

CAHPS Hospice Survey Quality Assurance Guidelines Version 5.0

Summary of Updates and Emphasis

This document is a reference tool that highlights the major changes from the *CAHPS Hospice Survey Quality Assurance Guidelines Version 4.0 to 5.0*. This document is not a substitute for reviewing the *CAHPS Hospice Survey Quality Assurance Guidelines V5.0* in its entirety. The *CAHPS Hospice Survey Quality Assurance Guidelines V5.0* manual is effective upon its release in September 2018. General formatting and minor wording revisions have occurred throughout the manual and are not included in this change matrix. Please contact the CAHPS Hospice Survey Project Team for any specific questions.

QAG Section	Summary of Key Changes in V5.0
Chapters	
Miscellaneous	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Revised V4.0 to V5.0 ○ Revised dates as necessary (e.g., 2017 to 2018) ○ Minor formatting and wording revisions throughout the manual ○ <i>Data Reporting</i> chapter added ○ Updated references to appendices as needed ○ References to XML File Specification V4.0 have been updated to XML File Specification V5.0
II. Introduction and Overview	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Updated OMB approval of the CAHPS Hospice Survey ○ Updated section regarding the public reporting of CAHPS Hospice Survey results ○ Added Hospice Compare Refresh Date table ○ Added Provider Preview Period information ○ Revised CAHPS Hospice Survey Composite Measure labels in the CAHPS Hospice Survey Quality Measures and Constituent Items table ○ Updated CAHPS Hospice Survey Development and National Implementation Timeline ○ Updated Data Collection and Submission Timeline
III. Program Requirements	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added additional requirements to Minimum Business Requirements: <ul style="list-style-type: none"> ▪ Relevant survey experience must be in the most recent time period <ul style="list-style-type: none"> - Minimum three years conducting surveys in the selected mode(s) in the most recent three-year period - Minimum two years conducting patient-specific surveys as an organization in the most recent two-year period - Minimum two years prior experience selecting a random sample based on specific eligibility criteria in the most recent two-year period ▪ Added a 24-month wait period for survey vendors that do not have any contracted hospice clients after the second 24-month approved period, before the survey vendor is eligible to apply again • Emphasis: <ul style="list-style-type: none"> ○ Clarified the occurrence of “no publicity” status should be a rare and unusual request ○ Clarified hospices that are eligible for a Participation Exemption for Size are encouraged to apply, even if they are participating in data collection ○ Clarified hospices are not allowed to invite or ask the caregiver if they want to participate in a survey or suggest they can “opt out” of the survey

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V. Sampling Protocol	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added survey vendors should review the definition of “no publicity” with each hospice and confirm the “no publicity” count is correct if the number of “no publicity” decedents/caregivers from any hospice is consistently high ○ Added survey vendors should follow-up with hospice clients when the counts don’t equal the number of decedent/caregiver records submitted. Hospices must update the counts if they are inaccurate ○ Added hospices are not to apply eligibility criteria and should provide all decedents/caregivers in the month with the exception of “no publicity” decedents/caregivers to the survey vendor ○ Updated the process for requesting updated files to allow survey vendors to request updated information about specific decedents/caregivers, rather than requesting a complete updated list • Emphasis: <ul style="list-style-type: none"> ○ “No publicity” status should be a rare and unusual request
VI. Mail Only Survey Administration	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added procedures for late survey administration <ul style="list-style-type: none"> ▪ Surveys may be administered from the eighth to the tenth of the month without requesting prior approval from CMS ▪ A Discrepancy Report must be submitted to notify CMS of the late survey administration and the survey vendor must keep documentation explaining the reason for late administration ▪ After the tenth of the month, approval must be granted by CMS before the survey can be administered and a Discrepancy Report must be submitted if survey administration begins late or does not occur for any month ○ Minor revisions to language required for cover letters ○ Updated the process for requesting updated files to allow survey vendors to request updated information about specific decedents/caregivers, rather than requesting a complete updated list ○ Added requirement for regular checks of the system or equipment if automated processes are being used to perform interval checks • Emphasis: <ul style="list-style-type: none"> ○ Clarified survey vendors should check the accuracy of sampled patients’ contact information prior to fielding the survey ○ Clarified on-site verification of printing and mailing processes should occur on an annual basis, at a minimum

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VII. Telephone Only Survey Administration	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added procedures for late survey administration <ul style="list-style-type: none"> ▪ Surveys may be administered from the eighth to the tenth of the month without requesting prior approval from CMS ▪ A Discrepancy Report must be submitted to notify CMS of the late survey administration and the survey vendor must keep documentation explaining the reason for late administration ▪ After the tenth of the month, approval must be granted by CMS before the survey can be administered and a Discrepancy Report must be submitted if survey administration begins late or does not occur for any month ○ Added requirement to schedule a call back at the caregiver’s convenience upon request (i.e., between the hours of 9 AM and 9 PM respondent time within the 42 calendar day data collection period) ○ Added strong recommendation that call attempts also include weekends ○ Added guidance for interviewers when reaching a number that appears to be a business ○ Updated telephone monitoring and oversight to require “floor rounding” in call-center(s) to visually observe and ensure the professionalism of interviewers • Emphasis: <ul style="list-style-type: none"> ○ Clarified on-site verification of subcontractor’s interviewing processes is strongly recommended on an annual basis, at a minimum
VIII. Mixed Mode Survey Administration	<p>See Mail Only and Telephone Only Survey Administration</p> <ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added requirement for the first telephone attempt to be made in the first seven days of the telephone field period (i.e., from 21 to 28 calendar days after mailing the questionnaire) • Emphasis: <ul style="list-style-type: none"> ○ Clarified caregivers must not receive any further telephone attempts once the caregiver’s mail survey is received by the survey vendor after calling begins
IX. Data Coding and Data File Preparation	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added requirement for survey vendors to confirm if a hospice had any decedents/caregivers in a month if the hospice does not submit a sample file for any month ○ Added requirement for submission of a Discrepancy Report if no written confirmation is received from a hospice of zero survey-eligible decedents/caregivers and no file is received in the month • Emphasis: <ul style="list-style-type: none"> ○ Clarified multiple data file submission process
X. Data Submission	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Updated instructions for submitting the CAHPS Hospice Survey Data Warehouse Access Form to exclude fax ○ Added requirement that if any CAHPS Hospice Survey processes are automated, then the programmer must be available during the site visit to review the programming • Emphasis: <ul style="list-style-type: none"> ○ Clarified if a survey vendor attempts to submit the hospice’s survey data without authorization, the entire file containing the unauthorized CCN will be rejected

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XI. Oversight Activities	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Updated QAP requirements to exclude extraneous information ○ Added requirement that if any CAHPS Hospice Survey processes are automated, then the programmer must be available during the site visit to review the programming ○ Updated non-compliance and sanctions to include footnotes and/or suppression of publicly reported scores
XII. Data Reporting	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ New chapter
XIII. Exception Request Process	No revisions
XIV. Discrepancy Report Process	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added information regarding the assignment of footnotes • Emphasis: <ul style="list-style-type: none"> ○ Clarified Discrepancy Report must be submitted every time survey administration begins late or does not occur for any month
XV. Data Quality Checks	No revisions
Appendices	
Appendix A Minimum Business Requirements	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added additional requirements to Minimum Business Requirements: <ul style="list-style-type: none"> ▪ Relevant survey experience must be in the most recent time period <ul style="list-style-type: none"> - Minimum three years conducting surveys in the selected mode(s) in the most recent three-year period - Minimum two years conducting patient-specific surveys as an organization in the most recent two-year period - Minimum two years prior experience selecting a random sample based on specific eligibility criteria in the most recent two-year period ▪ Added a 24-month wait period for survey vendors that do not have any contracted hospice clients after the second 24-month approved period, before the survey vendor is eligible to apply again
Appendix B Survey Vendor Authorization Form	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Removed requirement for hospices to contact the CAHPS Hospice Survey Project Team when switching survey vendors ○ Updated Survey Vendor Authorization Form
Appendix C Data Warehouse Access Form for Vendors and Hospices	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Removed fax information for submission of Data Warehouse Access Form for Vendors and Hospices

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Appendix D Sample File Layout	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Updated “Decedent Primary Diagnosis Code Format” to no longer required for data submission ○ Added “9 = Other” response option to “Caregiver Language” • Emphasis: <ul style="list-style-type: none"> ○ Clarified “Total Number of Decedents” should contain decedents for the hospice CCN only ○ Clarified definition of “No Publicity” decedents/caregivers ○ Clarified “Decedent Last Location/Setting of Care” to include hospital in “7 = Long-term care facility”
Appendix E XML File Layout Version 5.0	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Revised dates as necessary (e.g., 2017 to 2018)
Appendix F Interviewing Guidelines for Telephone Surveys	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added the following interviewing guidelines: <ul style="list-style-type: none"> ▪ “Have a good (day/evening).” is permissible if appropriate ▪ Interviewers must request to speak with the sampled caregiver when reaching a business number
Appendix G Frequently Asked Questions for Customer Support	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added the following frequently asked question: <ul style="list-style-type: none"> ▪ “Where can I find the results of the survey?”
Appendix H Model Quality Assurance Plan	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Updated QAP requirements to exclude extraneous information
Appendix I Exception Request Form	No revisions
Appendix J Discrepancy Report Form	No revisions
Appendix K Participation Exemption for Size Form	No revisions
Appendix L Attestation Statement	No revisions

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Appendix M Examples of Additional Supplemental Questions for Survey Vendor Use	No revisions
Appendix N Mail Survey Materials (English)	No revisions
Appendix O Mail Survey Materials (Spanish)	No revisions
Appendix P Mail Survey Materials (Traditional Chinese)	No revisions
Appendix Q Mail Survey Materials (Simplified Chinese)	No revisions
Appendix R Mail Survey Materials (Russian)	No revisions
Appendix S Mail Survey Materials (Portuguese)	No revisions
Appendix T Mail Survey Materials (Vietnamese)	No revisions
Appendix U Mail Survey Materials (Polish)	No revisions
Appendix V Mail Survey Materials (Korean)	No revisions
Appendix W Telephone Script (English)	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Updated skip logic (e.g., [GO TO Q35] changed to [GO TO Q35 INTRO]) ○ Minor updated to interviewer notes (e.g., patient changed to caregiver) ○ Added “Have a good (day/evening).” to closing if appropriate

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Appendix X Telephone Script (Spanish)	<ul style="list-style-type: none">• Updates:<ul style="list-style-type: none">○ Updated skip logic (e.g., [GO TO Q35] changed to [GO TO Q35 INTRO])○ Added “Have a good (day/evening).” to closing if appropriate