

CAHPS Hospice Survey Quality Assurance Guidelines Version 4.0

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 3.0 to 4.0*. This document is not a substitute for reviewing the *CAHPS Hospice Survey Quality Assurance Guidelines V4.0* in its entirety. The *CAHPS Hospice Survey Quality Assurance Guidelines V4.0* manual is effective upon its release in September 2017. 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 V4.0
Chapters	
Miscellaneous	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Revised V3.0 to V4.0 ○ Revised dates as necessary (e.g., 2016 to 2017) ○ Minor formatting and wording revisions throughout the manual ○ Added references to the Polish and Korean translations for mail survey administration ○ Updated references to appendices as needed ○ References to XML File Specification V3.0 have been updated to XML File Specification V4.0 ○ Clarified process for authorizing and de-authorizing a survey vendor throughout the manual ○ Combined Vendor Authorization-related forms into one appendix (Appendix B) ○ Added appendix for Attestation Statement (Appendix L) ○ Added appendices for Polish and Korean survey translations (Appendices U and V)
II. Introduction and Overview	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added National Quality Forum submission and endorsement information ○ Added section regarding the public reporting of CAHPS Hospice Survey results ○ Revised label “Willingness to Recommend” in the CAHPS Hospice Survey Quality Measures and Constituent Items ○ 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 roles and responsibilities: <ul style="list-style-type: none"> ▪ CMS: Process data files, calculate and adjust scores, generate preview reports, and report results publicly ▪ Hospices: Preview results prior to public reporting ▪ Survey Vendors: Complete Attestation Statement annually; Request hospice client(s) gain access to Data Warehouse ○ Revised Survey Vendor Analysis of CAHPS Hospice Survey Data section to note the following: <ul style="list-style-type: none"> ▪ Removed restrictions to display cell sizes that contain less than 11 observations ▪ Added a required statement for each page of report to hospices ○ Added additional requirements to Minimum Business Requirements: <ul style="list-style-type: none"> ▪ Two years prior experience transmitting data via HIPAA-compliant secure methods ▪ Submit Discrepancy Reports immediately upon discovering a discrepancy in following protocols ▪ Develop and update a QAP • Emphasis: <ul style="list-style-type: none"> ○ Clarified use and distribution of CAHPS Hospice Survey results ○ Clarified non-official use of the CAHPS Hospice Survey ○ Clarified when previously exempt hospices must begin participating

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IV. Communications and Technical Support	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added telephone number for CAHPS Hospice Survey Data Coordination Team
V. Sampling Protocol	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Updated example regarding census sampling ○ Updated counts that survey vendors must provide each month (e.g., cases available to be sampled, cases actually drawn into sample) • Emphasis: <ul style="list-style-type: none"> ○ Clarified “no publicity” decedents/caregivers as those that request at any time during their stay to not be contacted ○ Clarified decedents of all payer types are eligible for sampling ○ Clarified eligibility criterion “decedents age 18 and over at time of death” and provided calculation example ○ Clarified that hospices must provide written documentation of zero survey-eligible decedents/caregivers for the month
VI. Mail Only Survey Administration	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added formatting protocol that language may be added to the questionnaire to indicate the survey continues on another page (e.g., “Continue on next page”) ○ Removed references to Consent to Share Responses supplemental question ○ Added requirement that cover letter must include wording stating participation is voluntary and will not affect any health care or benefits ○ Added requirement that cover letter must not include any promotional or marketing text ○ Removed protocol permitting use of the CMS logo on outgoing envelopes ○ Added Training of Subcontractors and Any Other Organizations Responsible for Major Survey Administration Functions section ○ Added quality checks of programming code to be performed and documented annually, at a minimum ○ Added BAAs must be executed in accordance with HIPAA regulations • Emphasis: <ul style="list-style-type: none"> ○ Clarified formatting protocol that response options may be incorporated as circles, ovals or squares with no mixing characters ○ Clarified hospice cannot use any comments, even if they are anonymous, as testimonials or for marketing purposes ○ Clarified supplemental questions should be incorporated into the questionnaire and must be the last page in the packet if included as a separate sheet ○ Clarified each potential supplemental question (including each open-ended or free response) counts as one supplemental item ○ Clarified an electronic signature on the cover letter is permissible ○ Clarified key-entered data must be independently entered by at least two staff members and a different staff member must reconcile the differences ○ Clarified quality checks of seeded mailings must be documented and retained ○ Clarified disaster recovery plan must be available upon request

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VII. Telephone Only Survey Administration	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Removed references to Consent to Share Responses supplemental question ○ Added survey administration must be conducted in accordance with Telephone Consumer Protection Act regulations ○ Added the following training protocols: <ul style="list-style-type: none"> ▪ Use of neutral acknowledgement is permitted ▪ Script must be read from the telephone screens ▪ Pace of interview should be adjusted to be conducive to needs of caregiver ○ Added BAAs must be executed in accordance with HIPAA regulations • Emphasis: <ul style="list-style-type: none"> ○ Clarified each potential supplemental question (including each open-ended or free response) counts as one supplemental item ○ Clarified hospice cannot use any comments, even if they are anonymous, as testimonials or for marketing purposes ○ Clarified state regulations must be followed when monitoring and/or recording telephone attempts ○ Clarified if call back is scheduled at a specific time, then an attempt must be made at that time ○ Clarified single telephone attempt can consist of three busy signals obtained at approximately 20-minute intervals ○ Clarified interviewers must request to get in touch with caregiver if a healthcare facility staff member is reached ○ Clarified monitoring of attempts must include at least 10 percent of interviewer survey response coding ○ Clarified disaster recovery plan must be available upon request
VIII. Mixed Mode Survey Administration	See Mail Only and Telephone Only Survey Administration
IX. Data Coding and Data File Preparation	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added example for calculating sample size ○ Removed protocol permitting survey administration to caregivers with an incomplete name • Emphasis: <ul style="list-style-type: none"> ○ Clarified caregivers drawn into the sample with an incomplete name must be coded “12 – Non-response: Incomplete Caregiver Name”
X. Data Submission	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Updated instructions for accessing the CAHPS Hospice Survey Data Warehouse ○ Updated description of the Data Submission Reports • Emphasis: <ul style="list-style-type: none"> ○ Clarified process for authorizing and de-authorizing a survey vendor
XI. Oversight Activities	<ul style="list-style-type: none"> • Emphasis: <ul style="list-style-type: none"> ○ Clarified requirements for submitting an updated Quality Assurance Plan (QAP): <ul style="list-style-type: none"> ▪ Include changes in survey administration processes ▪ Discuss results of quality control checks performed in prior year ▪ Discuss challenges faced and how those challenges were addressed ▪ Indicate changes in key staff ▪ Indicate changes in resources

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XII. Exception Request Process	No revisions
XIII. Discrepancy Report Process	<ul style="list-style-type: none"> • Emphasis: <ul style="list-style-type: none"> ○ Clarified value “Unknown” is acceptable in initial Discrepancy Reports but value should be provided in an update
XIV. Data Quality Checks	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added general summary information such as total cases, survey-eligible size, sample month, etc. should be documented ○ Added additional activities/items to review of data files ○ Added Accuracy of Data Processing Activities and Summary sections
Appendices	
Appendix A Minimum Business Requirements	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added two years prior experience transmitting data via HIPAA-compliant secure methods ○ Added submit Discrepancy Reports immediately upon discovering a discrepancy in following protocols ○ Added develop and update a QAP
Appendix B Survey Vendor Authorization Form	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Combined Survey Vendor Authorization Form and Form for Switching Survey Vendors
Appendix C Data Warehouse Access Form for Vendors and Hospices	No revisions
Appendix D Sample File Layout	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added “Caregiver Language” Data Element • Emphasis: <ul style="list-style-type: none"> ○ Clarified “no publicity” decedents/caregivers as those that request at any time during their stay to not be contacted
Appendix E XML File Layout Version 4.0	<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 training protocols: <ul style="list-style-type: none"> ▪ Use of neutral acknowledgement is permitted ▪ Script must be read from the telephone screens ▪ Pace of interview should be adjusted to be conducive to needs of caregiver ▪ Leaving messages is not permitted; interviewers should re-contact caregiver • Emphasis: <ul style="list-style-type: none"> ○ Clarified interviewers must request to get in touch with caregiver if a healthcare facility staff member is reached ○ Clarified response options “Yes” and “No” may be read if appropriate

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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 questions: <ul style="list-style-type: none"> ▪ “Where can I find the results of the survey?” ▪ “The caregiver you have reached is in a healthcare facility.” ▪ “I would like to complete the survey online, is that an option?”
Appendix H Model Quality Assurance Plan	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added the following items to be described in the QAP: <ul style="list-style-type: none"> ▪ How caregivers with multiple telephone numbers are handled ▪ De-duplication process ▪ Estimated time to generate, review and submit data ▪ Timeline for incorporating changes based on updates to <i>CAHPS Hospice Survey Quality Assurance Guidelines V4.0</i> ▪ Maximum number of supplemental questions added and transitional statements
Appendix I Exception Request Form	No revisions
Appendix J Discrepancy Report Form	No revisions
Appendix K Participation Exemption for Size Form	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Revised dates as necessary (e.g., 2016 to 2017)
Appendix L Attestation Statement	New Appendix: Attestation Statement
Appendix M Examples of Additional Supplemental Questions for Survey Vendor Use	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Removed translations of Consent to Share Responses supplemental question
Appendix N Mail Survey Materials (English)	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added “Polish” and “Korean” to answer options for Question 47 (What language do you mainly speak at home?) ○ Added text to the third paragraph of the follow-up cover letter: “The Centers for Medicare & Medicaid Services (CMS) pays for most of the hospice care in the U.S. It is CMS’s responsibility to ensure that hospice patients and their family members and friends get high quality care. One of the ways they can fulfill this responsibility is to find out directly from you about the hospice care your family member or friend received.”

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Appendix O Mail Survey Materials (Spanish)	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added “Polish” and “Korean” to answer options for Question 47 (What language do you mainly speak at home?) ○ Added the following text to the third paragraph of the follow-up cover letter: “Los Centros de Servicios de Medicare y Medicaid (CMS, por sus siglas en inglés), que es una parte del HHS, está realizando esta encuesta con el fin de mejorar los cuidados paliativos. El CMS paga la mayoría de los cuidados paliativos de los EE.UU. El CMS tiene la responsabilidad de garantizar que los pacientes de los hospicios así como los miembros de su familia y amigos reciban atención de alta calidad. Una de las maneras en que puede cumplir con esta responsabilidad es enterarse directamente por usted de la calidad de los cuidados paliativos que recibió su familiar o amigo.”
Appendix P Mail Survey Materials (Traditional Chinese)	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Minor revisions throughout questionnaire and cover letters ○ Added “Polish” and “Korean” to answer options for Question 47 (What language do you mainly speak at home?) ○ Added the following text to the third paragraph of the follow-up cover letter: “這項調查由HHS的下屬機構聯邦醫療保險及各州醫療補助服務中心（CMS）開展，目的是為了改善寧養護理品質。美國大部分寧養護理都由CMS支付費用，CMS有責任確保安寧療護患者及其家屬和朋友能得到優質護理服務。要履行這個責任，其中一個方法就是直接向您瞭解您的家屬或朋友得到的安寧療護護理情況。”
Appendix Q Mail Survey Materials (Simplified Chinese)	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Minor revisions throughout questionnaire and cover letters ○ Added “Polish” and “Korean” to answer options for Question 47 (What language do you mainly speak at home?) ○ Added the following text to the third paragraph of the follow-up cover letter: “这项调查由HHS的下属机构联邦医疗保险及各州医疗补助服务中心（CMS）开展，目的是为了改善安宁疗护护理质量。美国大部分安宁疗护护理都由CMS支付费用，CMS有责任确保安宁疗护患者及其家属和朋友能得到优质护理服务。要履行这个责任，其中一个方法就是直接向您了解您的家属或朋友得到的安宁疗护护理情况。”
Appendix R Mail Survey Materials (Russian)	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added “Polish” and “Korean” to answer options for Question 47 (What language do you mainly speak at home?) ○ Added the following text to the third paragraph of the follow-up cover letter: “Центры обеспечения услуг по программам «Медикэр» и «Медикэйд» (Centers for Medicare & Medicaid Services — CMS), которые являются частью Департамента здравоохранения и социального обеспечения, проводят данное исследование с целью улучшения качества хосписного ухода. CMS оплачивает большинство хосписных услуг в США, поэтому несет ответственность за то, чтобы пациенты хосписа, члены их семей и друзья получали высококачественное обслуживание. Один из способов выполнения такого обязательства — получить непосредственно от Вас информацию о хосписном уходе, предоставленном члену Вашей семьи либо другу.”

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Appendix S Mail Survey Materials (Portuguese)	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added “Polish” and “Korean” to answer options for Question 47 (What language do you mainly speak at home?) ○ Added the following text to the third paragraph of the follow-up cover letter: “Os Centros para os Serviços Medicare & Medicaid (Centers for Medicare & Medicaid Services, CMS), que fazem parte do HHS, estão a conduzir este inquérito com o objetivo de melhorar os cuidados prestados nos centros de cuidados paliativos. Os CMS cobrem a maior parte dos cuidados paliativos prestados nos centros de cuidados paliativos nos EUA. É da responsabilidade dos CMS assegurar que os doentes nos centros de cuidados paliativos e os seus familiares e amigos recebem cuidados da melhor qualidade. Uma das formas de cumprirem a sua responsabilidade consiste em obter, diretamente de si, informação sobre os cuidados paliativos que o seu familiar ou amigo recebeu no centro.”
Appendix T Mail Survey Materials (Vietnamese)	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added “Polish” and “Korean” to answer options for Question 47 (What language do you mainly speak at home?) ○ Added the following text to the third paragraph of the follow-up cover letter: “Dịch vụ Bảo hiểm Y tế Người già và Trợ giúp Bảo hiểm Y tế Người nghèo (CMS) – một phần của HHS – đang tiến hành cuộc khảo sát này để nâng cao dịch vụ chăm sóc. CMS chỉ cho hầu hết cho việc chăm sóc tại HOSPICE ở Hoa Kỳ. Đó là trách nhiệm của CMS để đảm bảo rằng, bệnh nhân của HOSPICE và người thân hay bạn bè của họ có được sự chăm sóc với chất lượng cao nhất. Một trong những cách để họ có thể thực hiện trách nhiệm này là để tìm hiểu trực tiếp từ bạn về dịch vụ chăm sóc HOSPICE mà người thân hay gia đình bạn nhận được.”
Appendix U Mail Survey Materials (Polish)	<ul style="list-style-type: none"> • New Appendix: Polish translation of the survey questionnaire, initial and follow-up cover letters and OMB Paperwork Reduction Act text • Updates: <ul style="list-style-type: none"> ○ Added the following text to the third paragraph of the follow-up cover letter: “Ośrodki Centers for Medicare & Medicaid Services (CMS), będące częścią HHS, prowadzą tę ankietę w celu poprawy jakości opieki w hospicjach. CMS pokrywa koszty większości opieki w hospicjach w USA. CMS ma również obowiązek zapewnić, że pacjenci hospicjów, członkowie ich rodzin i przyjaciele otrzymują opiekę wysokiej jakości. Jednym ze sposobów wywiązywania się z tego obowiązku jest uzyskanie informacji bezpośrednio od Pana/Pani na temat opieki hospicyjnej, jaką otrzymał członek Pana/Pani rodziny lub przyjaciel.”
Appendix V Mail Survey Materials (Korean)	<ul style="list-style-type: none"> • New Appendix: Korean translation of the survey questionnaire, initial and follow-up cover letters and OMB Paperwork Reduction Act text • Updates: <ul style="list-style-type: none"> ○ Added the following text to the third paragraph of the follow-up cover letter: “HHS의 한 부분인 ‘메디케어 및 메디케이드 서비스 센터’(CMS)가 호스피스 케어를 증진하기 위해서 이 설문 조사를 진행하고 있습니다. CMS는 미국내 대부분의 호스피스 케어를 재정적으로 지원하고 있습니다. 호스피스 환자와 그의 가족 그리고 친구들이 수준 높은 케어를 받는 것을 보장할 책임이 CMS에 있습니다. 이러한 책임을 이행하기 위한 방법으로 귀하의 가족과 친구들이 받은 호스피스 케어에 관해서 알고자 하는 것입니다.”

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QAG Section	Summary of Key Changes in V4.0
Appendix W Telephone Script (English)	No revisions
Appendix X Telephone Script (Spanish)	No revisions