



## Inpatient and Outpatient Healthcare Quality Systems Development and Program Support

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### **OAS CAHPS Survey Measure for the Hospital OQR Program and ASC Quality Reporting Program Presentation Transcript**

#### **Speaker**

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**Karen**

**VanBourgondien:** Hello, everyone. My name is Karen VanBourgondien, and I am with the Outpatient Quality Reporting Support Team. We would like to thank the Survey Coordination Team for their assistance in the creation of the presentation. We are glad you are joining us today as we discuss the OAS CAHPS Survey measure as it relates to the Hospital Outpatient Quality Reporting and the Ambulatory Surgical Center Quality Reporting Programs.

The agenda is here on the slide, and you can see we will be covering quite a bit of information today. If you have not yet downloaded the PowerPoint from our website, [QualityReportingCenter.com](http://QualityReportingCenter.com), you can retrieve the slides now by clicking on the paperclip icon at the top of your navigation screen. That should allow you to download a copy of the PowerPoint.

If you find you have questions that are not addressed during the presentation, reach out to us, the Outpatient Quality Reporting Support Team, for any program-related questions such as program, deadlines, program questions, and things like that. Our phone number is listed here on the slide. For any survey measure-specific questions, reach out to the Survey Coordination Team. Their email and phone number are also listed. We will have a recording of this event posted on our website, [QualityReportingCenter.com](http://QualityReportingCenter.com), usually within 48 hours. We will drop a direct link to where that will be located in the chat box.

For your convenience, we do have the acronym definitions that we will use throughout the presentation.

Let's begin today with a review of some measure details.

The OAS CAHPS Survey measure was designated as OP-37a-e in the Hospital OQR Program and ASC-15a-e in the ASC Quality Reporting Program; the measure was developed as a patient experience-of-care survey for patients who had surgery or a procedure at a hospital outpatient department or an ambulatory surgery center.

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Prior to the OAS CAHPS Survey, there was no standardized survey instrument to assess patient experiences and their outpatient surgical care that they received in these settings, the outpatient departments and ASCs.

So, let's begin with eligibility for hospitals in the outpatient setting. A hospital is eligible to participate in the OAS CAHPS Survey if it has an outpatient or any department that meets all of the criteria, such as it performs procedures that are within the eligible range of CPT-4 codes or G-codes for surgery. Some of which are listed here on the slid. It is Medicare-certified and has a CCN and has, in effect, an agreement with CMS, if the hospital bills under the Outpatient Payment Prospective System, or OPSS, when billing to CMS, and is eligible for the Hospital Outpatient Quality Reporting Program. Critical Access Hospitals and Indian Health Service Hospitals with eligible patients can voluntarily submit their data, and, actually, they are encouraged to do so. Hospitals that are exempt from participating include children's hospitals and some emergency departments. This is a brief overview, so please read the Protocol and Guidelines Manual for a full list of exemptions as it relates to the Hospital OQR Program.

So, now let's talk about eligibility for ASCs. An ASC is eligible to participate in the OAS CAHPS Survey if it meets all of the criteria listed, which are, for the ASCs, the ASC must perform procedures that are within the eligible range of CPT codes or G-codes. Some are listed on the slide. You would need to access that Protocol and Guidelines Manual for a complete list. The ASC is also eligible if it is Medicare-certified; has a CCN; and has, in effect, agreed with CMS and obtained in accordance with rules and regulations requirements for reporting. The ASC bills under the ASC Payment System when billing CMS and is eligible to participate in the Ambulatory Surgical Center Quality Reporting Program. So, again, these are in brief summary, and we do refer to the Protocol and Guidelines Manual, Appendix P, available. They have a complete a list of all the eligible codes and exclusions. Additionally, any exemptions that apply to hospitals or ASCs can be found in Chapter 2 of the Protocol and Guidelines Manual.

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We do have a direct link here for that manual located on the [OAS CAHPS website](#). Additionally, for any further information and documentation about facility-level eligibility, you would want to go to the Getting Started icon quick links, which is also on the OAS CAHPS website, just on that front landing page.

Only survey vendors listed on the OAS CAHPS website are approved to officially administer and submit data to meet participation requirements. The list of CMS approved vendors is found on the OAS CAHPS website. Facilities cannot use their own surveys, nor can they conduct the surveys. You can familiarize yourselves with the current survey materials available on the OAS CAHPS website. The facility's Survey Administrator should authorize the chosen vendor to allow that vendor to submit data on their behalf, which we will discuss in just a few minutes. Detailed instructions on how to authorize your chosen vendor can be found on the OAS CAHPS website.

So, let's talk about program requirements, and these are program requirements for either the Hospital OQR or the ASC Quality Reporting Programs. So, successfully meeting program requirements will ensure that your facility does not receive a payment penalty. We don't want that for you. So, let's talk about program requirements for just a few minutes.

Let's first talk about two terms that you hear, the annual payment update, or APU; and payment determination. APU refers to the annual payment adjustment CMS applies to the payment rates for Medicare-certified providers. Hospitals and ASCs that do not participate or do not meet program requirements for the Hospital OQR Program or the ASC Quality Reporting Program will receive a reduction of 2 percentage points to their annual payment update for the applicable calendar year. Facilities must report required quality measure data by the designated deadlines to CMS to meet program requirements in order to receive that full payment update. Payment determination refers to the specific calendar year in which payment adjustments or rates, based on meeting or not meeting, program requirements are actually applied to your Medicare reimbursement.

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Mandatory reporting for the survey measure for hospitals began with the calendar year 2024 reporting period and the calendar year 2025 reporting period for ASCs. So, as you are all aware, at this point, mandatory reporting means reporting is linked to your reimbursement. It is a requirement of the program. You cannot opt out of reporting for the OAS CAHPS Survey measure, it is a program requirement. We talked about this a moment ago, participation and reporting for the survey measure requires that hospital outpatient departments and ASCs contract with a CMS-approved vendor to conduct the survey on their behalf. Vendors submit the survey data they collected using the data submission tool function on the OAS CAHPS Survey 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. For Medicare-certified hospitals and ASCs that treated fewer than 60 survey-eligible patients in the year prior to the data collection period have the option to submit an exemption from participating in the OAS CAHPS Survey. If this is the case for your hospital or ASC, you will need to submit a Participation Exemption Request, or PER. That form must be filled out and submitted. We will talk about that in a little more detail shortly. So, that is for hospitals and ASCs. There is an additional exemption for ASCs. If you are an ASC and you had fewer than 240 Medicare Fee for Service claims, both primary and secondary payer, in the year prior to the data collection period, you are exempt from the ASC Quality Reporting Program and from the OAS CAHPS Survey measure for the same time of period. There is no requirement to submit a Participation Exemption Request form for this type of exemption. So, if you have 240 or less Medicare Fee for Service claims, you are not required to report for the ASC Quality Reporting Program at all, and that would include the survey measure. This does not apply to hospitals. This is just for ASCs. For ASCs that share a CCN, this exemption applies to each individual ASC as identified by their National Provider Identifier, or NPI. It is not at the CCN level.

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Public Reporting. All your data that you report is on display publicly. Public Reporting includes four rolling quarters of data with respect to the survey measure. The publicly available results are published on Care Compare and on the Provider Data Catalog, or PDC. Rolling quarters, what does that mean? There are always four quarters of data on display. When the most current quarter is posted, the oldest one will drop off. That's what we mean by rolling quarters. Once four quarters of data are available, that data is publicly displayed. However, before the data are publicly reported or displayed, a preview report containing your facility's individual results is made available for your review. This is for your review. If you've reported, this would even include anything you reported during the voluntary reporting period, as well.

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 system, and that would be for both hospitals and ASCs. So, we just touched on this today. Additional Public Reporting information and important links are also available on the Quality Reporting Center website. That link is on the slide if you have downloaded a copy of the PowerPoint, and we will also insert that link into the chat box.

Let's shift gears a little bit and discuss some details as it relates to submitting data for the OAS CAHPS measure. We are going to talk about participation exemptions, ECEs, and discrepancies in this next section.

First is the Participation Exemption Request, or PER, and we mentioned this a few minutes ago, but you may or may not be familiar with this term. The PER form is submitted if eligible facilities served fewer than 60 survey-eligible patients during the previous reporting period. If your facility served fewer than 60 survey-eligible patients. Let's say, for example, between January 1 and December 31, 2026, then you may request an exemption for the calendar year 2027 reporting period, which is for the calendar year 2029 payment determination. Please make sure that you are looking at the appropriate data/procedure codes corresponding to the correct reporting period when you are trying to determine eligibility.

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PER forms are accepted through December 31 of the data collection calendar year. Please remember, and we did talk about this a few slides back when we talked about exemptions: If you are an ASC and your ASC serves fewer than 240 Medicare Fee for Service claims for the calendar year 2026, then your ASC is automatically exempt from any reporting for the calendar year 2027 reporting period. You, therefore, do not need to submit this PER form.

If you are a facility that needs to request this exemption, the PER form, meaning your facility served fewer than 60 survey-eligible patients during the reporting period, your facility must submit the PER form for each year that this is the case. So, the facility needs to submit a PER form for every year for which they qualify and wish to seek an exemption from participation. It is not a one-and-done type of situation. We have had this happen. Just because you fill out a PER form in one year, and you still have less than 60 eligible patients, then the next year, yes, you still need to fill out that PER form again. On an annual basis, CMS reviews all Participation Exemption Requests, and they will decide whether to approve or deny. So, any further information/instructions that you may need regarding the PER form is located on the OAS CAHPS website. The link is here on the slide. We will also insert that into the chat box as well.

With regard to the PER form, we are going to review the timeline. The reason for doing this is because there seems to be some confusion on this amongst the community. To reiterate, if your facility has less than 60 eligible cases during the calendar year 2026 reporting period, and that is January 1 through December 31 of 2026, and you wish to be exempt from participation, then your facility must submit a PER form for the 2027 reporting period no later than December 31, 2027. If your PER is approved, your facility will not need to submit data for the calendar year 2027 reporting period, and that is tied to the calendar year 2029 payment determination.

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Discrepancy Notification Reports, or DNR. You may or may not have heard of a DNR. This is submitted by your vendor to allow the survey vendor to notify the Survey Coordination Team of an unplanned deviation from the OAS CAHPS Survey protocols that will require some form of corrective action on the part of the vendor. The vendor must also notify all affected facilities that a DNR has been submitted to the coordination team on their behalf. The report must clearly describe the discrepancy and the action proposed by the vendor to correct this discrepancy, along with a proposed timeline to correct that discrepancy.

So, a few examples are seen here on the slide when a DNR might be used. To be clear, this is the responsibility of your vendor. We are just letting you know in case you get this report from your vendor. Then, you'll have an idea of why you are receiving this. One example would be that a vendor could not sample eligible patients because the facility submitted records too late and that would be outside the designated deadlines that your vendor supplied to you. Another example would be a facility had eligible patients but did not submit a patient file to the vendor. If the facility did not submit a file at all and did not indicate that there were no eligible patients by email, or if they were unable to sample eligible patients because the records were submitted late, then the vendor is required to submit a DNR. The last example is if a facility was unable to provide the vendor with a file for a sampled month. The reason would be also specified in the DNR. That's just a few examples that we are giving so you are aware of situations that do occur.

The 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 Survey Coordination Team will let the vendor know whether additional information is required to document or correct that discrepancy.

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

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The facility must still inform the vendor showing there were zero eligible patient records. You know, if you are a facility, you can do this by simply sending an email and letting the vendor know. The vendor will then submit a Zero Sampled file for that facility for that sample month, indicating that there were no eligible patients.

Before you can have your vendor submit any data on your behalf, you need to register your facility on the OAS CAHPS website. We are going to briefly discuss this aspect due to time limitation, but this process is really fairly intuitive, and there more detailed instructions on the OAS CAHPS website.

Designating Survey Administrators. First, let's mention that your facility must have at least one Survey Administrator. This individual will have access to the OAS CAHPS website, its submission reports, and act as a liaison between the facility and their chosen vendor. 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. It's always better to have two people that have access. Things happen, things come up. To register as a Survey Administrator, you must complete the registration form on the OAS CAHPS website after reviewing and agreeing to the Survey Administrator responsibilities.

The registration form will look like this. You will fill out the information that you see here on the slide and select Submit.

Once you have successfully registered as a Survey Administrator, now you are going to register your facility. Using your login credentials, you will navigate to the For Facilities option, and a menu will open below as you see here on the slide. You will choose the Facility CCN Registration form option. Complete the Facility CCN Registration form. Once registered, the system will take you to the personalized dashboard, and it will contain instructions for completing the next steps and registering your facility.

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Now, you have a Survey Administrator and you have registered your facility. Now, you are going to need to authorize your CMS-approved vendor. We won't go into detail on this today; however, there are detailed instructions for vendor authorization and deletions on the OAS CAHPS website. So, please do not forget to authorize your vendor. They will not be able to collect and submit data on your behalf without your authorization. If any changes in your vendor are made, you will need to update that accordingly.

**Data Submission.** Once you have completed the previous steps, getting a Survey Administrator, registering your facility, and authorizing your vendor, now, you are ready to submit your data.

Here are the deadlines for the current reporting period as they relate to the survey measure. These are the deadlines that your vendor adheres to. So, your vendor must submit your facility's data. You don't submit. Your vendor submits your data for this survey measure by these quarterly submission deadlines. These same deadlines are for both the Hospital OQR and the ASC Quality Reporting Programs. The OAS CAHPS data is submitted quarterly. The Quarter 1 2026 data, for the months of January 1 through March 31, 2026, are due no later than July 8, 2026. That's just a couple of weeks from now. So, hopefully, you are all working together to get your data in. Quarter 2 data is for the months of April, May, and June and are due by the submission deadline of October 14, 2026. We do have Quarter 3 and Quarter 4 here as well. The deadlines your vendor provides to you as a facility will be different. Make sure that you submit your facility's data to the vendor by the deadline your vendor designates. Vendors have monthly deadlines, so you can't catch up if you will. So, make sure you understand what deadlines your vendor requires for your patient files so they can submit your data and you can have a timely data submission.

Let's elaborate a little more on these various deadlines. The reporting period is when the patient was in your facility. A vendor deadline is the deadline that the vendor gives your facility to make sure that you send your patient records to the vendor.

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The program deadline is what we just reviewed on the previous slide. That is the deadline your vendor must submit the data into the OAS CAHPS website. Lastly, the payment determination is the time your facility will see a payment result based on meeting or not meeting the program requirements. Here on the slide, we are using Quarter 2 as an example to help us walk through the process. So, let's suppose a patient was in your facility on June 5, 2026. That's the reporting period or patient encounter period. The vendor deadline is the period of time, again, that your vendor needs the patient records from the facility from the month of June. In this example, the deadline is no later than August 14 because the data collection should start no later than one month plus 14 days after the sample month. The program deadline for Quarter 2 is that October 14 deadline, and that is when your vendor must submit data to CMS via the OAS CAHPS website. A complete Quarter 2 submission will include data from each month of the quarter. That is April, May, and June. Again that has to be submitted by the submission deadline. Lastly is the payment determination and that is the calendar year that your facility will see a payment result based on successfully or unsuccessfully meeting program requirements.

As we discussed, data for all four quarters must be submitted in order to meet program requirements. Please make sure that you submit your data timely to your vendor so that your vendor can submit your data timely by the submission deadlines. When your data is submitted, you can check up on that data submission, and you can do that in two ways in the OAS CAHPS website and in the HQR system.

Let's go over how you can check up on your data submission.

To check on all of your data, including data submitted by your vendor for the survey measure, you can log into the HQR system. Data in the HQR system are not in real-time. This means it is dependent upon data received from various places and provides snapshots of your data. It is updated frequently, especially around submission deadlines, but it is not in real-time. To verify real-time data submitted by your vendor for the survey measure, you will log into the OAS CAHPS website. We are going to show you how to check in both of these systems.

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To begin, we are going to talk about the HQR system. In HQR, you can check on all of your measures, including the survey measure. If you want to do that, you would log into the HQR system. You are going to click on the down arrow next to Program Reporting. Then, you would select Submission Requirements.

This would be the view that you would get, and you will select the blue Submission Requirements link. You can see that enclosed in the red box.

Once you select the link, you will select the program you wish to review. The view that we have here on this slide may be different than your view in actuality. So, for the purposes of today, we are either going to select ASCQR or OQR.

If you are an ASC, this would be your view. Be sure to select the appropriate payment year, circled here in the upper right-hand corner of the screen. It will always automatically default to the current payment year. So, if you want to check a previous payment year, you would select the down arrow and, for example, select 2027 payment year. To view the data for the survey information, you are going to select the down arrow next to Outpatient and Ambulatory Survey Consumer Assessment of Healthcare Providers and Systems.

If you are a hospital, this would be your view, very similar. You would pay attention to the same things. You want to be sure you are selecting the correct payment year. Then, if you want to view your data, you are just going to click on that down arrow next to the measure name.

Whether you are a hospital or an ASC, your view will look something very similar to what is on the slide here. For our purposes today, we are going to be looking at the 2027 payment year, and we have selected Quarter 4 2025. You can see that above the red arrow. We have chosen that quarter because Quarter 1 2026 data has not quite been submitted yet, maybe for some of you because the deadline is not until July 8. In this example, the facility submitted all of their Quarter 4 2025 data for the OAS CAHPS survey measure.

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The system is telling them that they have met program requirements. You will see Submission Requirements Met, right there next to the red arrow. Below you can see each month of the quarter and the Status display. You will see either Submitted or Not Submitted. Of course, you want to see Submitted. Use this submission tool in HQR. It is a really easy way to check on your submissions and make sure that you are meeting program requirements. So, again as a reminder, data viewed in the HQR system are not in real time. The survey coordination team does provide HQR with frequent updates on or around the 30th, 15th, 10th, and the 5th day prior to each quarterly data submission deadline, and then again one day following the quarterly deadline. If you would like real time data verification, for the survey measure, you would want to access the submission report on the OAS CAHPS website. So, let's show you how to do that.

From the OAS CAHPS website, you will want to access their submission reports. From the home page, you are going to select Login at the top right of the page.

Once you select the Login option, this will be your view. You will enter your name and your password and select Login.

That will take you to your facility's dashboard. Your dashboard may look a little bit different than this. At the top of the page, it will show you any facility actions they have to be completed. In this view, the facility has already completed registration, registration of their facility, and vendor authorization. These are the things we discussed earlier in the presentation. We know that they are completed because we see that green check marks next to these items. To view your facility's Data Submission Report, you will scroll down a little to the bottom of the dashboard page. On the left, if the facility submits data for more than one facility, it will let the user know how many of these facilities have submitted data for the most current submission period. To access the submission report, you are going to select the View Data Submission Reports link.

Once you select that link, it will take you to Data submission reports page.

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You will have the option to filter the facility and the date ranges. You can choose any time frame and any facility you would like.

To select the facility you wish to view, click on the down arrow, and the options will be viewed. If you only report for one facility, that one facility will be the only one that will show in this pop up box. If you do report data for multiple facilities, the drop-down arrow will display the facilities that you have access to based on your Survey Administrator access. You will select the date ranges you desire by clicking on the down arrows next to the months and the years. Here we have selected to view three months for Quarter 1 of 2026. So, the start month is January, the end month is March, and the start year is 2026. Once you have selected your criteria, you will select Show Report.

This will be your next view. At the top you will see the information you entered in for your search criteria, meaning the facility you chose, the months and the year you choose. That's what we did on the previous slide. Starting from the left, it will show the vendor that submitted your data, the sample year, sample month, the facility's CCN, the file name associated with the data, the number of patients sampled, the number of completed responses, the number of incomplete responses, and the validation status, which you want to see Passed. If your file did not say Passed, it will say Failed, and the data would not have been received by CMS.

If you would like to download this information and keep it for your records, you can select the Export Excel option. The Downloads option at the top of the page will appear, and you will select Open File.

You will just see the same information but you will want to keep this Excel download for your records.

Now, what happens if your vendor did not submit any data? If you were to do the same search that we just completed, instead of selecting the Export to Excel option, you will select the Show Report option. You would receive the No Records Found box. If you do experience this, we recommend that you contact your vendor.

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However, keep in mind, if you are checking this a few weeks before the submission deadline, your vendor may very well be working on submitting your data. So, consider the schedule your facility has with your vendor before you reach out to them. Now you know how to keep tabs on your vendor and your data submission, whether it is the survey measure or other measures.

So, what happens if you did not meet a deadline? Let's talk a little bit about the ECE process. An ECE should be submitted for a true extraordinary circumstance, such as a natural disaster or some systems event. Staffing changes and issues related to staffing are not considered an extraordinary event or circumstance. If you have a qualifying event and you must submit an ECE, do so after the deadline. Do not submit an ECE until after the data submission deadline and you are absolutely sure your data was not submitted by that deadline. You will have 60 days from the qualifying event or missed submission deadline to submit that ECE. If you do need to submit an ECE, you can download a copy of the ECE form from the [QualityNet website](#). The direct links are here on the slide. We can pop them in the chat box, as well. If you are submitting an ECE related to the OAS CAHPS survey measure, please include the name of your vendor and the date they began, or will begin, submitting your data.

In this next section, we're just going to cover a few frequently asked questions.

The first question is something like: The person who registered as the OAS CAHPS Survey Administrator for our facility has left, and we do not know the login credentials. What do we do? If the person who was registered as the Survey Administrator did not designate a backup administrator for your facility, you should contact the Survey Coordination Team. Their email is here on the slide. You will want to request that the existing registration be deleted. This will allow someone else to register as the OAS CAHPS Survey Administrator, and that new Survey Administrator should designate a backup administrator as soon as possible.

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You always need a back-up. Things happen, and you don't want to be caught with no one available who has access.

How do you go about changing vendors? Facilities can change to a different vendor. However, it is recommended that this change not be done at the end of a quarter. You will need to log into the OAS CAHPS website to make a change. Detailed instructions for changing vendors can be found on the OAS CAHPS website. If, for some reason, you have a mid-quarter vendor change, this change cannot be done by filling out the form on the OAS CAHPS website. In that particular situation, you would need to reach out to the OAS CAHPS Survey Coordination Team directly to make that change.

What do we do if our data is not submitted? We did talk about this a few slides back, but we get this question a lot. If your facility was unable to submit data due to an extraordinary circumstance, such as a natural disaster, cyberattack, or some sort of major systems issue, the facility may request an ECE. You have to complete the ECE request form, available on the QualityNet website, and you have to submit that form and any supporting documentation within 60 days of the date of the extraordinary circumstance or the missed deadline. ECEs cannot be submitted prior to a submission deadline. We did get a lot of ECEs that really were never necessary because they just got nervous that their vendor was not going to submit their data, so they filled out an ECE. Lo and behold, of course the vendor submitted their data timely. The ECE was never really even needed. So, please make sure that you do not submit an ECE until after a missed deadline. Again, I can't say this enough. Staffing changes are not a qualifying event.

Here's another question related to data submission, and we do send out targeted messages to facilities if your data is not complete. It's just a way to make you aware, but the question is: I submitted June patient records to our vendor, and I received an email for Quarter 2 data. It says my June data was not submitted. What do I do?

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So, we did touch on this. The real-time submission report on the OAS CAHPS website is a great tool. That is where you should start, but the timing of all this is really important to keep in mind. So, if you get a targeted message, let's say two weeks before a deadline, keep in mind that your vendor very well may be working on that. Now, if you get one a day or two before a deadline, then you may want to reach out to your vendor and inquire about any missing June data or whatever month but always consider the schedule that you and your vendor have. The data must be submitted by the submission deadline in order to meet program requirements.

Once again, if you find you have questions that were not addressed in this presentation, reach out to the Outpatient Quality Reporting Support Team for any program-related questions. Reach out to the Survey Coordination Team for any survey measure-specific questions. Additionally, we do have this CCSQ Service Center information here. That would be for technical support with regard to HARP or HQR, or Security Official for HQR, or things like that.

Please take the time to take our post-event survey. We really do appreciate your feedback. Have a great day everybody. See you next time.