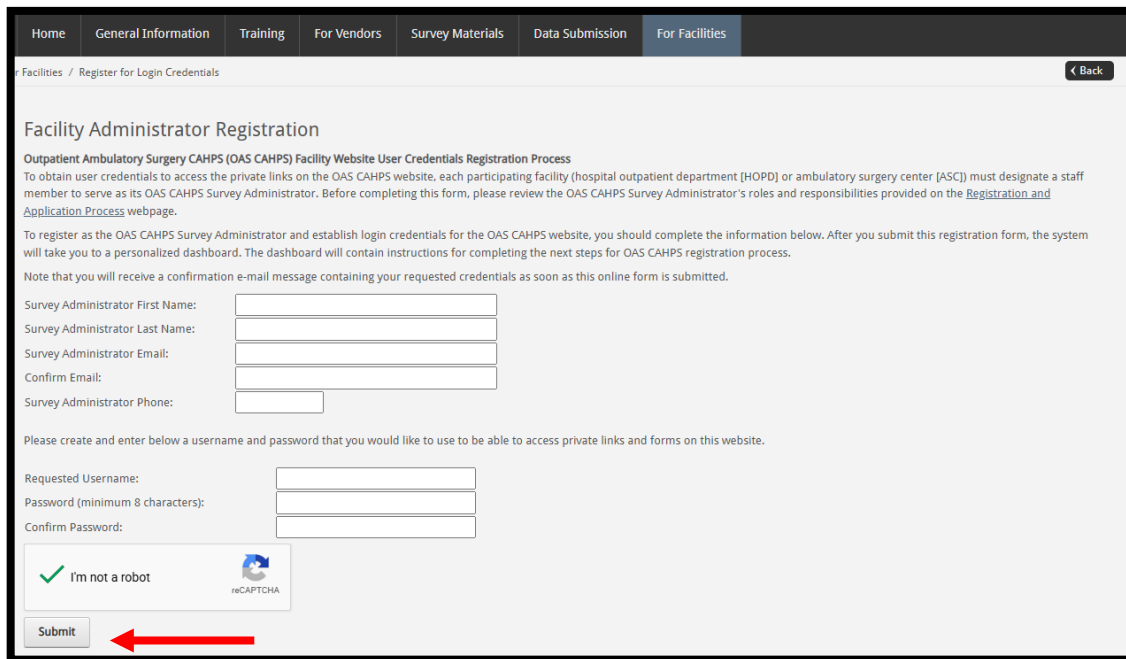
Registration and Application Process

Designate Survey Administrators

- To obtain user credentials on the OAS CAHPS website, participating facilities must designate a staff member to serve as the Survey Administrator.
- It is recommended two individuals register for login credentials. The first Survey Administrator should designate a backup.
- To register as the Survey Administrator, complete the [registration form](#) on the OAS CAHPS website.

Facility Administrator Registration

Fill out the information and select **Submit**.



The screenshot shows a web application interface for Facility Administrator Registration. At the top, there is a navigation menu with tabs: Home, General Information, Training, For Vendors, Survey Materials, Data Submission, and For Facilities. The current page is titled "Facilities / Register for Login Credentials" and includes a "Back" button. The main heading is "Facility Administrator Registration". Below this is a section titled "Outpatient Ambulatory Surgery CAHPS (OAS CAHPS) Facility Website User Credentials Registration Process" with explanatory text. The form contains several input fields: Survey Administrator First Name, Survey Administrator Last Name, Survey Administrator Email, Confirm Email, Survey Administrator Phone, Requested Username, Password (minimum 8 characters), and Confirm Password. A reCAPTCHA widget is present with the text "I'm not a robot" and a "Submit" button. A red arrow points to the "Submit" button.

Home General Information Training For Vendors Survey Materials Data Submission For Facilities

Facilities / Register for Login Credentials Back

Facility Administrator Registration

Outpatient Ambulatory Surgery CAHPS (OAS CAHPS) Facility Website User Credentials Registration Process

To obtain user credentials to access the private links on the OAS CAHPS website, each participating facility (hospital outpatient department [HOPD] or ambulatory surgery center [ASC]) must designate a staff member to serve as its OAS CAHPS Survey Administrator. Before completing this form, please review the OAS CAHPS Survey Administrator's roles and responsibilities provided on the [Registration and Application Process](#) webpage.

To register as the OAS CAHPS Survey Administrator and establish login credentials for the OAS CAHPS website, you should complete the information below. After you submit this registration form, the system will take you to a personalized dashboard. The dashboard will contain instructions for completing the next steps for OAS CAHPS registration process.

Note that you will receive a confirmation e-mail message containing your requested credentials as soon as this online form is submitted.

Survey Administrator First Name:

Survey Administrator Last Name:

Survey Administrator Email:

Confirm Email:


Survey Administrator Phone:

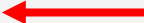
Please create and enter below a username and password that you would like to use to be able to access private links and forms on this website.

Requested Username:

Password (minimum 8 characters):

Confirm Password:

I'm not a robot  reCAPTCHA



Register Your Facility

Log in to the [Registration Page](#) using your login credentials.

Navigate to **Facility CCN Registration** under *For Facilities*.

Complete the Facility CCN Registration Form.

The screenshot displays the website for the Outpatient and Ambulatory Surgery CAHPS Survey. The main navigation bar includes links for Home, RTI, General Information, Training, For Vendors, Survey Materials, Data Submission, and For Facilities. A red arrow points to the 'For Facilities' dropdown menu, which is open and shows options for Facility CCN Registration, Manage Users, Vendor Authorization, Survey Preview Report, Understanding the Preview Report, and Participation Exemption Request. The 'Facility CCN Registration' page is active, showing instructions for users to register their Medicare-certified facilities. It includes a list of steps: entering the facility's CMS Certification Number (CCN) and updating the dashboard. Below the instructions, there are examples of CCN formats: 111111,222222,333333,44C4444444,55C5555555 or 123123, 400001, and 77C777777. A text input field for entering CCNs is visible at the bottom of the page.

Authorize Your Vendor

- Your facility will need to authorize your CMS-approved vendor and may do so on the OAS CAPS website.
- Detailed [instructions](#) for vendor authorization are available.

A decorative graphic on the left side of the slide, consisting of a blue geometric pattern of overlapping triangles and polygons, forming a shape that resembles a stylized arrow or a corner of a page.

Data Submission

Data Submission Deadlines

CY 2026 Reporting Period/CY 2028 Payment Determination

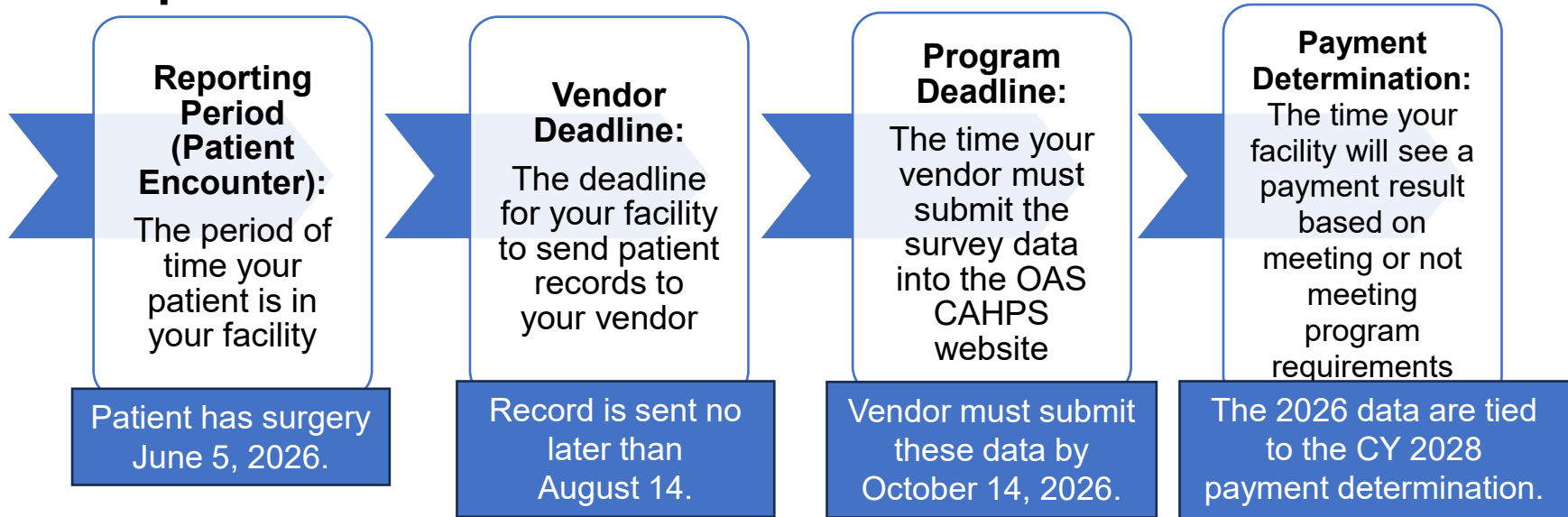
Measure	Reporting Period	Submission Deadline	Payment Determination
About Facilities and Staff	Quarter (Q)1: Jan 1–Mar 31, 2026	Jul 8, 2026	Jan 1–Dec 31, 2028
Communication About Procedure	Q2: Apr 1–Jun 30, 2026	Oct 14, 2026	
Preparation for Discharge and Recovery	Q3: Jul 1–Sep 30, 2026	Jan 13, 2027	
Overall Rating of Facility	Q4: Oct 1–Dec 31, 2026	Apr 14, 2027	
Recommendation of Facility			

Deadlines designated by your vendor will be different. Ensure timely submission of data to your vendor.

Data Submission Deadline Details

Program deadlines for the Hospital OQR and ASC Quality Reporting Programs are different from your **vendor deadlines**.

Example of Quarter 2 2026 data



Data Submission Details

- Data for all four quarters must be submitted by the program deadlines to meet program requirements.
 - Vendor data submission deadlines are different from program deadlines. Ensure you submit your **monthly** patient records to your vendor by their designated dates.
- Your data submissions can be checked via the following:
 - OAS CAHPS website
 - HQR System

A decorative graphic on the left side of the slide, consisting of a large, dark blue arrow shape pointing to the right. The interior of the arrow is filled with a pattern of smaller, lighter blue triangles, creating a textured, geometric effect.

Checking Your Data Submission

Checking Your Data Submission

- To check all data submitted including data submitted by your CMS-approved survey vendor, log into the [HQR system](#).
- To verify real-time data submitted by your CMS-approved survey vendor, log into the [OAS CAHPS website](#) to access the **Data Submission Reports**.
 - [Data Submission Resources](#) are available on the OAS CAHPS website, including the data submission manual.

From the HQR System

Select the down-arrow next to **Program Reporting** and select **Submission requirements**.

The screenshot displays the 'ABC Facility' interface. On the left, a navigation menu includes 'Dashboard', 'Data Submissions', 'Data Results', 'Program Reporting', and 'Administration'. The 'Program Reporting' item is highlighted with a red box and a red arrow pointing to a dropdown menu. This dropdown menu contains 'Program Reporting', 'Measure details', 'Submission requirements', 'Performance Reports', and 'Program Credit'. The 'Submission requirements' option is also highlighted with a red box. The main content area shows a notification about Managed File Transfer (MFT) and a blue illustration of a computer monitor with various icons.

ABC Facility Change Organization

- Dashboard
- Data Submissions
- Data Results
- Program Reporting**
- Administration

Program Reporting

- Measure details
- Submission requirements**
- Performance Reports
- Program Credit

Are you expecting to receive facility-specific or claims-detail reports in Managed File Transfer (MFT)? Users who historically received these reports through their AutoRoute Inbox in Secure File Transfer may need to request permissions in the Hospital Quality Reporting system to continue to receive these reports for their facilities. Refer to the [Important: Request Access to Managed File Transfer \(MFT\) & Auto-Route Now to Ensure You Receive Your Reports](#) notification to learn more about your reports!

Hospital Quality Reporting. Over the next year you will see responsibilities faster, and with more confidence.

Navigation with ease

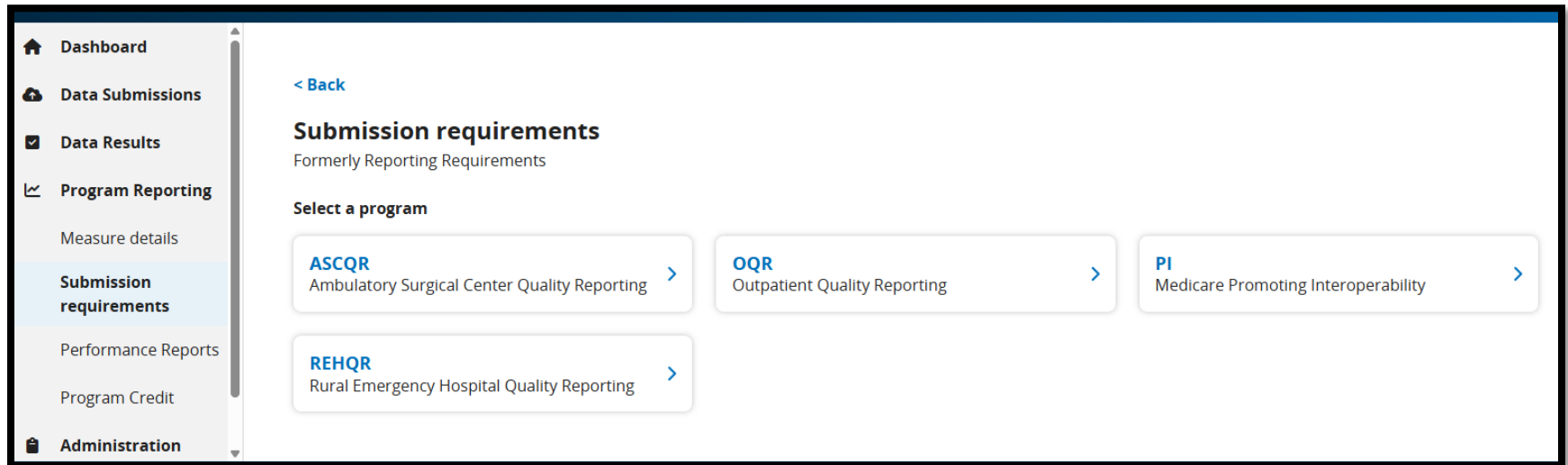
Submission Requirements Dashboard

Select the blue **Submission requirements dashboard** link.

The screenshot shows a web application interface with a sidebar on the left and a main content area. The sidebar contains the following menu items: Dashboard, Data Submissions, Program Reporting (with a sub-item 'Measure details'), Submission requirements (highlighted in blue), Performance Reports, and Administration. The main content area is titled 'Submission requirements' and includes the text 'Formerly Reporting Requirements'. A red rectangular box highlights a blue link labeled 'Submission requirements dashboard' with the subtext 'On this dashboard you can view program requirements and status, and export reports to PDF.' Below this link are two dropdown menus: 'Program' (with the text 'Select Program') and 'Period' (with the text 'Select Quarter'). To the right of these dropdowns is a grey button labeled 'Export CSV'.

Select Your Program

To view submission requirements for a particular program, select the program you wish to view.



The screenshot displays a web application interface with a sidebar on the left and a main content area on the right. The sidebar contains the following menu items: Dashboard, Data Submissions, Data Results, Program Reporting (which is expanded to show Measure details, Submission requirements (highlighted), Performance Reports, and Program Credit), and Administration. The main content area features a '< Back' link, a title 'Submission requirements' with the subtitle 'Formerly Reporting Requirements', and a section titled 'Select a program'. This section contains four program selection cards: ASCQR (Ambulatory Surgical Center Quality Reporting), OQR (Outpatient Quality Reporting), PI (Medicare Promoting Interoperability), and REHQR (Rural Emergency Hospital Quality Reporting). Each card includes the program acronym in blue, the full name, and a right-pointing chevron icon.

ASC View

[< Back](#)

Submission requirements

Formerly Reporting Requirements Export ▾

ASCQR ▾ Payment year 2028 ▾

i This view shows your submissions to HQR programs. It does not confirm that a facility is eligible or has met requirements for the annual payment update. Critical Access Hospitals do not receive payment under this quality program.

Security official status Active	Medicare accept date Oct. 21, 2020
---	--

A "-" indicates no available measure data for facility
Data updates within 10 hours. Expect longer waits during peak periods (such as close to submission deadlines).

Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS-CAHPS) ▾

Patient-Reported Outcomes Performance Measure (PRO-PM) ▾

Web-based measures ▾

Hospital OQR View

Submission requirements

Formerly Reporting Requirements

[Export](#) ▾

[OQR](#) ▾ [Payment year 2028](#) ▾

i This view shows your submissions to HQR programs. It does not confirm that a facility is eligible or has met requirements for the annual payment update. Critical Access Hospitals do not receive payment under this quality program.

Security official status Active	Notice of Participation Participating on May 2, 2025	Medicare accept date Feb. 3, 2015
---	--	---

A "-" indicates no available measure data for facility
Data updates within 10 hours. Expect longer waits during peak periods (such as close to submission deadlines).

- Chart-abstracted and population & sampling** ▾
- Electronic Clinical Quality Measures (eCQMs)** ▾
- Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS-CAHPS)** ▾
- Validation** ▾
- Web-based measures** ▾

View of Submitted Data

You can view your data by quarter to determine the status of your submission

Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS-CAHPS)

Payment year 2027 ▾

Encounter quarter

Q1 2025 Q2 2025 Q3 2025 Q4 2025

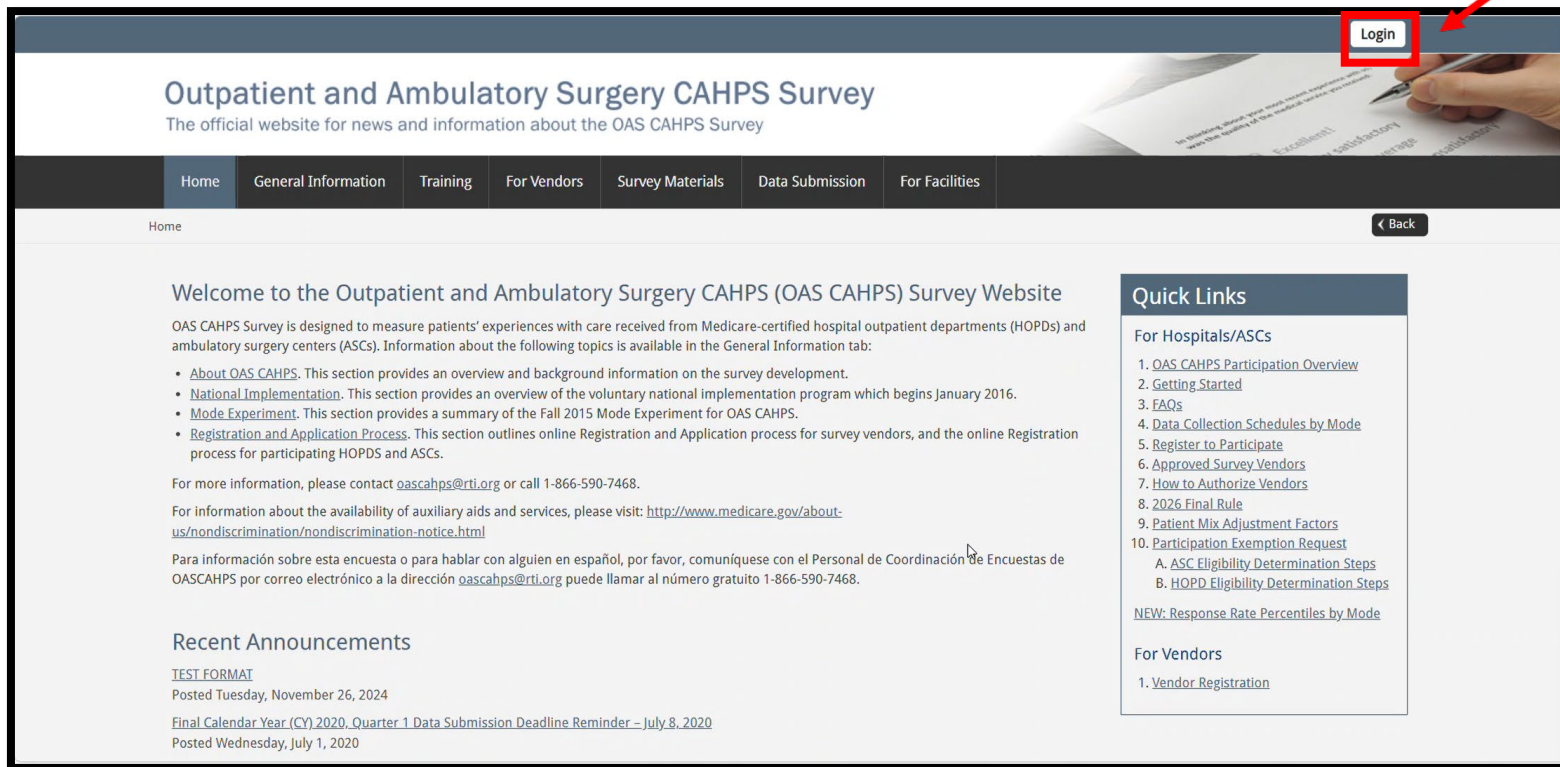
✔ **Submission requirements met** ←

The Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems is now mandatory, and must be submitted monthly.

Month	Status	Updated ⓘ
October	Submitted	Apr. 9, 2026 10:19 AM ET
November	Submitted	Apr. 9, 2026 10:19 AM ET
December	Submitted	Apr. 9, 2026 10:19 AM ET

From the OAS CAHPS Website

From the OAS CAHPS website home page, select **Login**.



The screenshot shows the homepage of the Outpatient and Ambulatory Surgery CAHPS Survey. At the top right, a 'Login' button is highlighted with a red box and a red arrow. The page features a navigation menu with links for Home, General Information, Training, For Vendors, Survey Materials, Data Submission, and For Facilities. The main content area includes a welcome message, contact information, and a list of quick links for hospitals/ASCs and vendors.

Outpatient and Ambulatory Surgery CAHPS Survey
The official website for news and information about the OAS CAHPS Survey

Home | General Information | Training | For Vendors | Survey Materials | Data Submission | For Facilities

Home ← Back

Welcome to the Outpatient and Ambulatory Surgery CAHPS (OAS CAHPS) Survey Website

OAS CAHPS Survey is designed to measure patients' experiences with care received from Medicare-certified hospital outpatient departments (HOPDs) and ambulatory surgery centers (ASCs). Information about the following topics is available in the General Information tab:

- [About OAS CAHPS](#). This section provides an overview and background information on the survey development.
- [National Implementation](#). This section provides an overview of the voluntary national implementation program which begins January 2016.
- [Mode Experiment](#). This section provides a summary of the Fall 2015 Mode Experiment for OAS CAHPS.
- [Registration and Application Process](#). This section outlines online Registration and Application process for survey vendors, and the online Registration process for participating HOPDs and ASCs.

For more information, please contact oascahps@rti.org or call 1-866-590-7468.

For information about the availability of auxiliary aids and services, please visit: <http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>

Para información sobre esta encuesta o para hablar con alguien en español, por favor, comuníquese con el Personal de Coordinación de Encuestas de OASCAHPS por correo electrónico a la dirección oascahps@rti.org puede llamar al número gratuito 1-866-590-7468.

Recent Announcements

[TEST FORMAT](#)
Posted Tuesday, November 26, 2024

[Final Calendar Year \(CY\) 2020, Quarter 1 Data Submission Deadline Reminder – July 8, 2020](#)
Posted Wednesday, July 1, 2020

Quick Links

For Hospitals/ASCs

1. [OAS CAHPS Participation Overview](#)
2. [Getting Started](#)
3. [FAQs](#)
4. [Data Collection Schedules by Mode](#)
5. [Register to Participate](#)
6. [Approved Survey Vendors](#)
7. [How to Authorize Vendors](#)
8. [2026 Final Rule](#)
9. [Patient Mix Adjustment Factors](#)
10. [Participation Exemption Request](#)
 - A. [ASC Eligibility Determination Steps](#)
 - B. [HOPD Eligibility Determination Steps](#)

[NEW: Response Rate Percentiles by Mode](#)

For Vendors

1. [Vendor Registration](#)

Log In

Enter your Username and password, select **Login**.

Outpatient and Ambulatory Surgery CAHPS Survey
The official website for news and information about the OAS CAHPS Survey

Home General Information Training For Vendors Survey Materials Data Submission For Facilities

Home Back

User Log In

Username: ABCFacility1

Password:

Remember Login

Login Cancel

Reset Password

Data Submission Option

Select View Data Submission Reports.

The screenshot shows the 'Outpatient and Ambulatory Surgery CAHPS Survey' website. The navigation menu includes 'Home', 'Facility Dashboard', 'General Information', 'Training', 'Survey Materials', 'Data Submission', and 'For Facilities'. The 'Data Submission' section is highlighted, and a red arrow points to the 'View Data Submission Reports' link at the bottom right of the page.

Facility Dashboard

Facility Dashboard

Item	Status	Resource
✓ Facility Registration	Completed	
✓ Register one or more HOPD facilities or one or more ASC facilities (by CCN)	3 CCN(s) already registered	Click Here to register your HOPD facility or your ASC facility (by CCN)
✓ Vendor Authorization	3 of 3 CCNs have current authorization	Authorize a Vendor

User Access

Administrative Users
Test Facility

[Manage User Console](#)

Data Submission

0 of 3 agencies have data successfully submitted for 2026 Quarter 1.

[View Data Submission Reports](#)

Data Submission Reports View

The screenshot displays the 'Data Submission Reports View' within the 'Outpatient and Ambulatory Surgery CAHPS Survey' website. The page features a dark blue header with the site title and a navigation menu. The main content area is titled 'Data Submission History' and includes a form for filtering reports by facility and date range. A 'Show Report' button is visible below the form.

Outpatient and Ambulatory Surgery CAHPS Survey
The official website for news and information about the OAS CAHPS Survey

Navigation: Home | Facility Dashboard | General Information | Training | Survey Materials | **Data Submission** | For Facilities

For Facilities / Data Submission Reports [← Back](#)

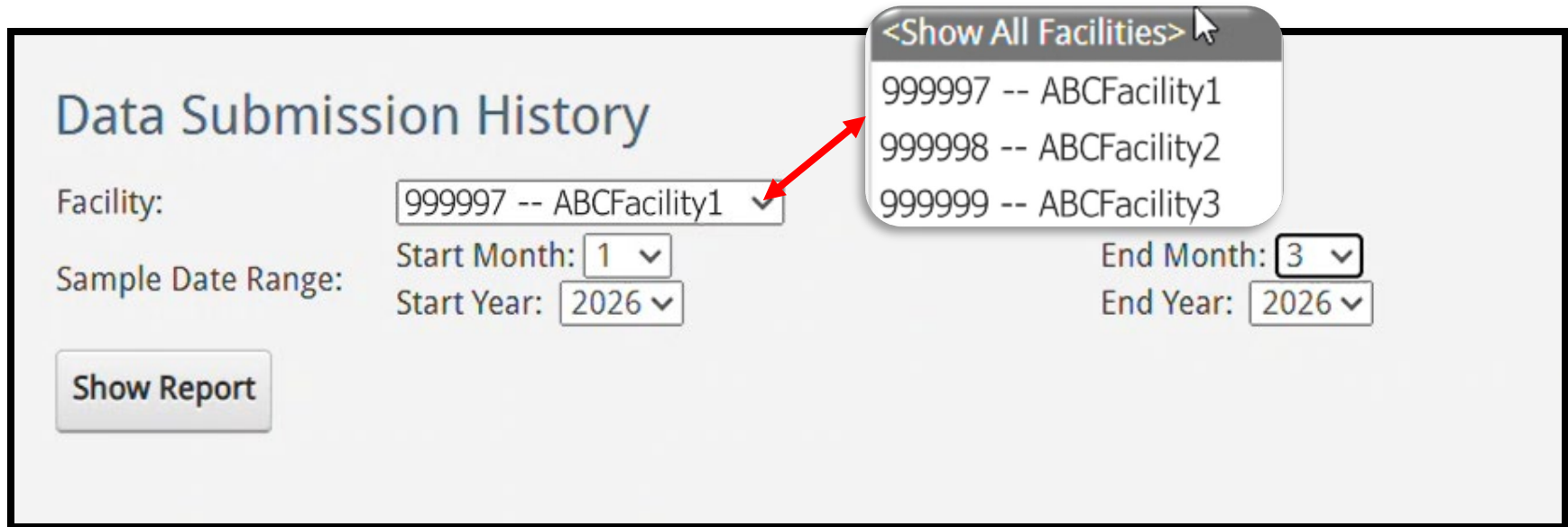
Data Submission History

Facility:

Sample Date Range: Start Month: End Month:
Start Year: End Year:

Choose Your Search Criteria

Choose your search criteria and select **Show Report**.



The screenshot shows a web form titled "Data Submission History". It includes a "Facility:" dropdown menu with the selected value "999997 -- ABCFacility1". A red arrow points from this dropdown to an expanded menu that lists three options: "<Show All Facilities>", "999997 -- ABCFacility1", "999998 -- ABCFacility2", and "999999 -- ABCFacility3". Below the facility dropdown are "Sample Date Range:" fields for "Start Month:" (1), "End Month:" (3), "Start Year:" (2026), and "End Year:" (2026). A "Show Report" button is located at the bottom left of the form.

Data Submission History

Facility: 999997 -- ABCFacility1

Sample Date Range: Start Month: 1 End Month: 3
Start Year: 2026 End Year: 2026

Show Report

<Show All Facilities>
999997 -- ABCFacility1
999998 -- ABCFacility2
999999 -- ABCFacility3

Data Submission Report

Data Submission History

Facility: 999997 -- ABCFacility1

Sample Date Range: Start Month: 1 Start Year: 2026

End Month: 3 End Year: 2026

Show Report

Export to Excel

Vendor	Sample Year	Sample Month	CCN #	Filename	Submission Date	# of Patients Sampled	# of Complete Responses	# of Incomplete Responses	Validation Status
ABC Vendor	2026	Mar	999997	ABCFacility1_999997_202603_std_2.xml	04/27/2026	2	2	0	Passed
ABC Vendor	2026	Feb	999997	ABCFacility1_999997_202602_std_2.xml	04/27/2026	2	2	0	Passed
ABC Vendor	2026	Jan	999997	ABCFacility1_999997_202601_std_2.xml	04/27/2026	2	2	0	Passed

3 record(s) in report.

Export Your Submission

To export your submission, select the **Export to Excel** option, then select **Open file**.

The screenshot displays a web interface for 'Data Submission History'. At the top, there are search filters: 'Facility' (999997 -- ABCFacility1), 'Sample Date Range' (Start Month: 1, End Month: 3, Start Year: 2026, End Year: 2026). Below the filters are two buttons: 'Show Report' and 'Export to Excel'. A red arrow points to the 'Export to Excel' button. To the right, a 'Downloads' folder is open, showing a file named 'DataSubmissionHistory_4-29-2026.xls' with an 'Open file' link and a mouse cursor hovering over it. Below the interface is a table with 10 columns: Vendor, Sample Year, Sample Month, CCN #, Filename, Submission Date, # of Patients Sampled, # of Complete Responses, # of Incomplete Responses, and Validation Status. The table contains 3 rows of data. Below the table, it says '3 record(s) in report.'

Vendor	Sample Year	Sample Month	CCN #	Filename	Submission Date	# of Patients Sampled	# of Complete Responses	# of Incomplete Responses	Validation Status
ABC Vendor	2026	Mar	999997	ABCFacility1_999997_202603_std_2.xml	04/27/2026	2	2	0	Passed
ABC Vendor	2026	Feb	999997	ABCFacility1_999997_202602_std_2.xml	04/27/2026	2	2	0	Passed
ABC Vendor	2026	Jan	999997	ABCFacility1_999997_202601_std_2.xml	04/27/2026	2	2	0	Passed

Sample Export

	A	B	C	D	E	F	G	H	I	J
1	Vendor	Sample Year	Sample Month	CCN #	Filename	Submission Date	# of Patients Sampled	# of Complete Responses	# of Incomplete Responses	Validation Status
2	ABC Vendor	2026	Mar	999997	ABCFacility1_999997_202603_std_2.xml	4/27/2026	2	2	0	Passed
3	ABC Vendor	2026	Feb	999997	ABCFacility1_999997_202602_std_2.xml	4/27/2026	2	2	0	Passed
4	ABC Vendor	2026	Jan	999997	ABCFacility1_999997_202601_std_2.xml	4/27/2026	2	2	0	Passed

No Data Submitted

Data Submission History

Facility: 999997 -- ABCFacility1 ▾

Sample Date Range:

Start Month: 1 ▾

Start Year: 2026 ▾

End Month: 3 ▾

End Year: 2026 ▾

Show Report

Export to Excel

No records found

Extraordinary Circumstances Exceptions (ECE) Process

An extraordinary circumstance is beyond the control of a facility (e.g., natural disaster).

- Submit the ECE request form **after** the deadline for a qualifying extraordinary circumstance.
- Download a copy of the ECE request form from the [QualityNet website](#).
- For ECEs related to the survey measure, include the name of your vendor and the date they began or will begin submitting your data.

A decorative graphic on the left side of the slide, consisting of a large blue arrow shape pointing to the right. The interior of the arrow is filled with a pattern of smaller, overlapping triangles in various shades of blue, creating a textured, mosaic-like effect.

Helpful Hints

Survey Administrator

What if the person who registered as the OAS CAHPS Survey Administrator for our facility leaves, and we do not know the login credentials?

If the person who was registered as the Survey Administrator did not designate a Backup Administrator for your facility:

- Contact the OAS CAHPS Survey Coordination Team at oascahps@rti.org.
- Request the deletion of the existing registration to allow someone else to register as the new OAS CAHPS Survey Administrator.
- Designate a Backup Administrator as soon as possible.

Vendor Change

How do you change vendors?

Facilities can change to a different vendor. However, it is recommended this changes take place at the end of a quarter. Detailed [instructions for changing vendors](#) can be found on the OAS CAHPS website.

Data Non-Submission

What do we do if our data are not submitted?

If your facility was unable to submit data or access medical records due to an extraordinary circumstance, such as a natural disaster or a cyberattack, the facility may request an ECE. Facilities will need to complete the ECE request form (available on the QualityNet website) and submit the form with supporting documentation **within 60 days** of the date of the extraordinary circumstance.

Missing Data

I submitted June patient records to our vendor, but the email response for the Quarter 2 data submission said my June data were not submitted. What do I do?

If the data submission deadline is approaching, you should reach out to your vendor. Inquire about the missing June data. The data must be submitted by the submission deadline to meet program requirements.

Resources

- **Outpatient Quality Reporting Program Support Team**
 - Phone: 866.800.8756
 - Ask a question via [QualityNet Question and Answer Tool](#)
- **OAS CAHPS Survey Coordination Team**
 - Phone: 866.590.7468
 - Email: ocasahps@rti.org
- **Center for Clinical Standards and Quality (CCSQ) Service Center**
 - Phone: 866.288.8912
 - Email: qnetsupport@cms.gov

Survey

Please [click here](#) to complete a short survey.

Continuing Education Approval

This program has been approved for one Florida-only credit for the following boards:

- Board of Clinical Social Work, Marriage & Family Therapy and Mental Health Counseling
- Board of Registered Nursing
- Board of Nursing Home Administrators
- Board of Dietetics and Nutrition Practice Council
- Board of Pharmacy

Note: To verify approval for any other state, license, or certification, please check with your licensing or certification board.

Disclaimer

This presentation was current at the time of publication and/or upload to the Quality Reporting Center or QualityNet websites. If Medicare policy, requirements, or guidance changes following the date of posting, this presentation will not necessarily reflect those changes; given that it will remain as an archived copy, it will not be updated.

This presentation was prepared as a service to the public and is not intended to grant rights or impose obligations. Any references or links to statutes, regulations, and/or other policy materials are provided as summary information. No material contained herein is intended to replace either written laws or regulations. In the event of any discrepancy between the information provided by the presentation and any information included in any Medicare rules and/or regulations, the rules or regulations shall govern. The specific statutes, regulations, and other interpretive materials should be reviewed independently for a full and accurate statement of their contents.