CAHPS® Hospice Survey

Introduction to
CAHPS Hospice Survey
September 2023

CAHPS® Hospice Survey

Welcome

CAHPS® Hospice Survey

Training Presentation Overview

CAHPS Hospice Survey Training Objectives:

- Explain purpose and use of the CAHPS Hospice Survey

- Review key concepts and protocols

- Provide an overview of survey administration and instruction on managing the survey

- Discuss modes of survey administration

- Instruct on sampling, data preparation, and data submission

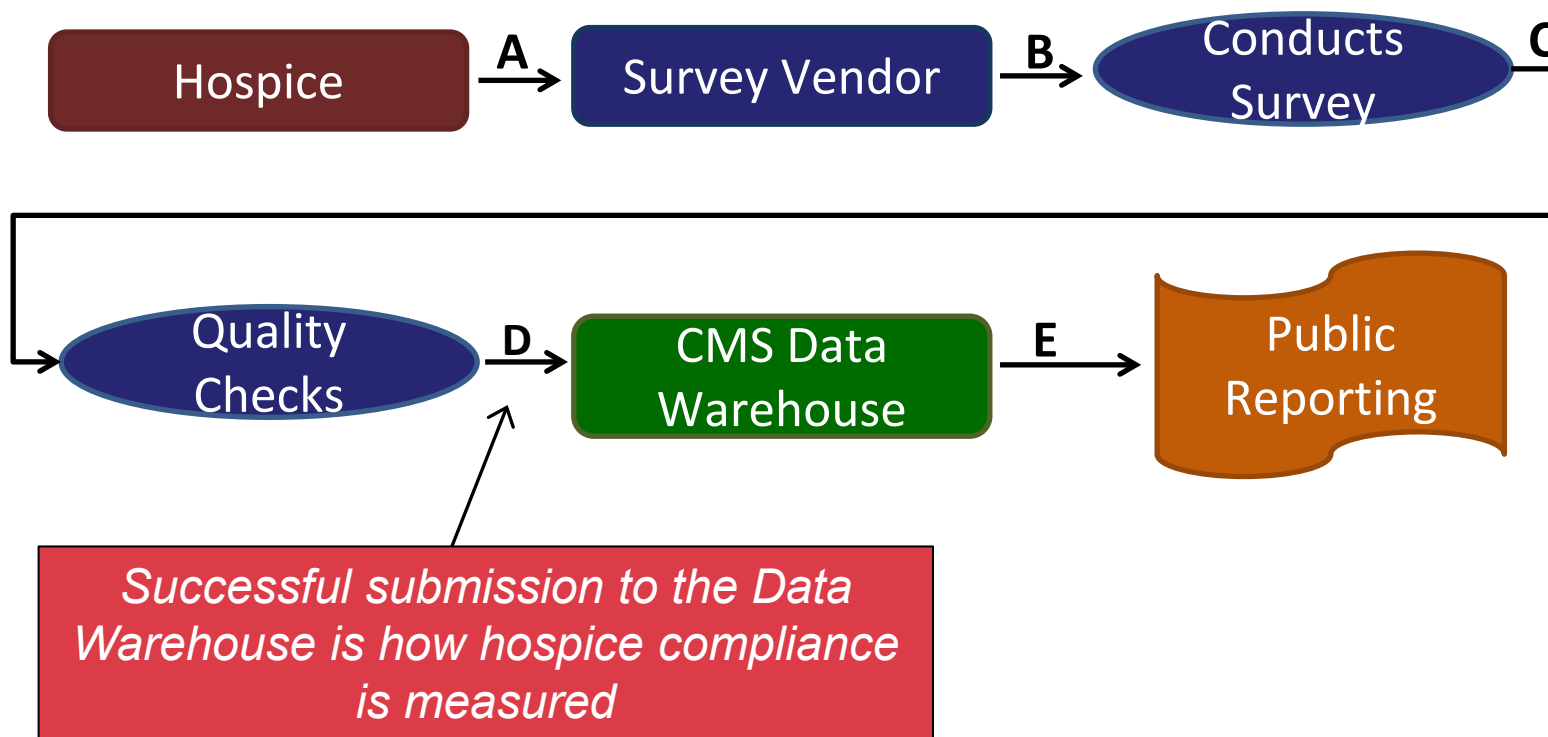NOTE: Mandatory CAHPS Hospice Update Training will be held on September 28, 2023 for survey vendors

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CAHPS Hospice Survey Introduction and Overview

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CAHPS Hospice Survey Process

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Hospice ──A──▶ Survey Vendor ──B──▶ Conducts Survey ──C──┐
                                                          │
┌─────────────────────────────────────────────────────────┘
│
└──▶ Quality Checks ──D──▶ CMS Data Warehouse ──E──▶ Public Reporting
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Successful submission to the Data Warehouse is how hospice compliance is measured

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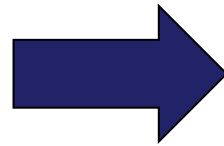CENTER FOR MEDICARE

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CMS Hospice Quality Reporting Program (HQRP)

- **CAHPS Hospice Survey is a component**
- HQRP information
  - www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/
- Impacts Medicare payments
  - FY 2025 annual payment update: 4% reduction
- Goals:
  - Improve transparency through public reporting on www.medicare.gov
  - Create incentives for quality improvement

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Everybody Take Note!

CAHPS Hospice Survey compliance in CY 2024 → Affects FY 2026 APU

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Timeline for 2023 – 2024
Data Collection and Submission

Month of Death	Initial Contact with Sampled Decedents/Caregivers	Data Submission to the CAHPS Hospice Survey Data Warehouse
April 2023	July 1, 2023	November 8, 2023
May 2023	August 1, 2023	
June 2023	September 1, 2023	
July 2023	October 1, 2023	February 14, 2024
August 2023	November 1, 2023	
September 2023	December 1, 2023	
October 2023	January 1, 2024	May 8, 2024
November 2023	February 1, 2024	
December 2023	March 1, 2024	
January 2024	April 1, 2024	August 14, 2024
February 2024	May 1, 2024	
March 2024	June 1, 2024	

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Timeline for 2024 – 2025
Data Collection and Submission

Month of Death	Initial Contact with Sampled Decedents/Caregivers	Data Submission to the CAHPS Hospice Survey Data Warehouse
April 2024	July 1, 2024	November 13, 2024
May 2024	August 1, 2024	
June 2024	September 1, 2024	
July 2024	October 1, 2024	February 12, 2025
August 2024	November 1, 2024	
September 2024	December 1, 2024	
October 2024	January 1, 2025	May 14, 2025
November 2024	February 1, 2025	
December 2024	March 1, 2025	
January 2025	April 1, 2025	August 13, 2025
February 2025	May 1, 2025	
March 2025	June 1, 2025	

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Quality Assurance Guidelines (QAG)

- Provide guidance on all aspects of survey administration and data collection

- Specify all requirements and protocols that must be adhered to

- Describe roles and responsibilities for CMS, survey vendors, and hospices

- Identify required timelines for administration of the survey and submission of data to the CAHPS Hospice Survey Data Warehouse

- Describe the use of survey results in public reporting

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Important Points to Remember

- Review QAG V10.0 as it supersedes all previous materials
  - Updates have been made based on questions and feedback
  - Updates must begin with January 2024 decedents
- Data that are submitted <u>must</u> follow the XML File Specification or be rejected from the CAHPS Hospice Survey Data Warehouse
  - XML File Specification V9.0 will be used through Q4 2023
  - XML File Specification V10.0 will be used starting with Q1 2024
- Submit data to the CAHPS Hospice Survey Data Warehouse early

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Important Points to Remember *(cont'd)*

- Assure that hospice clients have submitted a Survey Vendor Authorization Form 90 days prior to the submission of the hospice's data to the Data Warehouse
  - Direct the hospice to the CAHPS Hospice Survey Web site for the form
    - o A hard copy CAHPS Hospice Survey Vendor Authorization Form should be submitted through December 31, 2023; an online form should be submitted beginning January 1, 2024
    - o The project team will send a confirmation email to the authorizing hospice
  - Check your Data Warehouse folder **before** starting data collection
    - o The hospice is added to the survey vendor's Excel file in the Data Warehouse folder when the authorization form is received by the project team
  - Email RAND or CAHPS Hospice technical assistance for questions

- Data cannot be submitted without an authorization form
  - This may result in an APU failure for the hospice

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Key URL:

http://www.hospicecahpssurvey.org

- Copy of the questionnaire in all available translations
- Copy of the QAG V10.0
- Technical information
- Podcasts for hospices, including:
  – Participation exemption requirements
  – Selecting and authorizing a survey vendor (available in English and Spanish)
  – Creating the decedents/caregivers list (available in English and Spanish)
  – Data submission
  – Public reporting

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Use of CAHPS Hospice Survey

- The CAHPS Hospice Survey and the questions that comprise it are in the public domain
  - Can be used for non-CAHPS Hospice Survey eligible decedents/caregivers, etc.
  - When used in an <u>unofficial</u> capacity:
    - ○ The OMB Paperwork Reduction Act language must <u>not</u> be used
    - ○ All references to "CAHPS Hospice Survey" and "CMS" must be <u>removed</u>

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Use of CAHPS Hospice Survey *(cont'd)*

- CAHPS Hospice Survey results are <u>not</u> intended to be used for marketing or promotional activities
  - Only the CAHPS Hospice Survey scores that are published on the Compare tool are the "official" scores
  - Scores derived from any other source are "unofficial" and should be labeled as such

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Technical Assistance and Communication

- For additional information and technical assistance:
  - via email at hospicecahpssurvey@hsag.com
  - via telephone at 1-844-472-4621
- For CAHPS Hospice Survey Data Warehouse or data submission issues:
  - via email at cahpshospicetechsupport@rand.org
  - via telephone at 1-703-413-1100, extension 5599
- To communicate with CMS:
  - via email at hospicesurvey@cms.hhs.gov

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Program Requirements

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Overview

- Roles and Responsibilities
  - CMS
  - Hospices
    - Participation Exemptions
    - Hospice Communication with Patients and/or their Caregivers
  - Survey Vendors
    - Staff Training
    - Survey Vendor Analysis of CAHPS Hospice Survey Data

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Roles and Responsibilities
CMS

- CMS provides:
  - QAG
  - Training of survey vendors
  - Survey materials
  - Tools, format, and procedures for submitting the collected data
  - Quality oversight
  - Technical assistance
  - Calculations and adjustments to CAHPS Hospice Survey data for mode and case-mix effects prior to public reporting
  - Preview reports containing CAHPS Hospice Survey results approximately two months prior to public reporting
  - CAHPS Hospice Survey results and Star Ratings are reported on the Care Compare tool on Medicare.gov

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Roles and Responsibilities
Hospices

- Participate in the CAHPS Hospice Survey, if eligible
- Authorize a survey vendor by submitting a CAHPS Hospice Survey Vendor Authorization Form
  - A hard copy CAHPS Hospice Survey Vendor Authorization Form should be submitted through December 31, 2023; an online form should be submitted beginning January 1, 2024
  - The project team will send a confirmation email that the form has been processed
  - Data will be rejected by the Data Warehouse if the survey vendor is not authorized to submit
- Obtain user account(s) for the CAHPS Hospice Survey Data Warehouse
- Provide complete and accurate decedents/caregivers lists and required counts to the survey vendor
  - Understand data submission due dates
- Review Data Submission Reports in the Data Warehouse
- Avoid influencing caregivers as to how to answer the survey questions

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Participation Exemption for Size

- Some hospices may be exempted from participation for a given APU period based on their size
  - For the CY 2024 data collection period, Medicare-certified hospices that have served fewer than 50 survey-eligible decedents/caregivers in the period from January 1, 2023 through December 31, 2023 can apply for an exemption from CAHPS Hospice Survey CY 2024 data collection and submission requirements
  - The Participation Exemption for Size Form must be submitted online at www.hospicecahpssurvey.org
  - The 2024 Participation Exemption for Size Form must be received by December 31, 2024
  - The Participation Exemption for Size Form must be submitted every year the hospice plans to be considered for the exemption

  *Note: For multiple hospice programs sharing one CCN, the survey-eligible decedent/caregiver count is the total from **all** programs*

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Exemption for Newness

- The exemption for newness is based on how recently the hospice received its CCN

- The criterion for this exemption is that the hospice must have received its CCN on or after the first day of the performance year for the CAHPS Hospice Survey

  - EXAMPLE: For the CY 2024, hospices who received their CCN on or after January 1, 2024 are eligible for the one-time exemption for newness

- Hospices that receive the exemption for newness are required to begin participating the first month of the following calendar year

  - EXAMPLE: For the CY 2024, hospices who received their CCN any time in 2024 are required to participate beginning with January 2025 decedents

- Hospices eligible for this exemption will be identified by CMS. There is no form for hospices to submit.

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Hospice Communication with Patients and/or their Caregivers

- Hospices are permitted to:
  - Inform <u>all</u> caregivers about the survey
  - Conduct quality improvement activities, including asking patients/family members questions to promote well-being

- Hospices are <u>not</u> permitted to:
  - Invite or ask the caregiver if they want to participate in the survey, or ask if they want to opt out of the survey
  - Attempt to influence caregivers to answer the survey questions in a particular way
  - Offer incentives of any kind to complete the survey
  - Ask any CAHPS Hospice Survey-like questions or use CAHPS Hospice Survey-like response categories outside of the survey administration
  - Contact caregivers directly regarding survey responses provided by the caregiver
  - Share any responses that would identify a particular decedent/caregiver with direct care staff

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Roles and Responsibilities
Survey Vendors

- Follow the Rules of Participation to administer the CAHPS Hospice Survey

- Participate in CAHPS Hospice Survey Training

- Meet all CAHPS Hospice Survey due dates

- Complete and sign the Introduction to CAHPS Hospice Survey Training Attestation Form at the conclusion of this training

- Complete and submit the quiz which is provided after the Attestation Form is submitted
    – The quiz is available only for 24 hours after submission of the Attestation Form
    – Only one Attestation Form and quiz are required per conditionally approved vendor

- Ensure that all survey vendor staff who work on the CAHPS Hospice Survey are trained and that appropriate back-up responsibilities for coverage of key staff are assigned

- Develop CAHPS Hospice Survey Quality Assurance Plan and notify CMS of any changes in ownership or key personnel

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Roles and Responsibilities
Survey Vendors (cont'd)

- Verify that each contracted hospice has authorized the survey vendor to submit data on the hospice's behalf and is on the vendor's authorized hospices list

- Work with the client hospice's staff to create monthly decedents/caregivers lists and required counts, including all data elements needed

- Designate a date each month by which the hospice must provide the decedents/caregivers lists
  - Perform checks of the decedents/caregivers lists
  - When an updated decedents/caregivers list is received:
    - Update all decedent/caregiver administrative information available
    - Perform quality checks to track and verify changes from the original decedents/caregivers list

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Roles and Responsibilities
Survey Vendors (cont'd)

- Apply eligibility criteria and prepare sample frame
- Sample decedents/caregivers according to the sampling protocols
- Administer the CAHPS Hospice Survey and oversee the quality of work of staff, subcontractors, and other organizations, if applicable
- Perform quality checks of <u>all</u> administration processes and <u>document</u> the performance of the quality check activities

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Roles and Responsibilities
Survey Vendors *(cont'd)*

- Successfully submit data files to the CAHPS Hospice Survey Data Warehouse in accordance with the XML file layouts

- Request client hospices gain access to the CAHPS Hospice Survey Data Warehouse and review Data Submission Reports

- Review CAHPS Hospice Survey Data Submission Reports

- Maintain active contract(s) with hospice(s) in order to retain approval status

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Roles and Responsibilities
Survey Vendors (cont'd)

- Maintain a toll-free customer support line(s) on behalf of contracted hospice client(s)
  - Provide customer support in all languages in which the survey vendor administers the survey
  - Provide staff during business hours and have sufficient capacity to handle incoming calls
  - Monitor voicemail regularly and reply within 1-2 business days
    - Voicemail is acceptable during and after core business hours
  - Specify on voicemail recording that the caller can leave a message about the CAHPS Hospice Survey
  - Telephone Only survey vendors must have a process to address requests to verify the legitimacy of the survey and answer questions about the survey
  - Document questions received and responses provided via a database or tracking log
  - Routinely monitor to assure the guidelines are followed and line is working
  - Utilize the Frequently Asked Questions (FAQs) in Appendices G and H to respond to inquiries

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Roles and Responsibilities
Survey Vendors (cont'd)

- Safeguard decedent/caregiver data
  - Follow HIPAA guidelines and provide HIPAA training to staff prior to providing access to decedent/caregiver PHI and PII
  - Restrict access to confidential data
  - Obtain confidentiality agreements, which includes language related to HIPAA regulations, from staff, subcontractors, and other organizations, if applicable, who have access to confidential information
  - Execute business associate agreements (BAAs) in accordance with HIPAA regulations
  - Establish protocols for secure transfer of decedents/caregivers lists
    - Emailing of protected heath information (PHI) via unsecure email is prohibited
  - Establish protocols for identifying security breaches and instituting corrective actions

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Roles and Responsibilities
Survey Vendors *(cont'd)*

- Adhere to physical and electronic data security guidelines
  - Retain all CAHPS Hospice Survey-related data files, including decedents/caregivers lists and de-identified electronic data files for a **minimum of three years**
  - Store returned paper copies and/or optically scanned questionnaires in secure and environmentally safe location
  - Destroy survey-related data files in a secure and environmentally safe location and obtain a certificate of the destruction of data
  - Employ firewalls and other mechanisms for preventing unauthorized system access
  - Establish access levels and security passwords to safeguard sensitive data

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Roles and Responsibilities
Survey Vendors (cont'd)

- Adhere to physical and electronic data security guidelines *(cont'd)*
  - Confirm physical and electronic data files are easily retrievable regardless of whether they have been archived
  - Establish daily back-up procedures to safeguard system data
  - Save media frequently to minimize data losses
  - Test electronic data back-up files quarterly and document results
  - Establish security safeguards for physical location
  - Develop disaster recovery plan
  - Notify the CAHPS Hospice Survey Project Team within 24 hours upon discovery of a data breach that potentially affects CAHPS Hospice Survey administration within their organization, subcontractor, or at a client hospice

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Staff Training and Oversight

- CAHPS Hospice Survey management staff (no volunteers permitted) must:
  - Provide initial and update training to
    - Customer support staff
    - Mail out and data entry staff
    - Telephone interviewers
    - Subcontractors and any other organizations that are responsible for performing major CAHPS Hospice Survey administration functions
  - Monitor and provide quality oversight of staff
    - Perform ongoing monitoring of staff, subcontractors, and any other organizations
    - Implement and quality check all protocol updates
    - Detect and correct performance problems
    - Document all quality check activities

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Survey Vendor Analysis of CAHPS Hospice Survey Data

- Must communicate to hospices that the survey vendor scores are not official CMS scores and should **only** be used for quality improvement purposes
  - Each page of the report provided to hospices must contain the following statement:
    - "This report has been produced by [Survey Vendor] and does not represent official CAHPS Hospice Survey results."

- Survey vendors are encouraged to apply case mix and mode adjustments to unofficial scores reported to hospices, so the scores are comparable with the official CAHPS Hospice Survey results

Sampling Protocol

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Overview of Sampling Process

- Hospices supply a monthly list of decedents/caregivers to their vendor
  - Hospices should <u>not</u> apply eligibility criteria before sending list to vendor
- Survey vendors apply eligibility criteria to determine which decedents/caregivers remain in the sample frame
  - Survey vendors must implement de-duplication processes to verify a decedent appears only once in decedents/caregivers list
- Survey vendors will draw a random or census sample monthly from all decedents/caregivers who meet survey eligibility criteria for each contracted hospice

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Each month, each hospice __must__ submit to its contracted survey vendor:

- Decedents/Caregivers List
  - *Reminder: Decedents of all payer types are eligible*
  - Include all decedents who died in the month, **except** those who request no contact ("no publicity")
- Count of decedents for the month
  - This count includes all patients who died during the month, including requests for no contact ("no publicity") cases
  - Must be the count for the hospice CCN <u>only</u>
- Count of hospice offices covered under a single CCN
  - This count is the number of administrative or practice offices for the CCN (<u>not</u> facilities or settings of care i.e., homes, hospitals, nursing homes)
- Counts of cases ineligible due to:
  - Live discharge
  - Requests for no contact (i.e., make a "no publicity" request or initiate or voluntarily request not to be contacted)

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Exclusions from the Decedents/Caregivers List

- Decedents/caregivers with "no publicity" status
  - This is a rare and unusual request
  - "No publicity" decedents/caregivers who **initiate or voluntarily** request at any time during their stay that the hospice:

    1) not reveal the patient's identity; and/or

    2) not survey him or her
  - Hospices must keep documentation for "no publicity" requests
  - Hospices **may not** ask patients/caregivers if they want to receive the survey
- Patients whose <u>last admission</u> to hospice resulted in a live discharge
- Caregivers under 18 years of age

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Review of the Decedents/Caregivers List

- Perform checks of the decedents/caregivers lists and follow-up with hospices for discrepancies/issues
  - Review "no publicity" count for reasonableness *(should be a rare and unusual request)*
    - Review definition of a "no publicity" decedent/caregiver with each hospice to ensure the hospice understands when it may be used
  - Compare count of total decedents minus "no publicity" count to number of decedent/caregiver cases submitted *(these numbers should match)*
    - Document the number of unique decedent/caregiver records received
    - Follow up with hospices that do not provide counts or whose counts do not match
    - Submit a Discrepancy Report if the hospice does not respond to the follow-up regarding the counts

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Identifying a Primary Informal Caregiver

- The hospice is responsible for identifying one primary informal caregiver who may be eligible to receive and respond to the CAHPS Hospice Survey for each decedent
  - The CAHPS Hospice Survey <u>should be administered to the informal caregiver most knowledgeable</u> about the care the decedent received at the hospice
  - Hospices should not necessarily prioritize an informal caregiver who is a family member over a friend, as one caregiver category does <u>not</u> automatically have preference over another
  - Staff members, employees of the hospice or care setting in which the patient received hospice care, or paid caretakers should not be considered primary informal caregivers

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Identifying a Primary Informal Caregiver *(cont'd)*

- Caregiver is a family member or friend (i.e., not solely a legal guardian or paid caretaker)
    - A familial legal guardian will belong to one of six caregiver relationships

1 = Spouse/Partner	4 = Other family member
2 = Parent	5 = Friend
3 = Child	7 = Other

    - The hospice should only indicate the caregiver relationship as 6 = Legal Guardian or 9 = Paid caregiver if the caregiver is a <u>non-familial</u> legal guardian or paid caregiver
        - Non-familial legal guardians or paid caregivers are not eligible for the CAHPS Hospice Survey
    - If a decedent has no caregiver, the hospice should indicate the caregiver relationship as 8 = No Caregiver of Record

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Sample File Layout (Appendix E)

Sample File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Provider Name	100	Name of the hospice	Yes
Provider ID	10	CMS Certification Number (CCN) [formerly known as Medicare Provider Number]	Yes
NPI	10	National Provider Identifier	Yes
Number of Hospice Offices	10	The total number of hospice offices operating within this CCN. These are separate administrative or practice offices for the CCN, not to be confused with individual facilities or settings in which hospice care is provided.	Yes
Total Number of Live Discharges	10	Number of patients who were discharged alive during the month	Yes
Total Number of Decedents	10	Number of decedents during the month for the hospice CCN only (calculated as the number of records provided by hospice for the CCN plus the number of "no publicity" cases)	Yes
"No-Publicity" Decedents/Caregivers	10	"No publicity" decedents/caregivers are those who initiate or voluntarily request at any time during their stay that the hospice: 1) not reveal the patient's identity; and/or 2) not survey him or her Hospices must retain documentation of the "no publicity" request for a minimum of three years.	Yes

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Sample File Layout *(cont'd)*

Sample File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Hospice Decedent/Caregiver ID	16	Hospice-generated ID submitted to survey vendor	No
Caregiver First Name	30	Name information used to personalize materials to caregiver	No
Caregiver Middle Initial	1		
Caregiver Last Name	30		
Caregiver Prefix Name	6		
Caregiver Suffix Name	10		
Decedent First Name	30	Name information used to personalize materials to caregiver	No
Decedent Middle Initial	1		
Decedent Last Name	30		

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Sample File Layout *(cont'd)*

Sample File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Decedent Prefix Name	6	Name information used to personalize materials to caregiver	No
Decedent Suffix Name	10		
Decedent Sex	1	1 = Male 2 = Female M = Missing	Yes
Decedent Hispanic	1	1 = Hispanic 2 = Not Hispanic M = Missing	Yes
Decedent Race	1	1 = American Indian or Alaska Native 2 = Asian 3 = Black or African American 4 = Native Hawaiian or Pacific Islander 5 = White 6 = More than one race 7 = Other M = Missing	Yes

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Sample File Layout *(cont'd)*

Sample File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Decedent Date of Birth	8	MMDDYYYY Used by survey vendor to calculate decedent age to confirm decedent meets eligibility criteria	Yes
Decedent Date of Death	8	MMDDYYYY Used by survey vendor to calculate decedent age to confirm decedent meets eligibility criteria	Yes
Decedent Hospice Admission Date	8	MMDDYYYY Decedent admission date for his/her final episode of hospice care. Used by survey vendor to calculate decedent age to confirm decedent meets eligibility criteria.	Yes

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Sample File Layout *(cont'd)*

Sample File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Decedent Last Location/Setting of Care	2	1 = Home (Do not include assisted living or any other facility) 2 = Assisted living 3 = Long-term care facility or non-skilled nursing facility 4 = Skilled nursing facility 5 = Inpatient hospital 6 = Inpatient hospice facility 7 = Long-term care facility (hospital) 8 = Inpatient psychiatric facility 9 = Location not otherwise specified 10 = Hospice facility M = Missing *The Valid Values are derived from the Healthcare Common Procedure Coding System (HCPCS) Codes: Q Codes for Hospices.*	Yes
Facility Name	100	Name of hospice, inpatient or nursing home facility	Yes
Decedent Payer Primary	1	1 = Medicare 2 = Medicaid 3 = Private 4 = Uninsured/No payer 5 = Program for All Inclusive Care for the Elderly (PACE) 6 = Other M = Missing	Yes

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Sample File Layout *(cont'd)*

Sample File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Decedent Payer Secondary	1	1 = Medicare 2 = Medicaid 3 = Private 4 = Uninsured/No payer 5 = Program for All Inclusive Care for the Elderly (PACE) 6 = Other 7 = No Secondary Payer M = Missing	Yes
Decedent Payer Other	1	1 = Medicare 2 = Medicaid 3 = Private 4 = Uninsured/No payer 5 = Program for All Inclusive Care for the Elderly (PACE) 6 = Other 7 = No Other Payer M = Missing	Yes

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Sample File Layout *(cont'd)*

Sample File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Decedent Primary Diagnosis	8	ICD-10 codes must be 3-8 characters. All codes use an alphabetic lead character. Most codes use numeric characters for the second and third characters, though some codes have an alphabetic third character. Do not submit descriptions of diagnoses that are not in the ICD-10 format, and do not submit Z-level codes, which represent reasons for encounters, not diagnoses. Examples of ICD-10 codes in the correct format are: G20. – Parkinson's disease G30.9 – Alzheimer's disease, unspecified I50.22 – Chronic systolic (congestive) heart failure C7A.024 – Malignant carcinoid tumor of the descending colon V00.818A – Other accident with wheelchair (powered): Initial encounter MMMMMMMM = Missing	Yes

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Sample File Layout (cont'd)

Sample File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Caregiver Mailing Address 1	50	Street address or post office box (address information used in protocols that have a mail mode of survey administration)	No
Caregiver Mailing Address 2	50	Mailing address 2nd line (if needed)	No
Caregiver Mailing City	50	Mailing city	No
Caregiver Mailing State	2	2-character state abbreviation	No
Caregiver Mailing Zip Code	9	9-digit zip code; no hyphen, separators or de-limiters (i.e., 5 digit zip code followed by 4-digit extension)	No
Caregiver Telephone Number 1	10	3-digit area code plus 7-digit telephone number; no dashes, separators or de-limiters (telephone information used in protocols that involve a telephone component as part of the mode of administration)	No
Caregiver Telephone Number 2	10	3-digit area code plus 7-digit telephone number; no dashes, separators or de-limiters (telephone information used in protocols that involve a telephone component as part of the mode of administration)	No

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Sample File Layout *(cont'd)*

Sample File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Caregiver Telephone Number 3	10	3-digit area code plus 7-digit telephone number; no dashes, separators or de-limiters (telephone information used in protocols that involve a telephone component as part of the mode of administration)	No
Caregiver Email Address	30	Email address of caregiver	No
Caregiver Relationship to the Decedent	1	1 = Spouse/Partner 2 = Parent 3 = Child 4 = Other family member 5 = Friend 6 = Legal guardian (non-familial) 7 = Other 8 = No Caregiver of Record 9 = Paid caregiver (non-familial) M = Missing	Yes

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Sample File Layout *(cont'd)*

Sample File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Caregiver Language	1	1 = English 2 = Spanish 3 = Chinese 4 = Russian 5 = Portuguese 6 = Vietnamese 7 = Polish 8 = Korean 9 = Other M = Missing	No

CAHPS® Hospice Survey

Sample Frame Development

- Survey vendors must:
  - Apply the eligibility criteria to decedents/caregivers
  - Remove ineligible decedents/caregivers
  - Include all survey-eligible decedents/caregivers from the first through the last day of the month
  - Include records with missing or incomplete decedent or caregiver names, addresses, and/or telephone numbers
  - De-duplicate the decedents/caregivers monthly file

- If eligibility status is uncertain, the case must be included in the sample frame

  - Exception: If any part (i.e., day, month, or year) of the decedent's date of death is missing, the case must <u>not</u> be included in the sample frame

CAHPS® Hospice Survey

Eligibility for the CAHPS Hospice Survey: Decedent Criteria

- The survey vendor will select a sample that meets the following decedent criteria:
  - Decedent was age 18 or older <u>at time of death</u>
  - Decedent's death was at least 48 hours after <u>last admission</u> to hospice care
    - **Example 1**: A patient is admitted to the hospice on January 2 and passes away on January 4; day one is January 3 and day two is January 4. The 48 hours after admission would be met (admission [January 2] plus two days [January 3 and January 4]).
    - **Example 2**: A patient is admitted to the hospice on January 2 and passes away on January 3; day one is January 3 and there is no day two. The 48 hours after admission would not be met.
  - Decedent has a caregiver of record

CAHPS® Hospice Survey

Eligibility for the CAHPS Hospice Survey: Caregiver Criteria

- The survey vendor will select a sample that meets the following caregiver criteria:

  – Caregiver is a family member or friend (i.e., not solely a legal guardian or paid caretaker)

  – A familial legal guardian will belong to one of six answer categories in the Sample File Layout of Appendix E

    1 = Spouse/Partner;   4 = Other family member;

    2 = Parent;   5 = Friend;

    3 = Child;   7 = Other

  – Caregiver has a U.S. or U.S. Territory home address

CAHPS® Hospice Survey

Sample Frame Creation

- Survey vendors are required to de-duplicate decedents for:
  - Patients with repeated entries in the file (patients that are included in the file more than once for the same service dates), and
  - Patients with multiple admissions (patients with multiple hospice admissions during a given calendar month)
    - For example: A decedent was
      - admitted on January 15,
      - discharged alive on January 18,
      - readmitted on January 22,
      - and died on January 26
    - The January 26 death is included in January decedents/caregivers list
    - The January 18 live discharge is not included in January decedents/caregivers list

Sample Frame Creation *(cont'd)*

- Assignment of the Random, Unique, De-identified Number
  - Each sampled record must be assigned a number that is used to:
    - ○ Follow the records through the data collection process and
    - ○ Report whether the survey for each sampled record has been returned
  - May use any de-identified combination of up to 16 letters and numbers
  - **Must not** include any combination of letters/numbers that are:
    - ○ the date of death (month, date and/or year),
    - ○ the birth date (month, date and/or year) and
    - ○ hospice ID number (e.g., decedent record number received from the hospice)
  - Sample must be randomized prior to assignment of the ID if using a sequential numbering order

CAHPS® Hospice Survey

Reporting Ineligible Counts

- Survey vendors must:
  - Report ineligible decedent/caregiver counts in the data submitted
    - Survey vendors should verify the accuracy of the monthly counts submitted by hospices
      - Compare count of total decedents minus "no publicity" and "missing date of death" counts to number of decedent/caregiver cases submitted (these numbers should match)
      - Follow up with hospices that do not provide counts or whose counts do not match
      - Submit a Discrepancy Report if the hospice does not respond to the ongoing follow-up regarding the counts
  - Document and retain the sample frame and ineligibility counts for a minimum of three years

Reporting Ineligible Counts *(cont'd)*

- Survey vendors are required to provide and document counts of:
  - Patients discharged alive (provided by the hospice)
  - "No publicity" decedents/caregivers (provided by the hospice)
  - Number of decedent/caregiver cases determined to be ineligible prior to sampling (i.e., decedent under age 18 at time of death, death less than 48 hours following last admission to hospice care, etc.)
  - Number of decedent/caregiver cases excluded from the sample frame because any part (i.e., day, month or year) of the decedent's date of death is missing

CAHPS® Hospice Survey

Reporting Ineligible Counts *(cont'd)*

- Survey vendors are required to provide and document counts of:
  - Number of decedent/caregiver cases determined to be ineligible after sampling; this includes cases with a "Final Survey Status" code of the following:
    - 3 – Ineligible: Not in Eligible Population
    - 16 – Sampling Error

CAHPS® Hospice Survey

CCN is the Sampling and Reporting Unit

- The CCN identifies the hospice program for the purpose of:
  - Determining eligibility for exemption from the CAHPS Hospice Survey for size and newness
  - Sampling
  - Submitting data to the CAHPS Hospice Survey Data Warehouse

CAHPS® Hospice Survey

Sample Selection

- Hospices with <50 survey-eligible decedents/caregivers during the prior calendar year can apply for an **exemption**
  - *Reminder: These hospices must submit a Participation Exemption for Size Form **annually** to be considered eligible for the exemption*
- Hospices with 50-699 eligible decedents/caregivers **must survey all cases** (conduct a census)
- Hospices with 700+ eligible decedents/caregivers **must survey at least 700 cases** using a simple random sampling procedure (all cases have equal probability)
  - A census or any number greater than or equal to 700 is allowed
  - If a sample greater than 700 is selected, then <u>all data</u> must be submitted to the CAHPS Hospice Survey Data Warehouse

CAHPS® Hospice Survey

Method of Sampling

- Sampling is based on the survey-eligible decedents/caregivers for a calendar **month**
  - Simple random sample or census
  - Every survey-eligible decedent/caregiver for a given month has the same probability of being sampled

Survey Administration

CAHPS® Hospice Survey

Objectives

- Survey Administration
- Mail Only Mode
- Telephone Only Mode
- Mixed Mode
- Supplemental Questions

CAHPS® Hospice Survey

Survey Administration

- Data collection begins two months after the month of patient death within the first seven calendar days of the field period

- Data collection <u>must</u> be completed no later than six weeks (42 calendar days) after initial contact

- No communication to caregivers that is intended to influence survey results is permitted

- No incentives of any kind can be offered

- If a decedent/caregiver case is found to be ineligible, discontinue survey administration for that caregiver

- Survey vendors must make every reasonable effort to optimize response rates and to contact potential respondents until the data collection protocol is completed

CAHPS® Hospice Survey

Mail Only Mode

- Protocol
  - Send first questionnaire with initial cover letter to sampled caregiver two months after the month of patient death within the first seven calendar days of the field period
    - If survey administration is not initiated within the first seven days
      - Surveys may be administered from the eighth to the tenth of the month without requesting prior approval from CMS
      - After the tenth of the month, approval must be requested from CMS before the survey can be administered
      - A Discrepancy Report **must** be submitted if survey administration begins after the seventh of the month or does not occur for any month

CAHPS® Hospice Survey

Mail Only Mode *(cont'd)*

- Protocol *(cont'd)*
  - Send second questionnaire with follow-up cover letter to non-respondents approximately 21 days (i.e., from 21 to 28 days) after the first questionnaire mailing
  - Complete data collection within 42 calendar days after the first questionnaire mailing
  - Submit data to the CAHPS Hospice Survey Data Warehouse by the data submission deadline

CAHPS® Hospice Survey

Mail Only Mode *(cont'd)*

- Cover letter requirements
  - Must be printed on the hospice's or survey vendor's letterhead and must include the signature of the hospice administrator or survey vendor project director
  - Use of a Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean cover letter is required if the survey vendor is sending a Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean questionnaire to the caregiver
  - English must be the default language in the continental U.S. and Spanish must be the default language in Puerto Rico
  - Include language explaining the purpose of the unique identifier
  - Name and address of sampled caregiver
    - "To Whom It May Concern" and "To the caregiver of [Decedent Name]" are not acceptable

Mail Only Mode *(cont'd)*

- Cover letter requirements *(cont'd)*
  - Name of the decedent
  - The text "CMS pays for most of the hospice care in the U.S. It is CMS' responsibility to ensure that hospice patients and their family members and friends get high quality care. One of the ways they can fulfill this responsibility is to find out directly from you about the hospice care your family member or friend received."
  - Language indicating that answers may be shared with the hospice for purposes of quality improvement
  - Explanation that participation in the survey is voluntary
  - Wording stating the caregiver's healthcare or benefits will not be affected whether or not they participate
  - A "reply by date" may be added to the **follow-up cover letter**

CAHPS® Hospice Survey

Mail Only Mode *(cont'd)*

- Cover letter requirements *(cont'd)*
  - Toll-free customer support number for the survey vendor
    - ○ Customer support must be offered in all languages in which the survey vendor administers the survey
    - ○ Survey vendors must be ready to support calls from the deaf or the hearing impaired [teletypewriter (TTY or TTD) or Relay Service]
  - Name of the hospice to make certain the caregiver completes the survey based on the care received from that hospice only
  - The OMB Paperwork Reduction Act language must appear on either the questionnaire or front of the cover letter, and may appear on both
  - Customization is acceptable; cannot add content that would introduce bias

Mail Only Mode *(cont'd)*

- Cover letter requirements *(cont'd)*
  – OMB Paperwork Reduction Act: "According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1257 (Expires July 31, 2026). The time required to complete this information collection is estimated to average 11 minutes for questions 1 – 40, the "About Your Family Member" questions and the "About You" questions on the survey, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail Stop C1-25-05, Baltimore, MD 21244-1850."

CAHPS® Hospice Survey

Mail Only Mode *(cont'd)*

- Cover letters must <u>not</u>:
  - Be attached to the survey
  - Attempt to bias, influence or encourage caregivers to answer the CAHPS Hospice Survey questions in a particular way
  - Imply that the hospice, its personnel or its agents will be rewarded or gain benefits if caregivers answer survey questions in a particular way
  - Ask or imply that caregivers should choose certain responses
  - Indicate hospice's goal is for caregivers to rate them as a "10," "Definitely yes" or an "Always"

CAHPS® Hospice Survey

Mail Only Mode *(cont'd)*

- Cover letters must <u>not</u>: *(cont'd)*
  - Offer incentives of any kind for participation in the survey
  - Include any content that attempts to advertise or market the hospice's mission or services
  - Offer caregivers the opportunity to complete the survey over the telephone
  - Include extraneous titles for caregiver (e.g., Aunt, Uncle)
  - Include dates (e.g., print date, mail date)
  - Include any promotional or marketing text

CAHPS® Hospice Survey

Mail Only Mode *(cont'd)*

- Cover letter options
  - Information may be added to the English cover letter indicating that the caregiver may request a mail survey in Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean
  - The cover letter may be double sided (English/Spanish, English/Chinese, English/Russian, English/Portuguese, English/Vietnamese, English/Polish, or English/Korean)
  - Survey vendor's return address may be included on the cover letter
    - If the survey vendor's name is included, then the business name must be used, not an alias or tag line
  - Any instructions that appear on the survey may be repeated in the cover letter
  - A bereavement support number may appear on the cover letter

CAHPS® Hospice Survey

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting requirements
    - Language stating the survey should be given to the person in the household who knows the most about the hospice care received by the decedent
    - Question and answer category wording must <u>not</u> be changed
    - No changes are permitted in the order of the Core questions (Q1 – Q40)
    - No changes are permitted in the order of the "About Your Family Member" and "About You" questions
    - No changes are permitted in the order of the response categories for the Core, "About Your Family Member," or "About You" questions

CAHPS® Hospice Survey

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting requirements *(cont'd)*
  - Each question and answer category must remain together in the same column and on the same page
  - Response options <u>must</u> be listed vertically
    - ○ Response options listed horizontally or in a combined vertical and horizontal format are <u>not</u> allowed
    - ○ No matrix formats allowed for question and answer categories
  - The hospice name must be placed on the front page of the questionnaire
  - The OMB control number (OMB#0938-1257) and expiration date (Expires July 31, 2026) must appear on the front page of the questionnaire
  - No other dates are permitted to be included on the questionnaire (e.g., print date, mail date)

CAHPS® Hospice Survey

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting requirements *(cont'd)*
  - All survey content, including headers, instructions, questions, and answer categories, must be printed <u>verbatim and in the same order as shown in QAG V10.0</u>
  - Randomly generated, unique identifiers must be placed on the first or last page of the questionnaire
    - Text indicating the purpose of the unique identifier *("You may notice a number on the survey. This number is used to let us know if you returned your survey so we do not have to send you reminders.")* <u>must</u> be printed either immediately after the survey instructions on the questionnaire or on the cover letter, and may appear on both
  - Neither the decedent's nor the caregiver's name may be printed on the questionnaire

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting requirements *(cont'd)*
  - Survey vendor's return address must be printed on the last page of the questionnaire
    - o If the survey vendor's name is included in the return address, then the business name must be used, not an alias or tag line
  - Wording that is **bolded** or <u>underlined</u> in the CAHPS Hospice Survey questionnaire must be **bolded** or <u>underlined</u> in the survey vendor's questionnaire
    - o All questions and skip pattern text are bolded; response categories are not bolded

CAHPS® Hospice Survey

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting requirements *(cont'd)*
  - Arrows |➔| that show skip patterns in the CAHPS Hospice Survey questions or response options must be included in the survey vendor questionnaire
  - Section headings (e.g., "**YOUR FAMILY MEMBER'S HOSPICE CARE**," etc.) must be included on the questionnaire and must be bolded and capitalized, including the "**SURVEY INSTRUCTIONS**" heading
  - Survey materials must be in a readable font (i.e., Arial) in a font size of 10 point or larger
  - A mail wave indicator must be included on the survey

CAHPS® Hospice Survey

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting acceptable <u>options</u>
  - Questionnaire front page may include the name of the facility in which decedent received care
  - Small coding numbers next to response choices are permissible
  - Hospice name can be placed in the introduction to Questions 2, 4, and 39
  - May name the specific hospice inpatient unit, acute care hospital, or nursing home facility in which their family member or friend resided
  - Hospice logos may be included on the questionnaire; however, other images and tag lines are not permitted
  - May incorporate either circle, oval or square response options
  - The phrase "Use only blue or black ink" may be printed on the questionnaire
  - Page numbers may be included on the questionnaire

CAHPS® Hospice Survey

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting acceptable <u>options</u> *(cont'd)*
  - Color may be incorporated in the questionnaire
  - Language such as one of the following may be added to the bottom of the page:
    - Continue on next page
    - Continue on reverse side
    - Turn over to continue
  - It is <u>strongly suggested</u> that survey vendors incorporate the following in formatting the questionnaire:
    - Two-column format
    - Wide margins (at least ¾ inch) so the survey has sufficient white space to enhance its readability

Mail Only Mode *(cont'd)*

- Mail Out – Requirements
  - Guidelines for mailings
    - ○ Addresses acquired from hospice record
    - ○ Addresses updated using commercial software
    - ○ Mailings sent to caregivers by name
  - Mailing content
    - ○ Survey mailings include:
      - ▪ Cover letter addressed to the caregiver by name
      - ▪ Questionnaire
      - ▪ Self-addressed, prepaid business reply envelope

- Mail Out – Options
  - First Class Postage or Indicia

CAHPS® Hospice Survey

Mail Only Mode *(cont'd)*

- Guidelines for outgoing survey envelopes
  - Survey vendor's address must be printed as the return address
    - ○ Use survey vendor logo, hospice logo or both
    - ○ CMS logo is not permitted on outgoing survey envelope
  - Window envelopes are permitted
  - The outgoing envelope may be printed with the banner "Important – Open Immediately"
    - ○ No other banners may be used
    - ○ Other messages, marketing or promotional text on either side of the envelope are not permitted

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Mail Only Mode *(cont'd)*

- Caregivers without mailing addresses
  - Survey vendors have flexibility in not sending mail surveys to caregivers without mailing addresses
    - Survey vendors must re-contact the hospice to inquire about an address update for caregivers with no mailing address
    - Attempts to obtain caregiver's address must be documented
    - Survey vendor must use commercial software or other means to obtain addresses
    - The survey status code "10: Non-response: Bad/No Address" is assigned if no address is found

CAHPS® Hospice Survey

Mail Only Mode *(cont'd)*

- Mail receipt – Blank questionnaire
    - If first survey mailing is returned with all missing responses (i.e., no questions are answered) and no written comments (such as "refused," "deceased," "language barrier," or "incapacitated"), send a second survey mailing to the caregiver if the data collection time period has not expired
        - If second survey mailing is returned with all missing responses, then code the "Final Survey Status" as "8 – Non-response: Refusal"
        - If the second mailing is not returned, then code the "Final Survey Status" as "9 – Non-response: Non-response after Maximum Attempts"

CAHPS® Hospice Survey

Mail Only Mode *(cont'd)*

- Data receipt and entry
  - Key-entry or scanning allowed for data capture
    - Key-entered data is entered a second time by different staff and any discrepancies between the two entries are identified; discrepancies should be reconciled
      - *Recommendation: Review all surveys that contain blank responses, stray marks, and multiple responses using the decision rules*
    - Programs verify that record is unique and has not been returned already
    - Programs identify invalid or out-of-range responses
  - Returned surveys must be tracked by date of receipt
  - Surveys are key-entered or scanned in a timely manner

CAHPS® Hospice Survey

Mail Only Mode *(cont'd)*

- Data receipt and entry *(cont'd)*
  - If a caregiver returns two survey questionnaires, use the first CAHPS Hospice Survey received
  - Ambiguous responses follow the CAHPS Hospice Survey decision rules
  - Calculate lag time
  - Assign "Final Survey Status" code
  - Document mail wave attempt

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Mail Only Mode *(cont'd)*

- Data retention/storage guidelines
    - Paper questionnaires that are key-entered must be stored in a secure and environmentally controlled location for a minimum of three years
    - Optically scanned questionnaire images must be retained in a secure manner for a minimum of three years
    - Back-up files must be tested at a minimum on a quarterly basis to make sure the files can be retrieved

CAHPS® Hospice Survey

Mail Only Mode *(cont'd)*

- Quality control guidelines
  - Survey vendors must:
    - ○ Check the accuracy of sampled caregivers' contact information
      - ▪ Check a few sampled caregivers to ensure that the name corresponds to the address provided by the hospice
    - ○ Update address information
      - ▪ National Change of Address (NCOA)
      - ▪ United States Postal Service (USPS) Coding Accuracy Support System (CASS) Certified Zip+4 software
      - ▪ Other commercial software/search engines
    - ○ Check quality of printed materials

CAHPS® Hospice Survey

Mail Only Mode *(cont'd)*

- Quality control guidelines *(cont'd)*
  - Survey vendors must:
    - ○ Check for timeliness of manual or automated date stamping
    - ○ Provide ongoing oversight of staff, subcontractors, and other organizations, if applicable
    - ○ Conduct site verification of printing and mailing processes
    - ○ Check a sample of mailings for inclusion of all sampled decedents/caregivers
    - ○ Check for accuracy of mailing contents

Mail Only Mode *(cont'd)*

- Quality control guidelines *(cont'd)*
  - Survey vendors must:
    - Ensure all printed materials in the mailing packet are for the same unique identifier
    - Conduct seeded (embedded) mailings to designated hospice or survey vendor CAHPS Hospice Survey project staff on a minimum of a quarterly basis
      - Timeliness of delivery
      - Accuracy of address
      - Accuracy of mailing contents
      - Retain physical and/or scanned copies of seeded mailings for a minimum of three years
      - *Reminder: Keep a log of the results of the seeded mailings*
    - Document results of all oversight activities

CAHPS® Hospice Survey

Telephone Only Mode

- Protocol
  - Initiate first telephone attempt with sampled caregiver two months after the month of patient death within the first seven calendar days of the field period
  - Survey vendors must use telephone interviewers who do not know decedents/caregivers either professionally or personally
  - Complete data collection within 42 calendar days after the first telephone attempt
    - A maximum of 5 telephone attempts are made at different times of day, on different days of the week in more than one week (eight days or more), between 9 AM and 9 PM respondent time
    - Proxy respondents **within the same household** are permissible
  - Submit data to the CAHPS Hospice Survey Data Warehouse by the data submission deadline

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Telephone scripts
  - Standardized CAHPS Hospice Survey telephone scripts
    - o Available in English, Spanish, and Russian
    - o Entire telephone script must be read <u>verbatim</u>
  - Question and answer category wording must <u>not</u> be changed, nor the order of questions and answer categories
  - Core survey questions (Q1 – Q40) are at the beginning of the survey
  - "About Your Family Member" and "About You" questions must be placed after the Core survey questions and must remain together as one block of questions and cannot be eliminated from the questionnaire

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Telephone Only Mode *(cont'd)*

- Telephone script(s) *(cont'd)*
  - All <u>underlined</u> content must be emphasized
  - All punctuation for the question and answer categories must be programmed (e.g., commas, question marks)
  - Only one language (English, Spanish, or Russian) may appear on the interviewing screen at one time
  - Transitional statements and all probes must be programmed and read verbatim
  - Default response options may not be programmed

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Interviewing systems
  - Telephone data collection must be computer-assisted telephone interviewing (CATI) using live interviewers
    - o Paper surveys administered by telephone and use of touch-tone or speech-enabled interactive voice response (IVR) are not acceptable
  - Caller ID
    - o May be programmed to display "on behalf of [HOSPICE NAME]," with permission and compliance of hospice's HIPAA/Privacy Officer
    - o Survey vendors must not program the caller ID to display only the hospice's name

Telephone Only Mode *(cont'd)*

- Interviewing systems *(cont'd)*
  - Predictive or auto dialers are permitted as long as they are compliant with FTC and FCC regulations as promulgated under the Telephone Consumer Protection Act (TCPA) and there is a live interviewer to interact with the patient
  - Cell phone numbers in the sample must be identified so that systems with auto dialers do not call cell phone numbers
    - ○ Survey vendors may identify cell phone numbers through an external database, and/or
    - ○ Hospices may identify cell phone numbers upon patient admission

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Interviewing systems *(cont'd)*
  - Monitoring and recording of telephone calls
    - ○ Follow state regulations
  - Every question should have a "MISSING/DON'T KNOW" option available
  - Skip patterns and conventions should be programmed into the system

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Definition of a telephone attempt
  - Telephone rings six times with no answer
  - Busy signal
    - *At the discretion of the survey vendor, a single busy signal can consist of three consecutive telephone attempts at approximately 20-minute intervals*
  - Interviewer reaches a wrong or disconnected number
  - An answering machine or voicemail is reached (do <u>not</u> leave messages as this violates privacy)
  - Interviewer reaches the household or a business and is told that the caregiver is not available to come to the telephone or has a new number
  - Interviewer reaches a "screening" number (e.g., privacy screen, privacy manager, phone intercept, or blocked call)
  - Caregiver asks the interviewer to call back at a more convenient time
    - If possible, the call back should be scheduled at the caregiver's convenience

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Scheduling calls
  - Recommended that vendors use both the primary (Caregiver Telephone Number 1) and secondary (Caregiver Telephone Number 2) numbers if provided by the hospice
  - *Reminder: If a call back is scheduled to contact a caregiver at a specific time, then an attempt to reach the caregiver <u>must</u> be made at the scheduled time*
  - If a caregiver requests to complete a telephone survey already in progress at a later date, a call back should be scheduled to resume with the question where the caregiver left off
  - If on the fifth attempt the caregiver requests a call back, it is permissible to schedule an appointment and conduct the interview on the sixth attempt

Telephone Only Mode *(cont'd)*

- Contacting caregivers
  - Interviewers must confirm the identity of the caregiver using the full name prior to disclosing any identifiable information
  - Attempt to correct wrong telephone numbers
  - If the caregiver does not speak the language(s) in which the survey vendor administers the survey, thank the caregiver for his or her time and terminate the interview
  - If the call is inadvertently dropped and the interview is interrupted, re-contact the caregiver immediately to complete

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Contacting caregivers *(cont'd)*
  - If a number appears to be a business, the interviewer must request to speak to the sampled caregiver
    - If the caregiver states they are at work and cannot speak, attempt to schedule a callback or obtain an alternate phone number
  - Multiple attempts should not be made in one day unless the interviewer received a busy signal, or a callback has been requested
  - *Reminder: If the interviewer reaches a healthcare facility staff member, the interviewer must request to get in touch with the sampled caregiver*

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Contacting caregivers *(cont'd)*
  - If the caregiver is temporarily away and will return during the data collection period, re-contact the caregiver upon their return
    - If it is known that the caregiver may be available in the latter part of the 42 calendar day data collection time period, then survey vendors must reserve some of the allowable call attempts for the part of the field period for which the caregiver is available
  - If the caregiver will not be available during the data collection period, and no proxy is identified, the caregiver should not receive any further telephone attempts

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Obtaining telephone numbers
  - Main source of telephone numbers is the hospice decedents/caregivers list
  - Survey vendors must follow-up with the hospice regarding missing telephone numbers
  - Make attempts to update missing or incorrect telephone numbers using:
    - o Commercial software
    - o Internet directories
    - o Directory assistance

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Data receipt and data entry
  - Electronic data collection, CATI
    - Linked electronically to survey management system
  - Maintain a crosswalk of interim disposition codes to the CAHPS Hospice Survey Final Survey Status codes
  - Assign "Final Survey Status" code
  - Capture the telephone attempt in which the final disposition of the survey is determined
  - Calculate lag time

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Data retention and storage guidelines
  - Files and survey administration related data collected through electronic telephone interviewing systems must be maintained in a secure manner for a minimum of three years
    - Must be easily retrievable, when needed
  - Survey-related data files, including electronic data files, must be destroyed in a secure and environmentally safe location
    - Must obtain a certificate of the destruction of data

Telephone Only Mode *(cont'd)*

- Quality control guidelines
  - Formal interviewer training to ensure standardized, non-directive interviews
    - Interviewers should be knowledgeable about the CAHPS Hospice Survey and prepared to answer questions
      - See the CAHPS Hospice Survey Frequently Asked Questions (FAQs) for guidance on responding to questions
    - Interviewers should be knowledgeable about the survey vendor's Distressed Respondent Procedures
  - Conduct telephone monitoring even if using a subcontractor

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Quality control guidelines *(cont'd)*
  - Monitor and provide oversight of staff, subcontractors, and other organizations, if applicable
    - At least 10% (on an ongoing and continuous basis throughout the survey administration period) of the CAHPS Hospice Survey attempts, interviewer survey response coding, dispositions, and interviews **must be monitored** in all applicable languages (English, Spanish, and Russian) through silent monitoring
      - Silent monitoring capability must include the ability to monitor calls live, both on-site and from remote locations, starting at any point of the interview
      - Survey vendor must do at least some monitoring
      - Survey vendor and subcontractor must monitor for a combined total of at least 10% of calls
      - All interviewers conducting the CAHPS Hospice Survey must be monitored
    - Feedback must be provided to interviewers as soon as possible following a monitoring session
    - Must document all monitoring

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Interviewer training
  - Provide HIPAA training to staff prior to providing access to decedent/caregiver PHI and PII
  - Survey introduction
  - Interviewing guidelines and conventions
    - System conventions
    - Interviewer tone
    - Asking questions
    - Avoiding refusals
    - Probing for complete data

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Survey introduction
  - Introduction script is provided and <u>must</u> be read verbatim
  - Critical to gaining cooperation
  - Provides survey purpose
  - Confirms respondent eligibility
  - Informs caregiver that survey will take approximately 11 minutes or [SURVEY VENDOR SPECIFY] (based on number of supplemental items)
  - Interviewers should:
    - Speak professionally and with confidence
    - Maintain pace and avoid long pauses
    - Move swiftly into first question without rushing after gaining agreement to participate

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Interviewing guidelines and conventions
  - System conventions
    - Text that appears in lowercase letters must be read out loud
    - Text in UPPERCASE letters must not be read out loud
    - Text that is <u>underlined</u> must be emphasized
    - Characters in < > must not be read out loud
    - [Square brackets] are used to show programming instructions that must not actually appear on the computerized interviewing screens
    - Text must be read from the telephone screens (not to be recited from memory)

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Interviewing guidelines and conventions *(cont'd)*
  - Interviewer tone
    - ○ Speak in a courteous tone
    - ○ Establish rapport
    - ○ Maintain professional and neutral relationship
    - ○ Do not provide personal information or opinions
    - ○ Do not try to influence caregiver's responses in any way
    - ○ Adjust the pace of the interview to be conducive to the needs of the caregiver
    - ○ *Reminder: Use of neutral acknowledgement words (e.g., thank you, okay, I understand, etc.) is permitted*

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Interviewing guidelines and conventions *(cont'd)*
  - Asking questions
    - o Questions, transitions, and response choices are read ***exactly*** as worded in the script
      - ▪ Interviewer may accept any alternative positive or negative response from the caregiver
    - o Listen carefully to any caregiver questions and offer concise responses using FAQs whenever possible
      - ▪ Do not provide extra information or lengthy explanations to caregiver questions
    - o End the survey by stating, "We are very sorry for your loss" and thanking the caregiver for his or her time
      - ▪ The interviewer may say, "Have a good (day/evening)." if appropriate

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Interviewing guidelines and conventions *(cont'd)*
  - Asking questions *(cont'd)*
    - ○ May use the pronoun appropriate to the decedent's gender ("he or she" or "him or her") if the caregiver mentions the decedent's gender
  - Avoiding refusals
    - ○ Be prepared to convert a soft refusal into a completed survey
    - ○ Emphasize importance of participation
    - ○ Never argue with or antagonize a caregiver
    - ○ <u>Remember</u>, first moments of the interview are most critical for gaining participation

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Interviewing guidelines and conventions *(cont'd)*
  - Refusal avoidance examples
    - I don't do surveys.
      - *I understand; however, I hope you will consider participating. This is a very important study for [HOSPICE NAME]. The results of the survey will help them understand what they are doing well and what needs improvement.*
    - I'm extremely busy. I don't really have the time.
      - *I know your time is limited; however, it is a very important survey, and I really appreciate your help today. The interview will take approximately 11 minutes. Perhaps we could get started, and see what the questions are like. We can stop any time you wish.*

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Interviewing guidelines and conventions *(cont'd)*
  - Probing for complete data
    - When caregiver fails to provide adequate answer
    - Never interpret answers for caregivers
    - Code "MISSING/DON'T KNOW" when caregiver cannot/does not provide complete answer after probing

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Interviewing guidelines and conventions *(cont'd)*
  - Types of probes
    - ○ Repeat question and answer categories
    - ○ Interviewer says
      - ▪ "Take a minute to think about it"
      - ▪ "So would you say…"
      - ▪ "Which would you say is closer to the answer?"

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Example of response probe: Overall Rating (Question 39)

  - Please answer the following questions about your family member's care from [HOSPICE NAME]. Do not include care from other hospices in your answers.

  - Using any number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible, what number would you use to rate your family member's hospice care?

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Example of response probe: Overall Rating (Question 39) *(cont'd)*

  - Caregiver 1 answers
    - o "The hospice is fine."
  - Probe for caregiver 1
    - o "Please pick a number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible. What number would you use to rate your family member's hospice care?"

  - Caregiver 2 answers
    - o "I would give the hospice a rating of 7.5."
  - Probe for caregiver 2
    - o "We're asking you to choose one response. What number would you use to rate this hospice, a **7 or 8**?"

Telephone Only Mode *(cont'd)*

- Example of response probe: Ethnicity (Question 42)

  Was <u>your family member</u> of Hispanic, Latino, or Spanish origin or descent?

  <X> YES

  <1> NO

  <M> MISSING/DK

  IF YES: Would you say <u>your family member</u> was…

  <2> Cuban,

  <3> Mexican, Mexican American, Chicano/a,

  <4> Puerto Rican, or

  <5> Other Spanish/Hispanic/Latino?

  <M> MISSING/DK

Telephone Only Mode *(cont'd)*

- Ethnicity Question (Question 42) *(cont'd)*
  - Two-part question
  - A caregiver should provide an initial "Yes" or "No" response
    - When a caregiver responds "Yes," read through the response categories
    - When a caregiver responds "No," move on to Question 43
  - If the caregiver does not provide a response to any ethnicity category or skips the question, enter "M – MISSING/DON'T KNOW"

CAHPS® Hospice Survey

Telephone Only Mode *(cont'd)*

- Race Question (Question 43)

  When I read the following, please tell me if the category describes your family member's race. I am required to read all five categories. Please answer yes or no to each of the categories.

Q43A	Was your family member American Indian or Alaska Native?
<1>	YES/AMERICAN INDIAN OR ALASKA NATIVE
<0>	NO/NOT AMERICAN INDIAN OR ALASKA NATIVE
<M>	MISSING/DK
Q43B	Was your family member Asian?
<1>	YES/ASIAN
<0>	NO/NOT ASIAN
<M>	MISSING/DK
Q43C	Was your family member Black or African American?
<1>	YES/BLACK OR AFRICAN AMERICAN
<0>	NO/NOT BLACK OR AFRICAN AMERICAN
<M>	MISSING/DK
Q43D	Was your family member Native Hawaiian or other Pacific Islander?
<1>	YES/NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
<0>	NO/NOT NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
<M>	MISSING/DK
Q43E	Was your family member White?
<1>	YES/ WHITE
<0>	NO/NOT WHITE
<M>	MISSING/DK

Telephone Only Mode *(cont'd)*

- Race Question (Question 43) *(cont'd)*
  - Broken into parts A – E
  - Do <u>not</u> stop reading the list when you get a "Yes" answer
  - Enter all of the race categories that the caregiver has answered
    - If the caregiver responds "Yes" to a race category, enter "1"
    - If the caregiver responds "No" to a race category, enter "0"
    - If the caregiver does not provide a response to any race categories or skips the question, enter "M – MISSING/DON'T KNOW"

CAHPS® Hospice Survey

Mixed Mode

- Protocol – Mail with telephone follow-up
  - Mixed Mode survey administration
    - o Follow guidelines for Mail Only Mode
      - Use <u>one</u> questionnaire mailing instead of two
      - Send questionnaire with cover letter to sampled caregiver two months after the month of patient death within the first seven calendar days of the field period
    - o Follow guidelines for Telephone Only Mode
      - Initiate first telephone attempt for each non-respondent in the first seven days of the telephone field period (i.e., from 21 to 28 days) after mailing the questionnaire
      - Complete telephone sequence within 42 calendar days of Mixed Mode initiation
    - o Submit data to the CAHPS Hospice Survey Data Warehouse by the data submission deadline

CAHPS® Hospice Survey

Mixed Mode *(cont'd)*

- Survey vendors <u>must</u> keep track of the mode and attempt in which each survey was completed (i.e., mail or telephone)

  – For completed surveys, retain documentation in survey management system that the caregiver completed the survey in the <u>mail phase</u> **or** <u>telephone phase</u> of the Mixed Mode of survey administration, then

  – Assign the appropriate "Survey Completion Mode" and the "Number of Survey Attempts – Mail" or "Number of Survey Attempts – Telephone" in which the final disposition was determined

CAHPS® Hospice Survey

Supplemental Questions - All Modes

- May add up to 15 supplemental questions to the CAHPS Hospice Survey
  - Questions may be added after the Core questions or at the end of all the CAHPS Hospice Survey questions
  - When supplemental questions are placed between the Core questions and the "About Your Family Member" questions, the survey heading must still be placed prior to the "About Your Family Member" questions
  - Responses to the supplemental questions will not be included in the data files submitted to the CAHPS Hospice Survey Data Warehouse

Supplemental Questions *(cont'd)*

- Use appropriate phrasing to transition from the CAHPS Hospice Survey to the supplemental question(s)

  – Examples:

  "The following questions focus on additional care your family member may have received from Hospice X."

  [OR]

  "This next set of questions is to provide the hospice additional feedback about your family member's hospice care."

Supplemental Questions *(cont'd)*

- Example of placement and transitional language for supplemental question(s):

40. Would you recommend this hospice to your friends and family?

☐ Definitely no

☐ Probably no

☐ Probably yes

☐ Definitely yes

This next question asks about your special medical equipment needs.

S1. While your family member was in hospice care, did your family member need special medical equipment?

☐ Yes

☐ No

ABOUT YOUR FAMILY MEMBER

CAHPS® Hospice Survey

Supplemental Questions *(cont'd)*

- <u>Avoid</u> the following types of supplemental questions:
  - Lengthy and complex questions
  - Questions that may influence the response to the CAHPS Hospice Survey questions
  - Sensitive medical or personal topics which may cause a person to terminate the survey
  - Questions that may jeopardize a decedent's/caregiver's confidentiality such as a request for a SSN
  - Questions that ask the caregiver to explain why he or she chose their specific response to any of the CAHPS Hospice Survey questions

Note: A hospice cannot use any comments (anonymous) as testimonials or for marketing purposes

Data Coding and
Data File Preparation

CAHPS® Hospice Survey

File Specifications

- Must use XML file format to submit survey data files
  - We recommend using the most recent version of PGP
- May submit multiple XML files as long as the final file submitted for each CCN every quarter contains all three months of data for the CCN
  - Only the most recent accepted file for each CCN will be retained
- No substitutions for valid Data Element values are acceptable

CAHPS® Hospice Survey

File Specifications *(cont'd)*

- Each XML file will consist of four parts:
  - Vendor Record
  - Hospice Record
  - Decedent/Caregiver Administrative Record
  - Survey Results Record

CAHPS® Hospice Survey

Vendor Record

- Contains information on the date and number of submissions

- Applicable to every record in the XML file

- Appears once per file
  - The year, month, and day of submission must correspond to the date the file is submitted

CAHPS® Hospice Survey

Hospice Record

- All hospices should have a Hospice Record for every decedent month (three per quarter)
  - Survey vendors **must** submit monthly Hospice Records for all hospices, even those with zero survey-eligible decedents/caregivers in a month
    - However, if no confirmation of zero survey-eligible decedents/caregivers is received from the hospice, a Discrepancy Report must be submitted and **no** Hospice Record may be submitted for the month
  - The Hospice Record contains various counts about the hospice's patients and decedents during the month
  - Important: Live Discharges are never included when calculating available sample, sampled cases, or sample size

Hospice Record *(cont'd)*

- Calculating "Available Sample"
  - Should equal the "records received" in the month, minus the number of decedents missing date of death, and the number of decedents/caregivers found ineligible *prior* to sampling

Available Sample = Records Received – (Missing DOD + Ineligible Pre-sample)

Hospice	Sample Type	Total Decedents	No Publicity	Records Received	Missing Date of Death	Ineligible Pre-sample	Available Sample	Sampled Cases	Ineligible Post-sample	Sample Size
A	Census	100	1	99	1	5	93	93	13	80
B	Census	10	0	10	0	1	9	9	2	7
C	Simple Random Sample	100	2	98	0	3	95	75	5	70
D	Simple Random Sample	500	5	495	1	24	470	200	50	150

CAHPS® Hospice Survey

Hospice Record *(cont'd)*

- Calculating "Sampled Cases"
  - Should equal the total number of decedents/caregivers sampled for the month. For CCNs using census sampling, the "Sampled Cases" field should equal the "Available Sample" field

Sampled Cases = Available Sample – Any cases not sampled

Hospice	Sample Type	Total Decedents	No Publicity	Records Received	Missing Date of Death	Ineligible Pre-sample	Available Sample	Sampled Cases	Ineligible Post-sample	Sample Size
A	Census	100	1	99	1	5	93	93	13	80
B	Census	10	0	10	0	1	9	9	2	7
C	Simple Random Sample	100	2	98	0	3	95	75	5	70
D	Simple Random Sample	500	5	495	1	24	470	200	50	150

Hospice Record *(cont'd)*

- Calculating "Sample Size"
  - Should equal the number of survey-eligible decedents/caregivers in the sample frame in the month, and must <u>not</u> include decedents/caregivers who are determined to be ineligible or excluded

Sample Size = Sampled Cases – [Any cases with an ineligible Survey Status code (2, 3, 4, 5, 6, 14) and/or 16]

Hospice	Sample Type	Total Decedents	No Publicity	Records Received	Missing Date of Death	Ineligible Pre-sample	Available Sample	Sampled Cases	Ineligible Post-sample	Sample Size
A	Census	100	1	99	1	5	93	93	13	80
B	Census	10	0	10	0	1	9	9	2	7
C	Simple Random Sample	100	2	98	0	3	95	75	5	70
D	Simple Random Sample	500	5	495	1	24	470	200	50	150

CAHPS® Hospice Survey

Decedent/Caregiver Administrative Record

- Contains information on each sampled decedent/caregiver in the file (e.g., all cases included in the "Sampled Cases" count)
  - Include the supplemental question count
  - Assign appropriate code (e.g., "M – Missing/Don't Know," "8888") for all missing fields
  - The "number-survey-attempts-telephone" field is coded with the attempt that corresponds to the time of final survey status determination and must be submitted when:
    - the "survey-mode" in the Hospice Record is "2 – Telephone Only"
    - the "survey-mode" in the Hospice Record is "3 – Mixed Mode"
  - Calculate "Lag Time"
    - The end of the fielding period (i.e., 42 calendar days after initial contact) should be the date used to calculate a survey that is not returned ("9 – Non-response: Non-response after Maximum Attempts")

CAHPS® Hospice Survey

Decedent/Caregiver Administrative Record *(cont'd)*

Example: Lag Time Calculation Mail	
Mode of Survey Administration	Mail Only
Decedent Date of Death	March 16
Date of First Mail Attempt	June 1 (77 days after death)
Date of Follow-up Mail Attempt	June 22 (21 days after first mail attempt)
Date Data Collection Activities Ended for this Decedent/Caregiver	July 13 (42 days after first mail attempt) Caregiver never returned the CAHPS Hospice Survey
CAHPS Hospice Survey Final Survey Status	Code as "9 – Non-response: Non-response after Maximum Attempts" The data collection protocol of 42 days has been reached and the caregiver has not returned the CAHPS Hospice Survey
Lag Time	Calculated as 119 days (number of days between the patient's death [March 16] and the date data collection activities ended [July 13])

CAHPS® Hospice Survey

Decedent/Caregiver Administrative Record *(cont'd)*

Example: Lag Time Calculation Telephone	
Mode of Survey Administration	Telephone
Decedent Date of Death	March 16
Date of First Call Attempt	June 1 (77 days after death)
Date Interview Conducted	June 14 (attempt 3)
CAHPS Hospice Survey Final Survey Status	Code as "1 – Completed Survey"
Lag Time	Calculated as 90 days (number of days between the patient's death [March 16] and the date interview was conducted [June 14])

CAHPS® Hospice Survey

Survey Results Record

- Survey vendors MUST submit a Survey Results Record for every decedent/caregiver who has a final disposition of:
  "1 – Completed Survey,"
  "6 – Ineligible: Never Involved in Decedent Care," or
  "7 – Non-response: Break-off"

  – Survey vendors may omit the Survey Results Record for all other dispositions

- Each field requires a valid value for submission

  – May include "M – Missing/Don't Know" and "88 – Not Applicable"

Survey Results Record *(cont'd)*

- Caregivers may select more than one response category in:
  - Question 2, "In what locations did your family member receive care from this hospice? Please choose one or more." and
  - Question 43, "What was your family member's race? Please choose one or more."

- For both Questions 2 and 43, enter all of the categories that the caregiver has selected
  - Periodically review coding (in survey management system and scanning software, if applicable) of these two questions, as the response categories are different from the other questions

Decision Rules and Coding

- Decision rules for screener and dependent questions
  - Do not impute a response based on caregiver's answers to dependent questions
  - Dependent questions that are appropriately skipped should be coded as "88 – Not Applicable"
    - Do not clean if caregiver incorrectly responded to dependent question (Mail only and Mail component of Mixed Mode)
  - Screener questions that are not answered or left blank should be coded as "M – Missing"
    - Dependent questions should be coded as "M – Missing"
    - Do not clean if caregiver responded to dependent question (Mail only and Mail component of Mixed Mode)

CAHPS® Hospice Survey

Final Survey Disposition Codes

Final Disposition	Code	Description	Criteria
Completed Survey	1	A completed survey includes a response to ≥50% of the applicable to all (ATA) items	A completed survey includes a response to at least 50% of the ATA items. Appropriately skipped questions do not count against the required 50 percent.
Ineligible: Deceased	2	Deceased	Caregiver is deceased at the time of survey administration.
Ineligible: Not in Eligible Population	3	Decedent/caregiver does not meet the eligibility criteria after survey administration begins	Following initiation of survey data collection, survey vendor determines that decedent/caregiver does not meet one of the survey eligibility criteria. For example: - The caregiver name is completely missing and the vendor is unable to obtain a caregiver name after re-contacting the hospice - The vendor learns that the sampled caregiver is a non-familial legal guardian or non-familial paid caregiver and there is no other eligible caregiver residing in the household - It is determined that a patient is still living or that his or her last admission to the hospice resulted in a live discharge

CAHPS® Hospice Survey

Final Survey Disposition Codes *(cont'd)*

Final Disposition	Code	Description	Criteria
Ineligible: Language Barrier	4	Caregiver unable to complete the survey in English and any offered optional language	Unable to complete the survey in English and any offered optional language.
Ineligible: Mental or Physical Incapacity	5	Caregiver is mentally or physically unable to respond to either mail or telephone portion of the survey	Mentally or physically unable to respond either to mail or telephone portion of the survey.
Ineligible: Never Involved in Decedent Care	6	Caregiver never involved in decedent's hospice care	Answer to Question 3, *"While your family member was in hospice care, how often did you take part in or oversee care for him or her?"* is *"Never"* or when calling the household the sampled caregiver indicates that he/she was not involved in the patient's hospice care and no alternative caregiver resides in the household (coded "NOT INVOLVED IN CARE AND NO PROXY IDENTIFIED" on INTRO of the CATI script).
Non-response: Break-off	7	Caregiver provides a response to at least one CAHPS Hospice Survey Core question, but answered too few ATA questions to meet the criteria for a completed survey	Responded to at least one CAHPS Hospice Survey Core question, but answered too few ATA questions to meet the criteria for a completed survey. This non-response disposition code will not be removed from the denominator of the response rate calculation.

CAHPS® Hospice Survey

Final Survey Disposition Codes *(cont'd)*

Final Disposition	Code	Description	Criteria
Non-response: Refusal	8	Caregiver refused to complete the survey	Refused to complete the survey. This non-response disposition code will not be removed from the denominator of the response rate calculation.
Non-response: Non-response after Maximum Attempts	9	Non-response after the maximum contact attempts (two mail attempts for Mail Only; five telephone attempts for Telephone Only; and one mail attempt and five telephone attempts for Mixed Mode)	When one of the following is true after the maximum number of attempts: - No evidence to suggest that a caregiver's contact information is bad - The caregiver has not completed the survey by the end of the survey administration time period - If the survey is returned by mail or completed by telephone more than 42 days from initial contact This non-response disposition code will not be removed from the denominator of the response rate calculation.

CAHPS® Hospice Survey

Final Survey Disposition Codes *(cont'd)*

Final Disposition	Code	Description	Criteria
Non-response: Bad/No Address	10	Unable to obtain a viable address for the caregiver	Unable to obtain a viable address. This disposition code applies only to the Mail Only mode. This non-response disposition code will not be removed from the denominator of the response rate calculation.
Non-response: Bad/No Telephone Number	11	Unable to obtain a viable phone number for the caregiver	Telephone Only - Unable to obtain a viable telephone number. Mixed Mode - the mail survey is not returned and unable to obtain a viable telephone number, or if unable to obtain a viable address and or telephone number. This non-response disposition code will not be removed from the denominator of the response rate calculation.
Non-response: Incomplete Caregiver Name	12	Unable to obtain the caregiver's complete name	When caregivers with incomplete name information are not surveyed. This non-response disposition code will not be removed from the denominator of the response rate calculation.

CAHPS® Hospice Survey

Final Survey Disposition Codes (cont'd)

Final Disposition	Code	Description	Criteria
Non-response: Incomplete Decedent Name	13	Unable to obtain the decedent's complete name	When there is evidence that the full decedent name is unavailable. This non-response disposition code will not be removed from the denominator of the response rate calculation.
Ineligible: Institutionalized	14	Unable to complete the survey because caregiver is institutionalized	The caregiver is institutionalized. This includes caregivers who are in a psychiatric facility or correctional institution.
Non-response: Hospice Disavowal	15	Caregiver disavows hospice care was provided to decedent	When a caregiver indicates that a decedent did not receive care from any hospice or the named hospice.
Sampling Error	16	Decedent/caregiver sampled in error	When a decedent/caregiver is incorrectly drawn into the sample, such as being sampled from the incorrect hospice CCN or as a duplicate. NOT to be used for ineligible decedent/caregivers.

CAHPS® Hospice Survey

Survey Completion Guidelines

- Surveys are considered complete (survey status code 1) when:
  - At least 50 percent of the questions applicable to all (ATA) decedents/caregivers are answered
    - ATA questions are: 1 – 4, 6 – 13, 15, 17, 21, 24, 26, 28, 30 – 32, and 35 – 47
- A screener question left blank does not trigger a skip so subsequent responses should be included in count of answered survey items

Survey Break-Off Guidelines

- Surveys are considered a Break-off (survey status code 7) when:

  – Caregivers provide a response to at least one CAHPS Hospice Survey Core question (Q1 – Q40), but answer too few ATA questions to meet the criteria for a completed survey

CAHPS® Hospice Survey

Survey Disposition Codes

- Assigning survey status code 12: Non-response Incomplete Caregiver Name

  – Records with no caregiver name or an incomplete caregiver name are <u>not</u> removed from the sample frame

  – Survey vendors must first make **every reasonable attempt** to obtain a caregiver's complete name **including re-contacting the hospice** to inquire about a name update for decedents/caregivers with incomplete names

CAHPS® Hospice Survey

Survey Disposition Codes *(cont'd)*

- Assigning survey status code 12: Non-response Incomplete Caregiver Name *(cont'd)*
  - If the caregiver name information is **completely** missing after every reasonable attempt has been made to obtain it, then:
    - o Survey vendors must <u>not</u> administer the survey
    - o Decedent/Caregiver case is considered "Decedent has no caregiver of record" and coded "3 – Ineligible: Not In Eligible Population"
  - If caregiver name information is **partially** missing after every reasonable attempt has been made to obtain it, then:
    - o Survey vendors must <u>not</u> administer the survey if first and/or last name is missing
    - o The decedent/caregiver case must be coded with "Final Survey Status" of "12 – Non-response: Incomplete Caregiver Name"

CAHPS® Hospice Survey

Survey Disposition Codes *(cont'd)*

- Assigning survey status code 13: Non-response Incomplete Decedent Name
  - Decedent/Caregiver cases with no decedent name or an incomplete decedent name (missing decedent first and/or last name)
    1) are not removed from the sample frame
    2) must <u>not</u> be administered the survey
  - Survey vendors must make every reasonable attempt to obtain a decedent's full name, **including re-contacting the hospice** to inquire about an update
    - Assign a "Final Survey Status" code of "13 – Non-response: Incomplete Decedent Name" when there is evidence that the full decedent name is unavailable

CAHPS® Hospice Survey

Survey Disposition Codes *(cont'd)*

- Assigning survey status code 3: Ineligible Not in Eligible Population

  – Following initiation of survey data collection, survey vendor determines that decedent/caregiver does not meet one of the survey eligibility criteria. For example:

    o The caregiver name is completely missing and the vendor is unable to obtain a caregiver name after re-contacting the hospice

    o The vendor learns that the sampled caregiver is a non-familial legal guardian or non-familial paid caregiver and there is no other eligible caregiver residing in the household

    o It is determined that a patient is still living or that his or her last admission to the hospice resulted in a live discharge

CAHPS® Hospice Survey

Survey Disposition Codes *(cont'd)*

- Assigning survey status code 16: Sampling Error
  - Decedent/Caregiver case was sampled in error
    - For example:
      - Sampled from the incorrect hospice CCN
      - Duplicate of a decedent/caregiver that was sampled
  - Not to be used for ineligible cases
    - Such as cases outlined in "Final Survey Status" code of "3 – Ineligible: Not in Eligible Population"

Data Submission

CAHPS® Hospice Survey

Data Submission Processes

- CAHPS Hospice Survey Data Coordination Team has developed a secure data warehouse using a web-based application hosted by the RAND Corporation

- The CAHPS Hospice Survey Data Warehouse (Data Warehouse) will operate as a secure file transfer system that survey vendors will use to upload survey data files

- Use of the Data Warehouse does not require installation of special software or licensing fees for survey vendors, except for the purchase of PGP standard compliant software for file encryption

CAHPS® Hospice Survey

Overview of CAHPS Hospice Survey Data Warehouse

- Available via the Internet
- Hosted on the RAND Corporation's web site
  - The data warehouse URL is: https://kiteworks.rand.org
- Survey vendor folders allow for submitting survey data files as well as receiving reports and other project documentation
  - Hospice folders are set up to receive reports only
- After each data submission, a survey vendor will receive an email if the file is uploaded
  - This does not mean the file was accepted to the Data Warehouse

CAHPS® Hospice Survey

Survey Vendor Authorization Process

- Hospices must have authorized a survey vendor to collect and submit data on their behalf

- Beginning **January 1, 2024**, the **CAHPS Hospice Survey Vendor Authorization Form** (QAG Appendix B) will be submitted **online** through the CAHPS Hospice Survey Website

  – The hospice administrator or other authorized staff member must complete the form and an Attestation Statement confirming that they are authorized to complete the form

- **This form must be received 90 days prior to the submission of the hospice's data to the Data Warehouse**

  – Vendors should review the "Authorized CCNs" Excel file in their CAHPS Hospice Survey Data Warehouse folder to assure that their client hospices have authorized them

  – If a hospice has not authorized its survey vendor, the entire file with the unauthorized CCN will be rejected by the Data Warehouse

CAHPS® Hospice Survey

Accessing the Data Warehouse

- Survey vendors and hospices designate their Data Administrators by completing the **CAHPS Hospice Survey Data Warehouse Access Form** (QAG Appendix C)

- Beginning January 1, 2024, the form will be submitted **online** through the CAHPS Hospice Survey Website
    - The hospice administrator or other authorized staff member must complete the form and an Attestation Statement confirming that they are authorized to complete the form
    - Once the information has been verified by the CAHPS Hospice Survey team, a folder will be created in the data warehouse for each hospice designee
    - Each authorized person will receive an automated email containing a link to the login screen

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Data Submission Deadlines

- Interim survey data files may be submitted by survey vendors any time during the quarter
  - Survey vendors must submit files early to allow enough time to receive and review data submission reports, resubmit if necessary, and still meet the deadline
- Survey vendors must ensure that data files are submitted *and accepted* by the deadline
  - 11:59 PM Eastern Time through the Q4 2023 submission (May 8, 2024)
  - **8:00 PM Eastern Time** beginning with the Q1 2024 submission (August 14, 2024)
  - Files will not be accepted after the submission deadline

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Survey File Submission Naming Convention

- Survey vendors must use the following file naming convention: vendorname.mmddyy.submission#.xml.pgp
  - Vendorname = name of survey vendor
  - mm = month of submission (justify leading zero)
  - dd = day of the month of submission (justify leading zero)
  - yy = 2 digit year of submission
  - submission# = submission number for each date
  - Example: XYZResearch.060124.1.xml.pgp

- Each file must have a unique name from all prior files, even if a prior file was not accepted to the Data Warehouse
  - Files with the same name or that do not use this naming convention will be deleted

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File Encryption

- Data files must be encrypted prior to data submission
  - Survey vendors are required to encrypt data files using a PGP-compliant program
  - Use Public Key encryption
- Data files uploaded by survey vendors that are not encrypted will not be processed and will be rejected
  - These files must be resubmitted

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File Encryption *(cont'd)*

- CAHPS Hospice Survey Data Coordination Team will provide survey vendors with a Public Key to encrypt survey data files prior to submission to the CAHPS Hospice Survey Data Warehouse

- Public Key will be provided in the survey vendor's folder in the CAHPS Hospice Survey Data Warehouse
  - Contact cahpshospicetechsupport@rand.org if a public key is needed

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Data Validation Checks

- CAHPS Hospice Survey Data Coordination Team will audit data files as they are submitted for compliance with file layout specifications

- If the file does not comply to the naming conventions or file format requirements, the file will be rejected from the warehouse and will need to be resubmitted

- For CCNs that begin with a letter, the letter must be capitalized in the XML file submission (i.e., A10100; B20100)

- The data validation process includes:
  - Checks for presence of required data fields
  - Range and coding checks on all fields
  - Verification of coding of survey disposition codes
  - **Check for authorization of survey vendor**

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Data Submission Notification

- After data auditing and validation checks are complete, survey vendors' and hospices' Data Administrators will receive an email notification indicating CAHPS Hospice Survey Data Submission Reports are available

- Reports will be posted by 5:00 PM Eastern Time on the next business day after submission

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Data Submission Notification *(cont'd)*

- Vendors and hospices will receive an email notification stating that Data Submission Reports have been posted
  - If the file cannot be decrypted or read, only the Data Submission Detail Report (Part 1) will be posted indicating this error
  - If the file can be read, but it contains unauthorized CCNs, two reports are posted
    - Data Submission Detail Report (Part 1) and Hospice Not Authorized
  - If the file can be read *and* does not contain unauthorized CCNs, four reports are posted

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Data Submission Notification *(cont'd)*

- If the file fails any edit checks, the Data Submission Detail Report (Part II) will indicate the file has failed
  - Survey vendors must correct and submit the data file again
  - The Data Submission Reports will provide a summary of file contents
  - Survey vendors will need to review their CAHPS Hospice Survey Data Submission Reports to determine what errors were found in the file

- If the file passes checks
  - The Data Submission Reports will provide a summary of file contents
  - Survey vendors should review record counts and values in the report

CAHPS® Hospice Survey

Data Submission Reports

- Four CAHPS Hospice Survey Data Submission Reports are accessible by hospices and survey vendors
  - Data Submission Detail Report (Part I)
  - Data Submission Detail Report (Part II)
  - Review and Correction Report
  - Survey Status Summary Report
  - A fifth report, Hospices Not Authorized, is posted only if a vendor submits a file with unauthorized CCNs, and is not available to hospices
- Survey vendors should review
  - To see the status of each submission
  - The values in the reports against expected values
- Survey vendors must retain copies of Data Submission Reports for a minimum of three years

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Data Submission Reports *(cont'd)*

- Data Submission Detail Report (Part I)

RAND-Hospice
File - TestVendor.080123.2.xml
File Validation Checks

14:44 Wednesday, August 2, 2023

CHECK	MESSAGE
File encryption check	File TestVendor.080123.2.xml.pgp sucessfully de-crypted
Check file naming convention	Vendor name should be RAND-Hospice
XML Validation	XML contains all required data elements

  – Indicates whether file can be decrypted and all required data elements are included

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Data Submission Reports *(cont'd)*

- Data Submission Detail Report (Part II)

Data Submission Detail Report for RAND-Hospice Submission TestVendor.080123.3

File ID	Upload Date	Data Value Checks Status
TestVendor.080123.3	08/01/2023	Rejected

- This report checks if all values are within the allowable range
- The top section indicates if the file was accepted or rejected

Error Detail: Caregiver Response

CCN	Decedent Caregiver ID	QUESTION_PRINT	Content of Submitted Field	Valid Values
111111	G15S0202N-187	painrxtrain (Q20)	9	1, 2, 3, 4, 88, M

Data Submission Reports *(cont'd)*

- Review and Correction Report

Frequencies of all categorical values: Decedent-Level Data

The FREQ Procedure

Decedent sex				
sex	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1: Male	3	25.00	3	25.00
2: Female	9	75.00	12	100.00

Indicator for whether decedent is Hispanic				
decedent_hispanic	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1: Hispanic	2	16.67	2	16.67
2: Non-Hispanic	5	41.67	7	58.33
M: Missing	5	41.67	12	100.00

– This report contains frequencies for each variable included in the XML file

Data Submission Reports *(cont'd)*

- ## Survey Status Summary Report

Month of Death	CCN	Hospice Record Accepted	Sample Size	Records Received	Valid Survey Status Codes (1-15)	Completed Surveys
01/2024	111111	yes	4	2	2	1
	222222	yes	0	0	0	0
Month Total			4	2	2	1
02/2024	111111	**no**				
	222222	yes	2	2	2	1
Month Total			2	2	2	1
03/2024	111111	yes	5	5	5	2
	222222	yes	4	6	6	2
Month Total			9	11	11	4
FILE TOTAL			15	15	15	6

- – This report contains the <sample-size> variable, the number of administrative records, the number of valid survey status codes, the number of completed surveys (<survey-status>=1), and whether a Hospice Record was accepted, for each CCN/month

CAHPS® Hospice Survey

Data Submission Reports *(cont'd)*

- Hospices Not Authorized

Vendor
File - TestVendor.080123.2.xml   14:44 Wednesday, August 2, 2023

********** Hospices (CCNs) Not Authorized with Vendor **********

Obs	provider_id
1	111113

- – This report contains a list of any CCNs included in the XML file that have not authorized the survey vendor for that quarter

- – A Vendor Authorization Form must be received before CCNs can be submitted by a survey vendor

Public Reporting and Analysis of CAHPS Hospice Survey Data

CAHPS® Hospice Survey

Overview *(1 of 2)*

- Official CAHPS Hospice Survey scores and Star Ratings are published by CMS on Care Compare:

  - https://www.medicare.gov/care-compare/

  - Downloadable database containing CAHPS Hospice Survey results by CCN also available

- In August 2023, scores were reported for 3,026 hospices, based on 637,801 survey responses

CAHPS® Hospice Survey

Overview *(2 of 2)*

- Scores for six composite and two global measures are updated quarterly

- Top-box scores are calculated using 8 rolling quarters of data

  – Scores are reported for hospices with at least 30 completed surveys during the reporting period

- Each hospice's scores are displayed with national and state averages

CAHPS® Hospice Survey

Care Compare

CAHPS® Hospice Survey

Public Reporting Periods

Reporting Period (Dates of Death) For CAHPS Hospice Survey Measure Scores	Provider Preview Period *	Care Compare Refresh Dates*
Q1 2021 – Q4 2022	August/September 2023	November 2023
Q2 2021 – Q1 2023	November/December 2023	February 2024
Q3 2021 – Q2 2023	February/March 2024	May 2024
Q4 2021 – Q3 2023	May/June 2024	August 2024

*Exact dates will be announced by CMS

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Measures Reported

- Composite Measures
  - Communication with Family (Q6, 8, 9, 10, 14, and 35)
  - Getting Timely Help (Q5 and 7)
  - Treating Patient with Respect (Q11 and 12)
  - Emotional and Spiritual Support (Q36, 37 and 38)
  - Help for Pain and Symptoms (Q16, 22, 25, and 27)
  - Training Family to Care for Patient (Q18, 19, 20, 23, and 29)
- Global Measures
  - Rating of this Hospice (Q39)
  - Willingness to Recommend this Hospice (Q40)

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Top-Box Scores

- Top-box scores reflect the proportion of respondents who gave the most positive response(s)
  - **"Always"** when response options are Never, Sometimes, Usually, or Always*
  - **"Yes, definitely"** when response options are Yes, definitely; Yes, somewhat; or No
  - **"Right amount"** when response options are Too little, Right amount, or Too much
  - **"Definitely yes"** when response options are Definitely no, Probably no, Probably yes, Definitely yes
  - **9 or 10** when response options are 0 to 10

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Footnotes

- Footnotes indicate:
  - The reason a hospice does not have measure scores or a Star Rating displayed
  - Any issues identified with the hospice's measure scores

- The footnotes for measure scores are:
  6. Number of cases is too small to report
  7. Results are based on a shorter time period than required
  8. Data were suppressed by CMS
  9. Discrepancies in the data collection process (reported by survey vendors to CMS)
  10. None of the required data were submitted for this reporting period
  11. Results are not available for this reporting period

- The footnote for Star Ratings is:
  15. Number of cases is too small to report Star Ratings

CAHPS® Hospice Survey

Star Ratings Updated Every Other Quarter

- An overall CAHPS Hospice Survey Star Rating, referred to as the Family Caregiver Survey Rating, is calculated for each hospice by averaging the Star Ratings for each of the 8 survey measures

- Hospices must have a minimum of 75 completed surveys over the eight applicable quarters in order to be assigned a Star Rating

  – Hospices that do not meet this minimum will receive a footnote to explain why they do not have a Star Rating

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More Information about Star Ratings is Available on the Survey Web Site

https://www.hospicecahpssurvey.org/en/public-reporting/star-ratings/

- – Frequently asked questions

- – Technical specifications

- – National and state distributions

Wrap-up
and Next Steps

CAHPS® Hospice Survey

Wrap-up and Next Steps

- Complete the Introduction to CAHPS Survey Training Attestation Form – one form per survey vendor

- Complete the post-training Survey Vendor Quiz
  - One quiz per survey vendor
  - Available for 24 hours after submission of the Attestation Form

- Provide feedback on the training
  - Follows the post-training quiz

- Notification sent to survey vendors
  - Results of the survey vendor quiz will be provided by **09/25/2023**

CAHPS® Hospice Survey

Wrap-up and Next Steps *(cont'd)*

- CAHPS Hospice Survey Update Training on September 28, 2023 at 11:00 am EDT – *attendance is required for survey vendors*
  - Introduction and Overview
  - Public Reporting of CAHPS Hospice Survey Data
  - Recent Analyses of CAHPS Hospice Survey Data
  - CAHPS Hospice Survey Program Highlights & Updates
  - Oversight Activities, Exception Request, and Discrepancy Report Process
  - Data Quality Checks
  - Data Submission

CAHPS® Hospice Survey

CAHPS Hospice Survey Expectations

- CMS expects that survey vendors will:
  - Become familiar with and follow all the procedures and protocols in the Quality Assurance Guidelines (QAG)
  - Contact the technical assistance team if you have any questions or concerns

CAHPS® Hospice Survey

Contact Us

- CAHPS Hospice Survey Information and Technical Assistance
  - Web site: www.hospicecahpssurvey.org
  - Email: hospicecahpssurvey@hsag.com
  - Telephone: 1-844-472-4621

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