

Data Specifications: OAS (Outpatient Ambulatory Surgery) CAHPS

File Submission: Encrypted Email or Secure FTP Site (Access Created by Vendor)

Document Type: CSV - Excel Spreadsheet

Data Element	Field Size	Value Labels and Use
Agency Name	100	Survey administration (to use facility name that will be familiar to the sampled patient)
Sample Month	2	Month for which the Patient received the service.
Sample Year	4	Calendar year in which the survey is conducted.
Number Patients Served	6	This number should reflect all patients who received outpatient care in the sample month regardless of eligibility of that surgery, or of that patient, for OAS CAHPS.
Number Patients Submitted	6	This vendor should count the number of patients which the facility supplies and indicate that number on the data file for this sample month.
MRN	16	Used by Survey Vendor to uniquely identify Patients during Sampling Process
Patient First Name	30	Name information used to identify Patient
Patient Middle Initial	1	
Patient Last Name	30	
Patient Gender	1	1 = Male 2 = Female
Patient Date of Birth	10	MM/DD/YYYY - Used by survey vendor to calculate patient's age at admission to confirm patient meets eligibility criteria
Patient Age	3	Used by survey vendor to verify Date of Birth
Patient Mailing Address 1	100	Street address or post office box
Patient Mailing Address 2	100	Mailing address 2nd line (if needed)
Patient Mailing City	100	Mailing City
Patient Mailing State	2	2-character state abbreviation
Patient Mailing Zip Code	9	5-digit zip code (4 digit extension optional)
Patient Telephone Number	10	3-digit area code plus 7-digit telephone number;

Data Element	Length	Value Labels and Use
Patient Mobile Number	10	3-digit area code plus 7-digit mobile number;
Patient Hospital Procedure Date	10	MM/DD/YYYY - Used by survey vendor to confirm patient meets eligibility criteria.
CPT/G-Code	8	OAS CAHPS-eligible surgeries and procedures fall within the Category I CPT-4 range Codes for Surgery (i.e., CPT codes between 10004 and 69990) or one of the following Category II G-codes: G0104, G0105, G0121, or G0260.
Physician Name (Attending)	30	Used for Reporting Tool - This element will be used to drill down on survey results.
Patient Discharge Status	2	<ul style="list-style-type: none"> 1 = Home care or self-care 2 = Short-term general hospital 3 = Medicare certified skilled nursing facility 4 = Intermediate care facility 5 = Cancer center or children's hospital 6 = Home with home health services 7 = Left against medical advice 20 = Expired 21 = Court/law enforcement 30 = Still a Patient 40 = Expired at Home 41 = Expired in medical facility 42 = Expired, Place Unknown 43 = Federal healthcare facility 50 = Hospice – home 51 = Hospice – medical facility 61 = Medicare-approved swing bed within hospital 62 = Inpatient rehabilitation facility 63 = Long-term care hospital 64 = Medicaid certified nursing facility 65 = Psychiatric hospital or psychiatric unit 66 = Critical Access Hospital 69 = Discharged/Transferred to a designated disaster alternative care site 70 = Discharge/Transfer to health care institution not defined elsewhere in the code list
Patient Preferred Language	2	1 = English 2 = Spanish 3 = Chinese 4 = Russian 5 = Vietnamese 6 = Portuguese 7 = German 8 = Tagalog 9 = Arabic 20 = Some other language M = Missing/Don't Know
Procedure Type	50	Gastroenterology, Orthopedic, Ophthalmologic, etc.
Email Address	Alphanumeric	