

CAHPS Hospice Survey Attestation Statement

Instructions: The following Attestation Statement must be completed by all organizations conditionally re-approved to administer the CAHPS Hospice Survey and must be returned to the CAHPS Hospice Survey Project Team no later than December 13, 2017.

All of the data collected and submitted to the Centers for Medicare & Medicaid Services (CMS) for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey by [name of survey vendor] and all our subcontractors and any other organizations (if applicable) engaged in survey activities are accurate and complete. This includes the following:

1. Meet and comply with the CAHPS Hospice Survey Minimum Business Requirements specified in the *CAHPS Hospice Survey Quality Assurance Guidelines*
2. Review and adhere to the *CAHPS Hospice Survey Quality Assurance Guidelines* and policy updates
3. Update annual CAHPS Hospice Survey Quality Assurance Plan to be complete, comprehensive and accurate
4. Attest to the accuracy of data collection activities
5. Comply with all requirements of the Health Insurance Portability and Accountability Act (HIPAA) Security and Privacy Rules in conducting all survey administration and data collection activities
6. Maintain confidentiality and security of all CAHPS Hospice Survey decedent/caregiver-related and survey-related data
7. Meet all CAHPS Hospice Survey due dates (including data submission)
8. Report any problems or discrepancies to CMS in a timely manner
9. Participate and cooperate (including subcontractors and any other organizations responsible for major functions of the CAHPS Hospice Survey) in all oversight activities conducted by the CAHPS Hospice Survey Project Team

The statements herein are true, complete and accurate to the best of my knowledge.

Survey Vendor Name: _____

Project Director or Authorized Representative Name: _____

Title: _____

Signature: _____

Date: _____