CAHPS Hospice Survey Update Training

September 2018
Welcome
In today’s CAHPS Hospice Survey Update Training, we will:

• Provide an overview of the CAHPS Hospice Survey Program
• Present CAHPS Hospice Survey Program highlights and updates
• Discuss oversight activities, Exception Request and Discrepancy Report processes
• Discuss data quality checks
• Discuss public reporting and analysis of CAHPS Hospice Survey data
• Administer the post-training quiz and evaluation
Online Question Submission
Illustration 1

CAHPS Hospice Survey Update Training September 2018

Q&A button
Online Question Submission (cont’d)
Illustration 2
Quiz and Evaluation Submission
Illustration 3
CAHPS Hospice Survey
Introduction and Overview
CAHPS® Hospice Survey Update Training

CAHPS Hospice Survey Process

1. Hospice (A)
2. Survey Vendor (B)
3. Conducts Survey (C)
4. Quality Checks (D)
5. CMS Data Warehouse (E)
6. Public Reporting

September 2018
CAHPS® Hospice Survey Update Training

Everybody Take Note!

CAHPS Hospice Survey compliance in CY 2019

Affects FY 2021 APU
**CAHPS® Hospice Survey Update Training**

**CMS Hospice Quality Reporting Program (HQRP)**

- CAHPS Hospice Survey is a component
- HQRP information
- Impacts Medicare payments
  - (FY 2021 annual payment update)
- Goals:
  - Improve transparency through public reporting on [www.medicare.gov](http://www.medicare.gov)
  - Create incentives for quality improvement
## Timeline for 2018 – 2019

<table>
<thead>
<tr>
<th>Month of Death</th>
<th>Initial Contact with Sampled Decedents/Caregivers</th>
<th>Data Submission to the CAHPS Hospice Survey Data Warehouse</th>
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<tr>
<td>April 2018</td>
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## Timeline for 2019 – 2020

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</tr>
<tr>
<td>March 2020</td>
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</tr>
</tbody>
</table>
Important Points to Remember

• Review QAG V5.0 as it supersedes all previous materials
  – Updates have been made based on questions and feedback
  – Changes must begin with January 2019 decedents

• Data that are submitted must follow the XML File Specification or it will be rejected from the CAHPS Hospice Survey Data Warehouse
  – XML File Specification V4.0 will be used through Q4 2018
  – XML File Specification V5.0 will be used starting with Q1 2019

• Assure that hospice clients have submitted a Survey Vendor Authorization Form 90 days prior to the data submission deadline
  – Provide the latest version of the form or direct the hospice to the CAHPS Hospice Survey Web site

• Submit data to the CAHPS Hospice Survey Data Warehouse early
CAHPS® Hospice Survey Update Training

Key URL:

http://www.hospicecahpssurvey.org

- Copy of the questionnaire in all available translations
- Copy of the QAG V5.0
- Technical information
- Podcasts for hospices, including:
  - Participation exemption requirements
  - Selecting a survey vendor
  - Creating the decedents/caregivers list
  - Data submission
  - Public reporting
CAHPS® Hospice Survey Program
Highlights and Updates
Updated Roles and Responsibilities: CMS

- Provide calculations and adjustments to CAHPS Hospice Survey data for mode and case-mix effects prior to public reporting.
- Create preview reports containing CAHPS Hospice Survey results for participating hospices approximately two months prior to public reporting.
- Provide CAHPS Hospice Survey results that are publicly reported quarterly on the Hospice Compare Web site.
  - www.medicare.gov/hospicecompare
Each month, each hospice must submit to its contracted survey vendor:

- **Decedents/Caregivers List**
  - Decedents of all payer types are eligible
  - **Update**: Hospices must not apply eligibility criteria prior to submitting the list

- **Accurate count of decedents served in the month**
  - Include all patients who died during the month, including requests for no contact (“no publicity”) cases
  - Must be the count for the hospice CCN only
  - Reflect the number of decedent/caregiver records submitted plus the count of “no publicity” cases
Each month, each hospice must submit to its contracted survey vendor: (cont’d)

• Counts of cases ineligible due to:
  – Live discharges
  – Requests for no contact (i.e., make a “no publicity” request or initiate or voluntarily request not to be contacted)

• Count of hospice offices covered under a single CCN
  – This count is the number of administrative or practice offices for the CCN
    o NOT individual facilities or settings in which hospice care is provided (i.e., homes, assisted living facilities, hospitals, hospice facilities, or hospice houses)
Participation Exemptions

• Participation Exemption for Size
  – Hospices that served fewer than 50 survey-eligible decedents/caregivers in a calendar year can apply for exemption for the following year’s data collection and submission requirements
  – The Participation Exemption for Size Form must be submitted every year

• Participation Exemption for Newness
  – The hospice must have received its CCN on or after the first day of the year
  – Hospices that receive the exemption for newness are required to begin participating the first month of the following calendar year

• Hospices that intend to be considered for the Participation Exemption for Size may unofficially participate in the CAHPS Hospice Survey, however, data collected must not be submitted to the Data Warehouse
Roles and Responsibilities: Survey Vendors

• Follow all CAHPS Hospice Survey guidelines
• Meet all CAHPS Hospice Survey due dates
• Complete and sign the CAHPS Hospice Survey Attestation Statement by **December 13, 2018**
• Request client hospices review CAHPS Hospice Survey Data Submission Reports
• Maintain a toll-free customer support line(s) on behalf of contracted hospice client(s)
  – Specify on voicemail recording that the caller can leave a message about the CAHPS Hospice Survey
  – Document questions received and responses provided
• Perform quality checks of all survey administration processes and document the performance of the quality check activities
  – Perform checks of the decedents/caregivers lists and follow-up with hospices for discrepancies/issues
    o Confirm decedents/caregivers list has been received from all contracted hospices
    o Compare count of total decedents minus “no publicity” count to number of decedent/caregiver cases submitted (these numbers should match)
    o Review “no publicity” count for reasonableness (should be a rare and unusual request)
      o Review definition of a “no publicity” decedent/caregiver with each hospice to ensure the hospice understands when it may be used
    o Review missing or inappropriately assigned fields
Sample Frame Creation

• Survey vendors must:
  – Include records with missing or incomplete decedent or caregiver names, addresses and/or telephone numbers
  – Include cases in the sample frame if the eligibility status is uncertain
    o Exception: If any part (i.e., day, month or year) of the decedent’s date of death is missing, the case must not be included in the sample frame

• Survey vendors should contact their hospice clients before data collection begins:
  – If there are missing or incorrectly formatted data in the file provided by the hospice or
  – If sample counts do not reconcile
    o Update: Survey vendors may request updated information about specific decedents/caregivers, rather than requesting a complete updated list
Confirming Accuracy of Hospice Sample Files

• Update: Survey vendors should check the accuracy of sampled patients’ contact information prior to survey fielding
• If a hospice does not submit a monthly sample file to its survey vendor, the survey vendor must not assume that there are zero survey-eligible decedents/caregivers for the month
  – The hospice must confirm in writing that there are zero survey-eligible decedents/caregivers for the month
  – If zero survey-eligible decedents/caregivers is confirmed, survey vendors should submit a Hospice Record to the CAHPS Hospice Survey Data Warehouse, including the sample size, the count of ineligibles due to “no publicity” and live discharge
• If there is not confirmation of zero survey-eligible decedents/caregivers, then a Hospice Record must not be uploaded. A Discrepancy Report for this hospice must be submitted.
Quality Assurance: Survey Sample

• Survey vendors should:
  – Confirm that all decedent/caregiver cases submitted by hospice were imported into survey management database
  – Generate reports that trend counts over time (e.g., total decedents, “no publicity,” ineligible pre-sample, sample size, ineligible post-sample, etc.)
    o Develop threshold for variance and follow-up with hospice regarding any outliers
  – Review eligible and ineligible cases for appropriate classification
  – Confirm that all hospices have been sampled and pushed to production for the month
  – Designate a second staff member to review sample for accuracy
  – Document all quality assurance checks completed
Mail Only Mode

• Caregivers without valid mailing addresses
  – Survey vendors must make every reasonable attempt to obtain a caregiver’s address including re-contacting the hospice to inquire about an address update for caregivers with no/incomplete mailing address

• Update: 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 late or does not occur for any month
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”), send a second survey mailing to the caregiver if the data collection time period has not expired
    o If second survey mailing is returned with all missing responses, then code the “Final Survey Status” as “8 – Non-response: Refusal”
    o If second mailing is not returned, then code the “Final Survey Status” as “9 – Non-response: Non-response after Maximum Attempts”
Mail Only Mode (cont’d)

• Data receipt and entry
  – Key-entry or scanning allowed for data capture
    o Key-entered data are entered a second time by different staff and any discrepancies between the two entries are identified; discrepancies should be reconciled
    o Review all surveys that contain blank responses, stray marks and multiple responses using the decision rules
      ▪ Scanning software should be set to identify these items for manual review
    o Train data entry staff to correctly use the decision rules
      ▪ Provide copies of these decision rules to staff
      ▪ Review key-entered or scanned data to confirm the correct application of these guidelines
Mail Only Mode *(cont’d)*

- Survey vendors must:
  - Conduct seeded (embedded) mailings to designated hospice or survey vendor CAHPS Hospice Survey project staff on a minimum of a quarterly basis
    - Keep a log documenting the quality checks performed on the seeded mailings
Quality Assurance: Mail

• During mail production, survey vendors must:
  – Check quality of printed materials
    o Smearing, fading, folded edges, and misalignment
  – Check a sample of mailings for inclusion of all materials
    o Review mail packets for questionnaire, cover letter and BRE
  – Check that entire sample has been printed for each hospice client
Telephone Only Mode

• Programming telephone scripts
  – All punctuation for the question and answer categories must be programmed (e.g., commas, question marks)
  – Transitional statements and all probes must be programmed and read verbatim
  – Default response options may not be programmed
  – Periodically review skip pattern logic and internal disposition codes for accuracy

• Missing/Incorrect telephone numbers
  – Survey vendors must follow-up with the hospice and attempt to update missing or incorrect telephone numbers
Telephone Only Mode (cont’d)

• Scheduling calls
  – If a call back is scheduled to contact a caregiver at a specific time, then an attempt to reach the caregiver must be made at the scheduled time
  – 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

• Definition of a telephone attempt – Busy signal
  – At the discretion of the survey vendor, a single telephone attempt can consist of three consecutive busy signals obtained at approximately 20-minute intervals
Telephone Only Mode (cont’d)

• Conducting telephone attempts
  – Survey vendors must follow state regulations when monitoring and recording telephone calls
  – Interviewers must confirm the identity of the caregiver using the full name prior to disclosing any identifiable information
  – If the interviewer reaches a healthcare facility staff member, the interviewer must request to get in touch with the sampled caregiver
  – Update: If the interviewer reaches a number that appears to be a business, the interviewer must request to speak to the caregiver
Telephone Only Mode (cont’d)

• **Update:** 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 late or does not occur for any month
Telephone Only Mode (cont’d)

• During fielding period, survey vendors must:
  – Monitor and provide oversight of staff, subcontractors and other organizations, if applicable
    o At least 10 percent of the CAHPS Hospice Survey interviews, interviewer survey response coding, dispositions, and attempts must be monitored in all applicable languages
    o All interviewers conducting the CAHPS Hospice Survey must be monitored
Telephone Only Mode (cont’d)

• Interviewers should be proficient with the following:
  – FAQs for guidance on responding to questions
  – Reading script **verbatim**, including introduction
    o Script should be read from the telephone screens
      ▪ Use of neutral acknowledgement words (e.g., thank you, okay, I understand, etc.) is permitted
    o Adjust the pace of the interview to be conducive to the needs of the caregiver
    o End the survey by thanking the caregiver for his or her time
      ▪ **Update**: The interviewer may say, “Have a good (day/evening).” if appropriate
Telephone Only Mode (cont’d)

• Interviewers should be proficient with the following (cont’d):
  – Probing
    o Repeat question and answer categories, adjusting pace and enunciation if necessary
    o Interviewer should use phrases such as:
      ▪ “Take a minute to think about it”
      ▪ “So would you say…”
      ▪ “Which would you say is closer to the answer?”
    o Never interpret answers for caregivers
      ▪ Instead, ask “so did you mean…”
    o Code “MISSING/DON’T KNOW” when caregiver cannot/does not provide complete answer after probing
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Quality Assurance: Telephone

• During telephone attempts, survey vendors must:
  – Update telephone information
  – Check that entire sample has received telephone attempts for each hospice client
    o Review call attempts to confirm first attempt within first seven days of fielding period and that all applicable cases receive five attempts
    o Monitor scheduled call backs to ensure attempt is made at requested time
  – Monitor interviewers for accuracy
  – Check that data are being captured correctly
Mixed Mode

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

• Mailings returned as undeliverable where no updated address is available must be sent to the telephone portion

• **Update:** The first telephone attempt must be made in the first seven days of the telephone field period (i.e., from 21 to 28 calendar days after mailing the questionnaire)
Supplemental Questions

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

• Avoid questions that ask the caregiver to explain why he or she chose a specific response

• Hospices cannot use any comments, even if they are anonymous, as testimonials or for marketing purposes
Oversight Activities, Exception Request and Discrepancy Report Processes
Oversight Activities

• Review of survey materials
  – Only survey vendors with contracted hospice client(s) need to submit survey materials
  – Due date of 11/02/2018
    o English mail materials (questionnaires, cover letters and outgoing envelopes)
    o English CATI screenshots (including skip pattern logic)

• Review of Quality Assurance Plan (QAP)
  – Follows the QAP specifications
  – Update: QAPs must be updated after training and will be requested in advance of an on-site visit

• Submit via the CAHPS Hospice Survey Technical Assistance email: hospicecahpssurvey@HCQIS.org
Exception Request

• For consideration of alternative strategies not identified in the CAHPS Hospice Survey Quality Assurance Guidelines V5.0 manual
  – No alternative modes of survey administration will be permitted other than those prescribed for the survey (Mail Only, Telephone Only and Mixed [mail with telephone follow-up] Modes)

• Survey vendors must:
  – Submit an Exception Request Form on behalf of hospice client(s)
  – Provide sufficient detail and clearly defined timeframes
  – Not implement prior to receiving approval from the CAHPS Hospice Survey Project Team

• Requests are assessed for the methodological soundness of the proposed alternative

• Survey vendors will be notified as to the outcome of the review
  – Exceptions are limited to a two-year approval timeline
Discrepancy Report

• Required for any discrepancy or variation in following standard protocols during survey administration
  – A Discrepancy Report must be submitted if survey administration begins outside of the first 7 days of the month

• Complete and submit online report immediately upon discovery of issue at www.hospicecahpssurvey.org
  – Provide sufficient detail
    ○ “Unknown” or zero cases affected are NOT acceptable values in final DR that is submitted
Examples of Discrepancy Reports include:

- **Update:** First telephone attempt is not made in the first seven days of the telephone fielding period in Mixed Mode
- Survey administration outside of fielding period (early or late)
- Eligible cases excluded or ineligible cases included in survey administration
- Inaccurate counts or inability to obtain missing or correct data from hospice
  - Include date(s) of communication with hospice to obtain this information
Data Quality Checks
Objectives

- Overview
- Create Traceable Data File Trail
- Review of Data Files
- Validate Change to Code or Processes
- Verify Accuracy of Data Processing Activities
- Data Quality Checks
- Perform Additional XML File Quality Checks
CAHPS® Hospice Survey Update Training

Overview

• Survey vendors must implement quality assurance processes to verify the integrity of the collected and submitted CAHPS Hospice Survey data
• Quality check activities must be performed by a different staff member than the individual who originally performed the specific project task(s)
  – Do NOT rely on programming alone to complete tasks
  – Have staff complete manual review of samples and XML files
• Must be operationalized for all of the key components or steps of survey administration and data processing
Create Traceable Data File Trail

• Guidelines for survey vendors:
  – Preserve a copy of every file received in original form and leave unchanged
  – Record general summary information such as total number of decedent/caregiver cases, survey-eligible size, decedent month, etc.
  – Institute version controls for datasets, reports, software code, and programs
Review of Data Files

- Survey vendors should examine their own data files and all clients’ data files for any unusual or unexpected changes
  - Investigate data for notable changes in the counts of total decedents/caregivers and eligible decedents/caregivers
  - Investigate data when counts for total decedents, “no publicity” and sample size do not reconcile
  - Prior to preparing data files for submission to the Data Warehouse, run frequency/percentage tables for all survey variables stored for a given hospice and month
  - Verify that required data elements for all decedents/caregivers in the sample frame are submitted to the Data Warehouse
  - Verify that data are associated with the correct CCN
Validate Changes to Code or Processes

- Survey vendors must have procedures in place to review any changes to code or processing steps
  - Save original code/documents for reference
  - Document changes thoroughly (e.g., what, when, why, who, how)
  - Have at least one other different team member verify the new code
  - Verify that no errors or unintended changes have been made
    - Conduct comparison of old and new data, reviewing even elements that were not expected to change
Verify Accuracy of Data Processing Activities

- Survey vendors should implement data quality checks to verify protocols have been followed, including:
  - Verify that every decedent/caregiver has equal chance of being sampled
  - Evaluate frequency of break-off surveys and/or unanswered questions, and investigate possible causes
  - Review CAHPS Hospice Survey Data Submission Reports to confirm data submission activity (verify results are as expected)
  - Review quarterly submission results from the Review and Correction Report to confirm a match with frequency tables completed during previous quality check activities
Data Quality Checks

• Maintain monthly and quarterly documentation for all hospices, including but not limited to:
  – Total counts from hospices, number of eligible and ineligible (pre- and post-sample) cases, sample size, numbers of each “Final Survey Status” code, and response rate

• Create frequency and distribution tables for all decedent/caregiver administrative and survey response variables
  – Compare counts across months and quarters for trends
  – Investigate any unexpected variations, unusual counts or percentages
Data Quality Check Examples

<table>
<thead>
<tr>
<th>Quarter 1 2017 – Missing Administrative Values</th>
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<tr>
<td>Hospice ID</td>
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<tr>
<td>GHI</td>
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• Follow-up should occur during and/or after Quarter 1 2017 to discuss missing values (emphasize *decedent race* and *caregiver relationship*)

<table>
<thead>
<tr>
<th>Quarter 2 2017 – Missing Administrative Values</th>
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<tr>
<td>GHI</td>
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• Continue follow-up to obtain caregiver relationship (submit Discrepancy Report[s] if hospice *continues* to not provide required information)
Data Quality Check Examples (cont’d)

<table>
<thead>
<tr>
<th>Hospice ID</th>
<th>Question 3 Never</th>
<th>Question 3 Sometimes</th>
<th>Question 3 Usually</th>
<th>Question 3 Always</th>
<th>Question 3 Missing</th>
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<td>5%</td>
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- Q3 – Oversee or take part in care:
  - Did the hospice send the decedents/caregivers list with caregiver mismatched information?
  - Was there a data processing error?
### Data Quality Check Examples (cont’d)

#### Quarter 1 2017 – Survey Responses

<table>
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<tr>
<th>Hospice ID</th>
<th>Question 7 Never</th>
<th>Question 7 Sometimes</th>
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#### Quarter 2 2017 – Survey Responses

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<td>30%</td>
<td>5%</td>
<td>25%</td>
<td>34%</td>
<td>6%</td>
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- **Q7 – Help as soon as needed:**
  - Did the hospice implement a quality improvement initiative?
  - Does this change appear reasonable?
Perform Additional XML File Quality Checks

• Prior to submitting XML files to the Data Warehouse, survey vendors should minimally:
  – Confirm Hospice Record for each applicable month for each hospice
    o Verify correct calculation of sample size, ineligible pre- and post-sample
    o Check reasonability of counts from hospices and submission of all elements such as NPI
  – Review a subset of administrative data in XML file to the original decedents/caregivers list
  – Validate survey vendor-assigned decedent/caregiver administrative fields, such as:
    o “Final Survey Status” codes, lag time and supplemental question count
  – Review survey response results against original returned survey or recorded interview/database
    o Check skip pattern coding
Public Reporting and Analysis of CAHPS Hospice Survey Data
Objectives

• Overview
• Measures Reported
• Top-, Middle-, and Bottom-Box Scores
• Footnotes
• Provider Preview Reports
• Data Adjustment
  – Adjust for Mode of Survey Administration
  – Adjust for Case Mix
Public reporting of CAHPS Hospice Survey data began in February 2018.

Official CAHPS Hospice Survey scores are published by CMS on Hospice Compare:
- [www.medicare.gov/hospicecompare](http://www.medicare.gov/hospicecompare)

Downloadable database containing CAHPS Hospice Survey results by CCN.
Results are updated quarterly, reporting:

- Six composites and two global measures
- Top-, middle-, and bottom-box scores

CAHPS Hospice Survey 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 averages
CAHPS® Hospice Survey Update Training

Hospice Compare

Find a hospice agency

Find hospices that serve your area and compare them based on the quality of care they provide. Hospice agencies most often provide services where you live, whether it’s at home, an assisted living facility, or a nursing home.

There are 2 ways to search

Hospice agency name

Location

Full or Partial Hospice Agency Name and/or ZIP code or City, State or State

Example: 45802 or Lima, OH or Ohio

Learn more
### Public Reporting Periods

<table>
<thead>
<tr>
<th>Reporting Period (Dates of Death)</th>
<th>Provider Preview Period *</th>
<th>Hospice Compare Refresh Dates*</th>
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<tr>
<td>Q3 2016 – Q2 2018</td>
<td>March 2019</td>
<td>May 2019</td>
</tr>
<tr>
<td>Q4 2016 – Q3 2018</td>
<td>June 2019</td>
<td>August 2019</td>
</tr>
</tbody>
</table>

*Exact start dates will be announced by CMS*
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)
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

* For Question 10, regarding whether the hospice team gave confusing or contradictory information, the top-box response is “Never”
Middle-Box Scores

• Middle-box scores reflect the proportion of respondents who gave the intermediate response(s)
  – “**Usually**” when response options are Never, Sometimes, Usually, or Always*
  – “**Yes, somewhat**” when response options are Yes, definitely; Yes, somewhat; or No
  – There is no middle box score when the response options are Too little, Right amount, or Too much
  – “**Probably yes**” when response options are Definitely no, Probably no, Probably yes, Definitely yes
  – **7 or 8** when response options are 0 to 10

* For Question 10, regarding whether the hospice team gave confusing or contradictory information, the middle-box response is “Sometimes”
Bottom-Box Scores

• Bottom-box scores reflect the proportion of respondents who gave the least positive response(s)
  – “Sometimes” or “Never” when response options are Never, Sometimes, Usually, or Always*
  – “No” when response options are Yes, definitely; Yes, somewhat; or No
  – “Too little” or “Too much” when response options are Too little, Right amount, or Too much
  – “Probably no” or “Definitely no” when response options are Definitely no, Probably no, Probably yes, Definitely yes
  – 6 or lower when response options are 0 to 10

* For Question 10, regarding whether the hospice team gave confusing or contradictory information, the bottom-box responses are “Always” and “Usually”
Footnotes

• Some hospices have footnotes displayed with their measure scores on Hospice Compare. Footnotes indicate:
  ‒ The reason a hospice does not have measure scores displayed
  ‒ Any issues identified with the hospice’s measure scores
• The possible footnotes are:

<table>
<thead>
<tr>
<th>Number</th>
<th>Description as displayed on Hospice Compare</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>The number of cases is too small to report.</td>
<td>The number of responses does not meet the required minimum amount for public reporting for this reporting period.</td>
</tr>
<tr>
<td>7</td>
<td>Results are based on a shorter time period than required.</td>
<td>The results were based on fewer than all possible quarters of data for the reporting period.</td>
</tr>
<tr>
<td>8</td>
<td>Data suppressed by CMS.</td>
<td>The results for these measures were excluded for various reasons, such as data inaccuracies.</td>
</tr>
<tr>
<td>9</td>
<td>There were discrepancies in the data collection process.</td>
<td>There were deviations from data collection protocols.</td>
</tr>
<tr>
<td>10</td>
<td>None of the required data were submitted for this reporting period.</td>
<td>The hospice did not submit any required data for this quality reporting period.</td>
</tr>
<tr>
<td>11</td>
<td>Results are not available for this reporting period.</td>
<td>The hospice is too new or too small to be required to participate in the CAHPS Hospice Survey, or no cases met the criteria for the measure for this reporting period.</td>
</tr>
</tbody>
</table>
### CAHPS® Hospice Provider Preview Report

**Reporting Period:** 10/01/2015 - 09/30/2017

**Number of Quarters of Data Included:** 2

**Number of Completed Surveys Included:** 186

#### CAHPS Hospice Survey Quality Measures

This table displays a preview of CAHPS scores for your hospice, representing the proportion of respondents who gave the least, middle, and most favorable response(s) for each measure—also known as the bottom, middle, and top box scores—along with national scores, for comparison. Please review.

If you have questions or concerns about your CAHPS Hospice Survey data, please email our technical assistance team at hospticecahpssurvey@HCQIS.org.

<table>
<thead>
<tr>
<th>CAHPS Hospice Quality Measure (NQF ID 2651)</th>
<th>Score Type</th>
<th>Response Option</th>
<th>Your Hospice (%)</th>
<th>U.S. National (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with family*</td>
<td>Top</td>
<td>Always</td>
<td>Not Available</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td>Middle</td>
<td>Usually</td>
<td>Not Available</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Bottom</td>
<td>Never; Sometimes</td>
<td>Not Available</td>
<td>7</td>
</tr>
<tr>
<td>Getting timely help</td>
<td>Top</td>
<td>Always</td>
<td>Not Available</td>
<td>78</td>
</tr>
<tr>
<td></td>
<td>Middle</td>
<td>Usually</td>
<td>Not Available</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Bottom</td>
<td>Never; Sometimes</td>
<td>Not Available</td>
<td>10</td>
</tr>
<tr>
<td>Treating patient with respect</td>
<td>Top</td>
<td>Always</td>
<td>Not Available</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td>Middle</td>
<td>Usually</td>
<td>Not Available</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Bottom</td>
<td>Never; Sometimes</td>
<td>Not Available</td>
<td>2</td>
</tr>
<tr>
<td>Emotional and spiritual support**</td>
<td>Top</td>
<td>Right amount</td>
<td>Not Available</td>
<td>89</td>
</tr>
<tr>
<td></td>
<td>Bottom</td>
<td>Too little; Too much</td>
<td>Not Available</td>
<td>11</td>
</tr>
<tr>
<td>Help for pain and symptoms***</td>
<td>Top</td>
<td>Always</td>
<td>Not Available</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Middle</td>
<td>Usually</td>
<td>Not Available</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Bottom</td>
<td>Never; Sometimes</td>
<td>Not Available</td>
<td>10</td>
</tr>
</tbody>
</table>
## Provider Preview Reports (cont’d)

### CAHPS® Hospice Provider Preview Report
Reporting Period: 10/01/2015 - 09/30/2017

**CMS Certification Number:** 999997  
**Hospice Facility ID:** 8888885  
**Hospice Name:** Anywhere Hospice  
**Number of Quarters of Data Included:** 8  
**Number of Completed Surveys Included:** 199

#### CAHPS Hospice Survey Quality Measures

This table displays a preview of CAHPS scores for your hospice, representing the proportion of respondents who gave the least, middle, and most favorable response(s) for each measure—also known as the bottom, middle, and top box scores—along with national scores, for comparison. Please review.

If you have questions or concerns about your CAHPS Hospice Survey data, please email our technical assistance team at hospicecahpssurvey@HCOSUS.org.

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<tr>
<th>CAHPS Hospice Quality Measure (NQF ID 2651)</th>
<th>Score Type</th>
<th>Response Option</th>
<th>Your Hospice (%)</th>
<th>U.S. National (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with family*</td>
<td>Top</td>
<td>Always</td>
<td>84</td>
<td>80</td>
</tr>
<tr>
<td></td>
<td>Middle</td>
<td>Usually</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Bottom</td>
<td>Never; Sometimes</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Getting timely help</td>
<td>Top</td>
<td>Always</td>
<td>80</td>
<td>78</td>
</tr>
<tr>
<td></td>
<td>Middle</td>
<td>Usually</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Bottom</td>
<td>Never; Sometimes</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Treating patient with respect</td>
<td>Top</td>
<td>Always</td>
<td>92</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td>Middle</td>
<td>Usually</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Bottom</td>
<td>Never; Sometimes</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Emotional and spiritual support**</td>
<td>Top</td>
<td>Right amount</td>
<td>91</td>
<td>89</td>
</tr>
<tr>
<td></td>
<td>Bottom</td>
<td>Too little; Too much</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Help for pain and symptoms***</td>
<td>Top</td>
<td>Always</td>
<td>77</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Middle</td>
<td>Usually</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Bottom</td>
<td>Never; Sometimes</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Training family to care for patient</td>
<td>Top</td>
<td>Yes, definitely</td>
<td>78</td>
<td>75</td>
</tr>
<tr>
<td></td>
<td>Middle</td>
<td>Yes, somewhat</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Bottom</td>
<td>No</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>
Data Adjustment

• Purpose
  – Differences in hospice ratings should reflect only differences in quality
  – Adjustments permit valid comparison of all hospices

• Adjust the results to “level the playing field”
  – That is, adjust for factors not directly related to hospice performance
    o Mode of survey administration
    o Case mix
Adjust for Mode

• Purpose
  – Account for effect of mode of survey administration (mail, telephone, mixed mode) on how caregivers respond to the survey

• Mode experiment conducted in 2015
  – Summary document of mode experiment results and adjustments is available on CAHPS Hospice Survey Web site
    o www.hospicecahpssurvey.org/en/scoring-and-analysis
Mode Adjustment Example

- Example: Hospice uses Mail Only Mode

<table>
<thead>
<tr>
<th>Hospice’s Raw Top-Box Score on Rating of this Hospice</th>
<th>95.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail Only Mode Adjustment Coefficient for Rating of this Hospice</td>
<td>-3.89</td>
</tr>
<tr>
<td><strong>Hospice’s Mode-Adjusted Top-Box Score for Rating of this Hospice</strong></td>
<td><strong>91.11</strong></td>
</tr>
</tbody>
</table>

**NOTE:** Mode adjustment coefficients for each measure are available on the CAHPS Hospice Survey website. Telephone Only is the reference mode.
Adjust for Case Mix

- **Purpose**
  - Account for effect of decedent/caregiver characteristics on how caregivers respond to the survey

- **Case-Mix Adjuster Variables**
  - Decedent age
  - Payer for hospice care
  - Primary diagnosis
  - Length of final episode of hospice care
  - Respondent education
  - Relationship of caregiver to decedent
  - Language
  - Response percentile (calculated by ranking lag time)

Calculating Case-Mix Adjustments: Overview

• Gather 3 types of data
  - Hospice data on CMAs and CAHPS measures
  - National CMA means
  - National CMA coefficients

• Perform 2 steps of calculation
  - Calculate hospice means
  - Apply case-mix adjustment equation
Data Needed to Calculate Case-Mix Adjustments

1. Each hospice’s data for each case-mix variable and CAHPS measure (from vendor or hospice)

2. National mean of hospice proportions for each case-mix variable, updated quarterly on the CAHPS Hospice Survey Scoring and Analysis page (Table 12)

3. National adjustment coefficients for each case-mix variable, updated quarterly on the CAHPS Hospice Survey Scoring and Analysis page (Tables 1-11)
Adjustment Step 1 of 2: Calculate Hospice Means for Case-Mix Variables

- Using data provided in the sample frame by the hospice, or the survey responses, calculate the proportion of hospice decedents/caregivers in each case-mix variable category
  - For example, what proportion of decedents had a primary diagnosis of Alzheimer’s and non-Alzheimer’s dementias?
Adjustment Step 2 of 2: Apply Case-Mix Adjustment Equation

• Using data provided by CMS on the Scoring and Analysis page of the survey website, apply the adjustment equation
  – Let \( y \) be the mode-adjusted hospice mean of an item that composes a CAHPS Hospice Survey measure
  – Let \( m_1-m_{54} \) be the national means for the CMA variables (Table 12)
  – Let \( h_1-h_{54} \) be the CMA variable means for the hospice in question (in the same form as Table 12)
  – Let \( a_1-a_{54} \) be the corresponding adjustments (Tables 1 - 11)

The case-mix and mode-adjusted hospice score \( y' \) for the item is:
\[
y' = y + a_1(h_1-m_1) + a_2(h_2-m_2) + ... + a_{54}(h_{54}-m_{54})
\]
Wrap-up and Next Steps

• Post-training Survey Vendor Quiz
  – Immediately upon conclusion of training
  – Accessible via Webinar for 15 minutes

• Feedback on training
  – Follows post-training quiz
  – Accessible via Webinar for 10 minutes

• Survey vendor notification
  – CMS follow-up regarding survey vendor quiz by 10/05/2018
Wrap Up and Next Steps (cont’d)

- Upcoming deadlines for survey vendors
  - Samples of CAHPS Hospice Survey materials due by 11/02/2018
  - Quarter 2 2018 decedent data due by 11:59 PM Eastern Time 11/14/2018
  - CAHPS Hospice Survey Attestation Statement due by 12/13/2018
CAHPS® Hospice Survey Update Training

Contact Us

• CAHPS Hospice Survey Information and Technical Assistance
  – Web site: www.hospicecahpssurvey.org
  – Email: hospicecahpssurvey@HCQIS.org
  – Telephone: 1-844-472-4621
Quiz and Evaluation