

CAHPS Hospice Survey Survey Vendor Authorization Form

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

In order to authorize a survey vendor or switch to a new survey vendor, a hospice representative must complete the CAHPS Hospice Survey Vendor Authorization Form and submit it to the RAND Corporation one calendar quarter (90 days) prior to the first time data will be submitted to the CAHPS Hospice Survey Data Warehouse by that vendor. The individual who completes this form for the hospice will be considered the CAHPS Hospice Survey Administrator for that hospice. Hospices should also designate, on the form, an individual within the hospice organization to serve as the main point of contact with the CAHPS Hospice Survey Project Team.

If a hospice wishes to change CAHPS Hospice Survey vendors, it may do so **ONLY** at the beginning of a calendar quarter. *Note: A quarter is based on the calendar year (CY) and will correspond to the month of patient death. For example, Quarter 1 2019 begins with January 2019 patient deaths (caregivers to be surveyed April 2019).*

This form must be signed and dated in the presence of a notary public, notarized and sent to the RAND Corporation. Please note, when completing the CAHPS Hospice Survey Vendor Authorization Form pertaining to multiple hospice agencies, it is appropriate to attach a list to the form (signed and dated by the CAHPS Hospice Survey Administrator) of all the applicable hospices (hospice names and CMS Certification Numbers [CCNs]). Please check the box on the form indicating that a separate document is attached and indicate the number of hospice names and CCNs listed on the separate sheet.

If sent via U.S. Mail, send to:

RAND Corporation
ATTN: Melissa A. Bradley
CAHPS Hospice Survey
1200 South Hayes Street
Arlington, VA 22202

If sent via Federal Express, UPS or other overnight delivery service, send to:

RAND Corporation
ATTN: Melissa A. Bradley
CAHPS Hospice Survey
1200 South Hayes Street
Arlington, VA 22202
Phone: 703-413-1100, extension 5599

Note: After submission of the CAHPS Hospice Survey Vendor Authorization Form, no further action is required by the hospice to notify CMS of their survey vendor selection. The RAND Corporation communicates to CMS which hospice agencies have authorized a survey vendor to administer the CAHPS Hospice Survey on their behalf.

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I, _____ (print CAHPS Hospice Survey Administrator's name), acknowledge and accept the role and all of the responsibilities of the CAHPS Hospice Survey Administrator for CCN _____ (print CMS Certification Number or "see attached list of CCNs"); _____ (print name of hospice or "see attached list of hospices").

In this role I will be responsible for:

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

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

Hospice Administrator First and Last Name: _____

Hospice Administrator Signature: _____ Date: _____

Title: _____

Phone Number: (_____) _____ Email: _____

Hospice Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Hospice Point of Contact for the CAHPS Hospice Survey Project Team (if different from administrator):

First and Last Name: _____

Phone Number: (_____) _____

Email: _____

Name of Old Survey Vendor (De-authorizing), or “n/a” if no prior vendor:

Name of New Survey Vendor (Authorizing)*:

Start date for New Vendor (based on decedent month of death):**

*Approved Survey Vendors may be located at: www.hospicecahpsurvey.org/en/approved-vendor-list.

Note: If a hospice wishes to change CAHPS Hospice Survey vendors, it may do so **ONLY at the beginning of a calendar quarter. A quarter is based on the calendar year and corresponds to the month of patient death.

- *Quarter 3 2018 begins with July 2018 patient deaths (caregivers to be surveyed October 2018)*
- *Quarter 4 2018 begins with October 2018 patient deaths (caregivers to be surveyed January 2019)*
- *Quarter 1 2019 begins with January 2019 patient deaths (caregivers to be surveyed April 2019)*
- *Quarter 2 2019 begins with April 2019 patient deaths (caregivers to be surveyed July 2019)*
- *Quarter 3 2019 begins with July 2019 patient deaths (caregivers to be surveyed October 2019)*
- *Quarter 4 2019 begins with October 2019 patient deaths (caregivers to be surveyed January 2020)*

Notary Public Signature: _____

Stamp: _____

Notary Public Date: _____