

CAHPS Hospice Survey

Authorization Form for Changing Survey Vendors

Hospice agencies must authorize an approved CAHPS Hospice Survey vendor to submit data on their behalf for the administration of the CAHPS Hospice Survey. If a hospice wishes to change CAHPS Hospice Survey vendors, it may do so **ONLY** at the beginning of a calendar quarter.

Note: A quarter is based on the calendar year (CY) and will correspond to the month of patient death. For example, Quarter 1 2017 begins with January 2017 patient deaths (caregivers to be surveyed April 2017).

In order to change a survey vendor, the hospice's CAHPS Hospice Survey Administrator must complete the Authorization Form for Changing Survey Vendors and submit it to the RAND Corporation one calendar quarter (90 days) prior to the data submission deadline.

- The CAHPS Hospice Survey Administrator for the hospice should complete and submit this form
- This form must be signed and dated in the presence of a notary public, notarized and sent to the RAND Corporation
- When completing the Authorization Form for Changing Survey Vendors pertaining to multiple hospice agencies, it is appropriate to attach a list to the form of all the hospices (hospice names and CMS Certification Numbers [CCNs]). Please check the box on the form indicating that a separate document is attached and indicate the number of hospice names or CCNs listed on the separate sheet. The list must be signed and dated by the CAHPS Hospice Survey Administrator.

If sent via U.S. Mail, send to:

RAND Corporation
ATTN: Melissa A. Bradley
CAHPS Hospice Survey
1200 South Hayes Street
Arlington, VA 22202

If sent via Federal Express, UPS or other overnight delivery service, send to:

RAND Corporation
ATTN: Melissa A. Bradley
CAHPS Hospice Survey
1200 South Hayes Street
Arlington, VA 22202
Phone: 703-413-1100, extension 5614

Note: After submission of the Authorization Form for Changing Survey Vendors, no further action is required by the hospice to notify CMS of their change in survey vendor selection. The RAND Corporation communicates to CMS which hospice agencies have authorized a survey vendor to administer the CAHPS Hospice Survey on their behalf.

CAHPS Hospice Survey Authorization Form for Changing Survey Vendors

I, _____ (print CAHPS Hospice Survey Administrator's name),
authorize the following change in CAHPS Hospice Survey vendor for:

Hospice Name (please print): _____

Hospice CCN(s): _____

OR Check box if list is attached:

Document attached listing (print number) _____ hospice names and CCNs.

A. Current Survey Vendor Information

Name of Current Survey Vendor (De-authorizing): _____

Name of New Survey Vendor (Authorizing):

Survey Vendor Name: _____

Survey Vendor Mailing Address: _____

City: _____ State: _____ Zip Code: _____

B. Last Quarter of Survey Administration for the Current CAHPS Hospice Survey Vendor and First Quarter of Survey Administration for the New CAHPS Hospice Survey Vendor

Please check the box that corresponds to the quarters in which the change will occur.

<i>Check One</i>	Last Quarter of Survey Administration for the Current CAHPS Hospice Survey Vendor (De- authorizing)	First Quarter of Survey Administration for the New CAHPS Hospice Survey Vendor
<input type="checkbox"/>	Quarter 1 CY 2016 Deaths in January, February and March, 2016 Survey administration in April, May and June, 2016 Data submission August 10, 2016	Quarter 2 CY 2016 Deaths in April, May and June, 2016 Survey administration in July, August and September, 2016 Data submission November 9, 2016
<input type="checkbox"/>	Quarter 2 CY 2016 Deaths in April, May and June, 2016 Survey administration in July, August and September, 2016 Data submission November 9, 2016	Quarter 3 CY 2016 Deaths in July, August and September, 2016 Survey administration October, November and December, 2016 Data submission February 8, 2017
<input type="checkbox"/>	Quarter 3 CY 2016 Deaths in July, August and September, 2016 Survey administration October, November and December, 2016 Data submission February 8, 2017	Quarter 4 CY 2016 Deaths in October, November and December, 2016 Survey administration in January, February and March, 2017 Data submission May 10, 2017
<input type="checkbox"/>	Quarter 4 CY 2016 Deaths in October, November and December, 2016 Survey administration in January, February and March, 2017 Data submission May 10, 2017	Quarter 1 CY 2017 Deaths in January, February and March, 2017 Survey administration in April, May and June, 2017 Data submission August 9, 2017
<input type="checkbox"/>	Quarter 1 CY 2017 Deaths in January, February and March, 2017 Survey administration in April, May and June, 2017 Data submission August 9, 2017	Quarter 2 CY 2017 Deaths in April, May and June, 2017 Survey administration in July, August and September, 2017 Data submission November 8, 2017

Hospice Administrator First and Last Name: _____

Hospice Administrator Signature: _____

Title: _____

Phone Number: _____ Email: _____

Hospice Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Notary Public Signature: _____

Stamp: _____

Notary Public Date: _____