![HCA Healthcare logo]

DEPARTMENT: Patient Experience	POLICY DESCRIPTION: Excluding Patients from the Patient Survey Process
PAGE: 1 of 4	REPLACES POLICY DATED: 4/15/13, 1/1/18
EFFECTIVE DATE: July 1, 2025	REFERENCE NUMBER: PE.CA.001 (formerly CSG.CA.001)
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE: All Company-affiliated hospital or surgery centers and all Corporate Departments, Groups and Divisions.

PURPOSE: To establish a protocol to exclude patients who wish to opt out of the patient survey process.

POLICY:

1. **HCAHPS/Inpatient Survey**

   a. In order to be compliant with the Centers for Medicare & Medicaid Services (CMS) rules regarding the administration of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, the Company has established a protocol to exclude patients who wish to opt out of the survey process. The HCAHPS Survey requires all hospital patients meeting the designated requirements be part of the sampling for potential receipt of the survey. The survey is designed to be administered to a representative sample of all discharged eligible inpatients receiving care within the hospital. Patients meeting the following eligibility criteria are included in the sample population:

      i. 18 years old or older at the time of hospital admission;
      ii. Admission includes at least one overnight stay in the hospital as an inpatient;
      iii. Non-psychiatric principal diagnosis at discharge; and
      iv. Alive at the time of discharge.

   b. There are a few categories of otherwise eligible patients who are automatically excluded from the sample population. These patients will be automatically excluded by the survey vendor (Press-Ganey). It is not necessary to enter these patients' medical record numbers in the Company's VISTA Patient Exclusion web site. (See PRODEDURE below).
   The patients automatically excluded are:

      i. Court/Law enforcement patients (i.e., prisoners);
      ii. Patients with a foreign home address;
      iii. Patients discharged to hospice care;
      iv. Patients discharged to nursing homes and skilled nursing facilities; and
      v. Patients with an ineligible MS-DRG. CMS provides a list of MS-DRGs which are ineligible. This includes rehab patients assigned a code of 945 or 946. Psychiatric and pediatric MS-DRGs are also excluded.

   c. Some state regulations place further restrictions on patients who may be contacted after discharge. *It is the responsibility of the hospital to identify any applicable regulations and to exclude those patients* as required by law or regulation in the state in which the hospital operates.

2. **OAS CAHPS**

   a. In order to be compliant with the Centers for Medicare & Medicaid Services (CMS) rules and regulations regarding the administration of the Outpatient and Ambulatory Surgery

3/2025

Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey, the Company has established a protocol to exclude patients who wish to opt out of the survey process. The OAS CAHPS Survey requires all hospital or surgery center patients who meet the designated requirements be part of the sampling for potential receipt of the survey. The survey is designed to be administered to a representative sample of all discharged eligible outpatients who receive care within the hospital or surgery center. Surgery patients that meet the following eligibility criteria are <u>included</u> in the sample frame:

    i. 18 years old or older at the time of the procedure;
    ii. Patients had an outpatient surgery or procedure, as defined in the OAS CAHPS Survey Protocols and Guidelines Manual <u>(https://oascahps.org/Survey-Materials)</u>;
    iii. Procedure meets CPT or G code qualifications outlined by CMS; and
    iv. Alive at the time of discharge.

b. There are a few categories of otherwise eligible patients who are automatically <u>excluded</u> from the sample frame. These patients will be automatically excluded by the survey vendor (Press Ganey). <u>It is not necessary to enter these medical record numbers in the VISTA web site (please note: ASCs do not use the VISTA web site)</u>. (See **PROCEDURE** below.) The patients that will automatically be excluded if the correct discharge status code or flag is in place:

    i. Court/Law enforcement patients (i.e., prisoners);
    ii. Patients with a foreign home address;
    iii. Patients discharged to hospice care;
    iv. Patients discharged to nursing homes;
    v. Patients transferred or discharged to an inpatient stay following the surgery or procedure;
    vi. Patients included in the OAS CAHPS sample within the previous five months; and
    vii. Patients categorized as "no publicity" patients.

c. Some state regulations place further restrictions on patients who may be contacted after discharge. *It is the responsibility of the hospital or surgery center to identify any applicable regulations and to exclude those patients* as required by law or regulation in the state in which the hospital or surgery center operates.

3. **Outpatient Surveys** (Emergency Department and Test and Treatment)

The Patient Engagement Survey is designed to be administered to a representative sample of eligible patients receiving care within the hospital. There are a few categories of patients automatically <u>excluded</u> from the sample frame. These patients will be automatically excluded by HCA's corporate IT&S vendor before the data is provided to the survey vendor (Press Ganey). Because these patients are automatically excluded by corporate, it is not necessary to enter these medical record numbers in the VISTA web site.

a. The patients automatically excluded from the outpatient survey are:

    i. Deceased patients;
    ii. Newborn patients;

          iii.   No publicity patients; and

          iv.   Patients discharged to prison/police custody

   b. Exclusions specific to outpatient type are:

       i.   Emergency Department
          a) Patients who are admitted to the hospital through the Emergency Department (these patients should receive an Inpatient survey);
          b) Patients that are transferred instead of treated, or referred to another service which also surveys patients;
          c) Patients who leave against medical advice;
          d) Patients who leave without being seen;
          e) Patients who are transferred to another hospital/health care facility; and
          f) Patients who are dead on arrival.

       ii.   Test & Treatment
          a) Patients who are admitted as inpatients.

4. **"No Publicity" Requests**

CMS defines "No Publicity" patients as those who voluntarily sign a "no publicity" request when admitted to the hospital or receive services at a surgery center, or directly request a survey vendor not to contact them. These patients should be excluded from the HCAHPS or OAS CAHPS survey. However, documentation of patients' "no publicity" status must be retained, and is subject to review during the oversight process. This documentation should be kept in the patient's medical record.

Once a patient requests "No Publicity," the patient does not need to make the request again on subsequent admissions. Facilities must maintain documentation of patients' request for "No Publicity" in a manner that can be easily retrieved for any potential oversight activities that may occur.

NOTE: The number of "no publicity" patients designated by the hospital or surgery center is reported to CMS and is monitored by the HRG Patient Experience Department. Large numbers of these patients excluded from the HCAHPS or OAS CAHPS survey can provide a flag for an audit. The "No Publicity" documentation signed by patients is subject to review during the oversight process by CMS and HCA. If abuse of this exclusion is discovered, the hospital or surgery center's Medicare Annual Payment Update could be withdrawn. While determined each year by CMS, the Medicare Annual Payment Update has equaled 2.0% since its inception in 2004.

DEPARTMENT: Patient Experience	**POLICY DESCRIPTION:** Excluding Patients from the Patient Survey Process
PAGE: 4 of 4	**REPLACES POLICY DATED:** 4/15/13, 1/1/18
EFFECTIVE DATE: July 1, 2025	**REFERENCE NUMBER:** PE.CA.001 (formerly CSG.CA.001)
APPROVED BY: Ethics and Compliance Policy Committee	

PROCEDURE:

1. Signed Documentation: It is the responsibility of the patient (not facility personnel) to request the "no publicity" option of not participating in the patient survey process. Once requested, the patient will need to sign the appropriate "no publicity" form (i.e., Inpatient HCAHPS "No Publicity" Exclusion Form or the Outpatient "No Publicity" Exclusion Form). Facilities must maintain documentation of patients' request for "No Publicity" in a manner that is easily retrieved for any potential oversight activities that may occur.

2. Website Access (hospitals only): Once signed documentation has been obtained and filed, the facility's Stakeholder Engagement Champion (SEC) will need to access the VISTA website. All SECs will be granted access and authenticated when they sign-on to their Company computer. Only the SEC is authorized to enter "No Publicity" patients into the VISTA system. To submit a "No Publicity" patient to be excluded from the survey:

   a. Go to the VISTA website: http://vistaweb.hca.corpad.net/vistaweb/#/.
   b. Select the "Patient Exclusion" option.
   c. Select the appropriate patient track (i.e., Inpatient or Outpatient).
   d. Read the Exclusion Policy and select either "I Agree" or "I Do Not Agree." (If the user selects "I Agree" the user will be taken to a screen to enter the medical record number of the patient. If the user selects "I Do Not Agree" the user will be exited from the system.)
   e. Confirm that the patient has signed the "No Publicity" form.
   f. Select the facility from the drop-down menu.
   g. Enter the medical record number of the patient to be excluded from the survey.
   h. Select the "I agree" button.

REFERENCES:

1. Records Management Policy, EC.014
2. For hospitals, VISTA website: http://vistaweb.hca.corpad.net/vistaweb/#/