

**Crosswalk to Updated Cover Letter
OAS CAHPS Package**

This document provides a crosswalk between the cover letter that was included in the Request for Information Collection (CMS-10500, OMB 0938-1240), which was approved by OMB on July 7, 2015 for the Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey (OAS CAHPS) national implementation and mode experiment.

Section	Cover letter submitted on January 14, 2015 for National Implementation of the OAS CAHPS	Cover letter submitted in October 27, 2015 for National Implementation of the OAS CAHPS	Source of Change
Paragraph # 4	<p>Original text:</p> <p>All information you provide will be confidential and is protected by the Privacy Act. Your participation is voluntary and will not affect any health care benefits you receive.</p>	<p>The <u>underlined text</u> has been added.</p> <p>All information you provide will be confidential and is protected by the Privacy Act. <u>Your answers to the survey will be grouped with answers from all other survey participants: your name and identifying information will not be linked to your answers when the data are analyzed. The overall survey results for [FACILITY NAME] and other facilities will be publically reported on the Internet at https://www.medicare.gov/. These results will help people make more informed decisions when choosing an outpatient or ambulatory surgery facility.</u> Your participation is voluntary and will not affect any health care benefits you <u>currently</u> receive <u>or will receive in the future.</u></p>	<p>The new text was added as a result of internal review, to make the cover letter consistent with language used in cover letters on other CAHPS surveys.</p>
Paragraph # 5	Original text:	The <u>underlined text</u> has been	The new text was added as

	<p>If you have any questions about the survey, please call NAME toll-free at 1-800-XXX-XXXX. Thank you in advance for your participation. Si desea recibir la versión de la encuesta en español, por favor llame al 1-800-XXX-XXXX.</p>	<p>added:</p> <p>If you have any questions about the survey, please call NAME toll-free at 1-800-XXX-XXXX. <u>If you need help in reading the questions or marking responses, a friend or family member can assist you.</u></p> <p>Thank you in advance for your participation. Si desea recibir la versión de la encuesta en español, por favor llame al 1-800-XXX-XXXX.</p>	<p>a result of internal review, to make the cover letter consistent with language used in cover letters on other CAHPS surveys.</p>
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