Introduction to CAHPS Hospice Survey
September 2020
Welcome
CAHPS® Hospice Survey

Training Presentation Overview

CAHPS Hospice Survey Training Objectives:
• Explain purpose and use of the CAHPS Hospice Survey
• Review key concepts and protocols
• Provide an overview of survey administration and instruction on managing the survey
• Discuss modes of survey administration
• Instruct on sampling, data preparation, and data submission

NOTE: Mandatory CAHPS Hospice Update Training will be held on October 1, 2020 for survey vendors
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Introduction and Overview
Successful submission to the Data Warehouse is how hospice compliance is measured.
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Everybody Take Note!

CAHPS Hospice Survey compliance in CY 2021 | Affects FY 2023 APU
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CMS Hospice Quality Reporting Program (HQRPs)

• CAHPS Hospice Survey is a component
• HQRPs information
• Impacts Medicare payments
  – (FY 2023 annual payment update)
• Goals:
  – Improve transparency through public reporting on www.medicare.gov
  – Create incentives for quality improvement
<table>
<thead>
<tr>
<th>Month of Death</th>
<th>Initial Contact with Sampled Decedents/Caregivers</th>
<th>Data Submission to the CAHPS Hospice Survey Data Warehouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2020</td>
<td>July 1, 2020</td>
<td>November 11, 2020</td>
</tr>
<tr>
<td>May 2020</td>
<td>August 1, 2020</td>
<td>November 11, 2020 <em>Optional</em></td>
</tr>
<tr>
<td>June 2020</td>
<td>September 1, 2020</td>
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<td>July 2020</td>
<td>October 1, 2020</td>
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<td>August 2020</td>
<td>November 1, 2020</td>
<td>February 10, 2021</td>
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<td>September 2020</td>
<td>December 1, 2020</td>
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<td>October 2020</td>
<td>January 1, 2021</td>
<td>May 12, 2021</td>
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<td>November 2020</td>
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<td>December 2020</td>
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<td>April 1, 2021</td>
<td>August 11, 2021</td>
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<td>February 2021</td>
<td>May 1, 2021</td>
<td></td>
</tr>
<tr>
<td>March 2021</td>
<td>June 1, 2021</td>
<td></td>
</tr>
</tbody>
</table>
## CAHPS® Hospice Survey

### Timeline for 2021 – 2022

<table>
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<tbody>
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<td>July 1, 2021</td>
<td></td>
</tr>
<tr>
<td>May 2021</td>
<td>August 1, 2021</td>
<td>November 10, 2021</td>
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<td>June 2021</td>
<td>September 1, 2021</td>
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<tr>
<td>July 2021</td>
<td>October 1, 2021</td>
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<td>August 2021</td>
<td>November 1, 2021</td>
<td>February 9, 2022</td>
</tr>
<tr>
<td>September 2021</td>
<td>December 1, 2021</td>
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<tr>
<td>October 2021</td>
<td>January 1, 2022</td>
<td>May 11, 2022</td>
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<tr>
<td>November 2021</td>
<td>February 1, 2022</td>
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<td>December 2021</td>
<td>March 1, 2022</td>
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<tr>
<td>January 2022</td>
<td>April 1, 2022</td>
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<tr>
<td>February 2022</td>
<td>May 1, 2022</td>
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<tr>
<td>March 2022</td>
<td>June 1, 2022</td>
<td></td>
</tr>
</tbody>
</table>
Quality Assurance Guidelines (QAG)

- Provide guidance on all aspects of survey administration and data collection
- Specify all requirements and protocols that must be adhered to
- Describe roles and responsibilities for CMS, survey vendors, and hospices
- Identify required timelines for administration of the survey and submission of data to the CAHPS Hospice Survey Data Warehouse
- Describe the use of survey results in public reporting
Important Points to Remember

• Review QAG V7.0 as it supersedes all previous materials
  – Updates have been made based on questions and feedback
  – Updates must begin with January 2021 decedents

• Data that are submitted must follow the XML File Specification or be rejected from the CAHPS Hospice Survey Data Warehouse
  – XML File Specification V6.0 will be used through Q4 2020
  – XML File Specification V7.0 will be used starting with Q1 2021

• Submit data to the CAHPS Hospice Survey Data Warehouse early
Key URL:  
http://www.hospicecahpssurvey.org

• Copy of the questionnaire in all available translations
• Copy of the QAG V7.0
• Technical information
• Podcasts for hospices, including:
  – Participation exemption requirements
  – Selecting a survey vendor
  – Creating the decedents/caregivers list
  – Data submission
  – Public reporting
Use of CAHPS Hospice Survey

• The CAHPS Hospice Survey and the questions that comprise it are in the public domain
  – Can be used for non-CAHPS Hospice Survey eligible decedents/caregivers, etc.
  – When used in an unofficial capacity:
    o The OMB Paperwork Reduction Act language must not be used
    o All references to “CAHPS Hospice Survey” and “CMS” must be removed
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Use of CAHPS Hospice Survey (cont’d)

- CAHPS Hospice Survey results are not intended to be used for marketing or promotional activities
  - Only the CAHPS Hospice Survey scores that are published on the Compare tool are the “official” scores
  - Scores derived from any other source are “unofficial” and should be labeled as such
Technical Assistance and Communication

• For additional information and technical assistance:
  – via email at hospicecahpssurvey@hsag.com
  – via telephone at 1-844-472-4621

• For CAHPS Hospice Survey Data Warehouse or data submission issues:
  – via email at cahpshospicetechsupport@rand.org
  – via telephone at 1-703-413-1100, extension 5599

• To communicate with CMS:
  – via email at hospicesurvey@cms.hhs.gov
Program Requirements
Overview

• Roles and Responsibilities
  – CMS
  – Hospices
    o Participation Exemptions
    o Hospice Communication with Patients and/or their Caregivers
  – Survey Vendors
    o Staff Training
    o Survey Vendor Analysis of CAHPS Hospice Survey Data
CMS provides:
- QAG
- Training of survey vendors
- Survey materials
- Tools, format, and procedures for submitting the collected data
- Quality oversight
- Technical assistance
- Calculations and adjustments to CAHPS Hospice Survey data for mode and case-mix effects prior to public reporting
- CAHPS Hospice Survey results reported quarterly on the Compare tool on Medicare.gov
Roles and Responsibilities

Hospices

- Participate in the CAHPS Hospice Survey, if eligible
- Authorize a survey vendor by submitting a notarized form
  - Data will be rejected by the Data Warehouse if the survey vendor is not authorized to submit
- Obtain user account(s) for the CAHPS Hospice Survey Data Warehouse
- Provide complete and accurate decedents/caregivers lists and required counts to the survey vendor
  - Understand data submission due dates
- Review Data Submission Reports in the Data Warehouse
- Avoid influencing caregivers as to how to answer the survey questions
Participation Exemption for Size

- Some hospices may be exempted from participation for a given APU period based on their size
  - For the CY 2021 data collection period, Medicare-certified hospices that have served fewer than 50 survey-eligible decedents/caregivers in the period from January 1, 2020 through December 31, 2020 can apply for an exemption from CAHPS Hospice Survey CY 2021 data collection and submission requirements
  - The Participation Exemption for Size Form must be submitted online at www.hospicecahpssurvey.org
  - The Participation Exemption for Size Form must be received by December 31, 2021
  - The Participation Exemption for Size Form must be submitted every year the hospice plans to be considered for the exemption

*Note: For multiple hospice programs sharing one CCN, the survey-eligible decedent/caregiver count is the total from all programs*
Exemption for Newness

• The exemption for newness is based on how recently the hospice received its CCN

• The criterion for this exemption is that the hospice must have received its CCN on or after the first day of the performance year for the CAHPS Hospice Survey
  – EXAMPLE: For the CY 2021, hospices who received their CCN on or after January 1, 2021 are eligible for the one-time exemption for newness

• Hospices that receive the exemption for newness are required to begin participating the first month of the following calendar year
  – EXAMPLE: For the CY 2021, hospices who received their CCN any time in 2021 are required to participate beginning with January 2022 decedents

• Hospices eligible for this exemption will be identified by CMS. There is no form for hospices to submit.
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Hospice Communication with Patients and/or their Caregivers

• Hospices are permitted to:
  – Inform all caregivers about the survey
  – Conduct quality improvement activities, including asking patients/family members questions to promote well-being

• Hospices are not permitted to:
  – Invite or ask the caregiver if they want to participate in the survey, or ask if they want to opt out of the survey
  – Attempt to influence caregivers to answer the survey questions in a particular way
  – Offer incentives of any kind to complete the survey
  – Ask any CAHPS Hospice Survey-like questions or use CAHPS Hospice Survey-like response categories outside of the survey administration
  – Contact caregivers directly regarding survey responses
  – Share any responses that would identify a particular decedent/caregiver with direct care staff
Roles and Responsibilities

Survey Vendors

• Follow the Rules of Participation to administer the CAHPS Hospice Survey
• Participate in CAHPS Hospice Survey Training
• Meet all CAHPS Hospice Survey due dates
• Complete and sign the Introduction to CAHPS Hospice Survey Training Attestation Form at the conclusion of this training
• Complete and submit the quiz which is provided after the Attestation Form is submitted
  – The quiz is available only for 24 hours after submission of the Attestation Form
• Ensure that all survey vendor staff who work on the CAHPS Hospice Survey are trained and that appropriate back-up responsibilities for coverage of key staff are assigned
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Roles and Responsibilities

Survey Vendors (cont’d)

• Verify that each contracted hospice has authorized the survey vendor to submit data on the hospice’s behalf and is on the vendor’s authorized hospices list

• Work with the client hospice’s staff to create monthly decedents/caregivers lists and required counts, including all data elements needed

• Designate a date each month by which the hospice must provide the decedents/caregivers lists
  – Perform checks of the decedents/caregivers lists
  – When an updated decedents/caregivers list is received:
    o Update all decedent/caregiver administrative information available
    o Perform quality checks to track and verify changes from the original decedents/caregivers list
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Roles and Responsibilities

Survey Vendors (cont’d)

• Apply eligibility criteria and prepare sample frame
• Sample decedents/caregivers according to the sampling protocols
• Administer the CAHPS Hospice Survey and oversee the quality of work of staff, subcontractors, and other organizations, if applicable
• Perform quality checks of all administration processes and document the performance of the quality check activities
Roles and Responsibilities

Survey Vendors (cont’d)

• Successfully submit data files to the CAHPS Hospice Survey Data Warehouse in accordance with the XML file layouts
• Request client hospices gain access to the CAHPS Hospice Survey Data Warehouse and review Data Submission Reports
• Review CAHPS Hospice Survey Data Submission Reports
• Maintain active contract(s) with hospice(s) in order to retain approval status
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Roles and Responsibilities

Survey Vendors (cont’d)

• Maintain a toll-free customer support line(s) on behalf of contracted hospice client(s)
  – Provide customer support in all languages in which the survey vendor administers the survey
  – Staff telephone line(s) during business hours
  – Monitor voicemail regularly and reply within 1-2 business days
    o Voicemail is acceptable during and after core business hours
  – Specify on voicemail recording that the caller can leave a message about the CAHPS Hospice Survey
  – Document questions received and responses provided via a database or tracking log
  – Utilize the Frequently Asked Questions (FAQs) in Appendix G to respond to inquiries
• Safeguard decedent/caregiver data
  – Follow HIPAA guidelines
  – Restrict access to confidential data
  – Obtain confidentiality agreements, which includes language related to HIPAA regulations, from staff, subcontractors, and other organizations, if applicable, who have access to confidential information
  – Execute business associate agreements (BAAs) in accordance with HIPAA regulations
  – Establish protocols for secure transfer of decedents/caregivers lists
    o Emailing of protected health information (PHI) via unsecure email is prohibited
  – Establish protocols for identifying security breaches and instituting corrective actions
Roles and Responsibilities

Survey Vendors (cont’d)

• Adhere to physical and electronic data security guidelines
  – Retain all CAHPS Hospice Survey-related data files, including
deceased/caregivers lists and de-identified electronic data files for
  a minimum of three years
  – Store returned paper copies and/or optically scanned
    questionnaires in secure and environmentally safe location
  – Destroy survey-related data files in a secure and environmentally
    safe location and obtain a certificate of the destruction of data
  – Employ firewalls and other mechanisms for preventing
    unauthorized system access
  – Establish access levels and security passwords to safeguard
    sensitive data
Roles and Responsibilities

Survey Vendors (cont’d)

• Adhere to physical and electronic data security guidelines (cont’d)
  – Confirm physical and electronic data files are easily retrievable regardless of whether they have been archived
  – Establish daily back-up procedures to safeguard system data
  – Save media frequently to minimize data losses
  – Test electronic data back-up files quarterly
  – Establish security safeguards for physical location
  – Develop disaster recovery plan
Staff Training and Oversight

- CAHPS Hospice Survey management staff (no volunteers permitted) must:
  - Provide initial and update training to
    - Customer support staff
    - Mail out and data entry staff
    - Telephone interviewers
    - Subcontractors and any other organizations that are responsible for performing major CAHPS Hospice Survey administration functions
  - Monitor and provide quality oversight of staff
    - Perform ongoing monitoring of staff, subcontractors, and any other organizations
    - Implement and quality check all protocol updates
    - Detect and correct performance problems
    - Document all quality check activities
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Survey Vendor Analysis of CAHPS Hospice Survey Data

• Must communicate to hospices that the survey vendor scores are not official CMS scores and should only be used for quality improvement purposes
  – Each page of the report provided to hospices must contain the following statement:
    o “This report has been produced by [Survey Vendor] and does not represent official CAHPS Hospice Survey results.”
Sampling Protocol
Overview of Sampling Process

• Hospices supply a monthly list of decedents/caregivers to their vendor
  – Hospices should not apply eligibility criteria before sending list to vendor

• Survey vendors apply eligibility criteria to determine which decedents/caregivers remain in the sample frame
  – Survey vendors must implement de-duplication processes to verify a decedent appears only once in decedents/caregivers list

• Survey vendors will draw a random or census sample monthly from all decedents/caregivers who meet survey eligibility criteria for each contracted hospice
Each month, each hospice must submit to its contracted survey vendor:

- **Decedents/Caregivers List**
  - *Reminder: Decedents of all payer types are eligible*
  - Include all decedents who died in the month, except those who request no contact ("no publicity")

- **Count of decedents for the month**
  - This count includes all patients who died during the month, including requests for no contact ("no publicity") cases
  - Must be the count for the hospice CCN only

- **Count of hospice offices covered under a single CCN**
  - This count is the number of administrative or practice offices for the CCN (not facilities or settings of care i.e. homes, hospitals, nursing homes)

- **Counts of cases ineligible due to:**
  - Live discharge
  - Requests for no contact (i.e., make a "no publicity" request or initiate or voluntarily request not to be contacted)
Exclusions from the Decedents/Caregivers List

• Decedents/caregivers with “no publicity” status
  – This is a rare and unusual request
  – “No publicity” decedents/caregivers who **initiate or voluntarily** request at any time during their stay that the hospice:
    1) not reveal the patient’s identity; and/or
    2) not survey him or her
  – Hospices must keep documentation for “no publicity” requests
  – Hospices may not ask patients/caregivers if they want to receive the survey
• Patients whose **last admission** to hospice resulted in a live discharge
• Caregivers under 18 years of age
Identifying a Primary Informal Caregiver

- The hospice is responsible for identifying one primary informal caregiver who may be eligible to receive and respond to the CAHPS Hospice Survey for each decedent
  - The CAHPS Hospice Survey should be administered to the informal caregiver most knowledgeable about the care the decedent received at the hospice
  - Hospices should not necessarily prioritize an informal caregiver who is a family member over a friend, as one caregiver category does not automatically have preference over another
  - Staff members, employees of the hospice or care setting in which the patient received hospice care, or paid caretakers should not be considered primary informal caregivers
Identifying a Primary Informal Caregiver (cont’d)

- Caregiver is a family member or friend (i.e., not solely a legal guardian or paid caretaker)
  - A familial legal guardian will belong to one of six caregiver relationships
    1 = Spouse/Partner  4 = Other family member
    2 = Parent          5 = Friend
    3 = Child          7 = Other
  - The hospice should only indicate the caregiver relationship as 6 = Legal guardian if the caregiver is a non-familial legal guardian
  - If a decedent has no caregiver, the hospice should indicate the caregiver relationship as 8 = No Caregiver of Record
## Sample File Layout (Appendix E)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Length</th>
<th>Value Labels and Use</th>
<th>Required for Data Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Name</td>
<td>100</td>
<td>Name of the hospice</td>
<td>Yes</td>
</tr>
<tr>
<td>Provider ID</td>
<td>10</td>
<td>CMS Certification Number (CCN) [formerly known as Medicare Provider Number]</td>
<td>Yes</td>
</tr>
<tr>
<td>NPI</td>
<td>10</td>
<td>National Provider Identifier</td>
<td>Yes</td>
</tr>
<tr>
<td>Number of Hospice Offices</td>
<td>10</td>
<td>The total number of hospice offices operating within this CCN. These are separate administrative or practice offices for the CCN, not to be confused with individual facilities or settings in which hospice care is provided.</td>
<td>Yes</td>
</tr>
<tr>
<td>Total Number of Live Discharges</td>
<td>10</td>
<td>Number of patients who were discharged alive during the month</td>
<td>Yes</td>
</tr>
<tr>
<td>Total Number of Decedents</td>
<td>10</td>
<td>Number of decedents during the month for the hospice CCN only (calculated as the number of records provided by hospice for the CCN plus the number of “no publicity” cases)</td>
<td>Yes</td>
</tr>
<tr>
<td>“No-Publicity” Decedents/Caregivers</td>
<td>10</td>
<td>“No publicity” decedents/caregivers are those who initiate or voluntarily request at any time during their stay that the hospice: 1) not reveal the patient’s identity; and/or 2) not survey him or her Hospices must retain documentation of the “no publicity” request for a minimum of three years.</td>
<td>Yes</td>
</tr>
<tr>
<td>Data Element</td>
<td>Length</td>
<td>Value Labels and Use</td>
<td>Required for Data Submission</td>
</tr>
<tr>
<td>------------------------------</td>
<td>--------</td>
<td>-----------------------------------------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Hospice Decedent/Caregiver ID</td>
<td>16</td>
<td>Hospice-generated ID submitted to survey vendor</td>
<td>No</td>
</tr>
<tr>
<td>Caregiver First Name</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver Middle Initial</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver Last Name</td>
<td>30</td>
<td>Name information used to personalize materials to caregiver</td>
<td>No</td>
</tr>
<tr>
<td>Caregiver Prefix Name</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caregiver Suffix Name</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decedent First Name</td>
<td>30</td>
<td>Name information used to personalize materials to caregiver</td>
<td>No</td>
</tr>
<tr>
<td>Decedent Middle Initial</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decedent Last Name</td>
<td>30</td>
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<tbody>
<tr>
<td>Decedent Prefix Name</td>
<td>6</td>
<td>Name information used to personalize materials to caregiver</td>
<td>No</td>
</tr>
<tr>
<td>Decedent Suffix Name</td>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Decedent Sex               | 1      | 1 = Male  
2 = Female  
M = Missing                                                       | Yes                          |
| Decedent Hispanic          | 1      | 1 = Hispanic  
2 = Not Hispanic  
M = Missing                                                        | Yes                          |
| Decedent Race              | 1      | 1 = White  
2 = Black or African American  
3 = Asian  
4 = Native Hawaiian or Pacific Islander  
5 = American Indian or Alaska Native  
6 = More than one race  
7 = Other  
M = Missing               | Yes                          |
### CAHPS® Hospice Survey

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<tbody>
<tr>
<td>Decedent Date of Birth</td>
<td>8</td>
<td>MMDDYYYY Used by survey vendor to calculate decedent age to confirm decedent meets eligibility criteria</td>
<td>Yes</td>
</tr>
<tr>
<td>Decedent Date of Death</td>
<td>8</td>
<td>MMDDYYYY Used by survey vendor to calculate decedent age to confirm decedent meets eligibility criteria</td>
<td>Yes</td>
</tr>
<tr>
<td>Decedent Hospice Admission Date</td>
<td>8</td>
<td>MMDDYYYY Decedent admission date for his/her final episode of hospice care. Used by survey vendor to calculate decedent age to confirm decedent meets eligibility criteria.</td>
<td>Yes</td>
</tr>
</tbody>
</table>
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<th>Required for Data Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decedent Last Location/Setting of Care</td>
<td>2</td>
<td>1 = Home (Do not include assisted living or any other facility)</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = Assisted living</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>3 = Long-term care facility or non-skilled nursing facility</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 = Skilled nursing facility</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>5 = Inpatient hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 = Inpatient hospice facility</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7 = Long-term care facility (hospital)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8 = Inpatient psychiatric facility</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 = Location not otherwise specified</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>10 = Hospice facility</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>M = Missing</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td><em>The Valid Values are derived from the Healthcare Common Procedure Coding System (HCPCS) Codes: Q Codes for Hospices.</em></td>
<td></td>
</tr>
<tr>
<td>Facility Name</td>
<td>100</td>
<td>Name of hospice, inpatient or nursing home facility</td>
<td>Yes</td>
</tr>
<tr>
<td>Decedent Payer Primary</td>
<td>1</td>
<td>1 = Medicare</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 = Medicaid</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 = Private</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 = Uninsured/No payer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 = Program for All Inclusive Care for the Elderly (PACE)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 = Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>M = Missing</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### Sample File Layout (cont’d)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Length</th>
<th>Value Labels and Use</th>
<th>Required for Data Submission</th>
</tr>
</thead>
</table>
| Decedent Payer Secondary | 1      | 1 = Medicare  
2 = Medicaid  
3 = Private  
4 = Uninsured/No payer  
5 = Program for All Inclusive Care for the Elderly (PACE)  
6 = Other  
M = Missing              | Yes                                      |
| Decedent Payer Other  | 1      | 1 = Medicare  
2 = Medicaid  
3 = Private  
4 = Uninsured/No payer  
5 = Program for All Inclusive Care for the Elderly (PACE)  
6 = Other  
M = Missing              | Yes                                      |
### Sample File Layout (cont’d)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Length</th>
<th>Value Labels and Use</th>
<th>Required for Data Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decedent Primary Diagnosis</td>
<td>8</td>
<td>ICD-10 codes must be 3-8 characters. All codes use an alphabetic lead character. Most codes use numeric characters for the second and third characters, though some codes have an alphabetic third character.</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Do not submit descriptions of diagnoses that are not in the ICD-10 format, and do not submit Z-level codes, which represent reasons for encounters, not diagnoses.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Examples of ICD-10 codes in the correct format are:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>G20. – Parkinson’s disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>G30.9 – Alzheimer’s disease, unspecified</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>I50.22 – Chronic systolic (congestive) heart failure</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>C7A.024 – Malignant carcinoid tumor of the descending colon</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>V00.818A – Other accident with wheelchair (powered): Initial encounter</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>MMMMMMMMMM = Missing</td>
<td></td>
</tr>
</tbody>
</table>
### Sample File Layout (cont’d)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Length</th>
<th>Value Labels and Use</th>
<th>Required for Data Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Mailing Address 1</td>
<td>50</td>
<td>Street address or post office box (address information used in protocols that have a mail mode of survey administration)</td>
<td>No</td>
</tr>
<tr>
<td>Caregiver Mailing Address 2</td>
<td>50</td>
<td>Mailing address 2nd line (if needed)</td>
<td>No</td>
</tr>
<tr>
<td>Caregiver Mailing City</td>
<td>50</td>
<td>Mailing city</td>
<td>No</td>
</tr>
<tr>
<td>Caregiver Mailing State</td>
<td>2</td>
<td>2-character state abbreviation</td>
<td>No</td>
</tr>
<tr>
<td>Caregiver Mailing Zip Code</td>
<td>9</td>
<td>9-digit zip code; no hyphen, separators or de-limiters (i.e., 5 digit zip code followed by 4-digit extension)</td>
<td>No</td>
</tr>
<tr>
<td>Caregiver Telephone Number 1</td>
<td>10</td>
<td>3-digit area code plus 7-digit telephone number; no dashes, separators or de-limiters (telephone information used in protocols that involve a telephone component as part of the mode of administration)</td>
<td>No</td>
</tr>
<tr>
<td>Caregiver Telephone Number 2</td>
<td>10</td>
<td>3-digit area code plus 7-digit telephone number; no dashes, separators or de-limiters (telephone information used in protocols that involve a telephone component as part of the mode of administration)</td>
<td>No</td>
</tr>
</tbody>
</table>
## Sample File Layout (cont’d)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Length</th>
<th>Value Labels and Use</th>
<th>Required for Data Submission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver Telephone Number 3</td>
<td>10</td>
<td>3-digit area code plus 7-digit telephone number; no dashes, separators or delimiters (telephone information used in protocols that involve a telephone component as part of the mode of administration)</td>
<td>No</td>
</tr>
<tr>
<td>Caregiver Email Address</td>
<td>30</td>
<td>Email address of caregiver</td>
<td>No</td>
</tr>
</tbody>
</table>
| Caregiver Relationship to the Decedent| 1      | 1 = Spouse/Partner  
2 = Parent  
3 = Child  
4 = Other family member  
5 = Friend  
6 = Legal guardian (non-familial)  
7 = Other  
8 = No Caregiver of Record  
M = Missing                              | Yes                           |
## CAHPS® Hospice Survey

### Sample File Layout (cont’d)

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Length</th>
<th>Value Labels and Use</th>
<th>Required for Data Submission</th>
</tr>
</thead>
</table>
| Caregiver Language | 1      | 1 = English  
2 = Spanish  
3 = Chinese  
4 = Russian  
5 = Portuguese  
6 = Vietnamese  
7 = Polish  
8 = Korean  
9 = Other  
M = Missing | No                              |
Sample Frame Development

- Survey vendors must:
  - Apply the eligibility criteria to decedents/caregivers
  - Remove ineligible decedents/caregivers
  - Include all survey-eligible decedents/caregivers from the first through the last day of the month
  - Include records with missing or incomplete decedent or caregiver names, addresses, and/or telephone numbers
  - De-duplicate the decedents/caregivers monthly file
- If eligibility status is uncertain, the case must be included in the sample frame
  - Exception: If any part (i.e., day, month or year) of the decedent’s date of death is missing, the case must **not** be included in the sample frame
Eligibility for the CAHPS Hospice Survey: Decedent Criteria

• The survey vendor will select a sample that meets the following decedent criteria:
  – Decedent was age 18 or older at time of death
  – Decedent’s death was at least 48 hours after last admission to hospice care
    o Example 1: A patient is admitted to the hospice on January 2 and passes away on January 4; day one is January 3 and day two is January 4. The 48 hours after admission would be met (admission [January 2] plus two days [January 3 and January 4]).
    o Example 2: A patient is admitted to the hospice on January 2 and passes away on January 3; day one is January 3 and there is no day two. The 48 hours after admission would not be met.
  – Decedent has a caregiver of record
Eligibility for the CAHPS Hospice Survey: Caregiver Criteria

• The survey vendor will select a sample that meets the following caregiver criteria:
  – Caregiver is a family member or friend (i.e., not solely a legal guardian or paid caretaker)
  – A familial legal guardian will belong to one of six answer categories in the Sample File Layout of Appendix E
    1 = Spouse/Partner; 4 = Other family member;
    2 = Parent; 5 = Friend;
    3 = Child; 7 = Other
  – Caregiver has a U.S. or U.S. Territory home address
De-Duplication for Multiple Hospice Stays

- Survey vendors are required to de-duplicate decedents who have more than one hospice stay during the calendar month.
- Example:
  - A decedent was
    - admitted on January 15,
    - discharged alive on January 18,
    - readmitted on January 22,
    - and died on January 26.
  - The January 26 death is included in January decedents/caregivers list.
  - The January 18 live discharge is not included in January decedents/caregivers list.
CAHPS® Hospice Survey

Reporting Ineligible Counts

• Survey vendors must:
  – Report ineligible decedent/caregiver counts in the data submitted
    o Survey vendors should verify the accuracy of the monthly counts submitted by hospices
  – Document and retain the sample frame and ineligibility counts for a minimum of three years
Ineligible Counts

• Survey vendors are required to provide and document counts of:
  – Patients discharged alive (provided by the hospice)
  – “No publicity” decedents/caregivers (provided by the hospice)
  – Number of decedent/caregiver cases determined to be ineligible prior to sampling (i.e., decedent under age 18 at time of death, death less than 48 hours following last admission to hospice care, etc.)
  – Number of decedent/caregiver cases excluded from the sample frame because any part (i.e., day, month or year) of the decedent’s date of death is missing
Ineligible Counts (cont’d)

• Survey vendors are required to provide and document counts of:
  – Number of decedent/caregiver cases determined to be ineligible after sampling; this includes cases with a “Final Survey Status” code of the following:
    2 – Ineligible: Deceased
    3 – Ineligible: Not in Eligible Population
    4 – Ineligible: Language Barrier
    5 – Ineligible: Mental/Physical Incapacity
    6 – Ineligible: Never Involved in Decedent Care
    14 – Ineligible: Institutionalized
    16 – Sampling Error
CCN is the Sampling and Reporting Unit

- The CCN identifies the hospice program for the purpose of:
  - Determining eligibility for exemption from the CAHPS Hospice Survey for size and newness
  - Sampling
  - Submitting data to the CAHPS Hospice Survey Data Warehouse
Sample Selection

• Hospices with <50 survey-eligible decedents/caregivers during the prior calendar year can apply for an exemption
  – Reminder: These hospices must submit a Participation Exemption for Size Form annually to be considered eligible for the exemption

• Hospices with 50-699 eligible decedents/caregivers must survey all cases (conduct a census)

• Hospices with 700+ eligible decedents/caregivers must survey at least 700 cases using a simple random sampling procedure (all cases have equal probability)
  – A census or any number greater than or equal to 700 is allowed
  – If a sample greater than 700 is selected, then all data must be submitted to the CAHPS Hospice Survey Data Warehouse
Method of Sampling

• Sampling is based on the survey-eligible deceased/caregivers for a calendar **month**
  – Simple random sample or census
  – Every survey-eligible deceased/caregiver for a given month has the same probability of being sampled
Survey Administration
CAHPS® Hospice Survey

Objectives

• Survey Administration
• Mail Only Mode
• Telephone Only Mode
• Mixed Mode
• Supplemental Questions
Survey Administration

• Data collection begins two months after the month of patient death within the first seven calendar days of the field period.
• Data collection **must** be completed no later than six weeks (42 calendar days) after initial contact.
• No communication to caregivers that is intended to influence survey results is permitted.
• No incentives of any kind can be offered.
• If a decedent/caregiver case is found to be ineligible, discontinue survey administration for that caregiver.
• Survey vendors must make every reasonable effort to optimize response rates and to contact potential respondents until the data collection protocol is completed.
CAHPS® Hospice Survey

Mail Only Mode

• Protocol
  – Send first questionnaire with initial cover letter to sampled caregiver two months after the month of patient death within the first seven calendar days of the field period
    o If survey administration is not initiated within the first seven days
      ▪ Surveys may be administered from the eighth to the tenth of the month without requesting prior approval from CMS
      ▪ After the tenth of the month, approval must be requested from CMS before the survey can be administered
      ▪ A Discrepancy Report must be submitted if survey administration begins after the seventh of the month or does not occur for any month
Mail Only Mode (cont’d)

• Protocol (cont’d)
  – Send second questionnaire with follow-up cover letter to non-respondents approximately 21 calendar days after the first questionnaire mailing
  – Complete data collection within 42 calendar days after the first questionnaire mailing
  – Submit data to the CAHPS Hospice Survey Data Warehouse by the data submission deadline
• Cover letter requirements
  – Must be printed on the hospice’s or survey vendor’s letterhead and must include the signature of the hospice administrator or survey vendor project director
  – Use of a Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean cover letter is required if the survey vendor is sending a Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean questionnaire to the caregiver
  – English must be the default language in the continental U.S. and Spanish must be the default language in Puerto Rico
  – Include language explaining the purpose of the unique identifier
  – Name and address of sampled caregiver
    o “To Whom It May Concern” and “To the caregiver of [Decedent Name]” are not acceptable
CAHPS® Hospice Survey

Mail Only Mode (cont’d)

• Cover letter requirements (cont’d)
  – Name of the decedent
  – The text “CMS pays for most of the hospice care in the U.S. It is CMS’ 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.”
  – Language indicating that answers may be shared with the hospice for purposes of quality improvement
  – Explanation that participation in the survey is voluntary
  – Wording stating the caregiver’s healthcare or benefits will not be affected whether or not they participate
CAHPS® Hospice Survey

Mail Only Mode (cont’d)

• Cover letter requirements (cont’d)
  – Toll-free customer support number for the survey vendor
    o Customer support must be offered in all languages in which the survey vendor administers the survey
    o Survey vendors must be ready to support calls from the deaf or the hearing impaired
  – Name of the hospice to make certain the caregiver completes the survey based on the care received from that hospice only
  – The OMB Paperwork Reduction Act language must appear on either the questionnaire or front of the cover letter, and may appear on both
  – Customization is acceptable; cannot add content that would introduce bias
Mail Only Mode (cont’d)

• Cover letter requirements (cont’d)
  – OMB Paperwork Reduction Act: “According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1257 (Expires December 31, 2020). The time required to complete this information collection is estimated to average 11 minutes for questions 1 – 40, the “About Your Family Member” questions and the “About You” questions on the survey, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Mail Stop C1-25-05, Baltimore, MD 21244-1850.”
    o CMS will issue a technical correction with updated OMB Paperwork Reduction Act language when it becomes available
Mail Only Mode (cont’d)

• Cover letters must not:
  – Be attached to the survey
  – Attempt to bias, influence or encourage caregivers to answer the CAHPS Hospice Survey questions in a particular way
  – Imply that the hospice, its personnel or its agents will be rewarded or gain benefits if caregivers answer survey questions in a particular way
  – Ask or imply that caregivers should choose certain responses
  – Indicate hospice’s goal is for caregivers to rate them as a “10,” “Definitely yes” or an “Always”
• Cover letters must not: (cont’d)
  – Offer incentives of any kind for participation in the survey
  – Include any content that attempts to advertise or market the hospice’s mission or services
  – Offer caregivers the opportunity to complete the survey over the telephone
  – Include extraneous titles for caregiver (e.g., Aunt, Uncle)
  – Include dates (e.g., print date, mail date)
  – Include any promotional or marketing text
• Cover letter options
  – Information may be added to the English cover letter indicating that the caregiver may request a mail survey in Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean
  – The cover letter may be double sided (English/Spanish, English/Chinese, English/Russian, English/Portuguese, English/Vietnamese, English/Polish, or English/Korean)
  – Survey vendor’s return address may be included on the cover letter
    o If the survey vendor’s name is included, then the business name must be used, not an alias or tag line
  – Any instructions that appear on the survey may be repeated in the cover letter
  – A bereavement support number may appear on the cover letter
Mail Only Mode (cont’d)

• Questionnaire guidelines and formatting requirements
  – Language stating the survey should be given to the person in the household who knows the most about the hospice care received by the decedent
  – Question and answer category wording must not be changed
  – No changes are permitted in the order of the Core questions (Q1 – Q40)
  – No changes are permitted in the order of the “About Your Family Member” and “About You” questions
  – No changes are permitted in the order of the response categories for the Core, “About Your Family Member” or “About You” questions
Mail Only Mode (cont’d)

• Questionnaire guidelines and formatting requirements (cont’d)
  – Each question and answer category must remain together in the same column and on the same page
  – Response options must be listed vertically
    o Response options listed horizontally or in a combined vertical and horizontal format are not allowed
    o No matrix formats allowed for question and answer categories
  – The hospice name must be placed on the front page of the questionnaire
  – The OMB control number (OMB#0938-1257) and expiration date (Expires December 31, 2020) must appear on the front page of the questionnaire
    o The expiration date will be updated in late 2020
  – No other dates are permitted to be included on the questionnaire (e.g., print date, mail date)
Mail Only Mode (cont’d)

• Questionnaire guidelines and formatting requirements (cont’d)
  – All survey content, including headers, instructions, questions, and answer categories, must be printed verbatim and in the same order as shown in QAG V7.0
  – Randomly generated, unique identifiers must be placed on the first or last page of the questionnaire
    o Text indicating the purpose of the unique identifier (“You may notice a number on the survey. This number is used to let us know if you returned your survey so we do not have to send you reminders.”) must be printed either immediately after the survey instructions on the questionnaire or on the cover letter, and may appear on both
  – Neither the decedent’s nor the caregiver’s name may be printed on the questionnaire
Mail Only Mode (cont’d)

• Questionnaire guidelines and formatting requirements (cont’d)
  – Survey vendor’s return address must be printed on the last page of the questionnaire
    o If the survey vendor’s name is included in the return address, then the business name must be used, not an alias or tag line
  – Wording that is **bolded** or *underlined* in the CAHPS Hospice Survey questionnaire must be **bolded** or *underlined* in the survey vendor’s questionnaire
    o All questions and skip pattern text are bolded; response categories are not bolded
Mail Only Mode (cont’d)

- Questionnaire guidelines and formatting requirements (cont’d)
  - Arrows |➡️| that show skip patterns in the CAHPS Hospice Survey questions or response options must be included in the survey vendor questionnaire
  - Section headings (e.g., “YOUR FAMILY MEMBER’S HOSPICE CARE,” etc.) must be included on the questionnaire and must be bolded and capitalized, including the “SURVEY INSTRUCTIONS” heading
  - Survey materials must be in a readable font (i.e., Arial) in a font size of 10 point or larger
  - A mail wave indicator must be included on the survey
Mail Only Mode (cont’d)

• Questionnaire guidelines and formatting acceptable options
  – Questionnaire front page may include the name of the facility in which decedent received care
  – Small coding numbers next to response choices are permissible
  – Hospice name can be placed in the introduction to Questions 2, 4, and 39
  – Hospice logos may be included on the questionnaire; however, other images and tag lines are not permitted
  – May incorporate either circle, oval or square response options
  – The phrase “Use only blue or black ink” may be printed on the questionnaire
  – Page numbers may be included on the questionnaire
Mail Only Mode (cont’d)

• Questionnaire guidelines and formatting acceptable options (cont’d)
  – Color may be incorporated in the questionnaire
  – Language such as one of the following may be added to the bottom of the page:
    o Continue on next page
    o Continue on reverse side
    o Turn over to continue
  – It is strongly suggested that survey vendors incorporate the following in formatting the questionnaire:
    o Two-column format
    o Wide margins (at least ¾ inch) so the survey has sufficient white space to enhance its readability
CAHPS® Hospice Survey

Mail Only Mode (cont’d)

• Mail Out – Requirements
  – Guidelines for mailings
    o Addresses acquired from hospice record
    o Addresses updated using commercial software
    o Mailings sent to caregivers by name
  – Mailing content
    o Survey mailings include:
      ▪ Cover letter addressed to the caregiver by name
      ▪ Questionnaire
      ▪ Self-addressed, prepaid business reply envelope

• Mail Out – Options
  – First Class Postage or Indicia
Mail Only Mode (cont’d)

• Guidelines for outgoing survey envelopes
  – Survey vendor’s address must be printed as the return address
    o Use survey vendor logo, hospice logo or both
    o CMS logo is not permitted on outgoing survey envelope
  – Window envelopes are permitted
  – The outgoing envelope may be printed with the banner “Important – Open Immediately”
    o No other banners may be used
    o Other messages, marketing or promotional text on either side of the envelope are not permitted
Mail Only Mode (cont’d)

• Caregivers without mailing addresses
  – Survey vendors have flexibility in not sending mail surveys to caregivers without mailing addresses
    o Survey vendors must make every reasonable attempt to obtain a caregiver’s address including re-contacting the hospice client to inquire about an address update for caregivers with no mailing address
    o Attempts to obtain caregiver’s address must be documented
    o Survey vendor must use commercial software or other means to obtain addresses
    o The survey status code “10: Non-response: Bad/No Address” is assigned if no address is found
• Mail receipt – Blank questionnaire
  – If first survey mailing is returned with all missing responses (i.e., no questions are answered) and no written comments (such as “Refused”), send a second survey mailing to the caregiver if the data collection time period has not expired
    o If second survey mailing is returned with all missing responses, then code the “Final Survey Status” as “8 – Non-response: Refusal”
    o If the second mailing is not returned, then code the “Final Survey Status” as “9 – Non-response: Non-response after Maximum Attempts”
Mail Only Mode (cont’d)

• Data receipt and entry
  – Key-entry or scanning allowed for data capture
    o Key-entered data is entered a second time by different staff and any discrepancies between the two entries are identified; discrepancies should be reconciled
      ▪ Recommendation: Review all surveys that contain blank responses, stray marks, and multiple responses using the decision rules
    o Programs verify that record is unique and has not been returned already
    o Programs identify invalid or out-of-range responses
  – Returned surveys must be tracked by date of receipt
  – Surveys are key-entered or scanned in a timely manner
Mail Only Mode (cont’d)

• Data receipt and entry (cont’d)
  – If a caregiver returns two survey questionnaires, use the first CAHPS Hospice Survey received
  – Ambiguous responses follow the CAHPS Hospice Survey decision rules
  – Calculate lag time
  – Assign “Final Survey Status” code
  – Document mail wave attempt
Mail Only Mode (cont’d)

• Data retention/storage guidelines
  – Paper questionnaires that are key-entered must be stored in a secure and environmentally controlled location for a minimum of three years
  – Optically scanned questionnaire images must be retained in a secure manner for a minimum of three years
  – Back-up files must be tested at a minimum on a quarterly basis to make sure the files can be retrieved
• Quality control guidelines
  – Survey vendors must:
    o Update address information
      ▪ National Change of Address (NCOA)
      ▪ United States Postal Service (USPS) Coding Accuracy Support System (CASS) Certified Zip+4 software
      ▪ Other commercial software/search engines
    o Check quality of printed materials
    o Check a sample of mailings for inclusion of all sampled decedents/caregivers
• Quality control guidelines (cont’d)
  – Survey vendors must:
    o Check for timeliness of manual or automated date stamping
    o Provide ongoing oversight of staff, subcontractors, and other organizations, if applicable
    o Conduct site verification of printing and mailing processes
    o Check for accuracy of mailing contents
CAHPS® Hospice Survey

Mail Only Mode (cont’d)

• Quality control guidelines (cont’d)
  – Survey vendors must:
    o Conduct seeded (embedded) mailings to designated hospice or survey vendor CAHPS Hospice Survey project staff on a minimum of a quarterly basis
      ▪ Timeliness of delivery
      ▪ Accuracy of address
      ▪ Accuracy of mailing contents
      ▪ Retain physical and/or scanned copies of seeded mailings for a minimum of three years
        ▪ Reminder: Keep a log of the results of the seeded mailings
    o Document results of all oversight activities
Telephone Only Mode

• Protocol
  – Initiate first telephone attempt with sampled caregiver two months after the month of patient death within the first seven calendar days of the field period
  – Survey vendors must use telephone interviewers who do not know decedents/caregivers either professionally or personally
  – Complete data collection within 42 calendar days after the first telephone attempt
    o A maximum of 5 telephone attempts are made at different times of day, on different days of the week in more than one week (eight days or more), between 9 AM and 9 PM respondent time
    o Proxy respondents within the same household are permissible
  – Submit data to the CAHPS Hospice Survey Data Warehouse by the data submission deadline
Telephone Only Mode (cont’d)

• Telephone scripts
  – Standardized CAHPS Hospice Survey telephone scripts
    o Available in English, Spanish, and Russian
    o Entire telephone script must be read verbatim
  – Question and answer category wording must not be changed, nor the order of questions and answer categories
  – Core survey questions (Q1 – Q40) are at the beginning of the survey
  – “About Your Family Member” and “About You” questions must be placed after the Core survey questions and must remain together as one block of questions and cannot be eliminated from the questionnaire
Telephone Only Mode (cont’d)

• Telephone script(s) (cont’d)
  – All underlined content must be emphasized
  – All punctuation for the question and answer categories must be programmed (e.g., commas, question marks)
  – Only one language (English, Spanish, or Russian) may appear on the interviewing screen at one time
  – Transitional statements and all probes must be programmed and read verbatim
  – Default response options may not be programmed
CAHPS® Hospice Survey

Telephone Only Mode (cont’d)

• Interviewing systems
  – Telephone data collection must be computer-assisted telephone interviewing (CATI) using live interviewers
    o Paper surveys administered by telephone and use of touch-tone or speech-enabled interactive voice response (IVR) are not acceptable
  – Caller ID
    o May be programmed to display “on behalf of [HOSPICE NAME],” with permission and compliance of hospice’s HIPAA/Privacy Officer
    o Survey vendors must not program the caller ID to display only the hospice’s name
Telephone Only Mode (cont’d)

• Interviewing systems (cont’d)
  – Predictive or auto dialers are permitted as long as they are compliant with FTC and FCC regulations as promulgated under the Telephone Consumer Protection Act (TCPA) and there is a live interviewer to interact with the patient
  – Cell phone numbers in the sample must be identified so that systems with auto dialers do not call cell phone numbers
    o Survey vendors may identify cell phone numbers through an external database, and/or
    o Hospices may identify cell phone numbers upon patient admission
Telephone Only Mode (cont’d)

• Interviewing systems (cont’d)
  – Monitoring and recording of telephone calls
    o Follow state regulations
  – Every question should have a “MISSING/DON’T KNOW” option available
  – Skip patterns and conventions should be programmed into the system
Telephone Only Mode (cont’d)

- Definition of a telephone attempt
  - Telephone rings six times with no answer
  - Busy signal
    - At the discretion of the survey vendor, a single busy signal can consist of three consecutive telephone attempts at approximately 20-minute intervals
  - Interviewer reaches a wrong or disconnected number
  - An answering machine or voicemail is reached (do not leave messages as this violates privacy)
  - Interviewer reaches the household or a business and is told that the caregiver is not available to come to the telephone or has a new number
  - Interviewer reaches a “screening” number (e.g., privacy screen, privacy manager, phone intercept, or blocked call)
  - Caregiver asks the interviewer to call back at a more convenient time
    - If possible, the call back should be scheduled at the caregiver’s convenience
Telephone Only Mode (cont’d)

• Scheduling calls
  – Recommended that vendors use both the primary (Caregiver Telephone Number 1) and secondary (Caregiver Telephone Number 2) numbers if provided by the hospice
  – *Reminder: If a call back is scheduled to contact a caregiver at a specific time, then an attempt to reach the caregiver must be made at the scheduled time*
  – If a caregiver requests to complete a telephone survey already in progress at a later date, a call back should be scheduled to resume with the question where the caregiver left off
  – If on the fifth attempt the caregiver requests a call back, it is permissible to schedule an appointment and conduct the interview on the sixth attempt
• Contacting caregivers
  – Interviewers must confirm the identity of the caregiver using the full name prior to disclosing any identifiable information
  – Attempt to correct wrong telephone numbers
  – If the caregiver does not speak the language(s) in which the survey vendor administers the survey, thank the caregiver for his or her time and terminate the interview
  – If the call is inadvertently dropped and the interview is interrupted, re-contact the caregiver immediately to complete
Telephone Only Mode (cont’d)

• Contacting caregivers (cont’d)
  – If a number appears to be a business, the interviewer must request to speak to the sampled caregiver
    o If the caregiver states they are at work and cannot speak, attempt to schedule a callback or obtain an alternate phone number
  – Reminder: If the interviewer reaches a healthcare facility staff member, the interviewer must request to get in touch with the sampled caregiver
Telephone Only Mode (cont’d)

• Contacting caregivers (cont’d)
  – If the caregiver is temporarily away and will return during the data collection period, re-contact the caregiver upon their return
    o If it is known that the caregiver may be available in the latter part of the 42 calendar day data collection time period, then survey vendors must reserve some of the allowable call attempts for the part of the field period for which the caregiver is available
  – If the caregiver will not be available during the data collection period, and no proxy is identified, the caregiver should not receive any further telephone attempts
Telephone Only Mode (cont’d)

• Obtaining telephone numbers
  – Main source of telephone numbers is the hospice decedents/caregivers list
  – Survey vendors must follow-up with the hospice regarding missing telephone numbers
  – Make attempts to update missing or incorrect telephone numbers using:
    o Commercial software
    o Internet directories
    o Directory assistance
    o Other tested methods
Telephone Only Mode (cont’d)

• Data receipt and data entry
  – Electronic data collection, CATI
    o Linked electronically to survey management system
  – Maintain a crosswalk of interim disposition codes to the CAHPS Hospice Survey Final Survey Status codes
  – Assign “Final Survey Status” code
  – Capture the telephone attempt in which the final disposition of the survey is determined
  – Calculate lag time
Telephone Only Mode (cont’d)

• Data retention and storage guidelines
  – Files and survey administration related data collected through electronic telephone interviewing systems must be maintained in a secure manner for a minimum of three years
    o Must be easily retrievable, when needed
  – Survey-related data files, including electronic data files, must be destroyed in a secure and environmentally safe location
    o Must obtain a certificate of the destruction of data
• Quality control guidelines
  – Formal interviewer training to ensure standardized, non-directive interviews
    o Interviewers should be knowledgeable about the CAHPS Hospice Survey and prepared to answer questions
      ▪ See the CAHPS Hospice Survey frequently asked questions (FAQs) for guidance on responding to questions
    o Interviewers should be knowledgeable about the survey vendor’s Distressed Respondent Procedures
CAHPS® Hospice Survey

Telephone Only Mode (cont’d)

• Quality control guidelines (cont’d)
  – Telephone monitoring and oversight of staff, subcontractors, and other organizations, if applicable
    o At least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of the CAHPS Hospice Survey attempts and interviews must be monitored by the survey vendor, its subcontractors, and other organizations, if applicable
    o All interviewers conducting the CAHPS Hospice Survey must be monitored
    o Feedback must be provided to interviewers as soon as possible following a monitoring session
    o Calls in all languages must be monitored (English, Spanish, and Russian)
Telephone Only Mode (cont’d)

• Interviewer training
  – Survey introduction
  – Interviewing guidelines and conventions
    o System conventions
    o Interviewer tone
    o Asking questions
    o Avoiding refusals
    o Probing for complete data
• Survey introduction
  – Introduction script is provided and **must** be read verbatim
  – Critical to gaining cooperation
  – Provides survey purpose
  – Confirms respondent eligibility
  – Informs caregiver that survey will take approximately 11 minutes or [SURVEY VENDOR SPECIFY] (based on number of supplemental items)
  – Interviewers should:
    o Speak professionally and with confidence
    o Maintain pace and avoid long pauses
    o Move swiftly into first question without rushing after gaining agreement to participate
Telephone Only Mode (cont’d)

• Interviewing guidelines and conventions
  – System conventions
    o Text that appears in lowercase letters must be read out loud
    o Text in UPPERCASE letters must not be read out loud
    o Text that is underlined must be emphasized
    o Characters in < > must not be read out loud
    o [Square brackets] are used to show programming instructions that must not actually appear on the computerized interviewing screens
    o Text must be read from the telephone screens (not to be recited from memory)
Telephone Only Mode (cont’d)

• Interviewing guidelines and conventions (cont’d)
  – Interviewer tone
    o Speak in a courteous tone
    o Establish rapport
    o Maintain professional and neutral relationship
    o Do not provide personal information or opinions
    o Do not try to influence caregiver’s responses in any way
    o Reminder: Use of neutral acknowledgement words (e.g., thank you, okay, I understand, etc.) is permitted
    o Adjust the pace of the interview to be conducive to the needs of the caregiver
Telephone Only Mode (cont’d)

• Interviewing guidelines and conventions (cont’d)
  – Asking questions
    o Questions, transitions, and response choices are read exactly as worded in the script
    o Listen carefully to any caregiver questions and offer concise responses using FAQs whenever possible
      ▪ Do not provide extra information or lengthy explanations to caregiver questions
    o End the survey by thanking the caregiver for his or her time
      ▪ The interviewer may say, “Have a good (day/evening).” if appropriate
Interviewing guidelines and conventions (cont’d)

– Avoiding refusals
  - Be prepared to convert a soft refusal into a completed survey
  - Emphasize importance of participation
  - Never argue with or antagonize a caregiver
  - Remember, first moments of the interview are most critical for gaining participation
CAHPS® Hospice Survey

Telephone Only Mode (cont’d)

• Interviewing guidelines and conventions (cont’d)
  – Refusal avoidance examples
    o I don’t do surveys.
      ▪ I understand; however, I hope you will consider participating.
        This is a very important study for [HOSPICE NAME]. The results of the survey will help them understand what they are doing well and what needs improvement.
    o I’m extremely busy. I don’t really have the time.
      ▪ I know your time is limited; however, it is a very important survey, and I really appreciate your help today. The interview will take approximately 11 minutes. Perhaps we could get started, and see what the questions are like. We can stop any time you wish.
Telehone Only Mode (cont’d)

- Interviewing guidelines and conventions (cont’d)
  - Probing for complete data
    - When caregiver fails to provide adequate answer
    - Never interpret answers for caregivers
    - Code “MISSING/DON’T KNOW” when caregiver cannot/does not provide complete answer after probing
Telephone Only Mode (cont’d)

• Interviewing guidelines and conventions (cont’d)
  – Types of probes
    o Repeat question and answer categories
    o Interviewer says
      ▪ “Take a minute to think about it”
      ▪ “So would you say...”
      ▪ “Which would you say is closer to the answer?”
Telephone Only Mode (cont’d)

- Example of response probe: Overall Rating (Question 39)
  - Please answer the following questions about your family member’s care from [HOSPICE NAME]. Do not include care from other hospices in your answers.
  - Using any number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible, what number would you use to rate your family member’s hospice care?
Example of response probe: Overall Rating (Question 39) (cont’d)

- Caregiver 1 answers
  o “The hospice is fine.”
- Probe for caregiver 1
  o “Please pick a number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible. What number would you use to rate your family member’s hospice care?”

- Caregiver 2 answers
  o “I would give the hospice a rating of 7.5.”
- Probe for caregiver 2
  o “We’re asking you to choose one response. What number would you use to rate this hospice, a 7 or 8?”
Telephone Only Mode (cont’d)

• Example of response probe: Ethnicity (Question 42)
  Was your family member of Hispanic, Latino, or Spanish origin or descent?

  <X> YES
  <1> NO
  <M> MISSING/DK

  IF YES: Would you say your family member was...
  <2> Puerto Rican,
  <3> Mexican, Mexican American, Chicano/a,
  <4> Cuban, or
  <5> Other Spanish/Hispanic/Latino?
  <M> MISSING/DK
• Ethnicity Question (Question 42) (cont’d)
  – Two part question
  – A caregiver should provide an initial “Yes” or “No” response
    o When a caregiver responds “Yes,” read through the response categories
    o When a caregiver responds “No,” move on to Question 43
  – If the caregiver does not provide a response to any ethnicity category or skips the question, enter “M – MISSING/DON’T KNOW”
**Race Question (Question 43)**
When I read the following, please tell me if the category describes your family member’s race. I am required to read all five categories. Please answer yes or no to each of the categories.

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q43A</td>
<td>Was your family member White?</td>
<td>YES/WHITE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO/NOT WHITE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MISSING/DK</td>
</tr>
<tr>
<td>Q43B</td>
<td>Was your family member Black or African American?</td>
<td>YES/BLACK OR AFRICAN AMERICAN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO/NOT BLACK OR AFRICAN AMERICAN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MISSING/DK</td>
</tr>
<tr>
<td>Q43C</td>
<td>Was your family member Asian?</td>
<td>YES/ASIAN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO/NOT ASIAN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MISSING/DK</td>
</tr>
<tr>
<td>Q43D</td>
<td>Was your family member Native Hawaiian or other Pacific Islander?</td>
<td>YES/NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO/NOT NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MISSING/DK</td>
</tr>
<tr>
<td>Q43E</td>
<td>Was your family member American Indian or Alaska Native?</td>
<td>YES/AMERICAN INDIAN OR ALASKA NATIVE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NO/NOT AMERICAN INDIAN OR ALASKA NATIVE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MISSING/DK</td>
</tr>
</tbody>
</table>
• Race Question (Question 43) (cont’d)
  – Broken into parts A – E
  – Do not stop reading the list when you get a “Yes” answer
  – Enter all of the race categories that the caregiver has answered
    o If the caregiver responds “Yes” to a race category, enter “1”
    o If the caregiver responds “No” to a race category, enter “0”
    o If the caregiver does not provide a response to any race categories or skips the question, enter “M – MISSING/DON’T KNOW”
Mixed Mode

- Protocol – Mail with telephone follow-up
  - Mixed Mode survey administration
    - Follow guidelines for Mail Only Mode
      - Use one questionnaire mailing instead of two
      - Send questionnaire with cover letter to sampled caregiver two months after the month of patient death within the first seven calendar days of the field period
    - Follow guidelines for Telephone Only Mode
      - Initiate first telephone attempt for each non-respondent in the first seven days of the telephone field period (i.e. from 21 to 28 calendar days) after mailing the questionnaire
      - Complete telephone sequence within 42 calendar days of Mixed Mode initiation
    - Submit data to the CAHPS Hospice Survey Data Warehouse by the data submission deadline
Mixed Mode (cont’d)

• Survey vendors must keep track of the mode and attempt in which each survey was completed (i.e., mail or telephone)
  – For completed surveys, retain documentation in survey management system that the caregiver completed the survey in the mail phase or telephone phase of the Mixed Mode of survey administration, then
  – Assign the appropriate “Survey Completion Mode” and the “Number of Survey Attempts – Mail” or “Number of Survey Attempts – Telephone” in which the final disposition was determined
Supplemental Questions - All Modes

• May add up to 15 supplemental questions to the CAHPS Hospice Survey
  – Questions may be added after the Core questions or at the end of all the CAHPS Hospice Survey questions
  – When supplemental questions are placed between the Core questions and the “About Your Family Member” questions, the survey heading must still be placed prior to the “About Your Family Member” questions
  – Responses to the supplemental questions will not be included in the data files submitted to the CAHPS Hospice Survey Data Warehouse
Supplemental Questions *(cont’d)*

- Use appropriate phrasing to transition from the CAHPS Hospice Survey to the supplemental question(s)

  - Examples:

    “The following questions focus on additional care your family member may have received from Hospice X.”

    [OR]

    “This next set of questions is to provide the hospice additional feedback about your family member’s hospice care.”
Supplemental Questions (cont’d)

• Example of placement and transitional language for supplemental question(s):

  40. Would you recommend this hospice to your friends and family?

     □ Definitely no
     □ Probably no
     □ Probably yes
     □ Definitely yes

  This next question asks about your special medical equipment needs.

  S1. While your family member was in hospice care, did your family member need special medical equipment?

     □ Yes
     □ No
Supplemental Questions (cont’d)

- Avoid the following types of supplemental questions:
  - Lengthy and complex questions
  - Questions that may influence the response to the CAHPS Hospice Survey questions
  - Sensitive medical or personal topics which may cause a person to terminate the survey
  - Questions that may jeopardize a decedent’s/caregiver’s confidentiality such as a request for a SSN
  - Questions that ask the caregiver to explain why he or she chose their specific response to any of the CAHPS Hospice Survey questions

*Note: A hospice cannot use any comments (anonymous) as testimonials or for marketing purposes*
Data Coding and Data File Preparation
File Specifications

• Must use XML file format to submit survey data files

• May submit multiple XML files as long as the final file submitted for each CCN every quarter contains all three months of data for the CCN — Only the most recent accepted file for each CCN will be retained

• No substitutions for valid Data Element values are acceptable
File Specifications (cont’d)

- Each XML file will consist of four parts:
  - Vendor Record
  - Hospice Record
  - Decedent/Caregiver Administrative Record
  - Survey Results Record
Vendor Record

• Contains information on the date and number of submissions
• Applicable to every record in the XML file
• Appears once per file
  – The year, month, and day of submission must correspond to the date the file is submitted
Hospice Record

• All hospices should have a Hospice Record for every decedent month (three per quarter)
  – Survey vendors **must** submit monthly Hospice Records for all hospices, even those with zero survey-eligible decedents/caregivers in a month
    o However, if no confirmation of zero survey-eligible decedents/caregivers is received from the hospice, a Discrepancy Report must be submitted and no Hospice Record may be submitted for the month
  – The Hospice Record contains various counts about the hospice’s patients and decedents during the month
    o Note: Live Discharges are never included when calculating decedent count variables
Hospice Record (cont’d)

- Calculating “Available Sample”
  - Should equal the total number of decedents in the month, minus the number of “no publicity” decedents/caregivers, the number of decedents missing date of death, and the number of decedents/caregivers found ineligible prior to sampling

Available Sample = Total Decedents – (No Publicity + Missing DOD + Ineligible Pre-sample)

<table>
<thead>
<tr>
<th>Hospice</th>
<th>Sample Type</th>
<th>Live Discharges*</th>
<th>Total Decedents</th>
<th>No Publicity</th>
<th>Missing Date of Death</th>
<th>Ineligible Pre-sample</th>
<th>Available Sample</th>
<th>Sampled Cases</th>
<th>Ineligible Post-sample</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Census</td>
<td>10</td>
<td>100</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>93</td>
<td>93</td>
<td>13</td>
<td>80</td>
</tr>
<tr>
<td>B</td>
<td>Census</td>
<td>2</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>9</td>
<td>9</td>
<td>2</td>
<td>7</td>
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<tr>
<td>C</td>
<td>Simple Random Sample</td>
<td>15</td>
<td>100</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>95</td>
<td>75</td>
<td>5</td>
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<tr>
<td>D</td>
<td>Simple Random Sample</td>
<td>25</td>
<td>500</td>
<td>5</td>
<td>1</td>
<td>24</td>
<td>470</td>
<td>200</td>
<td>50</td>
<td>150</td>
</tr>
</tbody>
</table>

*Not included in other counts
Hospice Record (cont’d)

• Calculating “Sampled Cases”
  – Should equal the total number of decedents/caregivers drawn into the sample for the month. For CCNs using census sampling, the “Sampled Cases” field should equal the “Available Sample” field

Sampled Cases = Available Sample – Any cases not drawn into the sample

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</table>

*Not included in other counts
Calculating “Sample Size”

- Should equal the number of survey-eligible decedents/caregivers in the sample frame in the month, and must **not** include decedents/caregivers who are determined to be ineligible or excluded.

**Sample Size = Sampled Cases – [Any cases with an ineligible Survey Status code (2, 3, 4, 5, 6, 14) and/or 16]**

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<td>470</td>
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<td>150</td>
</tr>
</tbody>
</table>

*Not included in other counts
Decedent/Caregiver Administrative Record

• Contains information on each sampled decedent/caregiver in the file (e.g., all cases included in the “Sampled Cases” count)
  – Include the supplemental question count
  – Assign appropriate code (e.g., “M – Missing/Don’t Know,” “8888”) for all missing fields
  – Calculate “Lag Time”
    o The end of the fielding period (i.e., 42 calendar days after initial contact) should be the date used to calculate a survey that is not returned (“9 – Non-response: Non-response after Maximum Attempts”)
## Decedent/Caregiver Administrative Record (cont’d)

**Example: Lag Time Calculation Mail**

<table>
<thead>
<tr>
<th>Mode of Survey Administration</th>
<th>Mail Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decedent Date of Death</td>
<td>March 16</td>
</tr>
<tr>
<td>Date of First Mail Attempt</td>
<td>June 1 (77 days after death)</td>
</tr>
<tr>
<td>Date of Follow-up Mail Attempt</td>
<td>June 22 (21 days after first mail attempt)</td>
</tr>
<tr>
<td>Date Data Collection Activities Ended for this Decedent/Caregiver</td>
<td>July 13 (42 days after first mail attempt)</td>
</tr>
<tr>
<td>Caregiver never returned the CAHPS Hospice Survey</td>
<td></td>
</tr>
<tr>
<td>CAHPS Hospice Survey Final Survey Status</td>
<td>Code as “9 – Non-response: Non-response after Maximum Attempts”</td>
</tr>
<tr>
<td></td>
<td>The data collection protocol of 42 days has been reached and the caregiver has not returned the CAHPS Hospice Survey</td>
</tr>
<tr>
<td>Lag Time</td>
<td>Calculated as 119 days (number of days between the patient’s death [March 16] and the date data collection activities ended [July 13])</td>
</tr>
</tbody>
</table>
### Example: Lag Time Calculation Telephone

<table>
<thead>
<tr>
<th>Mode of Survey Administration</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decedent Date of Death</td>
<td>March 16</td>
</tr>
<tr>
<td>Date of First Call Attempt</td>
<td>June 1 (77 days after death)</td>
</tr>
<tr>
<td>Date Interview Conducted</td>
<td>June 14 (attempt 3)</td>
</tr>
<tr>
<td>CAHPS Hospice Survey Final Survey Status</td>
<td>Code as “1 – Completed Survey”</td>
</tr>
<tr>
<td>Lag Time</td>
<td>Calculated as 90 days (number of days between the patient’s death [March 16] and the date interview was conducted [June 14])</td>
</tr>
</tbody>
</table>
Survey Results Record

• Survey vendors MUST submit a Survey Results Record for every decedent/caregiver who has a final disposition of: “1 – Completed Survey,” “6 – Ineligible: Never Involved in Decedent Care” or “7 – Non-response: Break-off”
  – Survey vendors may omit the Survey Results Record for all other dispositions

• Each field requires a valid value for submission
  – May include “M – Missing/Don’t Know” and “88 – Not Applicable”
CAHPS® Hospice Survey

Survey Results Record

• Caregivers may select more than one response category in:
  – Question 2, “In what locations did your family member receive care from this hospice? Please choose one or more.” and
  – Question 43, “What was your family member’s race? Please choose one or more.”

• For both Questions 2 and 43, enter all of the categories that the caregiver has selected
  – Periodically review coding (in survey management system and scanning software, if applicable) of these two questions, as the response categories are different from the other questions
Decision Rules and Coding

• Decision rules for screener and dependent questions
  – Do not impute a response based on caregiver’s answers to dependent questions
  – Dependent questions that are appropriately skipped should be coded as “88 – Not Applicable”
    o Do not clean if caregiver incorrectly responded to dependent question (Mail only)
  – Screener questions that are not answered or left blank should be coded as “M – Missing”
    o Dependent questions should be coded as “M – Missing”
    o Do not clean if caregiver responded to dependent question (Mail only)
# Final Survey Disposition Codes

<table>
<thead>
<tr>
<th>Final Disposition</th>
<th>Code</th>
<th>Description</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Survey</td>
<td>1</td>
<td>A completed survey includes a response to &gt;50% of the ATA items</td>
<td>A completed survey includes a response to at least 50% of the ATA items. Appropriately skipped questions do not count against the required 50 percent.</td>
</tr>
<tr>
<td>Ineligible: Deceased</td>
<td>2</td>
<td>Deceased</td>
<td>Caregiver is deceased at the time of survey administration.</td>
</tr>
<tr>
<td>Ineligible: Not in Eligible Population</td>
<td>3</td>
<td>Decedent/caregiver does not meet the eligibility criteria</td>
<td>Eligibility criteria:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Decedents age 18 and over</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Decedents with death at least 48 hours following last admission to hospice care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Decedents for whom there is a caregiver of record</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Decedents whose caregiver is someone other than a non-familial legal guardian</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Decedents for whom the caregiver has a U.S. or U.S. Territory home address</td>
</tr>
<tr>
<td>Ineligible: Language Barrier</td>
<td>4</td>
<td>Caregiver unable to complete the survey in English and any offered optional language</td>
<td>Unable to complete the survey in English and any offered optional language.</td>
</tr>
<tr>
<td>Final Disposition</td>
<td>Code</td>
<td>Description</td>
<td>Criteria</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>------</td>
<td>----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Ineligible: Mental or Physical Incapacity</td>
<td>5</td>
<td>Caregiver is mentally or physically unable to respond to either mail or telephone portion of the survey</td>
<td>Mentally or physically unable to respond either to mail or telephone portion of the survey.</td>
</tr>
<tr>
<td>Ineligible: Never Involved in Decedent Care</td>
<td>6</td>
<td>Caregiver never involved in decedent’s hospice care</td>
<td>Answer to Question 3, “While your family member was in hospice care, how often did you take part in or oversee care for him or her?” is “Never” or when calling the household the sampled caregiver indicates that he/she was not involved in the patient’s hospice care and no alternative caregiver resides in the household (coded “NOT INVOLVED IN CARE AND NO PROXY IDENTIFIED” on INTRO of the CATI script).</td>
</tr>
<tr>
<td>Non-response: Break-off</td>
<td>7</td>
<td>Caregiver provides a response to at least one CAHPS Hospice Survey Core question, but answered too few ATA questions to meet the criteria for a completed survey</td>
<td>Responded to at least one CAHPS Hospice Survey Core question, but answered too few ATA questions to meet the criteria for a completed survey. This non-response disposition code will not be removed from the denominator of the response rate calculation.</td>
</tr>
</tbody>
</table>
## Final Survey Disposition Codes (cont’d)

<table>
<thead>
<tr>
<th>Final Disposition</th>
<th>Code</th>
<th>Description</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-response: Refusal</td>
<td>8</td>
<td>Caregiver refused to complete the survey</td>
<td>Refused to complete the survey. This non-response disposition code will not be removed from the denominator of the response rate calculation.</td>
</tr>
</tbody>
</table>
| Non-response: Non-response after Maximum Attempts | 9    | Non-response after the maximum contact attempts (two mail attempts for Mail Only; five telephone attempts for Telephone Only; and one mail attempt and five telephone attempts for Mixed Mode) | When one of the following is true after the maximum number of attempts:  
- No evidence to suggest that a caregiver’s contact information is bad  
- The caregiver has not completed the survey by the end of the survey administration time period  
- If the survey is returned by mail or completed by telephone more than 42 days from initial contact  
This non-response disposition code will not be removed from the denominator of the response rate calculation. |
# Final Survey Disposition Codes (cont’d)

<table>
<thead>
<tr>
<th>Final Disposition</th>
<th>Code</th>
<th>Description</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-response: Bad/No Address</td>
<td>10</td>
<td>Unable to obtain a viable address for the caregiver</td>
<td>Unable to obtain a viable address. This disposition code applies only to the Mail Only mode. This non-response disposition code will not be removed from the denominator of the response rate calculation.</td>
</tr>
<tr>
<td>Non-response: Bad/No Telephone Number</td>
<td>11</td>
<td>Unable to obtain a viable phone number for the caregiver</td>
<td>Unable to obtain a viable address and/or telephone number. This disposition code applies to the Telephone Only and Mixed Modes of administration. This non-response disposition code will not be removed from the denominator of the response rate calculation.</td>
</tr>
<tr>
<td>Non-response: Incomplete Caregiver Name</td>
<td>12</td>
<td>Unable to obtain the caregiver’s complete name</td>
<td>When caregivers with incomplete name information are not surveyed. This non-response disposition code will not be removed from the denominator of the response rate calculation.</td>
</tr>
</tbody>
</table>

September 2020

**CAHPS® Hospice Survey**
## Final Survey Disposition Codes (cont’d)

<table>
<thead>
<tr>
<th>Final Disposition</th>
<th>Code</th>
<th>Description</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-response: Incomplete Decedent Name</td>
<td>13</td>
<td>Unable to obtain the decedent’s complete name</td>
<td>When there is evidence that the full decedent name is unavailable. This non-response disposition code will not be removed from the denominator of the response rate calculation.</td>
</tr>
<tr>
<td>Ineligible: Institutionalized</td>
<td>14</td>
<td>Unable to complete the survey because caregiver is institutionalized</td>
<td>The caregiver is institutionalized. This includes caregivers who are in a psychiatric facility, skilled nursing home or correctional institution.</td>
</tr>
<tr>
<td>Non-response: Hospice Disavowal</td>
<td>15</td>
<td>Caregiver disavows hospice care was provided to decedent</td>
<td>When a caregiver indicates that a decedent did not receive care from any hospice or the named hospice.</td>
</tr>
<tr>
<td>Sampling Error</td>
<td>16</td>
<td>Decedent/caregiver sampled in error</td>
<td>When a decedent/caregiver is incorrectly drawn into the sample, such as being sampled from the incorrect hospice CCN or as a duplicate. NOT to be used for ineligible decedent/caregivers.</td>
</tr>
</tbody>
</table>
Survey Completion Guidelines

• Surveys are considered complete (survey status code 1) when:
  – At least 50 percent of the questions applicable to all (ATA) decedents/caregivers are answered
    ○ ATA questions are: 1 – 4, 6 – 13, 15, 17, 21, 24, 26, 28, 30 – 32, and 35 – 47
• A screener question left blank does not trigger a skip so subsequent responses should be included in count of answered survey items
Survey Break-Off Guidelines

• Surveys are considered a Break-off (survey status code 7) when:
  – Caregivers provide a response to at least one CAHPS Hospice Survey Core question (Q1 – Q40), but answer too few ATA questions to meet the criteria for a completed survey
Survey Disposition Codes

• Assigning survey status code 12: Non-response Incomplete Caregiver Name
  – Records with no caregiver name or an incomplete caregiver name are not removed from the sample frame
  – Survey vendors must first make every reasonable attempt to obtain a caregiver’s complete name including re-contacting the hospice to inquire about a name update for decedents/caregivers with incomplete names
Survey Disposition Codes (cont’d)

• Assigning survey status code 12: Non-response Incomplete Caregiver Name (cont’d)
  – If the caregiver name information is completely missing after every reasonable attempt has been made to obtain it, then:
    o Survey vendors must not administer the survey
    o Decedent/Caregiver case is considered “Decedent has no caregiver of record” and coded “3 – Ineligible: Not In Eligible Population”
  – If caregiver name information is partially missing after every reasonable attempt has been made to obtain it, then:
    o Survey vendors must not administer the survey if first and/or last name is missing
    o The decedent/caregiver case must be coded with “Final Survey Status” of “12 – Non-response: Incomplete Caregiver Name”
Survey Disposition Codes (cont’d)

• Assigning survey status code 13: Non-response Incomplete Decedent Name
  – Decedent/Caregiver cases with no decedent name or an incomplete decedent name (missing decedent first and/or last name)
    1) are not removed from the sample frame
    2) must not be administered the survey
  – Survey vendors must make every reasonable attempt to obtain a decedent’s full name, including re-contacting the hospice to inquire about an update
    o Assign a “Final Survey Status” code of “13 – Non-response: Incomplete Decedent Name” when there is evidence that the full decedent name is unavailable
Assigning survey status code 3: Ineligible Not in Eligible Population

- To be used if it is learned that a case includes:
  - Decedents under age 18
  - Decedents with death fewer than 48 hours following last admission to hospice care
  - Decedents for whom there is no caregiver of record
  - Decedents whose only caregiver is a non-familial legal guardian
  - Decedents for whom the caregiver has a non-U.S. or U.S. Territory home address
Survey Disposition Codes (cont’d)

• Assigning survey status code 16: Sampling Error
  – Decedent/Caregiver case was sampled in error
    o For example:
      o Sampled from the incorrect hospice CCN
      o Duplicate of a decedent/caregiver that was sampled
  – Not to be used for ineligible cases
    o Such as cases outlined in “Final Survey Status” code of “3 – Ineligible: Not in Eligible Population”
Data Submission
Data Submission Processes

• CAHPS Hospice Survey Data Coordination Team has developed a secure data warehouse using a web-based application hosted by the RAND Corporation
• The CAHPS Hospice Survey Data Warehouse (Data Warehouse) will operate as a secure file transfer system that survey vendors will use to upload survey data files
• Use of the Data Warehouse does not require installation of special software or licensing fees for survey vendors, except for the purchase of PGP standard compliant software for file encryption
CAHPS® Hospice Survey

Overview of CAHPS Hospice Survey
Data Warehouse

• Available via the Internet
• Hosted on the RAND Corporation’s web site
  – The data warehouse URL is: https://kiteworks.rand.org
• Survey vendor folders allow for submitting survey data files as well as receiving reports and other project documentation
  – Hospice folders are set up to receive reports only
• Non-encrypted files are deleted and will not be processed
• After each data submission, a survey vendor will receive an email if the file is uploaded
  – This does not mean the file was accepted to the Data Warehouse
Data Submission Deadlines

• Interim survey data files may be submitted by survey vendors any time during the quarter
  – Survey vendors must submit files early to allow enough time to resubmit if necessary and still meet the deadline
• Final survey data files must be submitted by survey vendors by 11:59 PM Eastern Time on the required submission date
• Survey vendors must ensure that data files are submitted and accepted by the deadline
  – Allow sufficient time to review data submission reports and resubmit if needed
  – Files will not be accepted after the submission deadline
Hospices must have authorized a survey vendor to collect and submit data on their behalf.

The CAHPS Hospice Survey Vendor Authorization Form (Appendix B) must be received 90 days prior to the submission of the hospice’s data to the Data Warehouse.

- Vendors should review the “Authorized CCNs” Excel file in their CAHPS Hospice Survey Data Warehouse folder to assure that their client hospices have authorized them.

- If a hospice has not authorized its survey vendor, the entire file with the unauthorized CCN will be rejected by the Data Warehouse.
Survey File Submission Naming Convention

- Survey vendors must use the following file naming convention: vendorname.mmddyy.submission#.xml.pgp
  - Vendorname = name of survey vendor
  - mm = month of submission (justify leading zero)
  - dd = day of the month of submission (justify leading zero)
  - yy = 2 digit year of submission
  - submission# = submission number for each date
  - Example: XYZResearch.060119.1.xml.pgp

- Each file must have a unique name from all prior files, even if a prior file was not accepted to the Data Warehouse
  - Files with the same name or that do not use this naming convention will be deleted
File Encryption

• Data files must be encrypted prior to data submission
  – Survey vendors are required to encrypt data files using a PGP-compliant program
  – Use Public Key encryption

• Data files uploaded by survey vendors that are not encrypted will be rejected and must be resubmitted
CAHPS® Hospice Survey

File Encryption (cont’d)

• CAHPS Hospice Survey Data Coordination Team will provide survey vendors with a Public Key to encrypt survey data files prior to submission to the CAHPS Hospice Survey Data Warehouse

• Public Key will be provided in the survey vendor’s folder in the CAHPS Hospice Survey Data Warehouse
  – Contact cahpshospicetechsupport@rand.org if a public key is needed
Data Validation Checks

• CAHPS Hospice Survey Data Coordination Team will audit data files as they are submitted for compliance with file layout specifications

• If the file does not comply to the naming conventions or file format requirements, the file will be rejected from the warehouse and will need to be resubmitted

• The data validation process includes:
  – Checks for presence of required data fields
  – Range and coding checks on all fields
  – Verification of coding of survey disposition codes
  – Check for authorization of survey vendor
Data Submission Notification

• After data auditing and validation checks are complete, survey vendors’ and hospices’ Data Administrators will receive an email notification indicating CAHPS Hospice Survey Data Submission Reports are available.

• Fully corrected data file(s) must be submitted by 11:59 PM Eastern Time on the required submission date.

• Reports will be posted by 5:00 PM Eastern Time on the next business day after submission.
Data Submission Notification (cont’d)

- Vendors and hospices will receive an email notification stating that Data Submission Reports have been posted
  - If the file cannot be decrypted or read, only the Data Submission Detail Report (Part 1) will be posted indicating this error
  - If the file can be read, but it contains unauthorized CCNs, two reports are posted
    o Data Submission Detail Report (Part 1) and Hospice Not Authorized
  - If the file can be read and does not contain unauthorized CCNs, four reports are posted
Data Submission Notification (cont’d)

• If the file fails any edit checks, the Data Submission Detail Report (Part II) will indicate the file has failed
  – Survey vendors must correct and submit the data file again
  – The Data Submission Reports will provide a summary of file contents
  – Survey vendors will need to review their CAHPS Hospice Survey Data Submission Reports to determine what errors were found in the file

• If the file passes checks
  – The Data Submission Reports will provide a summary of file contents
  – Survey vendors should review record counts and values in the report
CAHPS® Hospice Survey

Data Submission Reports

• Four CAHPS Hospice Survey Data Submission Reports are accessible by hospices and survey vendors
  – Data Submission Detail Report (Part I)
  – Data Submission Detail Report (Part II)
  – Review and Correction Report
  – Survey Status Summary Report
  – A fifth report, Hospices Not Authorized, is posted only if a vendor submits a file with unauthorized CCNs, and is not available to hospices

• Survey vendors should review
  – To see the status of each submission
  – The values in the reports against expected values

• Survey vendors must retain copies of Data Submission Reports for a minimum of three years
Data Submission Reports (cont’d)

- Data Submission Detail Report (Part I)

<table>
<thead>
<tr>
<th>CHECK</th>
<th>MESSAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>File encryption check</td>
<td>File successfully de-encrypted</td>
</tr>
<tr>
<td>Check file naming convention</td>
<td>Name should include submission date</td>
</tr>
<tr>
<td>XML Validation</td>
<td>XML is missing data elements</td>
</tr>
<tr>
<td>XML Validation</td>
<td>Element ‘total-decedents’: This element is not expected.</td>
</tr>
<tr>
<td></td>
<td>Expected is ( survey-mode ).</td>
</tr>
<tr>
<td>XML Validation</td>
<td>Element ‘ineligible-postsample’: This element is not</td>
</tr>
<tr>
<td></td>
<td>expected. Expected is ( sample-size ).</td>
</tr>
<tr>
<td>XML Validation</td>
<td>Element ‘provider-id’: This element is not expected.</td>
</tr>
<tr>
<td></td>
<td>Expected is ( provider-name ).</td>
</tr>
</tbody>
</table>

- Indicates whether file can be decrypted and all required data elements are included
Data Submission Reports (cont’d)

- Data Submission Detail Report (Part II)
  - This report checks if all values are within the allowable range
  - The top section indicates if the file was accepted or rejected

<table>
<thead>
<tr>
<th>File ID</th>
<th>Upload Date</th>
<th>Data Value Checks Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>TestVendor.Submission1.072215</td>
<td>07/22/2015</td>
<td>Rejected</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CCN</th>
<th>Decedent Caregiver ID</th>
<th>QUESTION_PRINT</th>
<th>Content of Submitted Field</th>
<th>Valid Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>123456</td>
<td>DID00001234</td>
<td>movetrain (Q30)</td>
<td>0</td>
<td>1, 2, 3, 4, 88, M</td>
</tr>
<tr>
<td>123456</td>
<td>DID00006789</td>
<td>h_confuse (Q10)</td>
<td>5</td>
<td>1, 2, 3, 4, 88, M</td>
</tr>
<tr>
<td>123456</td>
<td>DID00006789</td>
<td>h_talk (Q13)</td>
<td>8</td>
<td>1, 2, 88, M</td>
</tr>
</tbody>
</table>
• Review and Correction Report

  This report contains frequencies for each variable included in the XML file.

<table>
<thead>
<tr>
<th>Mode of survey administration</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Frequency</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>survey_mode</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1: Mail only</td>
<td>48</td>
<td>100.00</td>
<td>48</td>
<td>100.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sample type</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Frequency</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Simple random sample</td>
<td>48</td>
<td>100.00</td>
<td>48</td>
<td>100.00</td>
</tr>
</tbody>
</table>
### Data Submission Reports (cont’d)

#### Survey Status Summary Report

<table>
<thead>
<tr>
<th>Month of Death</th>
<th>CCN</th>
<th>Hospice Record Accepted</th>
<th>Sample Size</th>
<th>Decedent/Caregiver Administrative -Level Records</th>
<th>Valid Survey Status Codes (1-15)</th>
<th>Completed Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/2016</td>
<td>111111</td>
<td>yes</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>222222</td>
<td>yes</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Month Total</td>
<td></td>
<td></td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>02/2016</td>
<td>111111</td>
<td>no</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>222222</td>
<td>yes</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Month Total</td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>03/2016</td>
<td>111111</td>
<td>yes</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>222222</td>
<td>yes</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Month Total</td>
<td></td>
<td></td>
<td>9</td>
<td>11</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>FILE TOTAL</td>
<td></td>
<td></td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>6</td>
</tr>
</tbody>
</table>

- This report contains the `<sample-size>` variable, the number of administrative records, the number of valid survey status codes, the number of completed surveys (`<survey-status>=1`), and whether a Hospice Record was accepted, for each CCN/month.
• Hospices Not Authorized

- This report contains a list of any CCNs included in the XML file that have not authorized the survey vendor for that quarter
- A Vendor Authorization Form must be received before CCNs can be submitted by a survey vendor
Wrap-up
and Next Steps
Wrap-up and Next Steps

• Complete the Introduction to CAHPS Survey Training Attestation Form
• Complete the post-training Survey Vendor Quiz
  – Available for 24 hours after submission of the Attestation Form
• Provide feedback on the training
  – Follows the post-training quiz
• Notification sent to survey vendors
  – Results of the survey vendor quiz will be provided by 09/28/2020
Wrap-up and Next Steps (cont’d)

• CAHPS Hospice Survey Update Training on October 1, 2020 at 11:00 am EDT – attendance is required for survey vendors
  – Introduction and Overview
  – CAHPS Hospice Survey Program Highlights & Updates
  – Oversight Activities
  – Exception Request Process
  – Discrepancy Report Process
  – Data Quality Checks
  – Public Reporting and Analysis of Survey Data
  – Some Recent Analyses of CAHPS® Hospice Survey Data
CAHPS® Hospice Survey

CAHPS Hospice Survey Expectations

• CMS expects that survey vendors will:
  – Become familiar with and follow all the procedures and protocols in the Quality Assurance Guidelines (QAG)
  – Contact the technical assistance team if you have any questions or concerns
Contact Us

• CAHPS Hospice Survey Information and Technical Assistance
  – Web site: www.hospicecahpssurvey.org
  – Email: hospicecahpssurvey@hsag.com
  – Telephone: 1-844-472-4621