

CAHPS Hospice Survey Survey Vendor Authorization Form

Hospice agencies must authorize an approved CAHPS Hospice Survey vendor to submit data on their behalf for the administration of the CAHPS Hospice Survey.

In order to authorize a survey vendor or switch to a new survey vendor, a hospice representative must complete the CAHPS Hospice Survey Vendor Authorization Form and submit it to the RAND Corporation one calendar quarter (90 days) prior to the first time data will be submitted to the CAHPS Hospice Survey Data Warehouse by that vendor. 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 2024 begins with January 2024 patient deaths (caregivers to be surveyed April 2024).*

The individual who completes this form for the hospice will be considered the CAHPS Hospice Survey Administrator for that hospice.

- This form must be signed and dated in the presence of a notary public, notarized and sent to the RAND Corporation.
- Hospices may also designate, on the form, an additional individual within the hospice organization to serve as the main point of contact with the CAHPS Hospice Survey Project Team.

Please note, when completing the CAHPS Hospice Survey Vendor Authorization Form pertaining to multiple hospice agencies, it is appropriate to attach a list to the form (signed and dated by the CAHPS Hospice Survey Administrator) of all the applicable 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 and CCNs listed on the separate sheet.

Send the completed form to:

RAND Corporation
ATTN: Survey Research Group - Data Reduction
CAHPS Hospice Survey
1776 Main Street
Santa Monica, CA 90401
Phone: (310) 393-0411, extension 5599

Note: After submission of the CAHPS Hospice Survey Vendor Authorization Form, no further action is required by the hospice to notify CMS of their 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. The RAND Corporation notifies vendors of hospices who have authorized them for data collection. Vendors cannot submit data for hospices that have not authorized them.

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I, _____ acknowledge and accept the role
(print CAHPS Hospice Survey Administrator's name)

and all of the responsibilities of the CAHPS Hospice Survey Administrator for:

CCN _____
(print CMS Certification Number (print name of hospice or "see attached list of hospices")
or "see attached list of CCNs")

In this role I will be responsible for:

- 1) Authorizing a survey vendor to collect data for _____
(print name of hospice or "See attached list")
as part of the CAHPS Hospice Survey and to submit data to CMS on behalf of the hospice.
- 2) Notifying CMS and the RAND Corporation **immediately** if the hospice de-authorizes a survey vendor by completing a new Vendor Authorization Form.
- 3) Designating an individual within the hospice organization to serve as the main point of contact with the CAHPS Hospice Survey Project Team.
- 4) Notifying the CAHPS Hospice Survey Project Team if my role as the CAHPS Hospice Survey Administrator for the hospice will no longer be valid and identifying my successor by submitting a new Vendor Authorization Form.

By signing this form, I authorize _____
(print CAHPS Hospice Survey vendor name*)
to collect data for the hospice I represent as part of the CAHPS Hospice Survey and to submit data to CMS on behalf of the hospice.

Hospice Administrator First and Last Name: _____

Hospice Administrator Signature: _____ Date: _____

Title: _____

Phone Number: _____ Email: _____

Hospice Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Hospice Point of Contact for the CAHPS Hospice Survey Project Team (if different from administrator): First and Last Name: _____

Phone Number: _____

Email: _____

If your hospice wishes to change your CAHPS Hospice Survey vendor, you may do so **ONLY** at the beginning of a calendar quarter.

Calendar Quarter	Caregivers are Surveyed:	Corresponding to Patient Deaths:	Vendor Authorization Form Deadline:
Q4 2023	January – March 2024	October – December 2023	January 2024
Q1 2024	April – June 2024	January – March 2024	April 2024
Q2 2024	July – September 2024	April – June 2024	July 2024
Q3 2024	October – December 2024	July – September 2024	October 2024
Q4 2024	January – March 2025	October – December 2024	January 2025

Name of **Old Survey Vendor** (De-authorizing), or check box if no prior vendor:

☐ No prior vendor.

Last Calendar Quarter for Old Survey Vendor (see above table): _____

☐ We have notified the old vendor of this change.

☐ We have scheduled stopping of the files submitted to the old vendor as of the above quarter.

Name of **New Survey Vendor** (Authorizing)*:

Start Calendar Quarter for Vendor Authorizing (see above table):

*Approved Survey Vendors may be located at: [Approved-Vendor-List](#).

Notary Public Signature: _____

Stamp: _____

Notary Public Date: _____