

CAHPS[®] Hospice Survey
Quality Assurance
Guidelines

Version 11.0

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CAHPS[®] Hospice Survey

Quality Assurance Guidelines

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I. Reader's Guide

Purpose of Quality Assurance Guidelines

CMS developed the CAHPS Hospice Survey *Quality Assurance Guidelines V11.0* manual to standardize the survey data collection process and to ensure comparability of data reported. This Reader's Guide provides survey vendors and hospices with a high-level overview and reference for essential information presented in the CAHPS Hospice Survey *Quality Assurance Guidelines V11.0* manual. Readers are directed to the related chapters of the CAHPS Hospice Survey *Quality Assurance Guidelines V11.0* manual for more detail.

CAHPS Hospice Survey Quality Assurance Guidelines V11.0 Contents

The CAHPS Hospice Survey *Quality Assurance Guidelines V11.0* manual contains chapters that address CAHPS Hospice Survey administration requirements. Important changes are highlighted at the beginning of a chapter in the "New for 2025" section. Chapters include:

Introduction and Overview

This chapter includes a description of the CAHPS Hospice Survey initiative and the history of its development. It also includes an overview of the CAHPS Hospice Survey data collection and submission timeline.

Program Requirements

This chapter presents the Program Requirements, including the purpose of the CAHPS Hospice Survey, communication with patients and/or their caregivers, the Roles and Responsibilities for participating organizations (i.e., CMS, hospices, and survey vendors), survey vendor analysis of CAHPS Hospice Survey data, the Minimum Business Requirements to administer the CAHPS Hospice Survey, and the Rules of Participation.

Communications and Technical Support

This chapter includes information about communications and technical support available to survey vendors administering the CAHPS Hospice Survey and other interested parties.

Sampling Protocol

This chapter describes the procedures survey vendors should use to request the decedents/caregivers list from their hospices, identify decedents/caregivers eligible for the survey, construct a sample frame, and select a sample each month.

Modes of Survey Administration

Chapters VI, VII, VIII, and IX describe each of the four allowed modes of survey administration: Mail Only, Telephone Only, Mixed mode (mail with telephone follow-up), and Web Mail (web with mail follow-up). These chapters address the administration of the CAHPS Hospice Survey, data receipt and retention, and quality control guidelines for each of the four modes. Each mode of survey administration requires adherence to a standardized protocol and timeline.

Data Coding and Data File Preparation

The CAHPS Hospice Survey utilizes standardized protocols for file specifications, coding, and submission of data. This chapter contains information about preparing the CAHPS Hospice Survey data files for submission, including the procedure for assigning CAHPS Hospice Survey “Final Survey Status” codes, information on the requirements for coding and interpreting ambiguous or missing data elements in returned surveys, the definition of a completed survey, and the procedures for calculating the survey response rate.

Data Submission

This chapter contains information about preparing and submitting survey data files to the CAHPS Hospice Survey Data Warehouse, including the processes for survey vendor authorization and switching survey vendors, registration of the survey vendor Data Administrator(s), and the data submission process, including the interpretation of the associated CAHPS Hospice Survey Data Submission Reports.

Oversight Activities

This chapter provides information on the oversight activities that the CMS-sponsored CAHPS Hospice Survey Project Team conducts to verify compliance with CAHPS Hospice Survey protocols. These oversight activities include but are not limited to: review of survey vendor’s CAHPS Hospice Survey Quality Assurance Plan (QAP), analyses of submitted data, site visits/conference calls, additional activities related to the administration of the CAHPS Hospice Survey, and possible outcomes of non-compliance.

Data Reporting

This chapter describes the process for public reporting of CAHPS Hospice Survey results.

Exception Request Process

This chapter describes the process for reviewing methodologies that vary from standard CAHPS Hospice Survey protocols. The Exception Request Process is designed to allow for flexibility while maintaining the integrity of the data for standardized reporting.

Discrepancy Report Process

This chapter describes the process for notifying CMS of any discrepancies from standard CAHPS Hospice Survey protocols during the survey administration process.

Data Quality Checks

This chapter provides an overview describing the importance of data quality checks and examples of data quality check activities as recommended by the CAHPS Hospice Survey Project Team.

Appendices

The Appendices include: the Minimum Business Requirements to administer the CAHPS Hospice Survey; survey vendor authorization form; form for accessing the CAHPS Hospice Survey Data Warehouse; data file layout specifications; telephone interviewing guidelines; frequently asked questions for customer support (English and Spanish); the survey vendor model QAP; the forms for submitting requests for protocol exceptions, discrepancy reports, participation exemption for size, and attestation statement; suggested supplemental questions; and informational flyer; and the CAHPS Hospice Survey prenotification letter, mail materials, telephone scripts, and web materials in English. CAHPS Hospice Survey materials for other available languages (Spanish, Traditional

Chinese, Simplified Chinese, Russian, Portuguese, Vietnamese, Polish, and Korean) are available on the CAHPS Hospice Survey Website (www.hospicecahpsurvey.org).

For More Information

For program information and to view important updates and announcements, visit the CAHPS Hospice Survey Website (www.hospicecahpsurvey.org).

To Provide Comments or Ask Questions

For information and technical assistance, contact the CAHPS Hospice Survey Project Team via email at hospicecahpsurvey@hsag.com or call 1-844-472-4621.

II. Introduction and Overview

Background

Before the development of the CAHPS Hospice Survey, there was no official national standardized survey to measure patient and family experiences with hospice care. The CAHPS Hospice Survey uses detailed standardized survey administration protocols to allow for fair comparisons across hospices.

CMS developed the CAHPS Hospice Survey with input from many stakeholders, including other government agencies, industry stakeholders, consumer groups, and other key individuals and organizations involved in hospice care. The survey was designed to measure and assess the experiences of decedents who died while receiving hospice care as well as the experiences of their caregivers.

The CAHPS Hospice Survey uses detailed standardized survey administration protocols to allow for fair comparisons across hospices. The survey aims to produce comparable data on decedents'/caregivers' perspectives of care that allow objective and meaningful comparisons across hospices on domains that are important to consumers and create incentives for hospices to improve their quality of care.

Note: The term decedent/caregiver is used throughout this manual to identify the patient who died while receiving hospice care (decedent) and the primary informal caregiver (i.e., family member or friend) identified to receive and respond to the CAHPS Hospice Survey. The primary informal caregiver is referred to as “caregiver” throughout this manual.

CAHPS Hospice Survey Development

The development process for the survey began in 2012 and included: a public request for information about publicly available measures and important topics to measure (78 FR 5458); a review of the existing literature on tools that measure experiences with end-of-life care; exploratory interviews with caregivers of hospice decedents; a technical expert panel attended by survey development and hospice care quality experts; cognitive interviews to test draft survey content; incorporation of public responses to Federal Register Notices (78 FR 48234); and a field test conducted by CMS in November and December 2013.

National implementation of the CAHPS Hospice Survey began on January 1, 2015 with a dry run conducted in at least one month (January, February, or March) of the first quarter of 2015. Beginning in April 2015, hospices were required to begin continuous monthly participation in the CAHPS Hospice Survey. Hospices are required to contract with an approved CAHPS Hospice Survey vendor to conduct the survey in order for the hospice to meet the Hospice Quality Reporting Program (HQRP) requirements. The dry run period was allowed for the initial implementation year only; no further dry run periods will be scheduled.

CAHPS Hospice Survey Mode Experiments

In order to achieve the goal of fair comparisons across all hospices that participate in the CAHPS Hospice Survey, it is necessary to adjust for factors that are not directly related to hospice performance but may affect how caregivers answer CAHPS Hospice Survey items. To ensure that

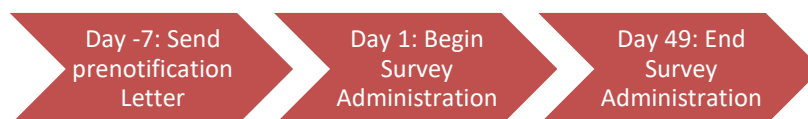
CAHPS Hospice Survey scores allow fair and standardized comparisons of hospices, in 2015 CMS conducted a mode experiment to examine whether the mode of survey administration (Mail Only, Telephone Only, and Mixed mode) systematically affects CAHPS Hospice Survey results (42 CFR 418). This mode experiment enabled CMS to determine that survey mode adjustments were needed, and to develop them. Survey mode adjustments are intended to eliminate any advantage or disadvantage in CAHPS Hospice Survey scores that might result for a hospice based on the mode of survey administration that it selects for the CAHPS Hospice Survey.

In 2021, CMS conducted another mode experiment to test a web-based mode of survey administration, as well as revisions to survey instrument content and administration procedures designed to improve overall response rates. Further information regarding the development and testing of the CAHPS Hospice Survey can be found in the *Hospice Experience of Care Survey: Development and Field Test Report* and in the *Summary of 2021 CAHPS® Hospice Survey Mode Experiment* available on the About the Survey Page of the CAHPS Hospice Survey Website (www.hospicecahpsurvey.org) in the Resources section.

The Revised CAHPS Hospice Survey, New Administration Procedures, and Web Mail Mode

In August 2024, CMS published the Fiscal Year 2025 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements Final Rule which finalized changes to the administration protocols, the addition of a Web Mail mode of data collection, and revisions to the CAHPS Hospice Survey instrument. These revisions will be effective with Q2 2025 decedents.

Beginning with April 2025 decedents, required changes to survey administration protocols include a prenotification letter administered 7 days prior to the beginning of survey administration for all modes and extension of the survey administration field period from 42 to 49 days.



Beginning with April 2025 decedents, hospices may choose to administer the CAHPS Hospice Survey using a new Web Mail mode, described in detail in Chapter IX.

In addition to the required changes to administration protocols and the new optional mode, an revised version of the CAHPS Hospice Survey has been introduced beginning with April 2025 decedents. The updated survey is shorter and simpler than the current survey and includes new questions on topics suggested by stakeholders. Specifically, changes to the survey and the quality measures derived from it include:

- Removal of three nursing home items and an item about moving the family member that are not included in scored measures

- Removal of one survey item regarding confusing or contradictory information from the Hospice Team Communication measure
- Replacement of the multi-item Getting Hospice Care Training measure with a new, one-item summary measure
- Addition of two new items, which will be used to calculate a new Care Preferences measure
- Simplified wording to component items in the Hospice Team Communication, Getting Timely Care, and Treating Family Member with Respect measures

The revised CAHPS Hospice Survey materials are available in English, Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, and Korean. English language materials are included in Appendices in QAG V11.0. Materials for other available languages (Spanish, Traditional Chinese, Simplified Chinese, Russian, Portuguese, Vietnamese, Polish, and Korean) are available on the CAHPS Hospice Survey Website (www.hospicecahpsurvey.org).

The revised CAHPS Hospice Survey instrument consists of 39 questions, broken into three sections: Core (Q1 – Q31), About Your Family Member (four questions), and About You (four questions). The revised instrument includes the quality measures listed below.

CAHPS Hospice Survey Quality Measures and Constituent Items	
Communication with Family	
➤	How often did the hospice team let you know when they would arrive to care for your family member?
➤	How often did the hospice team explain things in a way that was easy to understand?
➤	How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?
➤	How often did the hospice team keep you informed about your family member's condition?
➤	While your family member was in hospice care, how often did the hospice team listen carefully to you?
Getting Timely Help	
➤	When you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?
➤	How often did you get the help you needed from the hospice team during evenings, weekends, or holidays?
Treating Patient with Respect	
➤	How often did the hospice team treat your family member with dignity and respect?
➤	How often did you feel that the hospice team really cared about your family member?
Emotional and Spiritual Support	
➤	While your family member was in hospice care, how much emotional support did you get from the hospice team?
➤	In the weeks after your family member died, how much emotional support did you get from the hospice team?
➤	Support for religious, spiritual, or cultural beliefs may include talking, praying, quiet time, or respecting traditions. While your family member was in hospice care, how much support for your religious, spiritual, or cultural beliefs did you get from the hospice team?

Help for Pain and Symptoms
➤ Did your family member get as much help with pain as they needed?
➤ How often did your family member get the help they needed for trouble breathing?
➤ How often did your family member get the help they needed for trouble with constipation?
➤ How often did your family member get the help they needed from the hospice team for feelings of anxiety or sadness?
Training Family to Care for Patient
➤ Hospice teams may teach you how to care for family members who need pain medicine, have trouble breathing, are restless or agitated, or have other care needs. Did the hospice team teach you how to care for your family member?
Care Preferences
➤ Did the hospice team provide care that respected your family member's wishes?
➤ Did the hospice team make an effort to listen to the things that mattered most to you or your family member?
Rating of this Hospice
➤ 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?
Willingness to Recommend this Hospice
➤ Would you recommend this hospice to your friends and family?

Endorsement of CAHPS Hospice Survey Measures by CMS' Consensus-Based Entities

In 2016 and 2020, the Board of Directors of the National Quality Forum (NQF), CMS' consensus-based entity at the time, formally endorsed the eight measures from the 47-item CAHPS Hospice Survey instrument as performance measures for use in accountability and quality improvement that address palliative care and end-of-life care. In 2023, the Consensus Standards Approval Committee of CMS's current consensus-based entity, the Partnership for Quality Measurement, endorsed the nine measures from the updated CAHPS Hospice Survey, including the new Care Preferences measure, the revised Hospice Team Communication measure, and the revised Getting Hospice Care Training measure.

Office of Management and Budget and Public Comment Process

The Office of Management and Budget's (OMB's) Paperwork Reduction Act clearance process for the CAHPS Hospice Survey required two Federal Register Notices. The initial notice was published in May 2014 (CMS-1609-P). A 30-day Federal Register Notice was published in August 2014. In November 2014, the OMB provided final approval for national implementation of the CAHPS Hospice Survey. In November 2017, December 2020, and July 2023, the OMB again reviewed and approved the CAHPS Hospice Survey.

CAHPS Hospice Survey Public Reporting

Official CAHPS Hospice Survey measure scores are publicly reported four times each year on the Care Compare tool on Medicare.gov (<https://www.medicare.gov/care-compare/>). Scheduled refreshes for CAHPS Hospice Survey data occur in February, May, August, and November. Public reporting of CAHPS Hospice Survey results is comprised of a rolling eight quarters of survey data, with data submitted quarterly by survey vendors via the CAHPS Hospice Survey Data Warehouse.

Care Compare Tool Refresh Date	Quarters Included in CAHPS Hospice Survey Measure Scores	Quarters Included in CAHPS Hospice Survey Star Ratings
November 2024	Q1 2022 – Q4 2023	Q4 2021 – Q3 2023
February 2025	Q2 2022 – Q1 2024	Q2 2022 – Q1 2024
May 2025	Q3 2022 – Q2 2024	Q2 2022 – Q1 2024
August 2025	Q4 2022 – Q3 2024	Q4 2022 – Q3 2024
November 2025	Q1 2023 – Q4 2024	Q4 2022 – Q3 2024

Chapter XIII of this document describes the public reporting of the CAHPS Hospice Survey results on the Care Compare tool on Medicare.gov through the February 2026 Care Compare refresh. Measure scores displayed up through this period will be calculated exclusively using the current version of the CAHPS Hospice Survey. In addition, Chapter XIII describes anticipated changes to scoring and reporting for data from the new survey and revised administration procedures (including Web Mail mode).

The August 2024 public reporting of CAHPS Hospice Survey results included 7,132 hospices, of which 3,036 reported CAHPS Hospice Survey scores; this is based on 631,637 completed surveys and covers hospice care experiences for patients who died between the fourth quarter of 2021 and the third quarter 2023 (10/1/2021 through 9/30/2023). Publicly reported measure scores and Star Ratings are available at the Care Compare tool on Medicare.gov. The schedule of public reporting for 2025 can be found in the *Data Reporting* chapter.

Preparation for CAHPS Hospice Survey Data Collection

Survey vendors interested in administering the CAHPS Hospice Survey must apply to participate and attend all CAHPS Hospice Survey Training sessions. Training is offered via Webinar and there is no associated fee. At a minimum, the survey vendor's Project Manager must attend all CAHPS Hospice Survey Training sessions. In addition, subcontractors and any other organizations that are responsible for major functions of CAHPS Hospice Survey administration must attend all CAHPS Hospice Survey Training sessions. Survey vendors that meet the CAHPS Hospice Survey Minimum Business Requirements will be eligible to receive conditional approval to be a CAHPS Hospice Survey vendor. Survey vendors will be eligible to receive full approval following participation in the CAHPS Hospice Survey Training sessions and successful completion of the post-training quizzes.

To comply with CMS' quality reporting requirements, all eligible hospices are required to contract with an approved survey vendor to collect data using the CAHPS Hospice Survey on an ongoing monthly basis. Participation in the CAHPS Hospice Survey is **required** to meet the pay for reporting requirement of the HQRP for the associated fiscal year (FY) annual payment update (APU).

The CAHPS Hospice Survey considers the decedent (i.e., the patient who died while in hospice care) and his or her caregiver (i.e., family member or friend) as the unit of care. Each hospice must provide specified decedent/caregiver data to its survey vendor on a monthly basis.

CAHPS Hospice Survey Data Collection and Submission Timeline

Data collection for sampled decedents/caregivers must be initiated two months following the month of patient death. The data collection process must be completed within 49 calendar days after initial contact. Submission of the data to the CAHPS Hospice Survey Data Warehouse will occur quarterly. Please see the schedule for survey administration and data submission outlined in the table below.

CAHPS Hospice Survey Administration and Data Submission Schedule		
Month of Death	Survey Field Period Begins	Data Submission to the CAHPS Hospice Survey Data Warehouse
April 2024	July 1, 2024	November 13, 2024
May 2024	August 1, 2024	
June 2024	September 1, 2024	
July 2024	October 1, 2024	February 12, 2025
August 2024	November 1, 2024	
September 2024	December 1, 2024	
October 2024	January 1, 2025	May 14, 2025
November 2024	February 1, 2025	
December 2024	March 1, 2025	
January 2025	April 1, 2025	August 13, 2025
February 2025	May 1, 2025	
March 2025	June 1, 2025	
April 2025	July 1, 2025	November 12, 2025
May 2025	August 1, 2025	
June 2025	September 1, 2025	
July 2025	October 1, 2025	February 11, 2026
August 2025	November 1, 2025	
September 2025	December 1, 2025	
October 2025	January 1, 2026	May 13, 2026
November 2025	February 1, 2026	
December 2025	March 1, 2026	

III. Program Requirements

New for QAG V11.0

New in the Program Requirements Chapter for QAG V11.0:

- New Informational Flyer for use by hospices to inform caregivers of CAHPS Hospice Survey
- Clarification on sharing identifiable caregiver responses with hospices
- Availability of Frequently Asked Questions (FAQ) in all approved languages
- Updates to the MBR for Web Mail Mode

Overview

This chapter describes the Program Requirements, which include the purpose of the CAHPS Hospice Survey, guidelines for communication with patients and caregivers, roles and responsibilities for participating organizations, guidelines for analysis of CAHPS Hospice Survey data, the Rules of Participation, and the Minimum Business Requirements to administer the CAHPS Hospice Survey. Survey vendors administering the CAHPS Hospice Survey must meet all CAHPS Hospice Survey Minimum Business Requirements.

Purpose of the CAHPS Hospice Survey Program Requirements

The CAHPS Hospice Survey and its administration protocols are designed to produce standardized information about decedents'/caregivers' perspectives of care that allows objective and meaningful comparisons of hospices on topics that are important to consumers. Public reporting of CAHPS Hospice Survey results creates incentives for hospices to improve the quality of care while enhancing accountability in healthcare by increasing transparency.

In order to fulfill these goals, it is essential that, to the fullest extent possible:

- caregivers respond to the CAHPS Hospice Survey, and
- caregivers' responses are informed only by the care their family members or friends received from the hospice named on the survey

CMS carefully developed the CAHPS Hospice Survey and its administration protocols to achieve the following outcomes:

- Increase the likelihood that caregivers will respond to the survey, and
- Ensure that the caregivers' responses are unbiased and reflect only the decedents' and caregivers' experiences of care

In order to ensure these outcomes:

- The CAHPS Hospice Survey should be the first survey caregivers receive about their family members' or friends' experiences of hospice care
- Hospices and survey vendors (and anyone acting on their behalf) must **not** attempt to influence how caregivers respond to CAHPS Hospice Survey items

CAHPS Hospice Survey results are intended to be used for quality improvement purposes, not for marketing or promotional activities. Only the CAHPS Hospice Survey scores that are published

by CMS are the official scores. Scores derived from any other source are unofficial and should be labeled as such.

The CAHPS Hospice Survey and the questions that comprise it are in the public domain and thus can be used outside of official CAHPS Hospice Survey purposes (e.g., for non-CAHPS Hospice Survey eligible decedents/caregivers). However, when used in an unofficial capacity, the CAHPS Hospice Survey OMB Paperwork Reduction Act language must not be used and all references to “CAHPS Hospice Survey” and “CMS” must be removed.

Hospice Communication with Patients and/or Their Caregivers

The sections below are intended to provide survey vendors and hospices with guidance when conducting quality improvement activities in conjunction with the CAHPS Hospice Survey.

Communicating with Patients and/or Their Caregivers about the CAHPS Hospice Survey

CAHPS Hospice Survey guidelines allow hospices to communicate about the CAHPS Hospice Survey with patients and/or their caregivers prior to administration of the survey.

If a hospice wants to let caregivers know that they may receive a survey and encourage them to complete it, the hospice must inform **all** caregivers. For example, hospices may inform caregivers during the hospice admission process that they may receive the CAHPS Hospice Survey or provide this information with a bereavement letter. Appendix N includes a sample Informational Flyer that hospices may send to caregivers as part of a bereavement package.

Certain types of communications are **not** permitted because they may introduce bias in the survey results. For instance, hospices/survey vendors are **not** allowed to:

- ask any CAHPS Hospice Survey or CAHPS Hospice Survey-like questions of caregivers prior to administration of the survey
- attempt to influence or encourage caregivers to answer CAHPS Hospice Survey questions in a particular way
- imply that the hospice, its personnel, or agents will be rewarded or gain benefits for positive feedback from caregivers by asking caregivers to choose certain responses, or indicate that the hospice is hoping for a given response, such as a “10,” “Definitely yes” or an “Always”
- indicate that the hospice’s goal is for all caregivers to rate them as a “10,” “Definitely yes,” or an “Always”
- offer incentives of any kind for participation in the survey
- invite or ask the caregiver if they want to participate in a survey or suggest they can “opt out” of the survey
- show or provide the CAHPS Hospice Survey, prenotification letter, or cover letters to caregivers while they are in the hospice or at any time prior to the administration of the survey
- mail or distribute any letters, including the approved CAHPS Hospice Survey prenotification letter that is part of the survey administration protocol, or postcards after patient death to inform caregivers about the CAHPS Hospice Survey other than the Informational Flyer (Appendix N) which can be provided in a bereavement package

*Note: Hospices may **not** contact caregivers directly regarding survey responses provided by the caregiver in the survey except when the caregiver explicitly requests a call from the hospice.*

Use of Other Hospice Surveys

In this section, CMS provides guidelines to employ when asking caregivers questions regarding their family members' or friends' hospice care. CMS' intent is to minimize the burden on caregivers, prevent the introduction of bias to CAHPS Hospice Survey responses, and increase the likelihood that caregivers will complete the CAHPS Hospice Survey.

In general, activities and encounters that are intended to provide or assess clinical care or promote patient/family well-being are permissible. However, activities and encounters that are primarily intended to influence how caregivers, or which caregivers, respond to CAHPS Hospice Survey items must be avoided. If patients or their caregivers are asked questions during their hospice care, we strongly suggest that such questions be worded in a neutral tone and not slanted toward a particular outcome. **Questions must not resemble CAHPS Hospice Survey items or their response categories. In addition, references to CMS must not be included on any surveys that are not the official CAHPS Hospice Survey.** Hospices should focus on overall quality of care rather than the measures reported to CMS.

Caregivers should not be given any formal, CAHPS Hospice Survey-like, patient experience/satisfaction surveys before they receive the official CAHPS Hospice Survey. A formal survey, regardless of the mode employed, is one in which the primary goal is to ask standardized questions of a significant portion of a hospice's patient/caregiver population.

- When asking non-CAHPS Hospice Survey questions, do **not** use CAHPS Hospice Survey-like response categories (for instance, "Always," "Usually," "Sometimes," or "Never")
- The following are examples of the types of questions that are **not** permissible:
 - "On a scale of 0 to 10, how would you rate your family member's hospice care?"
 - "Is there a way we could always...?"
 - "Did the hospice team explain things in a way you could understand?"
 - "Overall, how would you rate the care you received from the hospice?"

Note: It is permissible for hospices to ask patients and/or their caregivers questions about their care during their hospice stay or during bereavement calls when this is a normal part of quality improvement activities, as long as the questions and/or response categories do not resemble those in the CAHPS Hospice Survey.

The CAHPS Hospice Survey should be administered prior to administering any other survey after the patient's death. As noted above, it is permissible for patients and their caregivers to be asked questions during their hospice stay when the focus is on the clinical care of the individual patient. The hospice or its agents must **not** seek to influence which caregivers receive the CAHPS Hospice Survey or how caregivers answer CAHPS Hospice Survey items.

Other Communications with Patients and/or Their Caregivers

When communicating with patients and/or their caregivers while in hospice care regarding their healthcare, hospices should take care to avoid introducing bias in the way caregivers may answer questions on the CAHPS Hospice Survey. Many of the guidelines above in the *Communicating*

with Patients and/or Their Caregivers about the CAHPS Hospice Survey and Use of Other Hospice Surveys apply to general communications with patients and/or their caregivers.

Examples of statements that comply with CAHPS Hospice Survey protocols include:

- “We are looking for ways to improve your family member’s stay. Please share your comments with us.”
- “What can we do to improve your family member’s care?”
- “We want to hear from you, please share your experience with us.”
- “Please let us know if you have any questions about your family member’s treatment plan.”
- “Let us know if your family member’s room is not comfortable.”

Hospices should **not**:

- permit staff to wear buttons, stickers, etc. that state “Always” or “10”
- emphasize CAHPS Hospice Survey response options in posters, white boards, rounding questions, in-room televisions, or other media accessible to patients and/or their caregivers. Examples of statements that do **not** comply with CAHPS Hospice Survey protocols include:
 - “We expect to be the best hospice possible.”
 - “Our goal is to always address your needs.”
 - “Let us know if we are not listening carefully to you.”
 - “We treat our patients with dignity and respect.”
 - “In order to provide the best possible care, please tell us how we can always...”
 - “Our doctors and nurses always listen carefully to you.”
 - “We want to always explain things to you in a way you can understand.”
 - “We want you to recommend us to family and friends.”

Roles and Responsibilities

The following content clarifies the roles and responsibilities of participating organizations.

CMS Roles and Responsibilities

CMS supports the standardization of the survey administration and data collection methodologies for measuring and reporting caregivers’ perspectives on their family members’ or friends’ hospice care as follows:

- Provides CAHPS Hospice Survey administration protocols through the CAHPS Hospice Survey *Quality Assurance Guidelines*
- Trains survey vendors to administer the CAHPS Hospice Survey
- Provides technical support via CAHPS Hospice Survey Information and Technical Assistance and distributes information about survey administration procedures and policy updates on the CAHPS Hospice Survey Website at www.hospicecahpsurvey.org
- Processes data files submitted by survey vendors
- Calculates and adjusts CAHPS Hospice Survey data for mode and case-mix effects prior to public reporting
- Generates preview reports containing CAHPS Hospice Survey results for participating hospices prior to public reporting
- Reports CAHPS Hospice Survey results publicly on the Care Compare tool

- Provides quality oversight to ensure that the CAHPS Hospice Survey is credible, useful and practical to allow for valid comparisons to be made across hospices

Hospice Roles and Responsibilities

It is the responsibility of the Medicare-certified hospice to participate every month in the CAHPS Hospice Survey.

If a hospice is eligible to participate, it must:

- Contract with an approved CAHPS Hospice Survey vendor to administer the survey on behalf of the hospice
- Provide a primary and secondary (backup) CAHPS Hospice Survey contact person to the CAHPS Hospice Survey-approved Survey Vendor so that an organizational representative is always available
- Authorize the contracted survey vendor to collect and submit CAHPS Hospice Survey data to the CAHPS Hospice Survey Data Warehouse on the hospice's behalf by submitting a CAHPS Hospice Survey Vendor Authorization Form (refer to Appendix B) **prior to the data submission deadline**
- Once an organization authorizes a survey vendor, it is not necessary to provide additional notification unless the organization chooses to de-authorize its survey vendor and switch to a different survey vendor

Note: If an organization chooses to de-authorize its survey vendor and switch to a different survey vendor, it must contact the CAHPS Hospice Survey Project Team immediately to begin the transition process (refer to Appendix B). This change in survey vendor can only take effect at the beginning of a calendar quarter, and the timing of receipt of the request may affect when the change may be made.

- Complete and submit a CAHPS Hospice Survey Data Warehouse Access Form for Vendors and Hospices (refer to Appendix C) prior to the data submission deadline
- Work with their approved survey vendor to determine a date each month by when to provide their survey vendor with the monthly decedents/caregivers list
- Compile and deliver a complete and accurate decedents/caregivers list to the survey vendor by the agreed-upon date each month with the caregiver information that will enable the survey vendor to administer the survey

*Note: Hospices must ensure that the counts provided to the survey vendor are accurate, i.e., the total decedent count minus the "no publicity" count **must** equal the number of decedent/caregiver record submitted to the survey vendor.*

- Use a secure method to transmit decedents/caregivers lists to the survey vendor
- Review data submission reports in the CAHPS Hospice Survey Data Warehouse to ensure that the survey vendor has submitted data on time and without data problems
- Preview CAHPS Hospice Survey results prior to public reporting

- Avoid influencing caregivers in any way about whether to or how to answer the CAHPS Hospice Survey. For example, a hospice may not suggest that caregivers decline to be contacted for the survey or provide any information to caregivers about how to answer the survey.

*Note: If a hospice wants to let caregivers know that they may receive a survey and encourage them to complete it, the hospice must inform **all** caregivers.*

- Understand the hospice’s responsibilities regarding participation in the HQRP, including key date ranges and deadline dates

Some hospices may be exempt from participation for a given APU period. The scenarios under which a Medicare-certified hospice provider can be exempted from participation in the CAHPS Hospice Survey are described below:

- The Participation Exemption for Size process has been created to provide hospices meeting the size criteria a means to request consideration for this exemption. For the calendar year (CY) 2025 data collection period, Medicare-certified hospices that have served fewer than 50 survey-eligible decedents/caregivers in the period from January 1, 2024 through December 31, 2024 can apply for an exemption from CAHPS Hospice Survey CY 2025 data collection and reporting requirements. To qualify for the survey exemption for CY 2025, hospices must submit a Participation Exemption for Size Form online via the Participation Exemption for Size page of the CAHPS Hospice Survey Website (www.hospicecahpssurvey.org). For the CY 2025 data collection period, this form must be submitted no later than December 31, 2025. The form must be completed in its entirety and must be submitted each year the hospice intends to be considered for the Participation Exemption for Size. **Hospices are not eligible to receive the Participation Exemption for Size if they do not submit a Participation Exemption for Size Form for the year.** Hospices that are eligible to apply for an exemption are encouraged to apply, even if they are participating in CAHPS Hospice Survey data collection. Please see Appendix K for specific information to be submitted on the Participation Exemption for Size Form.
- Hospices will need to include the total number of decedents for CY 2024, the total number of patients discharged alive and the number of decedents who fall into each ineligibility category (i.e., under the age of 18, died within 48 hours of admission to hospice care, no caregiver of record [a decedent for whom no caregiver is listed in the medical record or administrative data], caregiver is a non-familial legal guardian or paid caregiver, caregiver has a foreign home address, and no publicity decedents/caregivers).

*Note: “No publicity” status is a rare and unusual request. “No publicity” decedents/caregivers are those who **initiate or voluntarily** request at any time during their hospice stay that the hospice: 1) not reveal the patient’s identity; and/or 2) not survey him or her.*

*Note: For multiple hospice programs sharing one CMS Certification Number (CCN), the survey-eligible decedents/caregivers count is the total from **all** programs sharing that CCN.*

- The Participation Exemption for Newness is based on how recently the hospice received its CCN (formerly known as the Medicare Provider Number). 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. For example, a hospice must receive its CCN on or after January 1, 2025 to be eligible for the Participation Exemption for Newness for CY 2025. CMS will identify hospices eligible for this exemption. There is no form for hospices to submit.

Note: The Participation Exemption for Newness is only applicable for the CY that the hospice is assigned its CCN. Hospices that become eligible to participate in the CAHPS Hospice Survey must begin participating during January of the year after their CCN is assigned. For example, if a hospice received its CCN any time in 2025, whether it is in January 2025 or December 2025, it is exempt from survey administration for the remainder of 2025. A hospice that receives its CCN any time in 2025 is required to start participating in the CAHPS Hospice Survey beginning with January 2026 decedents unless it is eligible for an exemption for size in 2026.

Survey Vendor Roles and Responsibilities

CAHPS Hospice Survey vendors are subject to the following requirements:

- Meet all of the CAHPS Hospice Survey Minimum Business Requirements
 - No organization, firm, or business that owns, operates or provides staffing for a hospice is permitted to administer its own CAHPS Hospice Survey or administer the survey on behalf of any other hospice in the capacity as a CAHPS Hospice Survey vendor. Such organizations will not be approved by CMS as CAHPS Hospice Survey vendors.
- Have physical plant resources available to handle the volume of surveys being administered, in addition to systematic processes that effectively track sampled decedents'/caregivers' progress through the data collection process and caregivers' responses to the survey. System resources are subject to oversight activities including site visits to physical locations (including the physical locations of subcontractors and any other organizations, if applicable).
 - CMS approval is required prior to performing any survey administrative activities outside of a secure commercial environment
- Have appropriate organizational back-up staff for coverage of key staff to administer the CAHPS Hospice Survey
- Complete the CAHPS Hospice Survey Participation Form for Survey Vendors and request approval to administer the CAHPS Hospice Survey. This form must be submitted by organizations requesting approval to become an approved CAHPS Hospice Survey vendor and by approved vendors requesting approval for additional survey modes. The CAHPS Hospice Survey Participation Form for Survey Vendors will be available on the CAHPS Hospice Survey Website prior to the scheduled CAHPS Hospice Survey Training sessions.
- Participate in and successfully complete all CAHPS Hospice Survey Training sessions
 - The survey vendor's designated CAHPS Hospice Survey Project Manager must also successfully complete a post-training quiz after participating in CAHPS Hospice Survey Training sessions
- Ensure that all survey vendor staff who work on the CAHPS Hospice Survey are trained and follow the CAHPS Hospice Survey protocols and guidelines

- Comply with all requirements of the Health Insurance Portability and Accountability Act (HIPAA) Security and Privacy Rules during all survey administration and data collection processes
 - www.hhs.gov/HIPAA
- Follow the Rules of Participation, found later in this chapter, to administer the CAHPS Hospice Survey
- Meet all CAHPS Hospice Survey due dates (including submission of QAPs and survey materials for review) or risk revocation of approval to administer the CAHPS Hospice Survey
- Assign and train organizational staff with appropriate back-up responsibilities for coverage of key staff
- Work with the client hospice's staff to create decedents/caregivers lists, including all data elements needed
- Designate a date each month by when the hospice must provide the decedents/caregivers lists
- Receive and perform checks of the decedents/caregivers lists provided by each hospice to ensure that they include the entire eligible population and all required data elements, including required counts
- Update all decedent/caregiver administrative information available when updated decedents/caregivers lists are received. In addition, perform quality checks to track and verify changes from the original decedents/caregivers list.
- Prepare sample frame
- Draw sample of decedents/caregivers according to the sampling protocols contained in the CAHPS Hospice Survey *Quality Assurance Guidelines* manual
- Administer the CAHPS Hospice Survey and oversee the quality of work of staff and subcontractors, if applicable, according to protocols contained in the CAHPS Hospice Survey *Quality Assurance Guidelines* manual
 - Perform quality checks of all survey administration processes and document the performance of the quality check activities
- Verify that each contracted hospice has authorized the survey vendor to submit data on the hospice's behalf by submitting a CAHPS Hospice Survey Vendor Authorization Form via the CAHPS Hospice Survey website prior to the first data submission deadline
- Submit data files to the CAHPS Hospice Survey Data Warehouse in accordance with the survey file layouts by the data submission deadlines
- Request client hospices gain access to the CAHPS Hospice Survey Data Warehouse and review CAHPS Hospice Survey Data Submission Reports
- Review CAHPS Hospice Survey Data Submission Reports and confirm successful upload of contracted hospices' data files to the CAHPS Hospice Survey Data Warehouse
- Inform client hospices when their data has been accepted to the CAHPS Hospice Survey Data Warehouse
- Review HQRP and CAHPS Hospice Survey websites links on vendor website and materials provided to client hospices annually to ensure they are current
- Maintain active contract(s) with hospice(s) in order to retain approval status (see CAHPS Hospice Survey Minimum Business Requirements)
- Complete and submit an annual Attestation Statement by the due date specified during training and posted on the CAHPS Hospice Survey Website

Note: If a survey vendor is non-compliant with program requirements for any of their contracted hospices, the non-compliant action may affect that hospice's APU for a given FY. In addition, approved survey vendors that are non-compliant with CAHPS Hospice Survey protocols may lose their CAHPS Hospice Survey approval status.

Customer Support Lines

Survey vendors who administer the CAHPS Hospice Survey must maintain a toll-free customer support telephone line to answer questions about the CAHPS Hospice Survey, offering customer support in all languages in which the survey vendor administers the survey. Survey vendors must include contact information for their customer support telephone line in prenotification letters, in initial and follow-up cover letters, in invitation and reminder emails, and in the web survey.

- Customer support personnel **must** use the FAQ document (Appendix G) as a guide when answering caregivers' questions about the survey
- Vendors must be ready to support calls from the deaf or hearing impaired such as: teletypewriter (TTY, also known as a TDD) or Relay Service

Telephone lines must be staffed during business hours (see guidelines below) and have sufficient capacity to handle incoming calls. Voicemail is acceptable during and after core business hours but must be regularly monitored and replied to within two business days. The voicemail recording must specify that the caller can leave a message about the **CAHPS Hospice Survey**. Survey vendors must document questions received and responses provided via a database or tracking log.

In addition to the above requirements, the following guidelines are recommended for customer support lines:

- Staff telephone lines from 9 AM to 9 PM (survey vendor local time), Monday through Friday
- Maintain sufficient capacity so that 90 percent of incoming calls are answered "live" and the average speed of answer is 30 seconds or less
- Establish a "return call" standard of two business days for caller questions that cannot be answered at the time of the initial call
- Should be routinely monitored to assure the guidelines are followed and the line is working

Providing Customer Support via the Internet (Optional)

Survey vendors may also choose to implement systems to support email queries from surveyed caregivers. If a customer support email address is offered, survey vendors should respond to email inquiries within two business days. Survey vendors must document questions and responses via a database or tracking log.

A CAHPS Hospice Survey Frequently Asked Questions (FAQ) document for customer support personnel and project staff is provided in Appendix G. FAQs for other available languages (Spanish, Traditional Chinese, Simplified Chinese, Russian, Portuguese, Vietnamese, Polish, and Korean) are available on the CAHPS Hospice Survey Website (www.hospicecahpsurvey.org). Customer support personnel **must** use the FAQ document as a guide when answering caregivers' questions about the survey.

Survey Vendor Analysis of CAHPS Hospice Survey Data

As with all survey vendor analyses, the survey vendor scores may differ from the official CMS results. When providing hospices with survey data, **survey vendors must communicate to hospices that the survey vendor scores are not official CMS scores** and should **only** be used for quality improvement purposes. If hospices or survey vendors choose to use survey vendor provided scores in any way, they must indicate that they are **not** official CMS scores. This is done as follows:

1. The introduction or executive summary of such reports must include the following statement:
 - “This report has been produced by [Survey Vendor] and does not represent official CAHPS Hospice Survey results, which are published on Care Compare on Medicare.gov (<https://www.medicare.gov/care-compare>).”
2. Each page of the report provided to hospices where unofficial results are displayed (print or electronic) must contain the following statement:
 - “This report has been produced by [Survey Vendor] and does not represent official CAHPS Hospice Survey results.”

Survey vendors are encouraged to apply case mix and mode adjustments to unofficial scores reported to hospices, so that scores are comparable with the official CMS CAHPS Hospice Survey scores. If survey vendors provide National or State Benchmarks from Care Compare on reports provided to client hospices, the time period represented by these benchmarks must be included on the reports.

CMS guidance regarding scoring and analysis (including adjustment for case mix and mode of survey administration) is available on the Scoring and Analysis page of the CAHPS Hospice Survey Website (www.hospicecahpsurvey.org).

Sharing Identifiable Caregiver Responses with Hospices

Vendors **must not** include a Consent to Share question as a supplemental survey question. As there are no cell size restrictions for data that is shared with hospices, a Consent to Share question is not required by CMS in order to share identifiable caregiver responses with hospices.

Cover letters and/or emails should **not** indicate that caregiver responses are confidential.

Hospices should be informed by the survey vendor that any responses that would identify a particular decedent/caregiver case **must not** be shared with direct care staff. These results should be limited to management and/or quality improvement personnel.

CAHPS Hospice Survey Minimum Business Requirements

A survey vendor must be approved by CMS in order to administer the CAHPS Hospice Survey and submit CAHPS Hospice Survey data to the CAHPS Hospice Survey Data Warehouse. A survey vendor must meet **ALL** of the CAHPS Hospice Survey Minimum Business Requirements at the time the CAHPS Hospice Survey Participation Form is received. In addition, subcontractors and any other organizations that are responsible for performing major CAHPS Hospice Survey administration functions (e.g., mail/telephone operations, XML file preparation) must also meet **ALL** of the CAHPS Hospice Survey Minimum Business Requirements that pertain to that role at the time the CAHPS Hospice Survey Participation Form is received (a subcontractor's or any other organization's survey administration experience does not substitute for a survey vendor's).

- Approved CAHPS Hospice Survey vendors must fully comply with the CAHPS Hospice Survey oversight activities
 - The FY 2016 Hospice Wage Index and Payment Rate Update and Hospice Quality Reporting Requirements Final Rule codified that approved CAHPS Hospice Survey vendors are required to participate in CAHPS Hospice Survey oversight activities to ensure compliance with CAHPS Hospice Survey requirements (*Federal Register / Vol. 80, No. 151 / Thursday, August 6, 2015 / Rules and Regulations*)

Please see the CAHPS Hospice Survey Minimum Business Requirements in Appendix A for the requirements for an organization to become approved to administer the CAHPS Hospice Survey.

CAHPS Hospice Survey Rules of Participation

Survey vendors agree to the following Rules of Participation as found in the CAHPS Hospice Survey Participation Form:

- **Submit CAHPS Hospice Survey Participation Form**

Before attending the CAHPS Hospice Survey Training session, new survey vendors must complete and submit a CAHPS Hospice Survey Participation Form online. The CAHPS Hospice Survey Participation Form for Survey Vendors is available on the CAHPS Hospice Survey Website at www.hospicecahpsurvey.org on an annual basis several months prior to training. By signing the CAHPS Hospice Survey Participation Form, survey vendors signify agreement with all of the Rules of Participation, including all CAHPS Hospice Survey oversight activities and survey administration due dates.

Survey vendors that meet the CAHPS Hospice Survey Minimum Business Requirements will be eligible to receive conditional approval to be a CAHPS Hospice Survey vendor. Once conditionally approved, the survey vendor must then participate in the CAHPS Hospice Survey Training sessions. Survey vendors will be eligible to receive full approval following participation in the CAHPS Hospice Survey Training sessions and successful completion of the post-training quizzes.

Note: Approval of the survey vendor's participation status to administer the CAHPS Hospice Survey is contingent upon successful completion of teleconference call(s) with the CAHPS Hospice Survey Project Team, if requested, to discuss relevant survey experience, organizational survey capability and capacity, and quality control procedures. Consideration will be given to the applicant's prior experience administering other CMS CAHPS surveys, if any.

- **Attend CAHPS Hospice Survey Training Sessions**

Survey vendors that intend to administer the CAHPS Hospice Survey must attend all CAHPS Hospice Survey Training sessions sponsored by CMS. At a minimum, the survey vendor's Project Manager, SME in web survey administration (if applicable), Mail Survey Supervisor, and Telephone Survey Supervisor (if applicable) must participate in all CAHPS Hospice Survey Training sessions. **Subcontractors and any other organizations that are responsible for major functions of CAHPS Hospice Survey administration (e.g., mail/telephone/web operations) must attend all CAHPS Hospice Survey Training sessions.** Survey vendors must successfully complete a post-training quiz at the conclusion of each CAHPS Hospice Survey Training session.
 - **Review and Follow the CAHPS Hospice Survey *Quality Assurance Guidelines* and Policy Protocols**

The CAHPS Hospice Survey *Quality Assurance Guidelines* manual has been developed to assure the standardization of the survey data collection process and the comparability of reported data. Survey vendors must review and follow the CAHPS Hospice Survey *Quality Assurance Guidelines*. In addition, survey vendors must follow all survey protocols, including those posted on the CAHPS Hospice Survey Website (www.hospicecahpsurvey.org).
 - **Train Employees to be Compliant with HIPAA Regulations**

Survey vendors must conduct trainings on an annual basis, at a minimum, regarding HIPAA regulations for all staff participating in the CAHPS Hospice Survey. In addition, survey vendors must confirm that subcontractors and any other organizations, if applicable, have received training on HIPAA regulations.
 - **Execute Business Associate Agreements**

Survey vendors must execute Business Associate Agreements (BAA) in accordance with HIPAA regulations
 - **Complete an Attestation Document Annually**

The survey vendor must review and attest (as determined by CMS) to the accuracy of the organization's data collection processes and compliance with the CAHPS Hospice Survey *Quality Assurance Guidelines*
- Planned variations from survey administration protocols must be pre-approved by CMS through the Exception Request process (see Appendix I). Variations from the survey administration protocols that are not pre-approved by CMS must be reported to CMS immediately upon discovery using a Discrepancy Report (see Appendix J). CMS may determine that data collected in a non-approved manner may not be reported.
- **Develop CAHPS Hospice Survey QAP**

Survey vendors must develop a QAP for survey administration in accordance with the CAHPS Hospice Survey *Quality Assurance Guidelines* and update the QAP as part of their participation. The Model QAP document (see Appendix H) must be used for developing the QAP. The QAP must be updated at minimum annually, after the CAHPS Hospice Survey training sessions, and as necessary, to reflect changes in key personnel, resources, and processes (see *Oversight Activities* chapter for more information).

 - **Change in Organizational Structure or Ownership**

A survey vendor must immediately notify the CAHPS Hospice Survey Project Team of changes in its organizational structure or ownership (i.e., changes due to mergers or acquisitions, name, or address) via email at hospicecahpsurvey@hsag.com

- **Change in Key Personnel**

A survey vendor must immediately notify the CAHPS Hospice Survey Project Team of changes in its contact person or key staff (i.e., changes in key CAHPS Hospice Survey personnel) via email at hospicecahpsurvey@hsag.com

Upon request, each survey vendor must submit their QAP and survey materials relevant to that year's CAHPS Hospice Survey administration (as determined by CMS) for review by the CAHPS Hospice Survey Project Team.

- **Become a registered user of the CAHPS Hospice Survey Data Warehouse**

Survey vendors must submit CAHPS Hospice Survey data electronically via the CAHPS Hospice Survey Data Warehouse using the prescribed file specifications. All survey vendors participating in the CAHPS Hospice Survey must be registered users of the CAHPS Hospice Survey Data Warehouse.

- **Participate in Oversight Activities Conducted by the CAHPS Hospice Survey Project Team**

Survey vendors, including subcontractors, must be prepared to participate in all oversight activities, such as site visits and/or conference calls, as requested by the CAHPS Hospice Survey Project Team, to confirm that correct survey protocols are followed. *Failure to comply with oversight activities may result in the revocation of approval to administer the CAHPS Hospice Survey.*

IV. Communications and Technical Support

Overview

Organizations and individuals have access to a number of sources of information regarding the CAHPS Hospice Survey. Several of these sources are listed below.

CAHPS Hospice Survey Information and Technical Assistance

For information and technical assistance, contact the CAHPS Hospice Survey Project Team:

- via email at hospicecahpsurvey@hsag.com
- via telephone at 1-844-472-4621

When contacting the CAHPS Hospice Survey Project Team regarding a specific hospice, **be sure to provide** the following information in your email or telephone voicemail:

- Survey vendor name
- Hospice six-digit CCN
- Hospice name

For additional information and technical assistance related to the use of the CAHPS Hospice Survey Data Warehouse or data submission issues, contact the CAHPS Hospice Survey Data Coordination Team:

- via email at cahpshospicetechsupport@rand.org
- via telephone at 1-703-413-1100, extension 5599

General Information, Announcements, and Updates

To learn more about the CAHPS Hospice Survey and to view important new updates and announcements, please visit the CAHPS Hospice Survey Website at:

- www.hospicecahpsurvey.org

Communicate with CMS Regarding the CAHPS Hospice Survey

To contact CMS regarding the CAHPS Hospice Survey, please email:

- hospicesurvey@cms.hhs.gov

V. Sampling Protocol

New for QAG V11.0

New in the Sampling Protocol Chapter for QAG V11.0:

- Clarification on coding related to email address for the new Web Mail Mode
- Caregivers with name completely missing may only be coded as ineligible if the hospice has provided a caregiver relationship of “8 - No caregiver of record”

Overview

This chapter describes the procedures survey vendors should use to request the decedents/caregivers list from their hospices, identify decedents/caregivers eligible for the survey, construct a sample frame, and select a sample each month. The sampling procedures described in this chapter were developed to ensure standardized administration of the CAHPS Hospice Survey by all approved survey vendors and to ensure the comparability of the data and survey results that are reported.

Data collection for the CAHPS Hospice Survey is conducted on a monthly basis. Survey vendors select monthly samples of all decedents/caregivers who meet survey eligibility criteria for each contracted hospice. For each monthly sample, survey administration must be initiated two calendar months after the month of patient death. Submission to the CAHPS Hospice Survey Data Warehouse is on a quarterly basis. Refer to the “CAHPS Hospice Survey Data Collection and Submission Timeline” section in the *Introduction and Overview* chapter for the data submission timeline.

Hospice Information Submission Requirements

Each hospice must submit the following information to the survey vendor in time for the survey vendor to initiate the survey data collection protocols:

- The decedents/caregivers list
- Total count of all decedents served in the month (this count must include the number of “no publicity” decedents/caregivers, but must not include live discharge patients)
- Total number of hospice offices covered under a single CCN
 - In this context, hospice offices mean separate administrative or practice offices for the CCN, not to be confused with individual facilities or settings in which hospice care is provided (e.g., homes, assisted living facilities, hospitals, hospice facilities, or hospice houses)
- Counts of cases ineligible due to:
 - Live discharge
 - Number of “no publicity” decedents/caregivers

“No Publicity” Decedents/Caregivers

“No publicity” status is a rare and unusual request. “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.

The vendor should review the definition of a “no publicity” decedent/caregiver with each hospice to ensure the hospice understands when this may be used. If the number of “no publicity” decedents/caregivers from any hospice is consistently high, the vendor should confirm the “no publicity” count is correct. It is expected that most hospice agencies will have very few, if any, “no publicity” decedent/caregivers during any given calendar year.

Counts

As stated above, each hospice must provide the total count of decedents served in the month, and the counts of cases ineligible due to live discharge and request for no contact. Counts **must** be accurate and add up correctly. If the counts submitted by the hospice appear to be inaccurate based on the number of decedent/caregiver records submitted by that hospice, the vendor **must** follow-up with the hospice to confirm the counts are correct. The hospice must update the counts if they are determined to be inaccurate.

Below are several examples of these counts.

- **Example 1:** A hospice has 50 decedents in a month, including 2 decedents/caregivers who voluntarily and expressly requested not to be contacted, as well as 10 patients discharged alive. For this hospice, the Total Number of Decedents is 50, the Total Number of Live Discharges is 10, the number of “No publicity” Decedents/Caregivers is 2, and there are 48 decedent/caregiver cases in the decedents/caregivers list.
- **Example 2:** A hospice has 10 decedents in a month, including 1 decedent/caregiver who voluntarily and expressly requested not to be contacted, as well as 15 patients discharged alive. For this hospice, the Total Number of Decedents is 10, the Total Number of Live Discharges is 15, the number of “No publicity” Decedents/Caregivers is 1, and there are 9 decedent/caregiver cases in the decedents/caregivers list.

*Note: Hospices will submit three patient counts: total decedents (the number of all decedents served in the month, which includes the number of “no publicity” decedents/caregivers), the number of “no publicity” decedents/caregivers and the number of live discharge patients. These counts must include only **hospice** patients served by the CCN.*

Decedents/Caregivers List

Hospices are required to supply a decedents/caregivers list to their survey vendor containing the data elements below for each decedent, excluding “no publicity” decedents/caregivers, who died within a calendar month while under the care of the hospice program (first day of month through last day of month). The hospice must not apply eligibility criteria prior to providing the decedents/caregivers list to their survey vendor. **All** decedents/caregivers in the month, with the exception of non-publicity decedents/caregivers, must be submitted to the survey vendor.

- Decedent name (first, middle [if available], last) and prefix/suffix
- Decedent date of birth
- Decedent date of death
- Decedent sex
- Decedent race/ethnicity
- Decedent primary diagnosis
- Decedent admission date for final episode of hospice care
- Decedent payers (primary, secondary, other)

- The CAHPS Hospice Survey is intended to reflect the care received by decedents of all payer types, not just Medicare. Therefore, decedents of all payer types are eligible for sampling.
- Decedent last location/setting of care (e.g., home, assisted living facility, nursing home, acute care hospital, freestanding hospice inpatient unit)
- Caregiver name (first, middle [if available], last) and prefix/suffix
- Caregiver contact information, including mailing address, telephone number(s), and email address (if available)
- Caregiver relationship to decedent (e.g., spouse/partner, child, sibling, other)
- Caregiver language

The CAHPS Hospice Survey is designed to be administered to the person who is most knowledgeable about the hospice care received by the decedent (referred to here as the primary informal caregiver), even if the caregiver was not physically present during the decedent's hospice care. The hospice is responsible for identifying one primary informal caregiver who is eligible to receive and respond to the CAHPS Hospice Survey for each decedent.

- The caregiver relationship to the decedent should fall into one of the following categories: spouse/partner, parent (or stepparent), child (or stepchild), other family member, friend, or other. A non-familial legal guardian or non-familial paid caregiver who does not fall into one of these categories cannot be considered a primary informal caregiver for the purposes of the CAHPS Hospice Survey.
 - A caregiver relationship of “8 - No caregiver of record” **must** be used to identify decedents who have no caregiver of record
- One caregiver category **does not** automatically have preference over another. Hospices should not prioritize a primary informal caregiver that is a family member over a friend, as a friend may have more knowledge regarding the decedent's hospice care than a family member. The CAHPS Hospice Survey should be administered to the person most knowledgeable about the care the decedent received at the hospice.
- Staff members, employees of the hospice or the care setting in which the patient received hospice care, non-familial legal guardians, or contracted/hired non-familial caregivers should not be considered primary informal caregivers, and are not eligible to be sampled for the CAHPS Hospice Survey

Hospices should submit only one caregiver per decedent to the survey vendor. Survey vendors should use the following information to determine the primary informal caregiver in instances where the hospice provides multiple caregivers for a given decedent:

- Select the caregiver with the most complete contact information. To determine most complete, first consider caregiver name, then caregiver mailing address (if administering the survey using Mail Only, Mixed mode, or Web Mail mode), caregiver telephone number (if administering the survey using Telephone Only mode), or caregiver email address (if administering the survey using Web Mail mode).
- If multiple caregivers have the same amount of contact information, select the record highest on the list provided by the hospice
- If two first names are embedded within the caregiver first name field (e.g., “Tom & Jane”), and the remainder of the caregiver information is identical, the survey may be addressed to both caregivers and telephone interviewers may ask to speak with either caregiver

The survey vendor must use the information that the hospice provides in the decedents/caregivers list to identify survey-eligible decedents/caregivers and survey the sampled decedents/caregivers. Survey vendors must develop a process to request missing/inaccurate information to be updated in the decedents/caregivers list prior to survey administration. It is permissible for survey vendors to request updated information about specific decedents/caregivers, rather than requesting a complete updated list. Survey vendors should track and document updates to previously missing information.

*Note: It is **not** permissible for a hospice to provide an updated primary informal caregiver after the survey vendor has initiated contact.*

Note: Vendors who wish to administer the CAHPS Hospice Survey using the new Web Mail mode should emphasize with their client hospices the importance of collecting accurate email addresses for caregivers.

*Note: Survey vendors must **not** assume that if a hospice does not submit a monthly sample file that there are zero survey-eligible decedents/caregivers for the month. The hospice must confirm in writing that there are zero survey-eligible decedents/caregivers for the month. If no written confirmation is received, then a Hospice Record for the hospice must **not** be uploaded and a Discrepancy Report must be submitted.*

Counts of Ineligibles

The hospice must submit to its survey vendor a count for each of the following ineligibility categories:

- Patient(s) discharged alive
 - This includes patients who have the occurrence code “42” – Date of Revocation (only) (FL 31-34) and patients who have the following Patient Status Codes (FL17):
 - “01” – Discharge to Home or Self Care (Routine Discharge)
 - “50” – Discharged/Transferred to a Hospice – “Hospice Home” (Routine or Continuous Home Care [CHC])
 - “51” – Discharged/Transferred to a Hospice – “Hospice Medical Facility” (Inpatient Respite or General Inpatient Care [GIP])
- Number of “no publicity” decedents/caregivers (“No publicity” status is a rare and unusual request. “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.)

Eligibility for the CAHPS Hospice Survey

Decedents/caregivers are eligible for inclusion in the sample frame if they meet all of the following criteria:

- Decedents age 18 and over at time of death
 - To determine if the decedent was age 18 or older at the time of death, use the date of birth and date of death provided by the hospice to calculate the decedent’s age
- Decedents with death at least 48 hours following last admission to hospice care
 - To determine the 48-hour period, one would establish date of admission plus two calendar days. See the below examples for clarification.

- **Example 1:** If the 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]).
- **Example 2:** If the 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.
- Decedents for whom there is a caregiver of record
 - A caregiver relationship of “8 - No caregiver of record” **must** be used to identify decedents who have no caregiver of record
- Decedents whose caregiver is a **familial legal guardian**
 - A **familial legal guardian** falls into one of the six answer categories provided in the Sample File Layout of Appendix D (1 = Spouse/partner; 2 = Parent; 3 = Child; 4 = Other family member; 5 = Friend; 7 = Other).
 - Decedents whose caregiver is a **non-familial legal guardian** or **non-familial paid caregiver** are **not** eligible. The hospice should only indicate the caregiver relationship as 6 = Legal guardian or 9 = Paid caregiver if the caregiver is a **non-familial** legal guardian or paid caregiver
- Decedents for whom the caregiver has a U.S. or U.S. Territory home address

If a survey vendor becomes aware that a decedent/caregiver case should have a “no publicity” classification, then the “no publicity” decedent/caregiver must be excluded from the sample frame. “No publicity” status is a rare and unusual request. “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. Patients who are discharged alive will also be excluded.

*Note: Decedents/Caregivers must be included in the CAHPS Hospice Survey sample frame unless the survey vendor has definitive evidence that a decedent/caregiver is ineligible. If information is missing on a variable that affects survey eligibility when the sample frame is constructed, the decedent/caregiver must be included in the sample frame. The only exception to this guideline is the date of death; 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, and the case must be included in the count of “Missing Date of Death” submitted by the survey vendor to the CAHPS Hospice Survey Data Warehouse.*

Note: If a hospice or survey vendor becomes aware that the caregiver is under 18 years old prior to drawing the sample, the caregiver must be excluded from the sample frame.

De-duplication

To ensure accurate counts are submitted to CMS, hospices/survey vendors must review the decedents/caregivers files for patients with repeat entries (patients that are included in the file more than once for the same service dates) and patients with duplicate admissions (patients with multiple hospice admissions during a given calendar month). The de-duplication process should include reviewing decedent names, along with secondary fields, such as date of birth and date of death, **before** any sampling activities are performed. For example:

- If one record has the decedent name as Robert E. Smith and another record is Robert Smith, and the date of birth and the date of death match for both records, the hospice should be contacted to determine if the records are repeat entries. If so, the record with the most complete information for the fields required to sample and survey the decedent/caregiver should be retained and sampled. If both records have the same amount of information, one should be randomly selected.

Patients who have multiple hospice admissions and are discharged alive are considered ineligible. The episode of care that results in the patient's death is the record that is retained for sampling, unless the decedent is otherwise determined to be ineligible. For example:

- If a patient is admitted on January 15, discharged alive on January 18, readmitted to the hospice on January 22 and dies on January 26, then the patient's last admission, January 22, controls the handling of the case. The fact that the patient died on January 26 (within the same month) means that decedent/caregiver case will be included in the January decedents/caregivers list. The January 18 live discharge is not counted among the live discharges because the patient was re-admitted and died in the same month (January).
- If a patient is admitted on January 15, discharged alive on January 18, readmitted to the hospice on January 22 and passes away on February 3, then the patient will be included in the January count of ineligibles provided to the survey vendor. Additionally, the patient will be included in the February decedents/caregivers list as a decedent.

If a vendor identifies that the sample frame contains a repeat or duplicate record after the creation of the sample frame, the duplicate case must be assigned the Final Survey Status code of "16: Sampling Error" and survey administration activities must be stopped for the duplicate case(s).

Sample Frame Creation

Survey vendors participating in the CAHPS Hospice Survey are responsible for generating **complete**, accurate, and valid sample frame data files each month that contain all administrative information on all decedents/caregivers who meet the eligible population criteria.

Prior to generating the CAHPS Hospice Survey sample frame, survey vendors must apply the eligibility criteria and remove ineligible decedents/caregivers from the decedents/caregivers list received from the hospice. The steps below must be followed when creating the sample frame:

- Decedents/Caregivers whose eligibility status is uncertain must be included in the sample frame
- The sample frame for a particular month must include all survey-eligible decedents/caregivers from the first through the last day of the month (e.g., for January, any qualifying patient deaths from the 1st through 31st)
 - Survey vendors must implement a de-duplication process to verify a decedent is included only once in the decedents/caregivers list
- Records with missing or incomplete decedent or caregiver names, addresses, telephone numbers, and/or email addresses **must not be removed from the sample frame**
 - If this record is drawn into the sample, then every attempt must be made to find the correct name, address, telephone number, and/or email address. If the necessary

decedent or caregiver contact information is not found, the “Final Survey Status” must be coded as:

- “10 – Non-response: Bad/No Address” if the mail address is completely missing and the hospice is using the Mail Only mode. For the Web Mail mode, “10 – Non-response: Bad/No Address” is used when the mail survey is not returned and there is evidence that a caregiver’s email address is bad or missing, or if both the mail address and the email address are bad or missing.
- “11 – Non-response: Bad/No Telephone Number” when there is evidence that a caregiver’s telephone number is bad or missing (e.g., no telephone number available or a disconnected telephone number) and the hospice is using the Telephone Only mode. For the Mixed mode, “11 – Non-response: Bad/No Telephone Number” is used when the mail survey is not returned and there is evidence that a caregiver’s telephone number is bad or missing, or if both the mail address and the telephone number are bad or missing.
- “12 – Non-response: Incomplete Caregiver Name” if all or part of the caregiver name is missing
- “13 – Non-response: Incomplete Decedent Name” if all or part of the decedent name is missing

(For more information, see the *Data Coding and Data File Preparation* chapter.)

Survey vendors are required to provide counts of the following as are provided in the hospice monthly sample file:

- Number of Hospice Offices covered by a single CCN as provided
- Total Number of Live Discharges (patients discharged alive)
- Total Number of Decedents served in the month
- “No Publicity” Decedents/Caregivers

In addition, survey vendors are required to provide counts of the following calculated during the sample process:

- Number of unique decedent/caregiver records actually received from the hospice for the month
- Total number of cases available to be sampled
- Total number of cases actually drawn into the sample
- Total number of decedent/caregivers excluded from the sample frame because any part (i.e., day, month, or year) of the decedent’s date of death is missing, and
- Total number of ineligible decedents/caregivers as determined by the survey vendor by applying the following criteria:
 - Decedent was under the age of 18 at time of death
 - Decedent’s death was less than 48 hours following last admission to hospice care
 - Decedent has no caregiver of record (**must** be identified by the caregiver relationship of “8 - No caregiver of record”)
 - Decedent’s caregiver is a non-familial legal guardian or paid caregiver
 - Decedent’s caregiver has an address outside the U.S. or U.S. Territories

Note: Survey vendors must retain counts of the number of ineligible decedents/caregivers in each of the above categories (e.g., number of decedents under the age of 18, number of decedents with no caregiver of record). This documentation is subject to review.

*Note: The total number of ineligible decedents/caregivers should **not** include cases where the decedent's date of death is missing as those decedents/caregivers are accounted for in a separate variable.*

The survey vendor must retain the original decedents/caregivers list, the sample frames (the entire list of eligible CAHPS Hospice Survey decedents/caregivers from which each hospice's sample is drawn), the sample, and ineligibility counts in each category for a minimum of three years.

Sampling Procedure

Hospices with fewer than 50 survey-eligible decedents/caregivers during the prior calendar year that submit the Participation Exemption for Size Form are exempt from the survey data collection and reporting requirements. Hospices with 50 to 699 survey-eligible decedents/caregivers in the prior year are required to survey all cases (conduct a census). Hospices with 700 or more survey-eligible decedents/caregivers in the prior year are required to survey a minimum sample of 700 using an equiprobable approach and may conduct a census, if desired. If an organization chooses to survey more than a sample of 700 decedents/caregivers, all data are required to be submitted to the CAHPS Hospice Survey Data Warehouse. Survey-eligible decedents/caregivers are defined as that group of decedent and caregiver pairs that meet all the criteria for inclusion in the survey sample.

Note: Hospices that share a common CCN must calculate the total number of survey-eligible decedents/caregivers per CCN, not per individual hospice program.

Consistent Monthly Sampling

For ease of sampling within hospices large enough to conduct non-census sampling, CMS recommends that survey vendors sample an approximately equal number of decedents/caregivers each month, unless adjustments are required. Adjustments may only take place between calendar quarters. Survey vendors have the option to allocate the yearly sample proportionately to each month according to the expected proportional distribution of total survey-eligible decedents/caregivers over four rolling quarters. Survey vendors must sample from every month in the reporting period, even if they have already achieved the required number of sampled decedents/caregivers.

Final Survey Sample

The final sample drawn each month must reflect a **random** sample of eligible decedents/caregivers from the survey sample frame, or for those hospices conducting a census, all eligible decedents/caregivers from the survey sample frame.

Method of Sampling

Sampling for the CAHPS Hospice Survey is based on the survey-eligible decedents/caregivers (CAHPS Hospice Survey sample frame) for a calendar **month**. The **equiprobable** approach is used, as every survey-eligible decedent/caregiver for a given month has the same probability of being sampled.

Simple Random Sampling

Simple random sampling (SRS) is the most basic sampling technique. A group of decedents/caregivers (a sample) is randomly selected from a larger group of survey-eligible decedents/caregivers. Each decedent/caregiver is chosen entirely by chance, and each survey-eligible decedent/caregiver has an equal chance of being included in the sample.

SRS Example 1: End of month percent random sample selection

- Sampling for **Hospice A** is conducted only once for a given month
 - Suppose **Hospice A** has 150 survey-eligible decedents/caregivers for a given month and wishes to use a 50 percent sampling rate
 - **Randomly sort** all 150 survey-eligible decedents/caregivers prior to sampling
 - Then select 50 percent of the 150 survey-eligible decedents/caregivers for a monthly sample size of 75 decedents/caregivers. Since the survey-eligible decedents/caregivers list is already randomly sorted, the first 75 decedents may be selected to form the monthly random sample.

SRS Example 2: Census sampling

- Census sampling for **Hospice B** is required if the hospice served 50 to 699 survey-eligible decedents/caregivers in the prior year
 - Suppose **Hospice B** has 60 survey-eligible decedents/caregivers for a given month. Since this hospice is using census sampling, each of the 60 survey-eligible decedents/caregivers is included in the hospice's CAHPS Hospice Survey sample.
- Census sampling is also allowed if **Hospice C** served more than 700 survey-eligible decedents/caregivers in the prior year and chooses to sample all survey-eligible decedents/caregivers
 - A census sample is considered SRS because each decedent/caregiver has an equal chance (100 percent) of being included in the sample and the decedents/caregivers are not stratified in any manner

Note: Other sampling scenarios may exist and the survey vendor should contact the CAHPS Hospice Survey Project Team with any questions via email at hospicecahpsurvey@hsag.com or call 1-844-472-4621.

Random, Unique, De-identified Tracking Number

The survey vendor must assign each decedent/caregiver in the sample a random, unique, identification number (Decedent ID). This Decedent ID is used to follow records through the data collection process and report whether the survey for each decedent/caregiver has been returned or needs a repeat mailing or telephone follow-up. Any de-identified combination of up to 16 letters and numbers may be used.

The Decedent ID must **not** include any combination of letters or numbers that can otherwise identify the decedent or caregiver.

- For example, these **must not** be combined in any manner to generate the Decedent ID:
 - the date of death (month, date and/or year),
 - the birth date (month, date and/or year) and
 - hospice ID number (e.g., decedent record number received from the hospice)

Each month, sampled decedents/caregivers must be assigned a new Decedent ID; numbers must **not** be repeated from month to month, or used in a sequential numbering order unless the decedents/caregivers list is randomized prior to the assignment of the Decedent ID.

VI. Mail Only Survey Administration

New for QAG V11.0

New in the Mail Only Survey Administration Chapter for QAG V11.0:

- The addition of a prenotification letter
- Simplified suggested survey cover letters
- An extension of the survey field period from 42 calendar days to 49 days
- The revised CAHPS Hospice Survey instrument

Overview

This chapter describes the guidelines for the Mail Only mode of CAHPS Hospice Survey administration. Mail survey activities cannot be conducted from a residence, nor from a virtual office, unless an Exception Request has been submitted and approved by CMS.

Data collection for sampled decedents/caregivers must be initiated approximately two months following the month of patient death.

The Mail Only Survey Administration includes the mailing of one prenotification letter and up to two survey mailings. The first survey mailing must occur two months after the month of patient death within the first seven calendar days of the field period.

The prenotification letter must be mailed seven calendar days prior to the first survey mailing. Survey vendors must send sampled caregivers the first questionnaire with a cover letter **within** the first seven calendar days of the survey field period. A second questionnaire with a follow-up cover letter **must** be sent to all sampled caregivers who did not respond to the first questionnaire, approximately (but no earlier than) 21 days after the first questionnaire mailing. A reply-by date (calculated as 42 days from the initial mailing) may be added to the follow-up cover letter to make sure the survey is returned before the data collection closes.

Mail Only Mode		
Phase	Activity	Day
Pre-Field Period	Mail Prenotification Letter	Day -7
Survey Field Period	Mail 1 st Survey	Day 1
	Mail 2 nd Survey	Day 22
	End Data Collection	Day 49

Data collection must be closed out for a sampled caregiver by seven weeks (49 calendar days) following the mailing of the first survey questionnaire.

- If a completed survey is received **on or before** the last day of the survey field period, then the survey is included in the final survey data file and assigned a “Final Survey Status” code of either “1 – Completed Survey” or “7 – Non-response: Break-off” based on the calculation of percent complete as described in the *Data Coding and Data File Preparation* chapter

- If the completed survey is received **after** the seven week (49 calendar days) survey administration time period, then the survey data are **not** included in the final survey data file (**however, a Decedent/Caregiver Administrative Record is submitted for this caregiver**) and a “Final Survey Status” code of “9 – Non-response: Non-response after Maximum Attempts” is assigned

Vendors must submit data files to the CAHPS Hospice Survey Data Warehouse by the data submission deadline. No files will be accepted after the submission deadline date. See the quarterly data submission deadlines in the *Introduction and Overview* chapter.

Survey vendors must adhere to the following specifications:

- Caregivers who receive the CAHPS Hospice Survey must **not** be offered incentives of any kind
- Survey vendors must make every reasonable effort to achieve optimal survey response rates and to pursue contact with potential respondents until the data collection protocol is completed
- If survey administration is not initiated within the first seven days of the month, it may be initiated by the survey vendor from the eighth to the tenth of the month without requesting prior approval from CMS. In this situation, a Discrepancy Report must be submitted to notify CMS of the late survey administration. In addition, the survey vendor must keep documentation regarding why the survey administration was initiated late. After the tenth of the month, approval must be requested from CMS before the survey can be administered and a Discrepancy Report must be submitted if survey administration begins late or does not occur for any month.
- After the sample has been drawn, any decedents/caregivers who are found to be ineligible or incorrectly sampled must **not** be removed or replaced in the sample. Instead, these decedents/caregivers are assigned a “Final Survey Status” code of ineligible (2, 3, 4, 5, 6, or 14, as applicable) or sampling error (16). A Decedent/Caregiver Administrative Record must be submitted for these decedents/caregivers. See the Data Coding and Data File Preparation chapter for more information on assigning the “Final Survey Status” codes.
 - If the survey vendor learns that a sampled decedent/caregiver is ineligible for the CAHPS Hospice Survey or has been incorrectly drawn into the sample, the survey vendor must **not** make further attempts to contact that caregiver for the survey
 - In the case of a duplicate or repeat caregiver that was incorrectly drawn into the sample, the correctly sampled caregiver should still receive the prenotification letter and/or survey questionnaires as necessary
- Caregivers who do not respond to the survey are assigned a “Final Survey Status” code of non-response (7, 8, 9, 10, 11, 12, 13, or 15, as applicable)
- Survey vendors must include the “number-survey-attempts-mail” field in the Decedent/Caregiver Administrative Record. This field indicates whether the returned mail survey came from the first or second survey mailing and is required when “survey-mode” in the Hospice Record is “1 – Mail Only.” More information regarding the coding of the survey attempts field is presented in the *Data Coding and Data File Preparation* chapter.

- Returned questionnaires must be tracked by date of receipt and key-entered or scanned in a timely manner
 - If a caregiver returns two survey questionnaires, the survey vendor must use only the first CAHPS Hospice Survey received with responses
- Survey vendors must maintain a crosswalk of their interim disposition codes to the CAHPS Hospice Survey “Final Survey Status” codes and include the crosswalk in the survey vendor’s QAP

To reiterate, the first mail attempt must occur two months after the month of patient death within the first seven calendar days of the survey field period. The prenotification letter must be mailed seven calendar days prior to the first mail attempt. A second questionnaire must be sent to all non-respondents to the first questionnaire, approximately (but no earlier than) 21 days after the first questionnaire mailing. Data collection must then be completed no later than seven weeks (49 calendar days) after the initial mailing. To illustrate the timing of the survey mailing, the example below is provided of a patient who died on April 1 while in hospice care.

Example:

- Patient’s date of death is April 1
- The prenotification letter is mailed out on June 24 (one week prior to the first survey mailing)
- The first survey is mailed out on July 1 (two months after month of patient’s death and within the first seven calendar days of the survey field period)
- If the caregiver has not returned the survey by July 22 (21 days after the initial mailing on July 1), a second survey is mailed out
 - An optional reply-by-date on the **follow-up cover letter** with the second survey mailing will be August 12 (42 days from initial mailing)
- Data collection must be closed out on August 19 for this caregiver, which is seven weeks (49 calendar days) from the July 1 initial mailing date:
 - If a completed survey is received **on or before** August 19, which is the last day of the survey field period for this caregiver, then the survey is included in the final survey data file and assigned a “Final Survey Status” code of either “1 – Completed Survey” or “7 – Non-response: Break-off” based on the calculation of percent complete as described in the *Data Coding and Data File Preparation* chapter
 - If the completed survey is received **after** August 19 (August 20, for example), which is beyond the seven weeks (49 calendar days) survey field period for this caregiver, then the survey data are not included in the final survey data file (**however, a Decedent/Caregiver Administrative Record is submitted for this caregiver**) and a “Final Survey Status” code of “9 – Non-response: Non-response after Maximum Attempts” is assigned

Production of Questionnaire and Related Materials

The Mail Only mode of survey administration may be conducted in English, Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, and Korean. Survey vendors are provided with the CAHPS Hospice Survey questionnaires, prenotification, initial, and follow-up cover letters in these languages. Survey vendors are not permitted to make or use any other translations of the CAHPS Hospice Survey letters or questionnaires.

Note: We strongly encourage hospices with a significant caregiver population that speaks one of these languages to offer the CAHPS Hospice Survey in the applicable language. Hospices that serve patient populations that speak languages other than those noted are encouraged to request that CMS create an official translation of the CAHPS Hospice Survey in those languages.

Review of Survey Materials

Survey vendors **must** submit a sample of their CAHPS Hospice Survey mailing materials (i.e., questionnaires, letters, and outgoing/return envelopes) by the specified due date for review by the CAHPS Hospice Survey Project Team. This due date will be announced during the CAHPS Hospice Survey Training session and posted on the CAHPS Hospice Survey Website (www.hospicecahpsurvey.org).

Prenotification and Survey Cover Letters

Survey vendors are strongly encouraged to use the text in the body of the sample prenotification and survey cover letters provided (see Appendices O and P, and on the CAHPS Hospice Survey website for other approved languages). Survey vendors must follow the guidelines described below when altering the letter templates provided in this manual.

Required for All Letters

- Letters 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
 - An electronic signature is permissible
- English must be the default language in the continental U.S. and Spanish must be the default language in Puerto Rico
 - Use of the Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean letters is required if the survey vendor is sending a Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean questionnaire to the caregiver
- The following items must be included in the body all letters:
 - Name and address of the sampled caregiver (“To Whom It May Concern” and “To the caregiver of [Decedent Name]” are not acceptable salutations)
 - Name of the decedent

Note: There may be instances in which a decedent and caregiver have the same name. Quality control activities must be implemented to ensure the names on the cover letter for the decedent and caregiver are correct.

- The hospice name, in order to make certain that the caregiver completes the survey based on the care received from that hospice only
- A toll-free customer support telephone number for the survey vendor:
 - Customer support must be offered in all languages in which the survey vendor administers the survey
 - Survey vendors must be ready to support calls from the deaf or the hearing impaired such as: teletypewriter (TTY, also known as a TDD) or Relay Service

Note: Survey vendors are permitted to revise the toll-free number statement to include the name of the survey vendor. For example: If you have any questions about the enclosed survey, please call [SURVEY VENDOR NAME] at the toll-free number 1-800-xxx-xxxx.

- The following text must be included in the body of all letters:
 - “If you’d like to see how your responses will be used, hospice ratings are posted online on Medicare’s Care Compare website.”
- Letters must **not**:
 - attempt to bias, influence, or encourage caregivers to answer 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 CAHPS Hospice Survey questions in a particular way
 - ask or imply that caregivers should choose certain responses; indicate that the hospice is hoping for a given response, such as a “10,” “Definitely yes,” or an “Always”
 - indicate that the hospice’s goal is for all caregivers to rate them as a “10,” “Definitely yes,” or an “Always”
 - 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

Optional for All Letters

- May be double sided (English/Spanish, English/Chinese, English/Russian, English/Portuguese, English/Vietnamese, English/Polish, or English/Korean)
- May include the specific hospice inpatient unit, acute care hospital, or nursing home facility in which their family member or friend resided
- A bereavement customer support number (i.e., hospice bereavement contact number) may appear
- A customer support email address for the survey vendor may be included

Additional Requirements for the Prenotification Letter

- The following items must be included in the body of the prenotification letter:
 - Language indicating that the caregiver will receive a survey about the decedent’s hospice care
 - Wording stating: “Your knowledge and experiences will help improve hospice care and help others select a hospice.”

Additional Requirements for the Survey Cover Letters

- The following items must be included in the body of both the initial and follow-up survey cover letter:
 - Language indicating that answers may be shared with the hospice for the purposes of quality improvement
 - An explanation that participation in the survey is voluntary
 - In the initial cover letter: “Medicare uses your responses to this survey to improve hospice care and help others select a hospice.”
 - In the follow-up cover letter: “Your feedback helps improve hospice care and also helps others when selecting a hospice.”
- The OMB Paperwork Reduction Act language (located in Appendix P and on the CAHPS Hospice Survey website for other approved languages) **must** appear on either the questionnaire or cover letter, and may appear on both, in a readable font (e.g., Arial) at a minimum of 10-point
- The survey cover letter must **not** be attached to the survey; doing so could compromise confidentiality

Optional for the Survey Cover Letters

- Information may be added to the cover letters that indicates that the caregiver may request a mail survey in English, Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean
- Language stating that the survey should be given to the person in the household who knows the most about the hospice care received by the decedent
- Survey vendor’s return address may be included on the cover letter to make sure the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the caregiver. If the survey vendor’s name is included in the return address, then the survey vendor’s 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
 - The 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.”) may be printed on the cover letter
- A reply-by date may be added to the **follow-up cover letter**. It is recommended that the reply-by date be calculated as 42 days from the initial mailing to make sure the survey is returned before the data collection closes.
 - There are two options for adding the reply-by date to the **follow-up cover letter** in a readable font size at a minimum of 12-point. (See Appendix P and on the CAHPS Hospice Survey website for other approved languages for the exact text and placement.)

Required for the Envelopes

- The envelope in which the prenotification letter or survey is mailed must be printed with the survey vendor’s address as the return address
- All envelopes must be in a readable font (e.g., Arial) in a font size of 10-point or larger
- A self-addressed, stamped business return envelope must be enclosed in the survey envelope along with the cover letter and questionnaire

Optional for the Envelopes

- The outgoing envelope may be printed with the banner, “Important – Open Immediately.” No other banners may be used.
 - Other messages, marketing, or promotional text such as, “Survey Enclosed,” “Important Information from the Centers for Medicare & Medicaid Services Enclosed,” or “We always strive to provide excellent service” on either side (front or back) are not permitted
- The envelope should be printed with the survey vendor logo, the hospice logo, or both
- Survey vendors may use window envelopes as a quality measure to ensure that each sampled caregiver’s survey package is mailed to the address of record for that caregiver

Required for the Mail Questionnaire

The CAHPS Hospice Survey Core questions (Q1 – Q31) must be placed at the beginning of the survey and all the Core questions must remain together. The “About Your Family Member” and “About You” questions must be placed after the Core questions and cannot be eliminated from the questionnaire. The “About You” questions must follow the “About Your Family Member” questions.

Survey vendors must adhere to the following specifications for the production of mail materials:

- Question and answer category wording must **not** be changed
- No changes are permitted in the order of the Core questions (Q1 – Q31)
- No changes are permitted in the order of the “About Your Family Member” questions
- No changes are permitted in the order of the “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
- Each question and answer categories must remain together in the same column and on the same page
- Response options must be listed vertically (see examples in Appendix P and on the CAHPS Hospice Survey website for other approved languages). Response options that are listed horizontally or in a combined vertical and horizontal format are **not** allowed. No matrix formats are permitted for question and answer categories.
- Dates are not permitted to be included on the questionnaire or the cover letters (e.g., print date, mail date)

Formatting

- Wording that is **bolded** or underlined in the questionnaire provided in the CAHPS Hospice Survey *Quality Assurance Guidelines* manual must be emphasized in the same manner in the survey vendor’s questionnaire
- Arrow (i.e., ➔) placement in the questionnaire instructions and answer categories that specifies skip patterns must **not** be changed
- Section headings (e.g., “**Your Family Member’s Hospice Care**”) must be included on the questionnaire and must be bolded, including the headings on the cover page
- Response options on the questionnaire may be incorporated as circles, ovals, or squares with no mixing of the characters within the questionnaire
- Survey materials must be in a readable font (e.g., Arial) in a font size of 10-point or larger

Other Requirements

- The cover of the questionnaire must include the name of the hospice
- Language must be included in the questionnaire clearly stating that the survey should be given to the person in the household who knows the most about the hospice care received by the decedent
- All survey content, including headers, instructions, questions, and answer categories, must be printed verbatim and in the same order as shown on the questionnaires provided by CMS
- Randomly generated, unique identifiers must be placed on the first or last page of the questionnaire, at a minimum. Survey vendors may add other identifiers on the questionnaire for tracking purposes (e.g., unit identifiers).
- Neither the decedent's nor the caregiver's name may be printed on the questionnaire
- The 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 immediately after the survey instructions on the questionnaire and may also appear on the cover letter.
- The copyright statement below must be included on the questionnaire, preferably on the last page, in a readable font size at a minimum of 10-point (see Appendix P and on the CAHPS Hospice Survey website for other approved languages for the exact text)
- The survey vendor's return address must be printed on the last page of the questionnaire to make sure that the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the caregiver
- If the survey vendor's name is included in the return address, then the survey vendor's business name must be used, not an alias or tag line
- A mail wave indicator must be included on the survey
- The OMB Paperwork Reduction Act language (located in Appendix P and on the CAHPS Hospice Survey website for other approved languages) **must** appear on either the questionnaire or cover letter, and may appear on both, in a readable font (e.g., Arial) at a minimum of 10-point. The OMB language cannot be printed on a separate piece of paper. In addition, the OMB control number (OMB#XXXX-XXXX) and expiration date (Expires TBD) **must** appear on the front page of the questionnaire.

Optional for the Mail Questionnaire

Survey vendors have some flexibility in formatting the CAHPS Hospice Survey questionnaire by following the guidelines described below:

- Small coding numbers, preferably in superscript, may be included next to the response choices on the questionnaire
- Hospice logos may be included on the questionnaire; however, other images and tag lines are not permitted
- The phrase "Use only blue or black ink" may be printed on the questionnaire
- The name of the hospice may be printed on the questionnaire in Questions 2, 4, and 30, as indicated below
 - Question 2 – "In what locations did your family member receive care from [ABC Hospice]?"
 - Above Question 4 – "For the rest of the questions, please think only about your family member's experience with [ABC Hospice]."

- Question 30 – “Please answer the following questions about [ABC Hospice]. Do not include care from other hospices in your answers.”
- Page numbers may be included on the questionnaire
- Color may be incorporated in the questionnaire
- In addition to the name of the hospice (required), the cover of the questionnaire if applicable, may include the specific hospice inpatient unit, acute care hospital, or nursing home facility in which their family member or friend resided.
- Language such as one of the following may be added to the bottom of each page of the survey:
 - Continue on next page
 - Continue on reverse side
 - Turn over to continue
 - ➔ to continue
 - Continue on back
 - Turn over

Survey vendors should consider incorporating the following recommendations in formatting the CAHPS Hospice Survey questionnaire to increase the likelihood of receiving a returned survey:

- Two-column format that is used in Appendix P and on the CAHPS Hospice Survey website for other approved languages
- Wide margins (at least 3/4 inch) so that the survey has sufficient white space to enhance its readability

Supplemental Questions

Survey vendors may add up to 15 hospice-specific supplemental questions to the CAHPS Hospice Survey following the guidelines described below (see Appendix M for examples of acceptable supplemental questions):

- Hospice-specific supplemental questions can be added immediately after the Core questions (Q1 – Q31) or at the end of all the CAHPS Hospice Survey questions (Q1 – Q39)
 - When supplemental questions are placed in between the Core questions and the “About Your Family Member” questions, the “About Your Family Member” heading must still be placed prior to those questions
- Phrases **must** be added to indicate a transition from the CAHPS Hospice Survey questions to the hospice-specific supplemental questions, regardless of whether the supplemental questions are placed between the Core questions and the “About Your Family Member” questions and/or after the “About You” questions. Examples of transitional phrases are as follows:
 - “Now we would like to gather some additional details on topics we have asked you about before. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics.”
 - “The following questions focus on additional care your family member may have received from [ABC Hospice].”
 - “This next set of questions is to provide the hospice additional feedback about your family member’s hospice care.”

- Supplemental questions should be integrated into the CAHPS Hospice Survey and not be a separate insert
 - If the supplemental questions are printed on a separate sheet, then they must be included as the last page of the materials
- Hospice-specific supplemental questions must be identical for both mail wave attempts

Survey vendors must avoid hospice-specific supplemental questions that:

- pose a burden to the caregiver (e.g., length and complexity of supplemental questions)
- are worded very similarly to the CAHPS Hospice Survey Core questions
- may cause the caregiver to terminate the survey (e.g., items that ask about sensitive medical, health, or personal topics)
- ask the caregiver to explain why he or she chose a specific response; for example, it is not acceptable to ask caregivers why they indicated that they would not recommend the hospice to friends and family
- request the use of the caregiver comments and/or responses as testimonials or for marketing purposes

Note: A hospice cannot use any comments, even if they are anonymous, as testimonials or for marketing purposes.

The number of supplemental questions added is left to the discretion of the survey vendor (up to 15 hospice-specific supplemental questions). The survey vendor must submit the maximum number of supplemental survey items included in the survey in the “supplemental-question-count” element in the Decedent/Caregiver Administrative Record for each survey (see Appendix E).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

Note: Any variations to the survey materials, other than the optional items listed above, will require an approved Exception Request prior to survey administration (see the Exception Request Process chapter).

Mailing of Materials

Survey vendors must mail materials following the guidelines described below:

- Attempts must be made to contact every survey-eligible decedent/caregiver drawn into the sample, whether or not they have a complete mailing address
- Survey vendors must use commercial software or other means to update addresses provided by the hospice for sampled decedents/caregivers. Mailings returned as undeliverable and for which no updated address is available must be coded “10 – Non-response: Bad/No Address.” Survey vendors must retain a record of attempts made to acquire missing addresses. All materials relevant to survey administration are subject to review.
- Survey vendors have flexibility in not sending prenotification letters and mail surveys to caregivers without mailing addresses, such as the homeless. However, survey vendors must re-contact the hospice client to inquire about an address update for caregivers with no mailing address. It is permissible for survey vendors to request updated information about

specific decedents/caregivers, rather than requesting a complete updated list. These decedent/caregiver cases must not be removed or replaced in the sample.

Note: It is strongly recommended that survey vendors check the accuracy of sampled caregivers' contact information prior to survey fielding by performing a check of several of the sampled caregivers to ensure that the name corresponds to the address provided by the hospice.

- The CAHPS Hospice Survey cannot be administered without both a cover letter and self-addressed, stamped business return envelope
- All mailings must be sent to each caregiver by name, and to the caregiver's most current address listed in the hospice record or retrieved by other means
- For caregivers who request to be sent an additional questionnaire (either after the first or second mailing), survey vendors must follow the guidelines below:
 - It is acceptable to mail a replacement survey at the caregiver's request within the 49 calendar day survey field period; however, the survey administration timeline does not restart
 - After 49 calendar days from the first mailing, a replacement CAHPS Hospice Survey must not be mailed-out, as the data collection timeframe of 49 calendar days after the first mailing has expired

Hospices and survey vendors are **not** allowed to:

- show or provide the CAHPS Hospice Survey, prenotification letter, or cover letters to patients or caregivers prior to the administration of the survey, including while the patient is still under hospice care
- mail or distribute any letters, including the approved CAHPS Hospice Survey prenotification letter that is part of the survey administration protocol, or postcards after patient death to inform caregivers about the CAHPS Hospice Survey other than the Informational Flyer (Appendix N) which can be provided in a bereavement package

*Note: In instances where the first wave mail survey is returned with all missing responses (i.e., without any questions answered – blank questionnaire), and there is no indication that the case is a refusal, ineligible, or otherwise final, survey vendors **must** send a second survey to the caregiver if the data collection time period has not expired. If the second mailing is returned with all missing responses, then code the “Final Survey Status” as “8 – Non-response: Refusal.” If the second mailing is not returned, then code the “Final Survey Status” as “9 – Non-response: Non-response after Maximum Attempts.”*

Note: When the first survey is not returned, and the second survey is subsequently mailed and returned with all missing responses, then code the “Final Survey Status” as “8 – Non-response: Refusal.”

It is strongly recommended that all mailings be sent with first class postage or indicia to ensure delivery in a timely manner and to maximize response rates, as first class mail is more likely to be opened.

Key-entry and Scanning

Survey vendors may use key-entry or scanning to record returned survey data in their data collection systems.

Survey vendors' key-entry processes and/or scanning software must incorporate the following features:

- *Unique record verification system*: The survey management system performs a check to verify that the caregiver's survey responses have not already been entered in the survey management system
- *Valid range checks*: The data entry system or software identifies responses/entries that are invalid or out-of-range
- *Validation*: Survey vendors must have a plan and process in place to verify/confirm the accuracy of key-entered or scanned data. Survey vendors must confirm that key-entered or scanned data accurately capture the responses on the original survey.
 - For key-entry, data from each survey must be key-entered independently by at least two staff members, and a different staff member (preferably the data entry supervisor) must reconcile any discrepancies
 - For scanned data, a staff member must reconcile any responses not recognized by the scanning software

Survey vendors must follow the data entry decision rules and data storage requirements described below.

Decision Rules

Whether employing scanning or key-entry of mail questionnaires, survey vendors must use the following decision rules to resolve common ambiguous situations. Survey vendors must follow these guidelines to ensure standardization of data entry across hospices.

- If a mark falls between two response options, but is obviously closer to one than the other, then select the choice to which the mark is closest
- If a mark falls equidistant between two response options, then code the value for the item as "M – Missing/Don't Know"
- If a mark is missing, code the value for the item as "M – Missing/Don't Know." Survey vendors must **not** impute a response (see *Data Coding and Data File Preparation* chapter for information on coding skip pattern questions).
- If a line is drawn through one response option, then select the choice without the line, as the intent is clear
- For other than multi-mark questions, when more than one response option is marked, code the value as "M – Missing/Don't Know"

*Note: In instances where there are multiple marks, **but** the caregiver's intent is clear, survey vendors should code the survey with the caregiver's **clearly identified** intended response.*

- For CAHPS Hospice Survey multi-mark questions, the following guidelines should be followed:
 - Question 2, “*In what locations did your family member receive care from this hospice? Please choose one or more.*” For Question 2, enter responses for all of the categories that the respondent has selected.
 - Question 34, “*What was your family member’s race? Please choose one or more.*” For Question 34, enter responses for all of the categories that the respondent has selected. If the respondent writes Caucasian code as “5 – White.”

*Note: The decision on whether to key the responses to open-ended survey items, specifically, the “Other” in Question 1 (response option 9) and Question 2 (response option 6), and “Some other language” (response option 9) in Question 39, is up to each survey vendor. Survey vendors must **not** include responses to open-ended survey items on the data files submitted to the CAHPS Hospice Survey Data Warehouse. However, CMS encourages survey vendors to review the open-ended entries so that they can provide feedback to the CAHPS Hospice Survey Project Team about adding additional preprinted response options to these survey items, if needed.*

Staff Training

Training of personnel on the CAHPS Hospice Survey data collection protocols is key to successful survey administration. Training of staff must be documented. This documentation must be available for review upon request by the CAHPS Hospice Survey Project Team. The following section addresses training provided to:

- Project staff
- Customer support personnel
- Mail data entry personnel
- Subcontractors and any other organizations responsible for major survey administration functions

Training of Project Staff

At a minimum, the survey vendor’s Project Manager, subcontractors, and any other organizations responsible for major survey administration functions (e.g., mail/telephone/web operations), if applicable, must participate in all CAHPS Hospice Survey Training sessions sponsored by CMS. Individuals who are involved with and work on any aspect of CAHPS Hospice Survey operations (e.g., account managers, sampling specialists, quality assurance managers, programmers, information technology staff) must be thoroughly trained by the survey vendor on CAHPS Hospice Survey protocols and methodology to guarantee standardization of survey administration. Survey vendors must also provide training to their hospice clients on preparation of the decedents/caregivers lists.

Survey vendors must establish a process for training new project team members on CAHPS Hospice Survey administration in a timely fashion. It is strongly recommended that staff members are cross trained in all aspects of the CAHPS Hospice Survey administration processes in case of unforeseen staffing turnover or absence. Back-up staff for CAHPS Hospice Survey administration responsibilities must be assigned to staff employed by the survey vendor.

Note: Volunteers are not permitted to be involved in any aspect of the CAHPS Hospice Survey administration process.

Training of Customer Support Personnel

Survey vendors must train customer support personnel in CAHPS Hospice Survey protocols and methodology to answer questions appropriately. Survey vendors must periodically (at a minimum on a quarterly basis) assess the reliability and consistency of customer support personnel responses. In addition, questions posed by surveyed caregivers should be reviewed regularly to determine if there is a need to develop additional FAQ. All inquiries received and responses provided through customer support must be documented. This documentation must be available for review upon request by the CAHPS Hospice Survey Project Team.

➤ Distressed Respondent Procedures:

- Of critical importance is the need for survey vendors to develop a “distressed respondent protocol” to be incorporated into all interviewer and customer support personnel training. Handling distressed respondent situations requires a balance between keeping PII and PHI confidential and helping a person who needs assistance. For survey research organizations, best interviewing practices recommend having a distressed respondent protocol in place to balance the respondent’s right to confidentiality and privacy with the need to provide assistance if the situation indicates that the respondent’s health and safety are in jeopardy (e.g., suicide hotline 988, contacting 911).
- If a respondent requests additional support, the CAHPS Hospice Survey Project Team recommends that survey vendors’ telephone staff put the respondent in contact with the appropriate local resource (generally a bereavement counselor or social worker on the hospice team that provided care to their family member or friend). This potential bereavement support is part of the services covered under the Medicare Hospice Benefit.

Training of Mail Data Entry Personnel

Survey vendors must address the following items when training data entry personnel:

- Use of data entry equipment and programs
- Survey specifications and protocols
- Survey instrument, question flow, and skip patterns
- Data key-entry and/or scanning procedures
- Validation programs
- Decision rules/ambiguous responses

Training of Subcontractors and Any Other Organizations Responsible for Major Survey Administration Functions

Survey vendors are responsible for the training and performance of subcontractors and any other organizations they use. In addition, during survey administration, survey vendors are responsible for providing quality oversight and monitoring of their subcontractor’s and/or other organization’s work to confirm that they are in compliance with CAHPS Hospice Survey guidelines.

Subcontractors and any other organizations that are responsible for major CAHPS Hospice Survey administration functions (e.g., mail/telephone/web operations) must attend the CAHPS Hospice Survey Training.

Note: Survey vendors are responsible for sampling and data submission; and therefore, must not subcontract these processes.

Monitoring and Quality Oversight

Survey vendors must establish a system for providing and documenting quality oversight and monitoring of the CAHPS Hospice Survey administration and project staff, including subcontractors and any other organizations. Quality check activities must be performed by a different staff member than the individual who originally performed the specific project task(s). In addition, survey vendors must:

- Perform and document quality checks of all key events in survey administration including, but not limited to: sample frame creation; sampling procedures; data receipt; data entry; data submission; back-up systems; etc.
- Perform and document quality checks of electronic programming code periodically, on an annual basis, at a minimum
- Monitor the performance of all staff involved with any aspect of programming, sample frame creation, sampling, processing of response data (from receipt and handling of returned surveys, through data entry, validation, and edit checking) on an ongoing basis, including conducting on-site verification of processes (strongly recommended on an annual basis, at a minimum)
- Ensure that staff, subcontractors, and any other organizations are compliant with HIPAA regulations
- Monitor the performance of subcontractors and any other organizations, including conducting on-site verification of subcontractor processes, such as printing and mailing processes (strongly recommended on an annual basis, at a minimum) and document the quality check activities conducted during the visit, regardless of whether they are using internal staff, subcontractors, or any other organizations to perform this work
- Provide performance feedback to all project staff, subcontractors, and any other organizations through regular assessments, including special emphasis placed on the detection and correction of identified performance problems

To avoid mail administration errors and to make certain that questionnaires are delivered as required, survey vendors must:

- perform interval checking of at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all printed mailing pieces for:
 - fading, smearing and misalignment of printed materials
 - appropriate survey contents, accurate address information, and proper postage on the survey sample packet
 - assurance that all printed materials in a mailing envelope have the same unique identifier
 - If two-sided printing is used to include an additional language on letters, survey vendors must check to ensure the same identifiers are on both sides of the letter
 - inclusion of all eligible sampled decedents/caregivers in the sample mailing for that month
- include seeded mailings in the mail production runs for both prenotification letter and survey mailings at minimum on a quarterly basis
 - Seeded mailings are sent to designated CAHPS Hospice Survey vendor project staff (other than the staff producing the materials) to check for timeliness of delivery, accuracy of addresses, content of the mailing, and quality of the printed materials

- Quality checks of seeded mailing materials must be documented and retained in a log or database
- Seeded mailings must be integrated into the hospice's batched prenotification and survey mailings, not sent as a stand-alone mailing to CAHPS Hospice Survey vendor project staff
- Physical and/or scanned copies of seeded mailings must be retained for a minimum of three years
- perform address updates for missing or incorrect information
 - Attempts must be made to update address information to confirm accuracy and correct formatting
 - It is permissible for survey vendors to request updated information about specific decedents/caregivers, rather than requesting a complete updated list
 - In addition to working with client hospices to obtain the most current caregiver contact information, survey vendors must employ other methods, such as the National Change of Address (NCOA) and the United States Postal Service (USPS) Coding Accuracy Support System (CASS) Certified Zip+4 software. Other means are also available to update addresses for accurate mailings, such as:
 - commercial software
 - internet search engines

*Note: If automated processes are being used to perform interval checks, then checks of the system or equipment must be performed regularly. Survey vendors **must** retain a record of all quality control activities and document these activities in the survey vendor's QAP. All materials relevant to survey administration are subject to review.*

The CAHPS Hospice Survey Project Team will conduct site visits to survey vendors, their subcontractors and any other organizations, if applicable, to review survey vendors' operations, monitoring, quality oversight practices, and documentation. As noted earlier, if a survey vendor is non-compliant with program requirements for any of their contracted hospices, the hospice survey data may not be reported.

Safeguarding Decedent/Caregiver Confidentiality

Survey vendors must take the following actions to further protect the confidentiality of decedents/caregivers:

- Prevent unauthorized access to confidential electronic and hard copy information by restricting physical access to confidential data (use locks or password-protected entry systems on rooms, file cabinets, and areas where confidential data are stored)
 - Store returned mail paper questionnaires and/or electronically scanned questionnaires in a secure and environmentally safe location for a minimum of three years
- Develop a confidentiality agreement which includes language related to HIPAA regulations and the protection of PII, and obtain signatures from all personnel with access to survey information, including staff and subcontractors, and any other organizations, if applicable, involved in survey administration and data collection

Note: Confidentiality agreements must be signed by all personnel upon employment. Confidentiality agreements must be reviewed and re-signed periodically, at the discretion

of the survey vendor, but not to exceed more than a three-year period. The CAHPS Hospice Survey Project Team recommends all personnel involved in the CAHPS Hospice Survey review and re-sign confidentiality agreements on an annual basis.

- Execute BAAs in accordance with HIPAA regulations
- Provide HIPAA training to staff prior to providing access to decedent/caregiver PHI and PII
- Confirm that staff, subcontractors, and any other organizations, if applicable, are compliant with HIPAA regulations in regard to decedent/caregiver PHI
- Establish protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.
- Establish protocols for identifying security breaches and instituting corrective actions

*Note: It is strongly recommended that the method used by contracted hospices to transmit information (e.g., decedents/caregivers lists) to the survey vendor be reviewed by the hospice's HIPAA/Privacy Officer to confirm compliance with HIPAA regulations. Any materials (e.g., QAP, questionnaires, cover letters, tracking forms) submitted by the survey vendor to the CAHPS Hospice Survey Project Team must be blank templates and must **not** contain any decedent/caregiver PHI.*

Survey vendors must have physical plant resources available to handle the volume of surveys being administered, in addition to systematic processes that effectively track sampled decedents'/caregivers' progress through the data collection protocol and caregivers' responses to the survey. System resources are subject to oversight activities including site visits to physical locations.

Data Security

Survey vendors must securely store caregiver identifying electronic data and responses to the survey. Survey vendors must take the following actions to secure the data. Survey vendors who were approved for remote operations must ensure that these actions apply to all remote activities.

- Use a firewall, VPN, and/or other mechanisms for preventing unauthorized access to the electronic files
 - Survey vendors must notify the CAHPS Hospice Survey Project Team within 24 hours upon discovery of a data breach that potentially affects CAHPS Hospice Survey administration within their organization or at a client hospice
- Implement access levels and security passwords so that only authorized users have access to sensitive data
- Implement daily data back-up procedures that adequately safeguard system data
- Test back-up files at a minimum on a quarterly basis to make sure the files are easily retrievable and working
- Perform frequent saves to media to minimize data losses in the event of power interruption
- Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster. The plan must be made available to the CAHPS Hospice Survey Project Team upon request.

Data Retention and Storage

Survey vendors must store all CAHPS Hospice Survey files, returned paper questionnaires or scanned images of paper questionnaires, and survey administration related data in a secure and environmentally controlled location for a minimum of three years, and it must be easily retrievable, when needed. Survey vendors must destroy survey-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location and obtain a certificate of the destruction of data.

VII. Telephone Only Survey Administration

New for QAG V11.0

New in the Telephone Only Survey Administration Chapter for QAG V11.0:

- The addition of a prenotification letter
- Simplified telephone introduction script
- An extension of the survey field period from 42 calendar days to 49 days
- The revised CAHPS Hospice Survey instrument

Overview

This chapter describes the guidelines for the Telephone Only mode of CAHPS Hospice Survey administration. Telephone survey activities are not to be conducted from a residence, nor from a virtual office, unless an Exception Request has been submitted and approved by CMS.

Data collection for sampled decedents/caregivers must be initiated approximately two months following the month of patient death.

The Telephone Only Survey Administration includes the mailing of one prenotification letter and up to five call attempts to a sampled caregiver. The first telephone attempt must occur two months after the month of patient death, within the first seven calendar days of the survey field period.

The prenotification letter must be mailed seven calendar days prior to the first telephone attempt. Data collection may be completed by telephone only. Outbound calling must be scheduled in a manner to ensure all cases have a first attempt **within** seven calendar days of the start of the survey field period. Repeated attempts must be made until the caregiver is contacted, found ineligible, or five attempts have been made. After five attempts to contact the caregiver have been made, no further attempts are to be made.

Telephone Only Mode		
Phase	Activity	Day
Pre-Field Period	Mail Prenotification Letter	Day -7
Survey Field Period	Initiate systematic telephone contact with sampled caregivers (Up to 5 telephone attempts)	Days 1-49
	End Data Collection	Day 49

Data collection must be closed out for a sampled caregiver by seven weeks (49 calendar days) following the first call attempt.

- If it is known that the caregiver may be available in the latter part of the 49 calendar day survey field period (e.g., caregiver is on vacation the first two or three weeks of the 49 calendar day survey field period and there would be an opportunity to reach the caregiver closer to the end of the survey field period), then survey vendors must reserve some of the

allowable call attempts for the part of the survey field period for which the caregiver is available

- Telephone call attempts are to be made between the hours of 9 AM and 9 PM respondent time

Vendors must submit data files to the CAHPS Hospice Survey Data Warehouse by the data submission deadline. No files will be accepted after the submission deadline date. See the quarterly data submission deadlines in the *Introduction and Overview* chapter.

Survey vendors must adhere to the following specifications:

- Caregivers who receive the CAHPS Hospice Survey must **not** be offered incentives of any kind
- Survey vendors must make every reasonable effort to achieve optimal survey response rates and to pursue contact with potential respondents until the data collection protocol is completed
- Survey vendors must make every reasonable effort to achieve optimal telephone response rates by thoroughly familiarizing interviewers with the study purpose, carefully supervising interviewers, retraining those interviewers having difficulty enlisting cooperation, and re-contacting reluctant respondents at different times until the final data collection protocol is completed
- If survey administration is not initiated within the first seven days of the month, it may be initiated by the survey vendor from the eighth to the tenth of the month without requesting prior approval from CMS. In this situation, a Discrepancy Report must be submitted to notify CMS of the late survey administration. In addition, the survey vendor must keep documentation regarding why the survey administration was initiated late. After the tenth of the month, approval must be requested from CMS before the survey can be administered and a Discrepancy Report must be submitted if survey administration begins late or does not occur for any month.
- After the sample has been drawn, any decedents/caregivers who are found to be ineligible or incorrectly sampled must **not** be removed or replaced in the sample. Instead, these decedents/caregivers are assigned the “Final Survey Status” code of ineligible (2, 3, 4, 5, 6, or 14, as applicable) or sampling error (16). A Decedent/Caregiver Administrative Record must be submitted for these decedents/caregivers. See the Data Coding and Data File Preparation chapter for more information on assigning the “Final Survey Status” codes.
 - If the survey vendor learns that a sampled decedent/caregiver is ineligible for the CAHPS Hospice Survey or has been incorrectly drawn into the sample, the survey vendor must **not** make further attempts to contact that caregiver for the survey
 - In the case of a duplicate or repeat caregiver that was incorrectly drawn into the sample, the correctly sampled caregiver should still receive the prenotification letter and/or call attempts, up to five total call attempts as necessary
- Caregivers who do not respond to the survey are assigned a “Final Survey Status” code of non-response (7, 8, 9, 10, 11, 12, 13, or 15, as applicable)
- Should a caregiver call the toll-free number to do the interview by telephone, they cannot complete the interview prior to the start of the field period and should be scheduled for a call back during the telephone data collection time period

- Survey vendors must include the “number-survey-attempts-telephone” field in the Decedent/ Caregiver Administrative Record. This field is required when “survey-mode” in the Hospice Record is “2 – Telephone Only.” This field captures the telephone attempt in which the final disposition of the survey is determined. More information regarding the coding of the survey attempts field is presented in the *Data Coding and Data File Preparation* chapter.
- Survey vendors must record the date of the telephone interview and must link survey responses from the telephone interview to their survey management system, regardless of the interviewing system employed
- Survey vendors must maintain a crosswalk of their interim disposition codes to the CAHPS Hospice Survey “Final Survey Status” codes and include the crosswalk in the survey vendor’s QAP

To reiterate, the first telephone attempt must occur two months after the month of patient death within the first seven calendar days of the survey field period. The prenotification letter must be mailed seven calendar days prior to the first telephone attempt. Data collection must then be completed no later than seven weeks (49 calendar days) after the initial telephone attempt. To illustrate the timing of the attempts, the following example is provided of a patient who died on April 1 while in hospice care.

Example:

- Patient’s date of death is April 1
- The prenotification letter is mailed out on June 24 (one week prior to the first telephone attempt)
- The first telephone attempt is made on July 1 (two months after the month of patient’s death and within the first seven calendar days of the survey field period)
- Data collection must be closed out by August 19 for this caregiver, which is seven weeks (49 calendar days) from the July 1 first telephone attempt date:
 - If a telephone interview is completed **on or before** August 19, which is the last day of the survey administration time period for this caregiver, then the survey data are included in the final survey data file and assigned a “Final Survey Status” code of either “1 – Completed Survey” or “7 – Non-response: Break-off” based on the calculation of percent complete as described in the *Data Coding and Data File Preparation* chapter
 - If the survey is **mistakenly** completed **after** August 19 (August 20, for example), which is beyond the seven weeks (49 calendar days) survey administration time period for this caregiver, then the survey data are not included in the final survey data file (**however, a Decedent/Caregiver Administrative Record is submitted for this caregiver**) and a “Final Survey Status” code of “9 – Non-response: Non-response after Maximum Attempts” is assigned. (Please note, this would also require a Discrepancy Report to be submitted.)

Production of Prenotification Letter and Telephone Interviewing Systems

Telephone data collection is permitted in English, Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, and Korean. Survey vendors are provided standardized telephone scripts in

these languages for CAHPS Hospice Survey administration. English must be the default language in the continental U.S. and Spanish must be the default language in Puerto Rico. Survey vendors are not permitted to make or use any other language translations of the CAHPS Hospice Survey telephone scripts.

Note: We strongly encourage hospices with a significant caregiver population that speaks one of these languages to offer the CAHPS Hospice Survey in the applicable language(s). Hospices that serve patient populations that speak languages other than those noted are encouraged to request CMS to create an official translation of the CAHPS Hospice Survey in those languages.

Review of Survey Materials

Survey vendors **must** submit a sample of their prenotification letter, outgoing envelope, a copy of the CAHPS Hospice Survey telephone script and interviewer CATI screenshots (including skip pattern logic) by the specified due date for review by the CAHPS Hospice Survey Project Team. This due date will be announced during the CAHPS Hospice Survey Training session and posted on the CAHPS Hospice Survey Website (www.hospicecahpsurvey.org).

Prenotification Letter

The Telephone Only Survey Administration includes the mailing of one prenotification letter. The prenotification letter must be mailed seven calendar days prior to the initial telephone attempt.

Survey vendors are strongly encouraged to use the text in the body of the sample prenotification letter provided (see Appendix O). Survey vendors must follow the guidelines described below when altering the letter templates provided in this manual.

Required for the Prenotification Letter

- Letters 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
 - An electronic signature is permissible
- English must be the default language in the continental U.S. and Spanish must be the default language in Puerto Rico
 - Use of the Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean letter is required if the survey vendor is administering the survey by telephone in Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean
- The following items must be included in the body of the prenotification letter:
 - Name and address of the sampled caregiver (“To Whom It May Concern” and “To the caregiver of [Decedent Name]” are **not** acceptable salutations)
 - Name of the decedent

Note: There may be instances in which a decedent and caregiver have the same name. Quality control activities must be implemented to ensure the names on the cover letter for the decedent and caregiver are correct.

- The hospice name, in order to make certain that the caregiver completes the survey based on the care received from that hospice only

- A toll-free customer support telephone number for the survey vendor:
 - Customer support must be offered in all languages in which the survey vendor administers the survey
 - Survey vendors must be ready to support calls from the deaf or the hearing impaired such as: teletypewriter (TTY, also known as a TDD) or Relay Service

Note: Survey vendors are permitted to revise the toll-free number statement to include the name of the survey vendor. For example: If you have any questions about the enclosed survey, please call [SURVEY VENDOR NAME] at the toll-free number 1-800-xxx-xxxx.

- Language indicating that the caregiver will receive a survey about the decedent's hospice care
 - Wording stating: "Your knowledge and experiences will help improve hospice care and help others select a hospice."
 - "If you'd like to see how your responses will be used, hospice ratings are posted online on Medicare's Care Compare website."
- Letters must **not**:
- attempt to bias, influence, or encourage caregivers to answer 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 CAHPS Hospice Survey questions in a particular way
 - ask or imply that caregivers should choose certain responses; indicate that the hospice is hoping for a given response, such as a "10," "Definitely yes," or an "Always"
 - indicate that the hospice's goal is for all caregivers to rate them as a "10," "Definitely yes," or an "Always"
 - 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

Optional for the Prenotification Letter

- May be double sided (English/Spanish, English/Chinese, English/Russian, English/Portuguese, English/Vietnamese, English/Polish, or English/Korean)
- May include the specific hospice inpatient unit, acute care hospital, or nursing home facility in which their family member or friend resided
- A bereavement customer support number (i.e., hospice bereavement contact number) may appear
- A customer support email address for the survey vendor may be included

Required for the Envelopes

- The envelope in which the prenotification letter is mailed must be printed with the survey vendor's address as the return address
- All envelopes must be in a readable font (e.g., Arial) in a font size of 10-point or larger

Optional for the Envelopes

- The outgoing envelope may be printed with the banner, "Important – Open Immediately." No other banners may be used.
 - Other messages, marketing, or promotional text such as, "Survey Enclosed," "Important Information from the Centers for Medicare & Medicaid Services Enclosed," or "We always strive to provide excellent service" on either side (front or back) are not permitted
- The envelope should be printed with the survey vendor logo, the hospice logo, or both
- Survey vendors may use window envelopes as a quality measure to ensure that each sampled caregiver's survey package is mailed to the address of record for that caregiver

Mailing of Prenotification Letter

Survey vendors must mail prenotification letters following the guidelines described below:

- Attempts must be made to contact every survey-eligible decedent/caregiver drawn into the sample, whether or not they have a complete mailing address.
- Survey vendors must use commercial software or other means to update addresses provided by the hospice for sampled decedents/caregivers. Survey vendors must retain a record of attempts made to acquire missing addresses. All materials relevant to survey administration are subject to review.
- Survey vendors have flexibility in not sending prenotification letters to caregivers without mailing addresses, such as the homeless. However, survey vendors must re-contact the hospice client to inquire about an address update for caregivers with no mailing address. It is permissible for survey vendors to request updated information about specific decedents/caregivers, rather than requesting a complete updated list. These decedent/caregiver cases must not be removed or replaced in the sample.

Note: It is strongly recommended that survey vendors check the accuracy of sampled caregivers' contact information prior to survey fielding by performing a check of several of the sampled caregivers to ensure that the name corresponds to the address provided by the hospice.

- All mailings must be sent to each caregiver by name, and to the caregiver's most current address listed in the hospice record or retrieved by other means

Hospices and survey vendors are **not** allowed to:

- show or provide the CAHPS Hospice Survey, prenotification letter, or cover letters to patients or caregivers prior to the administration of the survey, including while the patient is still under hospice care
- mail or distribute any letters, including the approved CAHPS Hospice Survey prenotification letter that is part of the survey administration protocol, or postcards after patient death to inform caregivers about the CAHPS Hospice Survey other than the Informational Flyer (Appendix N) which can be provided in a bereavement package

It is strongly recommended that all mailings be sent with first class postage or indicia to ensure delivery in a timely manner and to maximize response rates, as first class mail is more likely to be opened.

Telephone Interviewing Systems Required for the Telephone Script

The CAHPS Hospice Survey Core questions (Q1 – Q31) must be placed at the beginning of the survey. The order of the Core questions must **not** be altered, and all the Core questions must remain together. The “About Your Family Member” and “About You” questions must be placed after the Core questions and cannot be eliminated from the questionnaire. The “About You” questions must follow the “About Your Family Member” questions.

Programming of the telephone scripts must follow the guidelines described below:

- Question and answer category wording must not be changed
- No changes are permitted in the order of the Core questions (Q1 – Q31)
- No changes are permitted in the order of the “About Your Family Member” questions
- No changes are permitted in the order of the “About You” questions
- No changes are permitted in the order of the answer categories for the Core, “About Your Family Member,” or “About You” questions
- All underlined content must be emphasized
 - No other script content is to be emphasized; in particular, response options must be read at the same even pace without any additional emphasis on any particular response category

*Note: It is **not** permissible to substitute **capital letters** for the text underlined in the telephone script, as text that appears in uppercase letters throughout the CATI script must **not** be read out loud. Survey vendors are permitted to indicate emphasis of underlined text in a different manner if their CATI system does not permit underlining, such as placing quotes (“”) or asterisks (**) around the text to be emphasized or italicizing the emphasized words.*

- All punctuation for the question and answer categories provided in the official Telephone Survey scripts (Appendix Q and other languages found on the CAHPS Hospice Survey Website) must be programmed
- Only one language may appear on the electronic interviewing system screen
- The survey vendor is responsible for programming the script(s) and specifications into their electronic telephone interviewing system software
 - The transitional statements found throughout the telephone script are part of the structured script and must be read. An example of a transitional phrase that must be read can be found before Question 30 (Q30 Intro): “Please answer the following questions about [ABC Hospice]. Do not include care from other hospices in your answers.”
 - Do not program a specific response category as the default option
 - All probes located throughout the telephone script must be included on the CATI screen

Note: Any variations to the survey materials, other than the optional items listed above, will require an approved Exception Request prior to survey administration (see the Exception Request Process chapter).

Supplemental Questions

Survey vendors may add up to 15 hospice-specific supplemental questions to the CAHPS Hospice Survey following the guidelines described below (see Appendix M for examples of acceptable supplemental questions):

- Hospice-specific supplemental questions can be added immediately after the CAHPS Hospice Survey Core questions (Q1 – Q31) or at the end of all the CAHPS Hospice Survey questions (Q1 – Q39)
- Phrases **must** be added to indicate a transition from the CAHPS Hospice Survey questions to the hospice-specific supplemental questions, regardless of whether the supplemental questions are placed between the Core questions and the “About Your Family Member” questions and/or after the “About You” questions. Examples of transitional phrases are as follows:
 - “Now we would like to gather some additional details on topics we have asked you about before. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics.”
 - “The following questions focus on additional care your family member may have received from [ABC Hospice].”
 - “This next set of questions is to provide the hospice additional feedback about your family member’s hospice care.”

Survey vendors must avoid hospice-specific supplemental questions that:

- pose a burden to the respondent (e.g., number, length and complexity of supplemental questions)
- are worded very similarly to the CAHPS Hospice Survey Core questions
- may cause the caregiver to terminate the survey (e.g., items that ask about sensitive medical, health, or personal topics)
- ask the caregiver to explain why he or she chose a specific response; for example, it is not acceptable to ask caregivers why they indicated that they would not recommend the hospice to friends and family
- request the use of the caregiver comments and/or responses as testimonials or for marketing purposes

Note: A hospice cannot use any comments, even if they are anonymous, as testimonials or for marketing purposes.

The number of supplemental questions added is left to the discretion of the survey vendor (up to 15 hospice-specific supplemental questions). The survey vendor must submit the maximum number of supplemental survey items included in the survey in the “supplemental-question-count” element in the Decedent/Caregiver Administrative Record for each survey (see Appendix E).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

Interviewing Systems

Telephone data collection must be conducted using CATI and live interviewers. The CATI system employed by survey vendors must be electronically linked to their survey management system to enable responses obtained from the electronic telephone interviewing system to be automatically added to the survey management system. Paper surveys administered by telephone and the use of touch-tone or speech-enabled interactive voice response (IVR) are not acceptable. An electronic telephone interviewing system uses standardized scripts and design specifications. The survey vendor is responsible for programming the scripts and specifications into their electronic telephone interviewing software. Regardless of caregiver response, the interviewer must record all responses from the telephone interview.

- Survey administration must be conducted in accordance with the Telephone Consumer Protection Act (TCPA) regulations
 - Cell phone numbers must be identified so that CATI systems with auto dialers do not call cell phone numbers without the permission of the respondent. Survey vendors may identify cell phone numbers through a commercial database and hospices may identify cell phone numbers upon patient admission.
 - Predictive dialing may be used as long as there is a live interviewer to interact with the caregiver, and the system is compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations
- Survey vendors may program the caller ID to display “on behalf of [HOSPICE NAME],” with the permission and compliance of the hospice’s HIPAA/Privacy Officer. Survey vendors must not program the caller ID to display only “[HOSPICE NAME].”

Obtaining and Updating Telephone Numbers

Survey vendors normally obtain telephone numbers from the hospice’s records. Survey vendors must use commercial software or other means to update telephone numbers provided by the hospice for sampled caregivers when they have been determined to be missing or incorrect. Requisite attempts must be made to contact every eligible caregiver in the sample, whether or not there is a complete and correct telephone number for the caregiver when the sample is created. Survey vendors must retain a record of attempts to acquire missing telephone numbers. All materials relevant to survey administration are subject to review.

Survey vendors must attempt to obtain updated telephone numbers through commercial locating services, internet, or other means. To obtain the most current caregiver contact information, including telephone numbers, survey vendors must:

- Utilize commercial software, internet directories, and/or directory assistance
- Run the telephone update against the sample file just before or after uploading data to survey management systems

In addition, if telephone numbers are missing from the hospice file, survey vendors must contact the hospice to request missing telephone numbers. If contacting the hospice to request updated contact information, it is permissible for survey vendors to request updated information about specific decedents/caregivers, rather than requesting a complete updated list.

Note: It is strongly recommended that survey vendors check the accuracy of sampled caregivers’ contact information prior to survey fielding.

Telephone Attempts

Survey vendors must attempt to reach each caregiver in the sample. It is strongly recommended that survey vendors use both the primary (Caregiver Telephone Number 1) and secondary (Caregiver Telephone Number 2) numbers provided by the hospice. If the first telephone number is found to be bad/non-working, then the second telephone number should be used. It is up to the survey vendors' discretion to determine the number of attempts made to each telephone number; however, no more than a total of five call attempts can be made to a sampled caregiver.

Telephone call attempts are to be made between the hours of 9 AM and 9 PM respondent time. Repeated attempts must be made until the caregiver is contacted, found ineligible, or five attempts have been made. After five attempts to contact the caregiver have been made, no further attempts are to be made. A telephone attempt is defined as one of the following:

- The telephone rings six times with no answer
- The interviewer reaches a wrong number
- An answering machine/voicemail is reached. In this case the interviewer must not leave a message.
- The interviewer reaches a household member or a business and is told that the caregiver is not available to come to the telephone or has a new telephone number. The interviewer must **not** leave a message.
- The interviewer reaches the caregiver and is asked to call back at a more convenient time
 - The call back must be scheduled at the caregiver's convenience, if at all possible. When requested, survey vendors must schedule a telephone call back that accommodates a caregiver's request for a specific day and time (i.e., between the hours of 9 AM and 9 PM respondent time within the 49 calendar day survey field period). If survey vendors schedule a specific time to call back the caregiver, then an attempt to reach the caregiver **must** be made at the scheduled time.
- The interviewer gets a busy signal
 - At the discretion of the survey vendor a single telephone attempt can consist of three consecutive busy signals obtained at approximately 20-minute intervals
- The interviewer reaches a "screening" number (e.g., privacy screen, privacy manager, phone intercept, or blocked call)
 - Survey vendors count this as one telephone attempt and continue to make additional attempts (up to five) to reach the caregiver before dispositioning the call as "9 – Non-response: Non-response after maximum attempts"
- The interviewer reaches a disconnected number

If, during a telephone attempt, the sampled caregiver indicates that someone **within the household** is more knowledgeable about the hospice care that the decedent received, the more knowledgeable person may be a proxy respondent. If a sampled caregiver indicates that he or she never oversaw, was not involved in, or is not knowledgeable about the hospice care provided to the decedent, interviewers may ask if someone else **in the household** is knowledgeable about the decedent's hospice care. If such a person exists, he or she may be a proxy respondent. **Interviewers must not accept individuals outside of the sampled caregiver's household as proxy respondents.** Should no knowledgeable individual be identified within the household, the decedent/caregiver case must be coded as ineligible using code "6 – Ineligible: Never Involved in Decedent Care."

Sampled caregivers are to be called up to five times unless the sampled caregiver (or an eligible proxy caregiver) completes the survey, is found to be ineligible, or explicitly refuses to complete the survey (or if someone refuses on behalf of the caregiver).

- If the survey vendor learns that a decedent/caregiver is ineligible for the CAHPS Hospice Survey, the caregiver must **not** receive any further telephone attempts
- If the caregiver does not speak the language(s) in which the survey vendor administers the survey, the interviewer must thank the caregiver for his or her time and terminate the interview

Survey vendors must adhere to the following guidelines in their attempts to contact caregivers:

- Telephone attempts are made at various times of the day, on different days of the week, and in different weeks to maximize the probability that the survey vendor will contact the caregiver

Note: More than one telephone attempt may be made in a week (seven calendar days). However, the five telephone attempts cannot be made in just one week (seven calendar days). The five call attempts must span more than one week (eight or more days) and it is strongly recommended that call attempts also include weekends, to account for caregivers who are temporarily unavailable. Multiple attempts should not be made in one day unless the interviewer received a busy signal, or a callback has been requested.

- Confirm the identity of the caregiver using the full name provided in the decedents/caregivers list prior to disclosing any identifiable information (e.g., decedent name)
- Caregivers who call back after an initial contact can be scheduled for an interview or forwarded to an available interviewer
- Interviewers must **not** leave messages on answering machines or with household members, since this could violate a caregiver's privacy. Survey vendors must instead attempt to re-contact the caregiver to complete the CAHPS Hospice Survey.
- When a caregiver requests to complete a telephone survey already in progress at a later date, a call back should be scheduled. At the time of the call back, the interview should resume with the next question where the caregiver left off from the previous call.
- If on the fifth attempt, the caregiver requests to schedule an appointment to complete the survey, it is permissible to schedule that appointment and call the caregiver back provided that the appointment is within the 49 calendar day survey field period. If on the call back at the scheduled time, no connection is made with the caregiver, then no further contact may be attempted. This additional (sixth) call attempt would be coded as "5 – Fifth Telephone Attempt" in "number-survey-attempts-telephone" for data submission.

Note: The call back must be scheduled at the caregiver's convenience, if at all possible. When requested, survey vendors must schedule a telephone call back that accommodates a caregiver's request for a specific day and time (i.e., between the hours of 9 AM and 9 PM respondent time within the 49 calendar day survey field period), in order to ensure a reasonable response rate for the hospice.

Survey vendors must take the following steps to contact difficult-to-reach caregivers:

- If the caregiver's telephone number is incorrect, make every effort to find the correct telephone number. If the person answering the telephone knows how to reach the caregiver, the new information must be used.
- If the caregiver is away temporarily, he or she must be contacted upon return, provided that it is within the survey field period
 - If it is known that the caregiver may be available in the latter part of the 49 calendar day survey field period (e.g., caregiver is on vacation the first two or three weeks of the 49 calendar day survey field period and there would be an opportunity to reach the caregiver closer to the end of the survey field period), then survey vendors must reserve some of the allowable call attempts for the part of the survey field period for which the caregiver is available
 - If the caregiver will not be available during the survey field period, and no proxy is identified, the caregiver should **not** receive any further telephone attempts and the case should be coded appropriately (8 – Non-response: Refusal)
- If the call is inadvertently dropped and the interview is interrupted, the caregiver should be re-contacted immediately to complete the remainder of the survey. This re-contact does not constitute an additional call attempt.
- If the interviewer reaches a healthcare facility staff member, the interviewer must request to get in touch with the sampled caregiver. Inform the healthcare facility staff member that the survey is part of a national initiative sponsored by Medicare. The results of the survey will help hospices understand what they are doing well and what needs improvement.

If the staff member indicates that the caregiver is unable to complete the survey (e.g., due to mental or physical incapacity), the interviewer should thank the staff member and code the attempt appropriately.

Note: Caregivers, if otherwise eligible, residing in healthcare facilities such as an assisted living facility, long-term care facility, or nursing home are to be included in the CAHPS Hospice Survey sample frame and attempts to contact the caregiver to administer the survey must be made to those decedents/caregivers drawn into the sample.

Note: Healthcare facility telephone numbers cannot be placed on the survey vendor's do-not-call list, even if requested by the healthcare facility staff.

- If the interviewer reaches a number that appears to be a business, the interviewer must request to speak to the caregiver
 - If asked who is calling, the interviewer should respond by providing their name and the survey vendor's name
 - If asked what they are calling about, the interviewer should respond by stating they are working with the hospice and Medicare to conduct a survey about hospice care
 - If speaking with the caregiver who states they are at work and cannot speak, the interviewer should attempt to reschedule the call for a time that is more convenient for the caregiver, or obtain an alternate phone number at which to reach the caregiver

Staff Training

Training of personnel on the CAHPS Hospice Survey data collection protocols is key to successful survey administration. Training of staff must be documented. This documentation must be available for review upon request by the CAHPS Hospice Survey Project Team. The following section addresses training provided to:

- Project staff
- Customer support personnel
- Interviewers
- Subcontractors and any other organizations responsible for major survey administration functions

Training of Project Staff

At a minimum, the survey vendor's Project Manager, subcontractors, and any other organizations responsible for major survey administration functions (e.g., mail/telephone/web operations), if applicable, must participate in all CAHPS Hospice Survey Training sessions sponsored by CMS. Individuals who are involved with and work on any aspect of CAHPS Hospice Survey operations (e.g., account managers, sampling specialists, quality assurance managers, programmers, information technology staff) must be thoroughly trained by the survey vendor on CAHPS Hospice Survey protocols and methodology to guarantee standardization of survey administration. Survey vendors must also provide training to their hospice clients on preparation of the decedents/caregivers lists.

Survey vendors must establish a process for training new project team members on CAHPS Hospice Survey administration in a timely fashion. It is strongly recommended that staff members are cross trained in all aspects of the CAHPS Hospice Survey administration processes in case of unforeseen staffing turnover or absence. Back-up staff for CAHPS Hospice Survey administration responsibilities must be assigned to staff employed by the survey vendor.

Note: Volunteers are not permitted to be involved in any aspect of the CAHPS Hospice Survey administration process.

Training of Customer Support Personnel

Survey vendors must train customer support personnel in CAHPS Hospice Survey protocols and methodology to answer questions appropriately. Survey vendors must periodically (at a minimum on a quarterly basis) assess the reliability and consistency of customer support personnel responses. In addition, questions posed by surveyed caregivers should be reviewed regularly to determine if there is a need to develop additional FAQ. All inquiries received and responses provided through customer support must be documented. This documentation must be available for review upon request by the CAHPS Hospice Survey Project Team.

Training of Interviewers

Properly trained and consistently monitored interviewers ensure that standardized, non-directive interviews are conducted. Interviewers conducting the telephone survey must be trained prior to interviewing (see Appendices F and G for more information on interviewing guidelines). Interviewers must be trained to:

- read questions exactly as worded in the script, use non-directive probes, and maintain a neutral and professional relationship with the caregiver

- The interviewer may use the pronoun appropriate to the decedent’s gender (“he or she” or “him or her”) if the caregiver mentions the decedent’s gender
- During the course of the survey, use of neutral acknowledgment words such as the following is permitted:
 - Thank you
 - Alright
 - Okay
 - I understand, or I see
 - Yes, Ma’am
 - Yes, Sir
- read the script from the telephone screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
- read response options exactly as worded and at an even pace without emphasis on any particular response category
- record responses to survey questions only after the caregiver has responded to the questions; that is, interviewers must not pre-code response choices
 - The interviewer may accept any alternative positive or negative response from the caregiver
 - Interviewers must clarify the caregiver response if accepting alternative positive and/or negative responses (Definitely yes, Probably yes, etc.)
- understand the definition of each disposition code and appropriately assign interim or final call disposition codes, when applicable
- redirect calls to another interviewer when the decedent or caregiver is personally or professionally known to the initial interviewer
- adjust the pace of the CAHPS Hospice Survey interview to be conducive to the needs of the caregiver
- **Distressed Respondent Procedures:**
 - Of critical importance is the need for survey vendors to develop a “distressed respondent protocol,” to be incorporated into all interviewer and customer support personnel training. Handling distressed respondent situations requires a balance between keeping PII and PHI confidential and helping a person who needs assistance. For survey research organizations, best interviewing practices recommend having a distressed respondent protocol in place to balance the respondent’s right to confidentiality and privacy with the need to provide assistance if the situation indicates that the respondent’s health and safety are in jeopardy (e.g. suicide hotline 988, contacting 911).
 - If a respondent requests additional support, the CAHPS Hospice Survey Project Team recommends that survey vendors’ telephone staff put the respondent in contact with the appropriate local resource (generally a bereavement counselor or social worker on the hospice team that provided care to their family member or friend). This potential bereavement support is part of the services covered under the Medicare Hospice Benefit.

Note: If a survey vendor uses a subcontractor(s) or any other organization(s) to conduct telephone interviewing, then the survey vendor is responsible for attending/participating in the subcontractor’s or other organization’s telephone interviewer training to confirm compliance with

CAHPS Hospice Survey protocols and guidelines. Survey vendors must conduct on-site verification of subcontractor's interviewing processes (strongly recommended on an annual basis, at a minimum).

Training of Subcontractors and Any Other Organizations Responsible for Major Survey Administration Functions

Survey vendors are responsible for the training and performance of subcontractors and any other organizations they use. In addition, during survey administration, survey vendors are responsible for providing quality oversight and monitoring of their subcontractor's and/or other organization's work to confirm that they are in compliance with CAHPS Hospice Survey guidelines.

Subcontractors and any other organizations that are responsible for major CAHPS Hospice Survey administration functions (e.g., mail/telephone/web operations) must attend the CAHPS Hospice Survey Training.

Note: Survey vendors are responsible for sampling and data submission; and therefore, must not subcontract these processes.

Monitoring/Recording Telephone Calls

Survey vendors must be aware of and follow applicable state regulations when monitoring and/or recording telephone attempts, including those that permit monitoring/recording of telephone calls only after the interviewer states, "This call may be monitored [and/or recorded] for quality improvement purposes." This statement is found at the end of the INTRO section of the CAHPS Hospice Survey Telephone Script located in Appendix Q and other languages found on the CAHPS Hospice Survey Website.

Telephone Monitoring and Oversight

Survey vendors must employ the following guidelines for proper interviewer training, monitoring, and oversight regardless of whether they are using internal staff, subcontractors, or any other organizations to perform this work. Each survey vendor employing the Telephone Only mode of survey administration must institute a telephone monitoring and evaluation program. Telephone monitoring is not to be conducted from a residence, nor from a virtual office, unless an Exception Request has been submitted and approved by CMS. The telephone monitoring and evaluation program must include, but is not limited to, the following oversight activities:

- Survey vendors must monitor at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all CAHPS Hospice Survey interviews, interviewer survey response coding, dispositions, and call attempts in their entirety (in all languages administered) through silent monitoring of interviewers using the electronic telephone interviewing system software or an alternative system. Silent monitoring capability must include the ability to monitor calls live, both on-site and from remote locations. The call monitoring system must allow for calls to be live monitored beginning at any point of the interview. All staff conducting CAHPS Hospice Survey interviews must be included in the monitoring. Additionally, it is required that survey vendors provide "floor rounding" in their call-center(s) to visually observe and ensure the professionalism of the telephone interviewers.
- Survey vendors using a subcontractor(s) or any other organization(s) must monitor at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of the subcontractor's or other organization's CAHPS Hospice Survey telephone

interviews, interviewer survey response coding, dispositions, and call attempts in their entirety (in all languages administered)) through silent monitoring of interviewers using the electronic telephone interviewing system software or an alternative system. Silent monitoring capability must include the ability to monitor calls live, both on-site and from remote locations. Survey vendors must provide feedback to the subcontractor's or other organization's interviewers about their performance and confirm that the subcontractor's or other organization's interviewers correct any areas that need improvement. Feedback must be provided to interviewers as soon as possible following a monitoring session.

Note: In addition to the survey vendor's monitoring of 10 percent of its subcontractors' or other organizations' interviews, the CAHPS Hospice Survey Project Team also expects that a survey vendor's subcontractor(s) or other organization(s) will conduct internal monitoring of their telephone interviewers as a matter of good business practice. While it is preferred that each organization continue to monitor 10 percent of CAHPS Hospice Survey interviews (for an overall total of 20 percent), it is permissible for the survey vendor and its subcontractor(s) or other organization(s) to conduct a combined total of at least 10 percent monitoring, as long as each organization conducts a portion of the monitoring. Therefore, the survey vendor, its subcontractor(s), and other organization(s) can determine the ratio of monitoring that each organization conducts, as long as the combined total meets or exceeds 10 percent. Please note that CAHPS Hospice Survey interviews monitored concurrently by the survey vendor, its subcontractor(s), and other organization(s) do not contribute separately to each organization's monitoring time.

- Interviewers who are found to be consistently unable to follow the script verbatim, employ proper probes, remain objective and courteous, be clearly understood, or operate the electronic telephone interviewing system competently must be identified and retrained or, if necessary, replaced
- In organizations where interviewers assign interim or final disposition codes, the assignment of codes must be reviewed by a supervisor

Survey vendors **must** retain a record of all quality control activities and document these activities in the survey vendor's QAP. All materials relevant to survey administration are subject to review.

Monitoring and Quality Oversight

Survey vendors must establish a system for providing and documenting quality oversight and monitoring of the CAHPS Hospice Survey administration and project staff, including subcontractors and any other organizations. Quality check activities must be performed by a different staff member than the individual who originally performed the specific project task(s). In addition, survey vendors must:

- Perform and document quality checks of all key events in survey administration including, but not limited to: sample frame creation; sampling procedures; CATI response capture; data submission; back-up systems; etc.
- Perform and document quality checks of electronic programming code periodically, on an annual basis, at a minimum
- Monitor the performance of all staff involved with any aspect of programming, sample frame creation, sampling, processing of response data (from interviewer data entry,

- validation, and edit checking) on an ongoing basis, including conducting on-site verification of processes (strongly recommended on an annual basis, at a minimum)
- Survey vendors must conduct **on-site** verification of printing and mailing processes (strongly recommended on an annual basis, at a minimum) and document the quality check activities conducted during the visit, regardless of whether they are using internal staff, subcontractors, or any other organizations to perform this work.
 - Ensure that staff, subcontractors, and any other organizations are compliant with HIPAA regulations
 - Monitor the performance of subcontractors and any other organizations, including conducting on-site verification of subcontractor processes (strongly recommended on an annual basis, at a minimum) and document the quality check activities conducted during the visit, regardless of whether they are using internal staff, subcontractors, or any other organizations to perform this work
 - Provide performance feedback to all project staff, subcontractors, and any other organizations through regular assessments, including special emphasis placed on the detection and correction of identified performance problems

To avoid mail administration errors and to make certain that prenotification letters are delivered as required, survey vendors must:

- perform interval checking of at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all printed mailing pieces for:
 - fading, smearing and misalignment of printed materials
 - appropriate survey contents, accurate address information, and proper postage on the envelopes
 - assurance that all printed materials in a mailing envelope have the same unique identifier
 - If two-sided printing is used to include an additional language on letters, survey vendors must check to ensure the same identifiers are on both sides of the letter
 - inclusion of all eligible sampled decedents/caregivers in the sample mailing for that month
- include seeded mailings in the mail production runs for prenotification letter mailings at minimum on a quarterly basis
 - Seeded mailings are sent to designated CAHPS Hospice Survey vendor project staff (other than the staff producing the materials) to check for timeliness of delivery, accuracy of addresses, content of the mailing, and quality of the printed materials
 - Quality checks of seeded mailing materials must be documented and retained in a log or database
 - Seeded mailings must be integrated into the hospice's batched prenotification mailing, not sent as a stand-alone mailing to CAHPS Hospice Survey vendor project staff
 - Physical and/or scanned copies of seeded mailings must be retained for a minimum of three years
- perform address updates for missing or incorrect information
 - Attempts must be made to update address information to confirm accuracy and correct formatting
 - It is permissible for survey vendors to request updated information about specific decedents/caregivers, rather than requesting a complete updated list

- In addition to working with client hospices to obtain the most current caregiver contact information, survey vendors must employ other methods, such as the National Change of Address (NCOA) and the United States Postal Service (USPS) Coding Accuracy Support System (CASS) Certified Zip+4 software. Other means are also available to update addresses for accurate mailings, such as:
 - commercial software
 - internet search engines

*Note: If automated processes are being used to perform interval checks, then checks of the system or equipment must be performed regularly. Survey vendors **must** retain a record of all quality control activities and document these activities in the survey vendor's QAP. All materials relevant to survey administration are subject to review.*

The CAHPS Hospice Survey Project Team will conduct site visits to survey vendors, their subcontractors and any other organizations, if applicable, to review survey vendors' operations, monitoring, quality oversight practices, and documentation. As noted earlier, if a survey vendor is non-compliant with program requirements for any of their contracted hospices, the hospice survey data may not be reported.

Safeguarding Decedent/Caregiver Confidentiality

Survey vendors must take the following actions to further protect the confidentiality of decedents/caregivers:

- Prevent unauthorized access to confidential electronic and hard copy information by restricting physical access to confidential data (use locks or password-protected entry systems on rooms, file cabinets, and areas where confidential data are stored)
- Develop a confidentiality agreement which includes language related to HIPAA regulations and the protection of PII, and obtain signatures from all personnel with access to survey information, including staff, subcontractors, and any other organizations, if applicable, involved in survey administration and data collection

Note: Confidentiality agreements must be signed by all personnel upon employment. Confidentiality agreements must be reviewed and re-signed periodically, at the discretion of the survey vendor, but not to exceed more than a three-year period. The CAHPS Hospice Survey Project Team recommends all personnel involved in the CAHPS Hospice Survey review and re-sign confidentiality agreements on an annual basis.

- Execute BAAs in accordance with HIPAA regulations
- Provide HIPAA training to staff prior to providing access to decedent/caregiver PHI and PII
- Confirm that staff, subcontractors, and any other organizations, if applicable, are compliant with HIPAA regulations in regard to decedent/caregiver PHI
- Establish protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.
- Establish protocols for identifying security breaches and instituting corrective actions

Note: It is strongly recommended that the method used by contracted hospices to transmit information (e.g., decedents/caregivers lists) to the survey vendor be reviewed by the hospice's HIPAA/Privacy Officer to confirm compliance with HIPAA regulations. Any materials (e.g., QAP, questionnaires, cover letters, tracking forms) submitted by the survey vendor to the CAHPS Hospice Survey Project Team must be blank templates and must not contain any decedent/caregiver PHI.

Survey vendors must have physical plant resources available to handle the volume of surveys being administered, in addition to systematic processes that effectively track sampled caregivers' progress through the data collection protocol and caregivers' responses to the survey. System resources are subject to oversight activities including site visits to physical locations.

Data Security

Survey vendors must securely store caregiver identifying electronic data and responses to the survey. Survey vendors must take the following actions to secure the data. Survey vendors who were approved for remote operations must ensure that these actions apply to all remote activities.

- Use a firewall, VPN, and/or other mechanisms for preventing unauthorized access to the electronic files
 - Survey vendors must notify the CAHPS Hospice Survey Project Team within 24 hours upon discovery of a data breach that potentially affects CAHPS Hospice Survey administration within their organization or at a client hospice
- Implement access levels and security passwords so that only authorized users have access to sensitive data
- Implement daily data back-up procedures that adequately safeguard system data
- Test back-up files at a minimum on a quarterly basis to make sure the files are easily retrievable and working
- Perform frequent saves to media to minimize data losses in the event of power interruption
- Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster. The plan must be made available to the CAHPS Hospice Survey Project Team upon request.

Data Retention and Storage

Survey vendors must retain all CAHPS Hospice Survey files and survey administration related data collected through an electronic telephone interviewing system in a secure and environmentally controlled location for a minimum of three years, and it must be easily retrievable, when needed. Survey vendors must destroy survey-related data files, including electronic data files in a secure and environmentally safe location and obtain a certificate of the destruction of data.

VIII. Mixed Mode Survey Administration

New for QAG V11.0

New in the Mixed mode Survey Administration Chapter for QAG V11.0:

- The addition of a prenotification letter
- Simplified suggested survey cover letters
- Simplified telephone introduction script
- An extension of the survey field period from 42 calendar days to 49 days
- The revised CAHPS Hospice Survey instrument

Overview

This chapter describes the guidelines for the Mixed mode of the CAHPS Hospice Survey administration. Survey activities are not to be conducted from a residence, nor from a virtual office, unless an Exception Request has been submitted and approved by CMS.

Data collection for sampled decedents/caregivers must be initiated approximately two months following the month of patient death.

The Mixed mode Survey Administration includes the mailing of one prenotification letter, an initial mailing of the questionnaire, and telephone follow-up. The survey mailing must occur two months after the month of patient death within the first seven calendar days of the survey field period.

The prenotification letter must be mailed seven calendar days prior to the survey mailing. Survey vendors must send sampled caregivers the questionnaire with a cover letter within the first seven calendar days of the field period. This is then followed by a maximum of five telephone attempts to non-respondents beginning approximately (but no earlier than) 21 days after mailing the questionnaire.

Mixed Mode Administration		
Phase	Activity	Day
Pre-Field Period	Mail Prenotification Letter	Day -7
Survey Field Period	Mail Survey	Day 1
	Systematic telephone contact with sampled caregivers (Up to 5 telephone attempts)	Days 22-49
	End Data Collection	Day 49

Note: Reversing the protocol (telephone attempts followed by mail attempt) is not allowed.

Data collection must be closed out for a sampled caregiver by seven weeks (49 calendar days) following the mailing of the first survey questionnaire.

- Telephone call attempts are to be made between the hours of 9 AM and 9 PM, respondent time
- If a completed survey is received **on or before** the last day of the survey field period, then the survey is included in the final survey data file and assigned a “Final Survey Status” code

of either “1 – Completed Survey” or “7 – Non-response: Break-off” based on the calculation of percent complete as described in the *Data Coding and Data File Preparation* chapter

- If the completed survey is received **after** the seven week (49 calendar days) survey administration time period, then the survey data are not included in the final survey data file (**however, a Decedent/Caregiver Administrative Record is submitted for this caregiver**) and a “Final Survey Status” code of “9 – Non-response: Non-response after Maximum Attempts” is assigned. (Please note, this would also require a Discrepancy Report to be submitted if the survey was completed by telephone after the seven week (49 calendar days) survey administration time period.)

Vendors must submit data files to the CAHPS Hospice Survey Data Warehouse by the data submission deadline. No files will be accepted after the submission deadline date. See the quarterly data submission deadlines in the *Introduction and Overview* chapter.

Survey vendors must adhere to the following specifications:

- Caregivers who receive the CAHPS Hospice Survey must **not** be offered incentives of any kind
- Survey vendors must make every reasonable effort to achieve optimal survey response rates and to pursue contact with potential respondents until the data collection protocol is completed
- Survey vendors must make every reasonable effort to achieve optimal telephone response rates by thoroughly familiarizing interviewers with the study purpose, carefully supervising interviewers, retraining those interviewers having difficulty enlisting cooperation, and re-contacting reluctant respondents at different times until the final data collection protocol is completed
- If survey administration is not initiated within the first seven days of the month, it may be initiated by the survey vendor from the eighth to the tenth of the month without requesting prior approval from CMS. In this situation, a Discrepancy Report must be submitted to notify CMS of the late survey administration. In addition, the survey vendor must keep documentation regarding why the survey administration was initiated late. After the tenth of the month, approval must be requested from CMS before the survey can be administered and a Discrepancy Report must be submitted if survey administration begins late or does not occur for any month.
- After the sample has been drawn, any decedents/caregivers who are found to be ineligible or incorrectly sampled must **not** be removed or replaced in the sample. Instead, these decedents/caregivers are assigned a “Final Survey Status” code of ineligible (2, 3, 4, 5, 6, or 14, as applicable) or sampling error (16). A Decedent/Caregiver Administrative Record must be submitted for these decedents/caregivers. See the *Data Coding and Data File Preparation* chapter for more information on assigning the “Final Survey Status” codes.
 - If the survey vendor learns that a sampled decedent/caregiver is ineligible for the CAHPS Hospice Survey or has been incorrectly drawn into the sample, the survey vendor must **not** make further attempts to contact that caregiver for the survey
 - In the case of a duplicate or repeat caregiver that was incorrectly drawn into the sample, the correctly sampled caregiver should still receive prenotification letter, the questionnaire, and/or call attempts, up to five total call attempts as necessary

- Caregivers who do not respond to the survey are assigned a “Final Survey Status” code of non-response (7, 8, 9, 10, 11, 12, 13, or 15, as applicable)
- If the caregiver did not return a mail survey and it is known that the caregiver may be available in the latter part of the 28 calendar day telephone component of the field period, and there would be an opportunity to reach the caregiver closer to the end of the telephone component of the field period, then survey vendors must use the entire 28 calendar day telephone component field period to schedule telephone calls
- Should a caregiver call the toll-free number to do the interview by telephone, they cannot complete the interview prior to the start of the telephone follow-up window and should be scheduled for a call back during the telephone data collection time period
- Survey vendors utilizing the Mixed mode of survey administration must keep track of the mode in which each survey was completed (i.e., mail or telephone)
 - If a caregiver returned the CAHPS Hospice Survey mail questionnaire with enough of the questions applicable to all (ATA) decedents/caregivers answered for the survey to be considered a completed survey (based on the calculation of percent complete; for more information see the *Data Coding and Data File Preparation* chapter), then the survey vendor must: 1.) retain documentation in their survey management system that the caregiver completed the survey in the mail phase of the Mixed mode of survey administration; and, 2.) assign the appropriate “Survey Completion Mode” in the administrative record for this decedent/caregiver (see the *Data Coding and Data File Preparation* chapter for more information).
 - If the survey is completed/dispositioned during the telephone phase of the Mixed mode, the “number-survey-attempts-telephone” field in the Decedent/Caregiver Administrative Record captures the telephone attempt in which the final disposition of the survey is determined. This field is required when “survey-mode” in the Hospice Record is “3 – Mixed mode.” More information regarding the survey attempts field is presented in the *Data Coding and Data File Preparation* chapter.
 - If a caregiver completes the CAHPS Hospice Survey via the telephone and a questionnaire is subsequently returned by the caregiver, the survey vendor must use the telephone CAHPS Hospice Survey responses since they were completed first
- Returned mail questionnaires must be tracked by date of receipt and key-entered or scanned in a timely manner
- Survey vendors must record the date of the telephone interview and must link survey responses from the telephone interview to their survey management system, regardless of the interviewing system employed
- Survey vendors must maintain a crosswalk of their interim disposition codes to the CAHPS Hospice Survey “Final Survey Status” codes and include the crosswalk in the survey vendor’s QAP

The basic tasks and timing for conducting the CAHPS Hospice Survey using the Mixed mode of survey administration are summarized below. To reiterate, the mailing of the survey must occur two months after the month of patient death within the first seven calendar days of the survey field period. The prenotification letter must be mailed seven calendar days prior to the mailing of the questionnaire. Data collection then must be completed no later than seven weeks (49 calendar days) after the mailing of the questionnaire. The first telephone attempt must be made in the first seven days of the telephone field period (i.e., from 21 to 28 days after mailing the questionnaire).

If the mail questionnaire is received during the telephone field period, telephone attempts must cease. To illustrate the timing of survey mailing and telephone follow-up, the following example is provided of a patient who died on April 1 while in hospice care.

Example:

- Patient's date of death is April 1
- The prenotification letter is mailed out on June 24 (one week prior to the first survey mailing)
- The survey is mailed out on July 1 (two months after patient's death and within the first seven calendar days of the survey field period)
- If the caregiver has not returned the survey by July 22 (21 days after the initial mailing on July 1) telephone contact must be initiated
- Data collection must be closed out on August 19 for this caregiver, which is seven weeks (49 calendar days) from the July 1 initial mailing date:
 - If a telephone interview is completed **on or before** August 19, which is the last day of the survey field period for this caregiver, then the survey data are included in the final survey data file and assigned a "Final Survey Status" code of either "1 – Completed Survey" or "7 – Non-response: Break-off" based on the calculation of percent complete as described in the *Data Coding and Data File Preparation* chapter
 - If the survey is **mistakenly** completed **after** August 19 (August 20, for example), which is beyond the seven week (49 calendar days) survey field period for this caregiver, then the survey data are not included in the final survey data file (**however, a Decedent/Caregiver Administrative Record is submitted for this caregiver**) and a "Final Survey Status" code of "9 – Non-response: Non-response after Maximum Attempts" is assigned. (Please note, this would also require a Discrepancy Report to be submitted if the survey was completed by telephone after the seven week (49 calendar days) survey administration time period.)

Mail Protocol

This section describes the guidelines for the mail phase of the Mixed mode of survey administration.

Production of Questionnaire and Related Materials

The mail phase of the Mixed mode of survey administration can be conducted in English, Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, and Korean. Survey vendors are provided with the CAHPS Hospice Survey questionnaires and prenotification and cover letters in these languages. Survey vendors are not permitted to make or use any other translations of the CAHPS Hospice Survey cover letter or questionnaire.

Note: We strongly encourage hospices with a significant caregiver population that speaks one of these languages to offer the CAHPS Hospice Survey in the applicable language. Hospices that serve patient populations that speak languages other than those noted are encouraged to request CMS to create an official translation of the CAHPS Hospice Survey in those languages.

Review of Survey Materials

Survey vendors **must** submit a sample of their CAHPS Hospice Survey mailing materials (i.e., questionnaires, letters, and outgoing/return envelopes) by the specified due date for review by the CAHPS Hospice Survey Project Team. This due date will be announced during the CAHPS Hospice Survey Training session and posted on the CAHPS Hospice Survey Website (www.hospicecahpsurvey.org).

Prenotification and Survey Cover Letter

Survey vendors are strongly encouraged to use the text in the body of the sample prenotification and survey cover letter (see Appendices O and P and on the CAHPS Hospice Survey website for other approved languages). Survey vendors must follow the guidelines described below when altering the cover letter templates provided in this manual.

Required for All Letters

- Letters 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
 - An electronic signature is permissible
- English must be the default language in the continental U.S. and Spanish must be the default language in Puerto Rico
 - Use of the Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean letters is required if the survey vendor is sending a Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean questionnaire to the caregiver
- The following items must be included in the body of all letters:
 - Name and address of the sampled caregiver (“To Whom It May Concern” and “To the caregiver of [Decedent Name]” are **not** acceptable salutations)
 - Name of the decedent

Note: There may be instances in which a decedent and caregiver have the same name. Quality control activities must be implemented to ensure the names on the cover letter for the decedent and caregiver are correct.

- The hospice name, in order to make certain that the caregiver completes the survey based on the care received from that hospice only
- A toll-free customer support telephone number for the survey vendor:
 - Customer support must be offered in all languages in which the survey vendor administers the survey
 - Survey vendors must be ready to support calls from the deaf or the hearing impaired such as: teletypewriter (TTY, also known as a TDD) or Relay Service

Note: Survey vendors are permitted to revise the toll-free number statement to include the name of the survey vendor. For example: If you have any questions about the enclosed survey, please call [SURVEY VENDOR NAME] at the toll-free number 1-800-xxx-xxxx.

- The following text must be included in the body of all letters:
 - “If you’d like to see how your responses will be used, hospice ratings are posted online on Medicare’s Care Compare website.”

- Letters must **not**:
 - attempt to bias, influence, or encourage caregivers to answer 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 CAHPS Hospice Survey questions in a particular way
 - ask or imply that caregivers should choose certain responses; indicate that the hospice is hoping for a given response, such as a “10,” “Definitely yes” or an “Always”
 - indicate that the hospice’s goal is for all caregivers to rate them as a “10,” “Definitely yes,” or an “Always”
 - 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

Optional for All Letters

- May be double sided (English/Spanish, English/Chinese, English/Russian, English/Portuguese, English/Vietnamese, English/Polish, or English/Korean)
- May include the specific hospice inpatient unit, acute care hospital, or nursing home facility in which their family member or friend resided
- A bereavement customer support number (i.e., hospice bereavement contact number) may appear
- A customer support email address for the survey vendor may be included

Additional Requirements for the Prenotification Letter

- The following items must be included in the body of the prenotification letter:
 - Language indicating that the caregiver will receive a survey about the decedent’s hospice care
 - Wording stating: “Your knowledge and experiences will help improve hospice care and help others select a hospice.”

Additional Requirements for the Survey Cover Letter

- The following items must be included in the body of the survey cover letter:
 - Language indicating that answers may be shared with the hospice for the purposes of quality improvement
 - An explanation that participation in the survey is voluntary
 - Wording stating: “Medicare uses your responses to this survey to improve hospice care and help others select a hospice.”
- The OMB Paperwork Reduction Act language (located in Appendix P and on the CAHPS Hospice Survey website for other approved languages) **must** appear on either the questionnaire or cover letter, and may appear on both, in a readable font (e.g., Arial) at a minimum of 10-point
- The survey cover letter must **not** be attached to the survey; doing so could compromise confidentiality

Optional for the Survey Cover Letter

- Information may be added to the cover letter that indicates that the caregiver may request a mail survey in English, Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean
- Language stating that the survey should be given to the person in the household who knows the most about the hospice care received by the decedent
- Survey vendor's return address may be included on the cover letter to make sure that the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the caregiver. If the survey vendor's name is included in the return address, then the survey vendor's 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
 - The 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.”) may be printed on the cover letter

Required for the Envelopes

- The envelope in which the prenotification letter or survey is mailed must be printed with the survey vendor's address as the return address
- All envelopes must be in a readable font (e.g., Arial) in a font size of 10-point or larger
- A self-addressed, stamped business return envelope must be enclosed in the survey envelope along with the cover letter and questionnaire

Optional for the Envelopes

- The outgoing envelope may be printed with the banner, “Important – Open Immediately.” No other banners may be used.
 - Other messages, marketing, or promotional text such as, “Survey Enclosed,” “Important Information from the Centers for Medicare & Medicaid Services Enclosed,” or “We always strive to provide excellent service” on either side (front or back) are not permitted
- The envelope should be printed with the survey vendor logo, the hospice logo, or both
- Survey vendors may use window envelopes as a quality measure to ensure that each sampled caregiver's survey package is mailed to the address of record for that caregiver

Required for the Mail Questionnaire

The CAHPS Hospice Survey Core questions (Q1 – Q31) must be placed at the beginning of the survey and all the Core questions must remain together. The “About Your Family Member” and “About You” questions must be placed after the Core questions and cannot be eliminated from the questionnaire. The “About You” questions must follow the “About Your Family Member” questions.

Survey vendors must adhere to the following specifications for the production of mail materials:

- Question and answer category wording must **not** be changed
- No changes are permitted in the order of the Core questions (Q1 – Q31)
- No changes are permitted in the order of the “About Your Family Member” questions
- No changes are permitted in the order of the “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
- Each question and answer categories must remain together in the same column and on the same page
- Response options must be listed vertically (see examples in Appendix P and on the CAHPS Hospice Survey website for other approved languages). Response options that are listed horizontally or in a combined vertical and horizontal format are not allowed. No matrix formats are permitted for question and answer categories.
- Dates are not permitted to be included on the questionnaire or the cover letters (e.g., print date, mail date)

Formatting

- Wording that is **bolded** or underlined in the questionnaire provided in the CAHPS Hospice Survey *Quality Assurance Guidelines* manual must be emphasized in the same manner in the survey vendor’s questionnaire
- Arrow (i.e., ➔) placement in the questionnaire instructions and answer categories that specifies skip patterns must not be changed
- Section headings (e.g., “**Your Family Member’s Hospice Care**”) must be included on the questionnaire and must be bolded, including the headings on the cover page
- Response options on the questionnaire may be incorporated as circles, ovals, or squares with no mixing of the characters within the questionnaire
- Survey materials must be in a readable font (e.g., Arial) in a font size of 10-point or larger

Other Requirements

- The cover of the questionnaire must include the name of the hospice
- Language must be included in the questionnaire clearly stating that the survey should be given to the person in the household who knows the most about the hospice care received by the decedent
- All survey content, including headers, instructions, questions, and answer categories, must be printed verbatim and in the same order as shown on the questionnaires provided by CMS
- Randomly generated, unique identifiers must be placed on the first or last page of the questionnaire, at a minimum. Survey vendors may add other identifiers on the questionnaire for tracking purposes (e.g., unit identifiers).
- Neither the decedent’s nor the caregiver’s name may be printed on the questionnaire
- The 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 immediately after the survey instructions on the questionnaire and may also appear on the cover letter
- The copyright statement below must be included on the questionnaire, preferably on the last page, in a readable font size at a minimum of 10-point (see Appendix P and on the CAHPS Hospice Survey website for other approved languages for the exact text)
- The survey vendor’s return address must be printed on the last page of the questionnaire to make sure that the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the caregiver
- If the survey vendor’s name is included in the return address, then the survey vendor’s business name must be used, not an alias or tag line

- The OMB Paperwork Reduction Act language (located in Appendix P and on the CAHPS Hospice Survey website for other approved languages) **must** appear on either the questionnaire or cover letter, and may appear on both, in a readable font (e.g., Arial) at a minimum of 10-point. The OMB language cannot be printed on a separate piece of paper. In addition, the OMB control number (OMB#XXXX-XXXX) and expiration date (Expires TBD) **must** appear on the front page of the questionnaire.

Optional for the Mail Questionnaire

Survey vendors have some flexibility in formatting the CAHPS Hospice Survey questionnaire by following the guidelines described below:

- Small coding numbers, preferably in superscript, may be included next to the response choices on the questionnaire
- Hospice logos may be included on the questionnaire; however, other images and tag lines are not permitted
- The phrase “Use only blue or black ink” may be printed on the questionnaire
- The name of the hospice may be printed on the questionnaire in Questions 2, 4, and 30, as indicated below
 - Question 2 – “In what locations did your family member receive care from [ABC Hospice]?”
 - Above Question 4 – “For the rest of the questions, please think only about your family member's experience with [ABC Hospice].”
 - Question 30 – “Please answer the following questions about your family member’s care from [ABC Hospice]. Do not include care from other hospices in your answers.”
- Page numbers may be included on the questionnaire
- Color may be incorporated in the questionnaire
- In addition to the name of the hospice (required), the cover of the questionnaire if applicable, may include the specific hospice inpatient unit, acute care hospital, or nursing home facility in which their family member or friend resided
- Language such as one of the following may be added to the bottom of each page of the survey:
 - Continue on next page
 - Continue on reverse side
 - Turn over to continue
 - ➔ to continue
 - Continue on back
 - Turn over

Survey vendors should consider incorporating the following recommendations in formatting the CAHPS Hospice Survey questionnaire to increase the likelihood of receiving a returned survey:

- Two-column format that is used in Appendix P and on the CAHPS Hospice Survey website for other approved languages
- Wide margins (at least 3/4 inch) so that the survey has sufficient white space to enhance its readability

Supplemental Questions

Survey vendors may add up to 15 hospice-specific supplemental questions to the CAHPS Hospice Survey following the guidelines described below (see Appendix M for examples of acceptable supplemental questions):

- For Mixed mode, the same survey questions added to the mail survey for a given hospice **must** be added to the telephone CATI script
- Hospice-specific supplemental questions can be added immediately after the Core questions (Q1 – Q31) or at the end of all the CAHPS Hospice Survey questions (Q1 – Q39)
 - When supplemental questions are placed in between the Core questions and the “About Your Family Member” questions, the “About Your Family Member” heading must still be placed prior to those questions
- Phrases **must** be added to indicate a transition from the CAHPS Hospice Survey questions to the hospice-specific supplemental questions, regardless of whether the supplemental questions are placed between the Core questions and the “About Your Family Member” questions and/or after the “About You” questions. Examples of transitional phrases are as follows:
 - “Now we would like to gather some additional details on topics we have asked you about before. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics.”
 - “The following questions focus on additional care your family member may have received from [ABC Hospice].”
 - “This next set of questions is to provide the hospice additional feedback about your family member’s hospice care.”
- Supplemental questions should be integrated into the CAHPS Hospice Survey and not be a separate insert
 - If the supplemental questions are printed on a separate sheet, then they must be included as the last page of the materials

Survey vendors must avoid hospice-specific supplemental questions that:

- pose a burden to the caregiver (e.g., length, and complexity of supplemental questions)
- are worded very similarly to the CAHPS Hospice Survey Core questions
- may cause the caregiver to terminate the survey (e.g., items that ask about sensitive medical, health, or personal topics)
- ask the caregiver to explain why he or she chose a specific response; for example, it is not acceptable to ask caregivers why they indicated that they would not recommend the hospice to friends and family
- request the use of the caregiver comments and/or responses as testimonials or for marketing purposes

Note: A hospice cannot use any comments, even if they are anonymous, as testimonials or for marketing purposes.

The number of supplemental questions added is left to the discretion of the survey vendor (up to 15 hospice-specific supplemental questions). The survey vendor must submit the maximum number of supplemental survey items included in the survey in the “supplemental-question-count” element in the Decedent/Caregiver Administrative Record for each survey (see Appendix E).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

Note: Any variations to the survey materials, other than the optional items listed above, will require an approved Exception Request prior to survey administration (see the Exception Request Process chapter).

Mailing of Materials

Survey vendors must mail materials following the guidelines described below:

- Attempts must be made to contact every survey-eligible decedent/caregiver drawn into the sample, whether or not they have a complete mailing address
- Survey vendors must use commercial software or other means to update addresses provided by the hospice for sampled decedents/caregivers. (Mailings returned as undeliverable and for which no updated address is available must be sent to the telephone portion of Mixed mode.) Survey vendors must retain a record of attempts made to acquire missing addresses. All materials relevant to survey administration are subject to review.
- Survey vendors have flexibility in not sending prenotification letters and mail surveys to caregivers without mailing addresses, such as the homeless. However, survey vendors must re-contact the hospice client to inquire about an address update for caregivers with no mailing address. It is permissible for survey vendors to request updated information about specific decedents/caregivers, rather than requesting a complete updated list. These decedent/caregiver cases must not be removed or replaced in the sample.

Note: It is strongly recommended that survey vendors check the accuracy of sampled caregivers' contact information prior to survey fielding by performing a check on several of the sampled caregivers to ensure that the name corresponds to the address provided by the hospice.

- The CAHPS Hospice Survey cannot be administered without both a cover letter and self-addressed, stamped business return envelope
- All mailings must be sent to each caregiver by name, and to the caregiver's most current address listed in the hospice record or retrieved by other means
- For caregivers who request to be sent an additional questionnaire, survey vendors must follow the guidelines below:
 - It is acceptable to mail a replacement survey at the caregiver's request within the first 21 calendar days of the 49 calendar day survey field period; however, the survey administration timeline does not restart
 - After 21 calendar days from the mailing, a replacement CAHPS Hospice Survey must **not** be mailed out, as the telephone portion of the Mixed mode protocol must be initiated

Hospices and survey vendors are **not** allowed to:

- show or provide the CAHPS Hospice Survey, prenotification letter, or cover letter to patients or caregivers prior to the administration of the survey, including while the patient is still under hospice care

- mail or distribute any letters, including the approved CAHPS Hospice Survey prenotification letter that is part of the survey administration protocol, or postcards after patient death to inform caregivers about the CAHPS Hospice Survey other than the Informational Flyer (Appendix N) which can be provided in a bereavement package

Note: In instances where returned mail surveys have all missing responses (i.e., without any questions answered – blank questionnaire), and there is no indication that the case is a refusal, ineligible, or otherwise final, initiate telephone contact after 21-28 days of mailing the questionnaire.

It is strongly recommended that the mailing be sent with first class postage or indicia to ensure delivery in a timely manner and to maximize response rates, as first class mail is more likely to be opened.

Key-entry and Scanning

Survey vendors may use key-entry or scanning to record returned survey data in their data collection systems.

Survey vendors' key-entry processes and/or scanning software must incorporate the following features:

- *Unique record verification system:* The survey management system performs a check to verify that the caregiver's survey responses have not already been entered in the survey management system
- *Valid range checks:* The data entry system or software identifies responses/entries that are invalid or out-of-range
- *Validation:* Survey vendors must have a plan and process in place to verify/confirm the accuracy of key-entered or scanned data. Survey vendors must confirm that key-entered or scanned data accurately capture the responses on the original survey.
 - For key-entry, data from each survey must be key-entered independently by at least two staff members, and a different staff member (preferably the data entry supervisor) must reconcile any discrepancies
 - For scanned data, a staff member must reconcile any responses not recognized by the scanning software

Survey vendors must follow the data entry decision rules and data storage requirements described below.

Decision Rules

Whether employing scanning or key-entry of mail questionnaires, survey vendors must use the following decision rules to resolve common ambiguous situations. Survey vendors must follow these guidelines to ensure standardization of data entry across hospices.

- If a mark falls between two response options but is obviously closer to one than the other, then select the choice to which the mark is closest
- If a mark falls equidistant between two response options, then code the value for the item as "M – Missing/Don't Know"

- If a mark is missing, code the value for the item as “M – Missing/Don’t Know.” Survey vendors must **not** impute a response (see *Data Coding and Data File Preparation* chapter for information on coding skip pattern questions).
- If a line is drawn through one response option, then select the choice without the line, as the intent is clear
- For other than multi-mark questions, when more than one response option is marked, code the value as “M – Missing/Don’t Know”

*Note: In instances where there are multiple marks, **but** the caregiver’s intent is clear, survey vendors should code the survey with the caregiver’s **clearly identified** intended response.*

- For CAHPS Hospice Survey multi-mark questions, the following guidelines should be followed:
 - Question 2, “*In what locations did your family member receive care from this hospice? Please choose one or more.*” For Question 2, enter responses for all of the categories that the respondent has selected.
 - Question 34, “*What was your family member’s race? Please choose one or more.*” For Question 34, enter responses for all of the categories that the respondent has selected. If the respondent writes Caucasian code as “5 – White.”

Note: The decision on whether to key the responses to open-ended survey items, specifically, the “Other” in Question 1 (response option 9) and Question 2 (response option 6), and “Some other language” (response option 9) in Question 39, is up to each survey vendor. Survey vendors must not include responses to open-ended survey items on the data files submitted to the CAHPS Hospice Survey Data Warehouse. However, CMS encourages survey vendors to review the open-ended entries so that they can provide feedback to the CAHPS Hospice Survey Project Team about adding additional preprinted response options to these survey items, if needed.

Telephone Protocol

If the mail questionnaire has not been returned within 21 calendar days following the mailing to sampled caregivers and there is no indication that the case is a refusal, ineligible, or otherwise final, survey vendors must follow the CAHPS Hospice Survey telephone survey protocol. This section describes guidelines for the telephone phase of the Mixed mode of survey administration. Survey vendors must conduct a maximum of five telephone attempts to non-respondents from the questionnaire mailing. The first telephone attempt must be made in the first seven days of the telephone field period (i.e., from 21 to 28 days after mailing the questionnaire).

Telephone Interviewing Systems

Telephone Script

Telephone data collection is permitted in English, Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, and Korean. Survey vendors are provided standardized telephone scripts in these languages for CAHPS Hospice Survey administration. English must be the default language in the continental U.S. and Spanish must be the default language in Puerto Rico. Survey vendors are not permitted to make or use any other language translations of the CAHPS Hospice Survey telephone scripts.

Survey vendors must submit a copy of its CAHPS Hospice Survey telephone script and interviewer CATI screenshots (including skip pattern logic) by the specified due date for review by the CAHPS Hospice Survey Project Team. The due date for survey vendors to submit samples of their CAHPS Hospice Survey telephone materials will be announced during the CAHPS Hospice Survey Training session and posted on the CAHPS Hospice Survey Website (www.hospicecahpsurvey.org).

Required for the Telephone Script

The CAHPS Hospice Survey Core questions (Q1 – Q31) must be placed at the beginning of the survey. The order of the Core questions must **not** be altered, and all the Core questions must remain together. The “About Your Family Member” and “About You” questions must be placed after the Core questions and cannot be eliminated from the questionnaire. The “About You” questions must follow the “About Your Family Member” questions.

Programming of the telephone scripts must follow the guidelines described below:

- Question and answer category wording must **not** be changed
- No changes are permitted in the order of the Core questions (Q1 – Q31)
- No changes are permitted in the order of the “About Your Family Member” questions
- No changes are permitted in the order of the “About You” questions
- No changes are permitted in the order of the answer categories for the Core, “About Your Family Member,” or “About You” questions
- All underlined content must be emphasized
 - No other script content is to be emphasized; in particular, response options must be read at the same even pace without any additional emphasis on any particular response category

*Note: It is **not** permissible to substitute **capital letters** for the text underlined in the telephone script, as text that appears in uppercase letters throughout the CATI script must **not** be read out loud. Survey vendors are permitted to indicate emphasis of underlined text in a different manner if their CATI system does not permit underlining, such as placing quotes (“”) or asterisks (**) around the text to be emphasized or italicizing the emphasized words.*

- All punctuation for the question and answer categories provided in the official Telephone Survey scripts (Appendix Q and other languages found on the CAHPS Hospice Survey Website) must be programmed
- Only one language may appear on the electronic interviewing system screen
- The survey vendor is responsible for programming the script(s) and specifications into their electronic telephone interviewing system software
 - The transitional statements found throughout the telephone script are part of the structured script and must be read. An example of a transitional phrase that must be read can be found before Question 30 (Q30 Intro): “Please answer the following questions about [ABC Hospice]. Do not include care from other hospices in your answers.”
 - Do not program a specific response category as the default option
 - All probes located throughout the telephone script must be included on the CATI screen

Note: Any variations to the survey materials, other than the optional items listed above, will require an approved Exception Request prior to survey administration (see the Exception Request Process chapter).

Supplemental Questions

Survey vendors may add up to 15 hospice-specific supplemental questions to the CAHPS Hospice Survey, following the guidelines described below (see Appendix M for examples of acceptable supplemental questions):

- For Mixed mode, the same supplemental questions added to the mail survey for a given hospice **must** be added to the telephone CATI script
- Hospice-specific supplemental questions can be added immediately after the CAHPS Hospice Survey Core questions (Q1 – Q31) or at the end of all the CAHPS Hospice Survey questions (Q1 – Q39)
- Phrases **must** be added to indicate a transition from the CAHPS Hospice Survey questions to the hospice-specific supplemental questions, regardless of whether the supplemental questions are placed between the Core questions and the “About Your Family Member” questions and/or after the “About You” questions. Examples of transitional phrases are as follows:
 - “Now we would like to gather some additional details on topics we have asked you about before. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics.”
 - “The following questions focus on additional care your family member may have received from [ABC Hospice].”
 - “This next set of questions is to provide the hospice additional feedback about your family member’s hospice care.”

Survey vendors must avoid hospice-specific supplemental questions that:

- pose a burden to the respondent (e.g., number, length, and complexity of supplemental questions)
- are worded very similarly to the CAHPS Hospice Survey Core questions
- may cause the caregiver to terminate the survey (e.g., items that ask about sensitive medical, health, or personal topics)
- ask the caregiver to explain why he or she chose a specific response; for example, it is not acceptable to ask caregivers why they indicated that they would not recommend the hospice to friends and family
- request the use of the caregiver comments and/or responses as testimonials or for marketing purposes

Note: A hospice cannot use any comments, even if they are anonymous, as testimonials or for marketing purposes.

The number of supplemental questions added is left to the discretion of the survey vendor (up to 15 hospice-specific supplemental questions). The survey vendor must submit the maximum number of supplemental survey items included in the survey in the “supplemental-question-count” element in the Decedent/Caregiver Administrative Record for each survey (see Appendix E).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

Interviewing Systems

Telephone data collection must be conducted using CATI and live interviewers. The CATI system employed by survey vendors must be electronically linked to their survey management system to enable responses obtained from the electronic telephone interviewing system to be automatically added to the survey management system. Paper surveys administered by telephone and the use of touch-tone or speech enabled IVR are not acceptable. An electronic telephone interviewing system uses standardized scripts and design specifications. The survey vendor is responsible for programming the scripts and specifications into their electronic telephone interviewing software. Regardless of caregiver response, the interviewer must record all responses from the telephone interview.

- Survey administration must be conducted in accordance with the TCPA regulations
 - Cell phone numbers must be identified so that CATI systems with auto dialers do not call cell phone numbers without the permission of the respondent. Survey vendors may identify cell phone numbers through a commercial database and hospices may identify cell phone numbers upon patient admission.
 - Predictive dialing may be used as long as there is a live interviewer to interact with the caregiver, and the system is compliant with FTC and FCC regulations
- Survey vendors may program the caller ID to display “on behalf of [HOSPICE NAME],” with the permission and compliance of the hospice’s HIPAA/Privacy Officer. Survey vendors must not program the caller ID to display only “[HOSPICE NAME].”

Obtaining and Updating Telephone Numbers

Survey vendors normally obtain telephone numbers from the hospice’s records. Survey vendors must use commercial software or other means to update telephone numbers provided by the hospice for sampled caregivers when they have been determined to be missing or incorrect. Requisite attempts must be made to contact every non-respondent to the mail survey, whether or not there is a complete and correct telephone number for the caregiver when the sample is created. Survey vendors must retain a record of attempts to acquire missing telephone numbers. All materials relevant to survey administration are subject to review.

Survey vendors must attempt to obtain updated telephone numbers through commercial locating services, internet, or other means. To obtain the most current caregiver contact information, including telephone numbers, survey vendors must:

- Utilize commercial software, internet directories, and/or directory assistance
- Run update program software against the sample file just before or after uploading data to survey management systems

In addition, if telephone numbers are missing from the hospice file, survey vendors must contact the hospice to request missing telephone numbers. If contacting the hospice to request updated contact information, it is permissible for survey vendors to request updated information about specific decedents/caregivers, rather than requesting a complete updated list.

Note: It is strongly recommended that survey vendors check the accuracy of sampled caregivers' contact information prior to survey fielding.

Telephone Attempts

Survey vendors must attempt to reach each non-respondent to the mail survey. It is strongly recommended that survey vendors use both the primary (Caregiver Telephone Number 1) and secondary (Caregiver Telephone Number 2) numbers provided by the hospice. If the first telephone number is found to be bad/non-working, then the second telephone number should be used. It is up to the survey vendors' discretion to determine the number of attempts made to each telephone number; however, no more than a total of five call attempts can be made to a sampled caregiver.

Telephone call attempts are to be made between the hours of 9 AM and 9 PM respondent time. Repeated attempts must be made until the caregiver is contacted, found ineligible, or five attempts have been made. After five attempts to contact the caregiver have been made, no further attempts are to be made. A telephone attempt is defined as one of the following:

- The telephone rings six times with no answer
- The interviewer reaches a wrong number
- An answering machine/voicemail is reached. In this case the interviewer must not leave a message.
- The interviewer reaches a household member or a business and is told that the caregiver is not available to come to the telephone or has a new telephone number. The interviewer must **not** leave a message.
- The interviewer reaches the caregiver and is asked to call back at a more convenient time
 - The call back must be scheduled at the caregiver's convenience, if at all possible. When requested, survey vendors must schedule a telephone call back that accommodates a caregiver's request for a specific day and time (i.e., between the hours of 9 AM and 9 PM respondent time within the 49 calendar day survey field period). If survey vendors schedule a specific time to call back the caregiver, then an attempt to reach the caregiver **must** be made at the scheduled time.
- The interviewer gets a busy signal
 - At the discretion of the survey vendor a single telephone attempt can consist of three consecutive busy signals obtained at approximately 20-minute intervals
- The interviewer reaches a "screening" number (e.g., privacy screen, privacy manager, phone intercept, or blocked call)
 - Survey vendors count this as one telephone attempt and continue to make additional attempts (up to five) to reach the caregiver before dispositioning the call as "9 – Non-response: Non-response after maximum attempts"
- The interviewer reaches a disconnected number

If, during a telephone attempt, the sampled caregiver indicates that someone **within the household** is more knowledgeable about the hospice care that the decedent received, the more knowledgeable person may be a proxy respondent. If a sampled caregiver indicates that he or she never oversaw, was not involved in, or is not knowledgeable about the hospice care provided to the decedent, interviewers may ask if someone else **in the household** is knowledgeable about the decedent's hospice care. If such a person exists, he or she may be a proxy respondent. **Interviewers must not**

accept individuals outside of the sampled caregiver’s household as proxy respondents. Should no knowledgeable individual be identified within the household, the decedent/caregiver case must be coded as ineligible using code “6 – Ineligible: Never Involved in Decedent Care.”

Sampled caregivers are to be called up to five times unless the sampled caregiver (or an eligible proxy caregiver) completes the survey, is found to be ineligible, or explicitly refuses to complete the survey (or if someone refuses on behalf of the caregiver).

- If the survey vendor learns that a decedent/caregiver is ineligible for the CAHPS Hospice Survey, the caregiver must **not** receive any further telephone attempts
- If the caregiver does not speak the language(s) in which the survey vendor administers the survey, the interviewer must thank the caregiver for his or her time and terminate the interview
- If the caregiver’s mail survey is received by the survey vendor after calling begins, the caregiver must not receive any further telephone attempts

Survey vendors must adhere to the following guidelines in their attempts to contact caregivers:

- Telephone attempts are made at various times of the day, on different days of the week and in different weeks to maximize the probability that the survey vendor will contact the caregiver

Note: More than one telephone attempt may be made in a week (seven calendar days). However, the five telephone attempts cannot be made in just one week (seven calendar days). The five call attempts must span more than one week (eight or more days) and it is strongly recommended that call attempts also include weekends, to account for caregivers who are temporarily unavailable. Multiple attempts should not be made in one day unless the interviewer received a busy signal, or a callback has been requested.

- Confirm the identity of the caregiver using the full name provided in the decedents/caregivers list prior to disclosing any identifiable information (e.g., decedent name)
- Caregivers who call back after an initial contact can be scheduled for an interview or forwarded to an available interviewer
- Interviewers must **not** leave messages on answering machines or with household members, since this could violate a caregiver’s privacy. Survey vendors must instead attempt to re-contact the caregiver to complete the CAHPS Hospice Survey.
- When a caregiver requests to complete a telephone survey already in progress at a later date, a call back should be scheduled. At the time of the call back, the interview should resume with the next question where the caregiver left off from the previous call.
- If on the fifth attempt, the caregiver requests to schedule an appointment to complete the survey, it is permissible to schedule that appointment and call the caregiver back provided that the appointment is within the 49 calendar day survey field period. If on the call back at the scheduled time, no connection is made with the caregiver, then no further contact may be attempted. This additional (sixth) call attempt would be coded as “5 – Fifth Telephone Attempt” in “number-survey-attempts-telephone” for data submission.

Note: The call back must be scheduled at the caregiver's convenience, if at all possible. When requested, survey vendors must schedule a telephone call back that accommodates a caregiver's request for a specific day and time (i.e., between the hours of 9 AM and 9 PM respondent time within the 49 calendar day survey field period), in order to ensure a reasonable response rate for the hospice.

Survey vendors must take the following steps to contact difficult-to-reach caregivers:

- If the caregiver's telephone number is incorrect, make every effort to find the correct telephone number. If the person answering the telephone knows how to reach the caregiver, the new information must be used.
- If the caregiver is away temporarily, he or she must be contacted upon return, provided that it is within the survey field period
 - If it is known that the caregiver may be available in the latter part of the 49 calendar day survey field period (e.g., caregiver is on vacation the first two or three weeks of the 49 calendar day survey field period and there would be an opportunity to reach the caregiver closer to the end of the data collection time period), then survey vendors must reserve some of the allowable call attempts for the part of the survey field period for which the caregiver is available
 - If the caregiver will not be available during the survey field period, and no proxy is identified, the caregiver should **not** receive any further telephone attempts and the case should be coded appropriately (8 – Non-response: Refusal)
- If the call is inadvertently dropped and the interview is interrupted, the caregiver should be re-contacted immediately to complete the remainder of the survey. This re-contact does not constitute an additional call attempt.
- If the interviewer reaches a healthcare facility staff member, the interviewer must request to get in touch with the sampled caregiver. Inform the healthcare facility staff member that the survey is part of a national initiative sponsored by Medicare. The results of the survey will help hospices understand what they are doing well and what needs improvement.

If the staff member indicates that the caregiver is unable to complete the survey (e.g., due to mental or physical incapacity), the interviewer should thank the staff member and code the attempt appropriately.

Note: Caregivers, if otherwise eligible, residing in healthcare facilities such as an assisted living facility, long-term care facility, or nursing home are to be included in the CAHPS Hospice Survey sample frame and attempts to contact the caregiver to administer the survey must be made to those decedents/caregivers drawn into the sample.

Note: Healthcare facility telephone numbers cannot be placed on the survey vendor's do-not-call list, even if requested by the healthcare facility staff.

- If the interviewer reaches a number that appears to be a business, the interviewer must request to speak to the caregiver.
 - If asked who is calling, the interviewer should respond by providing their name and the survey vendor's name

- If asked what they are calling about, the interviewer should respond by stating they are working with the hospice and Medicare to conduct a survey about hospice care
- If speaking with the caregiver who states they are at work and cannot speak, the interviewer should attempt to reschedule the call for a time that is more convenient for the caregiver, or obtain an alternate phone number at which to reach the caregiver

Staff Training

Training of personnel on the CAHPS Hospice Survey data collection protocols is key to successful survey administration. Training of staff must be documented. This documentation must be available for review upon request by the CAHPS Hospice Survey Project Team. The following section addresses training provided to:

- Project staff
- Customer support personnel
- Mail data entry personnel
- Interviewers
- Subcontractors and any other organizations responsible for major survey administration functions

Training of Project Staff

At a minimum, the survey vendor's Project Manager, subcontractors, and any other organizations responsible for major survey administration functions (e.g., mail/telephone/web operations), if applicable, must participate in all CAHPS Hospice Survey Training sessions sponsored by CMS. Individuals who are involved with and work on any aspect of CAHPS Hospice Survey operations (e.g., account managers, sampling specialists, quality assurance managers, programmers, information technology staff) must be thoroughly trained by the survey vendor on CAHPS Hospice Survey protocols and methodology to guarantee standardization of survey administration. Survey vendors must also provide training to their hospice clients on preparation of the decedents/caregivers lists.

Survey vendors must establish a process for training new project team members on CAHPS Hospice Survey administration in a timely fashion. It is strongly recommended that staff members are cross trained in all aspects of the CAHPS Hospice Survey administration processes in case of unforeseen staffing turnover or absence. Back-up staff for CAHPS Hospice Survey administration responsibilities must be assigned to staff employed by the survey vendor.

Note: Volunteers are not permitted to be involved in any aspect of the CAHPS Hospice Survey administration process.

Training of Customer Support Personnel

Survey vendors must train customer support personnel in CAHPS Hospice Survey protocols and methodology to answer questions appropriately. Survey vendors must periodically (at a minimum on a quarterly basis) assess the reliability and consistency of customer support personnel responses. In addition, questions posed by surveyed caregivers should be reviewed regularly to determine if there is a need to develop additional FAQ. All inquiries received and responses provided through customer support must be documented. This documentation must be available for review upon request by the CAHPS Hospice Survey Project Team.

➤ **Distressed Respondent Procedures:**

- Of critical importance is the need for survey vendors to develop a “distressed respondent protocol” to be incorporated into all interviewer and customer support personnel training. Handling distressed respondent situations requires a balance between keeping PII and PHI confidential and helping a person who needs assistance. For survey research organizations, best interviewing practices recommend having a distressed respondent protocol in place to balance the respondent’s right to confidentiality and privacy with the need to provide assistance if the situation indicates that the respondent’s health and safety are in jeopardy (e.g. suicide hotline 988, contacting 911).
- If a respondent requests additional support, the CAHPS Hospice Survey Project Team recommends that survey vendors’ telephone staff put the respondent in contact with the appropriate local resource (generally a bereavement counselor or social worker on the hospice team that provided care to their family member or friend). This potential bereavement support is part of the services covered under the Medicare Hospice Benefit.

Training of Mail Data Entry Personnel

Survey vendors must address the following items when training data entry personnel:

- Use of data entry equipment and programs
- Survey specifications and protocols
- Survey instrument, question flow, and skip patterns
- Data key-entry and/or scanning procedures
- Validation programs
- Decision rules/ambiguous responses

Training of Interviewers

Properly trained and consistently monitored interviewers ensure that standardized, non-directive interviews are conducted. Interviewers conducting the telephone survey must be trained prior to interviewing (see Appendices F and G for more information on interviewing guidelines). Interviewers must be trained to:

- read questions exactly as worded in the script, use non-directive probes, and maintain a neutral and professional relationship with the caregiver
 - The interviewer may use the pronoun appropriate to the decedent’s gender (“he or she” or “him or her”) if the caregiver mentions the decedent’s gender
 - During the course of the survey, use of neutral acknowledgment words such as the following is permitted:
 - Thank you
 - Alright
 - Okay
 - I understand, or I see
 - Yes, Ma’am
 - Yes, Sir
- read the script from the telephone screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)

- read response options exactly as worded and at an even pace without emphasis on any particular response category
- record responses to survey questions only after the caregiver has responded to the questions; that is, interviewers must not pre-code response choices
 - The interviewer may accept any alternative positive or negative response from the caregiver
 - Interviewers must clarify the caregiver response if accepting alternative positive and/or negative responses (Definitely yes, Probably yes, etc.)
- understand the definition of each disposition code and appropriately assign interim or final call disposition codes, when applicable
- redirect calls to another interviewer when the decedent or caregiver is personally or professionally known to the initial interviewer
- adjust the pace of the CAHPS Hospice Survey interview to be conducive to the needs of the caregiver
- **Distressed Respondent Procedures:**
 - Of critical importance is the need for survey vendors to develop a “distressed respondent protocol,” to be incorporated into all interviewer and customer support personnel training. Handling distressed respondent situations requires a balance between keeping PII and PHI confidential and helping a person who needs assistance. For survey research organizations, best interviewing practices recommend having a distressed respondent protocol in place to balance the respondent’s right to confidentiality and privacy with the need to provide assistance if the situation indicates that the respondent’s health and safety are in jeopardy (e.g. suicide hotline 988, contacting 911).
 - If a respondent requests additional support, the CAHPS Hospice Survey Project Team recommends that survey vendors’ telephone staff put the respondent in contact with the appropriate local resource (generally a bereavement counselor or social worker on the hospice team that provided care to their family member or friend). This potential bereavement support is part of the services covered under the Medicare Hospice Benefit.

Note: If a survey vendor uses a subcontractor(s) or any other organization(s) to conduct telephone interviewing, then the survey vendor is responsible for attending/participating in the subcontractor’s or other organization’s telephone interviewer training to confirm compliance with CAHPS Hospice Survey protocols and guidelines. Survey vendors must conduct on-site verification of subcontractor’s interviewing processes (strongly recommended on an annual basis, at a minimum).

Training of Subcontractors and Any Other Organizations Responsible for Major Survey Administration Functions

Survey vendors are responsible for the training and performance of subcontractors and any other organizations they use. In addition, during survey administration, survey vendors are responsible for providing quality oversight and monitoring of their subcontractor’s and/or other organization’s work to confirm that they are in compliance with CAHPS Hospice Survey guidelines.

Subcontractors and any other organizations that are responsible for major CAHPS Hospice Survey administration functions (e.g., mail/telephone/web operations) must attend the CAHPS Hospice Survey Training.

Note: Survey vendors are responsible for sampling and data submission; and therefore, must not subcontract these processes.

Monitoring/Recording Telephone Calls

Survey vendors must be aware of and follow applicable state regulations when monitoring and/or recording telephone attempts, including those that permit monitoring/recording of telephone calls only after the interviewer states, “This call may be monitored [and/or recorded] for quality improvement purposes.” This statement is found at the end of the INTRO section of the CAHPS Hospice Survey Telephone Script located in Appendix Q and other languages found on the CAHPS Hospice Survey Website.

Telephone Monitoring and Oversight

Survey vendors must employ the following guidelines for proper interviewer training, monitoring, and oversight regardless of whether they are using internal staff, subcontractors, or any other organizations to perform this work. Each survey vendor employing the Mixed mode of survey administration must institute a telephone monitoring and evaluation program, during the telephone phase of the protocol. Telephone monitoring is not to be conducted from a residence, nor from a virtual office, unless an Exception Request has been submitted and approved by CMS. The telephone monitoring and evaluation program must include, but is not limited to, the following oversight activities:

- Survey vendors must monitor at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all CAHPS Hospice Survey interviews, interviewer survey response coding, dispositions, and call attempts in their entirety (in all languages administered) through silent monitoring of interviewers using the electronic telephone interviewing system software or an alternative system. Silent monitoring capability must include the ability to monitor calls live, both on-site and from remote locations. The call monitoring system must allow for calls to be live monitored beginning at any point of the interview. All staff conducting CAHPS Hospice Survey interviews must be included in the monitoring. Additionally, it is required that survey vendors provide “floor rounding” in their call-center(s) to visually observe and ensure the professionalism of the telephone interviewers.
- Survey vendors using a subcontractor(s) or any other organization(s) must monitor at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of the subcontractor’s or other organization’s CAHPS Hospice Survey telephone interviews, interviewer survey response coding, dispositions, and call attempts in their entirety (in all languages administered) through silent monitoring of interviewers using the electronic telephone interviewing system software or an alternative system. Silent monitoring capability must include the ability to monitor calls live, both on-site and from remote locations. Survey vendors must provide feedback to the subcontractor’s or other organization’s interviewers about their performance and confirm that the subcontractor’s or other organization’s interviewers correct any areas that need improvement. Feedback must be provided to interviewers as soon as possible following a monitoring session.

Note: In addition to the survey vendor's monitoring of 10 percent of its subcontractors' or other organizations' interviews, the CAHPS Hospice Survey Project Team also expects that a survey vendor's subcontractor(s) or other organization(s) will conduct internal monitoring of their telephone interviewers as a matter of good business practice. While it is preferred that each organization continue to monitor 10 percent of CAHPS Hospice Survey interviews (for an overall total of 20 percent), it is permissible for the survey vendor and its subcontractor(s) or other organization(s) to conduct a combined total of at least 10 percent monitoring, as long as each organization conducts a portion of the monitoring. Therefore, the survey vendor, its subcontractor(s), and other organization(s) can determine the ratio of monitoring that each organization conducts, as long as the combined total meets or exceeds 10 percent. Please note that CAHPS Hospice Survey interviews monitored concurrently by the survey vendor, its subcontractor(s,) and other organization(s) do not contribute separately to each organization's monitoring time.

- Interviewers who are found to be consistently unable to follow the script verbatim, employ proper probes, remain objective and courteous, be clearly understood, or operate the electronic telephone interviewing system competently must be identified and retrained or, if necessary, replaced
- In organizations where interviewers assign interim or final disposition codes, the assignment of codes must be reviewed by a supervisor

Survey vendors **must** retain a record of all quality control activities and document these activities in the survey vendor's QAP. All materials relevant to survey administration are subject to review.

Monitoring and Quality Oversight

Survey vendors must establish a system for providing and documenting quality oversight and monitoring of the CAHPS Hospice Survey administration and project staff, including subcontractors and any other organizations. Quality check activities must be performed by a different staff member than the individual who originally performed the specific project task(s)..

In addition, survey vendors must:

- Perform and document quality checks of all key events in survey administration including, but not limited to: sample frame creation; sampling procedures; CATI response capture; data submission; back-up systems; etc.
- Perform and document quality checks of electronic programming code periodically, on an annual basis, at a minimum
- Monitor the performance of all staff involved with any aspect of programming, sample frame creation, sampling, processing of response data (from interviewer data entry, validation, and edit checking) on an ongoing basis, including conducting on-site verification of processes (strongly recommended on an annual basis, at a minimum)
- Ensure that staff, subcontractors, and any other organizations are compliant with HIPAA regulations
- Monitor the performance of subcontractors and any other organizations, including conducting on-site verification of subcontractor processes, such as printing and mailing processes and telephone survey administration (strongly recommended on an annual basis, at a minimum) and document the quality check activities conducted during the visit,

regardless of whether they are using internal staff, subcontractors, or any other organizations to perform this work

- Provide performance feedback to all project staff, subcontractors, and any other organizations through regular assessments, including special emphasis placed on the detection and correction of identified performance problems

To avoid mail administration errors and to make certain that prenotification letters and questionnaires are delivered as required, survey vendors must:

- perform interval checking of at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all printed mailing pieces for:
 - fading, smearing, and misalignment of printed materials
 - appropriate survey contents, accurate address information, and proper postage on the survey sample packet
 - assurance that all printed materials in a mailing envelope have the same unique identifier
 - If two-sided printing is used to include an additional language on letters, survey vendors must check to ensure the same identifiers are on both sides of the letter
 - inclusion of all eligible sampled decedents/caregivers in the sample mailing for that month
- include seeded mailings in the mail production runs for both prenotification letter and survey mailings at minimum on a quarterly basis
 - Seeded mailings are sent to designated CAHPS Hospice Survey vendor project staff (other than the staff producing the materials) to check for timeliness of delivery, accuracy of addresses, content of the mailing, and quality of the printed materials
 - Quality checks of seeded mailing materials must be documented and retained in a log or database
 - Seeded mailings must be integrated into the hospice's batched prenotification and survey mailings, not sent as a stand-alone mailing to CAHPS Hospice Survey vendor project staff
 - Physical and/or scanned copies of seeded mailings must be retained for a minimum of three years
- perform address updates for missing or incorrect information
 - Attempts must be made to update address information to confirm accuracy and correct formatting
 - It is permissible for survey vendors to request updated information about specific decedents/caregivers, rather than requesting a complete updated list
 - In addition to working with client hospices to obtain the most current caregiver contact information, survey vendors must employ other methods, such as the NCOA and the USPS CASS Certified Zip+4 software. Other means are also available to update addresses for accurate mailings, such as:
 - commercial software
 - internet search engines

*Note: If automated processes are being used to perform interval checks, then checks of the system or equipment must be performed regularly. Survey vendors **must** retain a record of all quality*

control activities and document these activities in the survey vendor's QAP. All materials relevant to survey administration are subject to review.

The CAHPS Hospice Survey Project Team will conduct site visits to survey vendors, their subcontractors and any other organizations, if applicable, to review survey vendors' operations, monitoring, quality oversight practices, and documentation. As noted earlier, if a survey vendor is non-compliant with program requirements for any of their contracted hospices, the hospice survey data may not be reported.

Safeguarding Decedent/Caregiver Confidentiality

Survey vendors must take the following actions to further protect the confidentiality of decedents/caregivers:

- Prevent unauthorized access to confidential electronic and hard copy information by restricting physical access to confidential data (use locks or password-protected entry systems on rooms, file cabinets, and areas where confidential data are stored)
 - Store returned mail paper questionnaires and/or electronically scanned questionnaires in a secure and environmentally safe location for a minimum of three years
- Develop a confidentiality agreement which includes language related to HIPAA regulations and the protection of PII, and obtain signatures from all personnel with access to survey information, including staff, subcontractors, and any other organizations, if applicable, involved in survey administration and data collection

Note: Confidentiality agreements must be signed by all personnel upon employment. Confidentiality agreements must be reviewed and re-signed periodically, at the discretion of the survey vendor, but not to exceed more than a three-year period. The CAHPS Hospice Survey Project Team recommends all personnel involved in the CAHPS Hospice Survey review and re-sign confidentiality agreements on an annual basis.

- Execute BAAs in accordance with HIPAA regulations
- Provide HIPAA training to staff prior to providing access to decedent/caregiver PHI and PII
- Confirm that staff, subcontractors, and any other organizations, if applicable, are compliant with HIPAA regulations in regard to decedent/caregiver PHI
- Establish protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.
- Establish protocols for identifying security breaches and instituting corrective actions

Note: It is strongly recommended that the method used by contracted hospices to transmit information (e.g., decedents/caregivers lists) to the survey vendor be reviewed by the hospice's HIPAA/Privacy Officer to confirm compliance with HIPAA regulations. Any materials (e.g., QAP, questionnaires, cover letters, tracking forms) submitted by the survey vendor to the CAHPS Hospice Survey Project Team must be blank templates and must not contain any decedent/caregiver PHI.

Survey vendors must have physical plant resources available to handle the volume of surveys being administered, in addition to systematic processes that effectively track sampled

decedents'/caregivers' progress through the data collection protocol and caregivers' responses to the survey. System resources are subject to oversight activities including site visits to physical locations.

Data Security

Survey vendors must securely store caregiver identifying electronic data and responses to the survey. Survey vendors must take the following actions to secure the data. Survey vendors who were approved for remote operations must ensure that these actions apply to all remote activities.

- Use a firewall, VPN, and/or other mechanisms for preventing unauthorized access to the electronic files
 - Survey vendors must notify the CAHPS Hospice Survey Project Team within 24 hours upon discovery of a data breach that potentially affects CAHPS Hospice Survey administration within their organization or at a client hospice
- Implement access levels and security passwords so that only authorized users have access to sensitive data
- Implement daily data back-up procedures that adequately safeguard system data
- Test back-up files at a minimum on a quarterly basis to make sure the files are easily retrievable and working
- Perform frequent saves to media to minimize data losses in the event of power interruption
- Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster. The plan must be made available to the CAHPS Hospice Survey Project Team upon request.

Data Retention and Storage

Survey vendors must store all CAHPS Hospice Survey files, returned paper questionnaires or scanned images of paper questionnaires, and survey administration related data collected through an electronic telephone interviewing system in a secure and environmentally controlled location for a minimum of three years, and it must be easily retrievable, when needed. Survey vendors must destroy survey-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location and obtain a certificate of the destruction of data.

IX. Web Mail Mode Survey Administration

New for QAG V11.0

New in the Web Mail Survey Administration Chapter for QAG V11.0:

- Instructions for administering the Web Mail Mode

Overview

This chapter describes the guidelines for the Web Mail mode of the CAHPS Hospice Survey administration. Web and Mail survey activities are not to be conducted from a residence, nor from a virtual office, unless an Exception Request has been submitted and approved by CMS.

Data collection for sampled decedents/caregivers must be initiated approximately two months following the month of patient death.

The Web Mail Survey Administration includes the mailing of one prenotification letter, sending up to two emails directing the sampled caregiver to a web survey, and up to two survey mailings to non-responders. The first email must occur two months after the month of patient death within the first seven calendar days of the field period.

The prenotification letter must be mailed seven calendar days prior to the first email invitation. Survey vendors must send sampled caregivers the first email with an embedded hyperlink unique for each caregiver that when clicked allows caregivers to directly connect with the web survey. Survey vendors **must** send sampled caregivers this first email **within** the first seven calendar days of the survey field period. A second email with similar requirements **must** be sent 2 days later to all sampled caregivers who did not respond to the first email. Between four and seven calendar days after the first email, survey vendors **must** send the first questionnaire with a cover letter to sampled caregivers who did not respond to the emails. A second questionnaire with a follow-up cover letter **must** be sent to all sampled caregivers who did not respond to the emails or the first questionnaire, approximately (but no earlier than) 21 days after the first email. A reply-by date (calculated as 42 days from the initial mailing) may be added to the follow-up cover letter to make sure the survey is returned before the data collection closes.

Web Mail Mode			
Phase	Activity	Day (Cases With Email Address)	Day (Cases with No Email Address)
Pre-Field Period	Mail Prenotification Letter	Day -7	Day -7
Survey Field Period	1 st Email	Day 1	N/A
	2 nd Email	Day 3	N/A
	Mail 1 st Survey	Day 5-8	Day 5-8
	Mail 2 nd Survey	Day 22	Day 22
	End Data Collection	Day 49	Day 49

Sampled caregivers that do not have a valid email address, should still be fielded on the same schedule as the other cases in the sample. While these cases cannot be sent the emails, they **must** be sent the prenotification letter and the survey mailings at the same time as other cases in the sample month.

- Survey vendors must include the “email-status” field in the Decedent/Caregiver Administrative Record. This field indicates whether a valid caregiver email address was provided by the hospice (e.g., is present, properly formatted, and does not result in a delivery error message).

Note: We strongly encourage vendors to administer the Web Mail Mode only for hospices with a significant number of available caregiver email addresses.

Data collection must be closed out for a sampled caregiver by seven weeks (49 calendar days) following the **first email**.

- If a completed survey is received **on or before** the last day of the survey field period, then the survey is included in the final survey data file and assigned a “Final Survey Status” code of either “1 – Completed Survey” or “7 – Non-response: Break-off” based on the calculation of percent complete as described in the *Data Coding and Data File Preparation* chapter.
- If the completed survey is received **after** the seven week (49 calendar days) field period, then the survey data are not included in the final survey data file (**however, a Decedent/Caregiver Administrative Record is submitted for this caregiver**) and a “Final Survey Status” code of “9 – Non-response: Non-response after Maximum Attempts” is assigned

Vendors must submit data files to the CAHPS Hospice Survey Data Warehouse by the data submission deadline. No files will be accepted after the submission deadline date. See the quarterly data submission deadlines in the *Introduction and Overview* chapter.

Survey vendors must adhere to the following specifications:

- Caregivers who receive the CAHPS Hospice Survey must **not** be offered incentives of any kind
- Survey vendors must make every reasonable effort to achieve optimal survey response rates and to pursue contact with potential respondents until the data collection protocol is completed
- If survey administration is not initiated within the first seven days of the month, it may be initiated by the survey vendor from the eighth to the tenth of the month without requesting prior approval from CMS. In this situation, a Discrepancy Report must be submitted to notify CMS of the late survey administration. In addition, the survey vendor must keep documentation regarding why the survey administration was initiated late. After the tenth of the month, approval must be requested from CMS before the survey can be administered and a Discrepancy Report must be submitted if survey administration begins late or does not occur for any month.
- After the sample has been drawn, any decedents/caregivers who are found to be ineligible or incorrectly sampled must **not** be removed or replaced in the sample. Instead, these decedents/caregivers are assigned a “Final Survey Status” code of ineligible (2, 3, 4, 5, 6,

or 14, as applicable) or sampling error (16). A Decedent/Caregiver Administrative Record must be submitted for these decedents/caregivers. See the Data Coding and Data File Preparation chapter for more information on assigning the “Final Survey Status” codes.

- If the survey vendor learns that a sampled decedent/caregiver is ineligible for the CAHPS Hospice Survey or has been incorrectly drawn into the sample, the survey vendor must **not** make further attempts to contact that caregiver for the survey
- In the case of a duplicate or repeat caregiver that was incorrectly drawn into the sample, the correctly sampled caregiver should still receive the prenotification letter, email invitation, second email, and/or mail surveys as necessary
- Caregivers who do not respond to the survey are assigned a “Final Survey Status” code of non-response (7, 8, 9, 10, 11, 12, 13, or 15, as applicable)
- Survey vendors utilizing the Web Mail mode must keep track of the mode in which the survey was completed (i.e., Web or Mail) and must include **both** the “number-survey-attempts-web” and the “number-survey-attempts-mail” fields in the Decedent/Caregiver Administrative Record. These fields indicate the number of emails and surveys mailed to the caregiver and is required when “survey-mode” in the Hospice Record is “4 – Web Mail.”
- If a caregiver submitted the CAHPS Hospice Survey by *web*, then the survey vendor must:
 - retain documentation in their survey management system that the caregiver completed the survey in the *web* phase of the Web Mail mode of survey administration
 - assign the appropriate “Survey Completion Mode” in the administrative record for this caregiver (see the *Data Specifications and Coding* chapter on “Survey Completion Mode” for more information)
 - document the web attempt “Number-Survey-Attempts–Web” in which the “Final Survey Status” is determined. For example, if the survey was submitted using the follow-up email invitation link (second of two invitations) then the survey vendor must document the “Number-Survey-Attempts–Web” as “2 – Second Email invitation.” Please see the *Data Specifications and Coding* chapter for more information on coding the “Number-Survey-Attempts–Web” field.

Note: At the end of the data collection period, if the caregiver answered any of the web survey questions, but did not “submit” the web survey, survey vendors should include the web survey responses if no responses were obtained via mail and submit the above fields.

- Survey vendors must record the date of the submitted web survey and must link survey responses from the web survey system to their survey management system, regardless of the system employed
- Returned mail questionnaires must be tracked by date of receipt and key-entered or scanned in a timely manner
 - If a caregiver returns two mail survey questionnaires, the survey vendor must use only the first CAHPS Hospice Survey received with responses

- Survey vendors must maintain a crosswalk of their interim disposition codes to the CAHPS Hospice Survey “Final Survey Status” codes and include the crosswalk in the survey vendor’s QAP

To reiterate, the first email attempt must occur two months after the month of patient death within the first seven calendar days of the survey field period. The prenotification letter must be mailed seven calendar days prior to the first email attempt. The first email must be sent within the first seven calendar days of the survey field period. A second email must be sent 2 days later to all sampled caregivers who did not respond to the first email. Between four and seven calendar days after the first email, the first questionnaire is sent to sampled caregivers who did not respond to the emails. A second questionnaire must be sent to sampled caregivers who did not respond to the emails or the first questionnaire, approximately (but no earlier than) 21 days after the first email. A reply-by date (calculated as 42 days from the initial mailing) may be added to the follow-up cover letter to make sure the survey is returned before the data collection closes. Data collection must then be completed no later than seven weeks (49 calendar days) after the initial email. To illustrate the timing of the emails and survey mailings, the example below is provided of a patient who died on April 1 while in hospice care.

Example:

- Patient’s date of death is April 1
- The prenotification letter is mailed out on June 24 (one week prior to the first email)
- The first email is sent on July 1 (two months after month of patient’s death and within the first seven calendar days of the survey field period)
- If the caregiver has not completed the survey by July 3 (2 days after the initial email on July 1), a second email is sent
- If the caregiver has not completed the survey by July 5, the first survey is mailed out between July 5 – July 8 (4-7 days after the initial email)
- If the caregiver has not returned the survey by July 22 (21 days after the initial email on July 1), a second survey is mailed out
 - An optional reply-by-date on the **follow-up cover letter** with the second survey mailing will be August 12 (42 days from initial mailing)
- Data collection must be closed out on August 19 for this caregiver, which is seven weeks (49 calendar days) from the July 1 initial email date:
 - If the completed survey is received **on or before** August 19, which is the last day of the survey field period for this caregiver, then the survey is included in the final survey data file and assigned a “Final Survey Status” code of either “1 – Completed Survey” or “7 – Non-response: Break-off” based on the calculation of percent complete as described in the *Data Coding and Data File Preparation* chapter
 - If the completed survey is received **after** August 19 (August 20, for example), which is beyond the seven weeks (49 calendar days) survey field period for this caregiver, then the survey data are **not** included in the final survey data file (**however, a Decedent/Caregiver Administrative Record is submitted for this caregiver**) and a “Final Survey Status” code of “9 - Non-response: Non-response after Maximum Attempts” is assigned

Electronic and Hardcopy Materials

The Web Mail mode of survey administration may be conducted in English, Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, and Korean. Survey vendors are provided with the CAHPS Hospice Survey web protocols, questionnaires, emails, and prenotification, initial, and follow-up survey cover letters in these languages. Survey vendors are not permitted to make or use any other translations of the CAHPS Hospice Survey letters or questionnaires.

Note: We strongly encourage hospices with a significant caregiver population that speaks one of these languages to offer the CAHPS Hospice Survey in the applicable language. Hospices that serve patient populations that speak languages other than those noted are encouraged to request that CMS create an official translation of the CAHPS Hospice Survey in those languages.

Review of Survey Materials

Survey vendors **must** submit a sample of their CAHPS Hospice web materials (Email Invitation and Reminder, web survey screen shots, and web survey testing links) and a sample of their CAHPS Hospice Survey mailing materials (i.e., questionnaires, letters, and outgoing/return envelopes) by the specified due date for review by the CAHPS Hospice Survey Project Team. This due date will be announced during the CAHPS Hospice Survey Training session and posted on the CAHPS Hospice Survey Website (www.hospicecahpsurvey.org).

Prenotification Letter

The Web Mail Survey Administration includes the mailing of one prenotification letter and up to two questionnaires. The prenotification letter must be mailed seven calendar days prior to the email invitation.

Survey vendors are strongly encouraged to use the text in the body of the sample prenotification letter provided (see Appendix O and on the CAHPS Hospice Survey website for other approved languages). Survey vendors must follow the guidelines described below when altering the letter templates provided in this manual.

Required for the Prenotification Letter

- Letters 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
 - An electronic signature is permissible
- English must be the default language in the continental U.S. and Spanish must be the default language in Puerto Rico
 - Use of the Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean letter is required if the survey vendor is administering the survey by telephone in Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean
- The following items must be included in the body of the prenotification letter:
 - Name and address of the sampled caregiver (“To Whom It May Concern” and “To the caregiver of [Decedent Name]” are **not** acceptable salutations)
 - Name of the decedent

Note: There may be instances in which a decedent and caregiver have the same name. Quality control activities must be implemented to ensure the names on the cover letter for the decedent and caregiver are correct.

- The hospice name, in order to make certain that the caregiver completes the survey based on the care received from that hospice only
- A toll-free customer support telephone number for the survey vendor:
 - Customer support must be offered in all languages in which the survey vendor administers the survey
 - Survey vendors must be ready to support calls from the deaf or the hearing impaired such as: teletypewriter (TTY, also known as a TDD) or Relay Service

Note: Survey vendors are permitted to revise the toll-free number statement to include the name of the survey vendor. For example: If you have any questions about the enclosed survey, please call [SURVEY VENDOR NAME] at the toll-free number 1-800-xxx-xxxx.

- Language indicating that the caregiver will receive a survey about the decedent's hospice care
 - Wording stating: "Your knowledge and experiences will help improve hospice care and help others select a hospice."
 - "If you'd like to see how your responses will be used, hospice ratings are posted online on Medicare's Care Compare website."
- Letters must **not**:
- attempt to bias, influence, or encourage caregivers to answer 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 CAHPS Hospice Survey questions in a particular way
 - ask or imply that caregivers should choose certain responses; indicate that the hospice is hoping for a given response, such as a "10," "Definitely yes," or an "Always"
 - indicate that the hospice's goal is for all caregivers to rate them as a "10," "Definitely yes," or an "Always"
 - 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

Optional for the Prenotification Letter

- The prenotification letter may be double sided (English/Spanish, English/Chinese, English/Russian, English/Portuguese, English/Vietnamese, English/Polish, or English/Korean)

- May include the specific hospice inpatient unit, acute care hospital, or nursing home facility in which their family member or friend resided
- A bereavement customer support number (i.e., hospice bereavement contact number) may appear
- A customer support email address for the survey vendor may be included

Required for the Envelopes

- The envelope in which the prenotification letter is mailed must be printed with the survey vendor's address as the return address
- All envelopes must be in a readable font (e.g., Arial) in a font size of 10-point or larger

Optional for the Envelopes

- The outgoing envelope may be printed with the banner, "Important – Open Immediately." No other banners may be used.
 - Other messages, marketing, or promotional text such as, "Survey Enclosed," "Important Information from the Centers for Medicare & Medicaid Services Enclosed," or "We always strive to provide excellent service" on either side (front or back) are not permitted
- The envelope should be printed with the survey vendor logo, the hospice logo, or both
- Survey vendors may use window envelopes as a quality measure to ensure that each sampled caregiver's survey package is mailed to the address of record for that caregiver

Mailing of Prenotification Letter

Survey vendors must mail prenotification letters following the guidelines described below:

- Attempts must be made to contact every survey-eligible decedent/caregiver drawn into the sample, whether or not they have a complete mailing address
- Survey vendors must use commercial software or other means to update addresses provided by the hospice for sampled decedents/caregivers. Survey vendors must retain a record of attempts made to acquire missing addresses. All materials relevant to survey administration are subject to review.
- Survey vendors have flexibility in not sending prenotification letters to caregivers without mailing addresses, such as the homeless. However, survey vendors must re-contact the hospice client to inquire about an address update for caregivers with no mailing address. It is permissible for survey vendors to request updated information about specific decedents/caregivers, rather than requesting a complete updated list. These decedent/caregiver cases must not be removed or replaced in the sample.

Note: It is strongly recommended that survey vendors check the accuracy of sampled caregivers' contact information prior to survey fielding by performing a check of several of the sampled caregivers to ensure that the name corresponds to the address provided by the hospice.

- All mailings must be sent to each caregiver by name, and to the caregiver's most current address listed in the hospice record or retrieved by other means

Hospices and survey vendors are **not** allowed to:

- show or provide the CAHPS Hospice Survey, prenotification letter, or cover letters to patients or caregivers prior to the administration of the survey, including while the patient is still under hospice care
- mail or distribute any letters, including the approved CAHPS Hospice Survey prenotification letter that is part of the survey administration protocol, or postcards after patient death to inform caregivers about the CAHPS Hospice Survey other than the Informational Flyer (Appendix N) which can be provided in a bereavement package

It is strongly recommended that all mailings be sent with first class postage or indicia to ensure delivery in a timely manner and to maximize response rates, as first class mail is more likely to be opened.

Email Invitations

Survey vendors may adapt the sample CAHPS Hospice Invitation and Reminder Emails provided (see Appendix R and on the CAHPS Hospice Survey website for other approved languages) or compose their own invitations. Survey vendors must follow the guidelines described below when altering the sample invitations provided in this manual.

Note: Text is formatted in [UPPERCASE LETTERING] to designate a placeholder. Please populate placeholders using standard capitalization rules.

Required for the Email Invitations

- Invitations must include the signature block of the hospice Administrator or survey vendor Project Director
- Invitations must be in a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum
- English must be the default language in the continental U.S. and Spanish must be the default language in Puerto Rico
 - Use of Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean emails is required if the survey vendor is sending a Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean questionnaire to the caregiver
- The following items must be included in the body of both the invitation and the reminder emails:
 - Name of the sampled caregiver (“To Whom It May Concern” and “To the caregiver of [Decedent Name]” are **not** acceptable salutations)
 - Name of the decedent

Note: There may be instances in which a decedent and caregiver have the same name. Quality control activities must be implemented to ensure the names on the email for the decedent and caregiver are correct.

- An embedded hyperlink unique to each sampled caregiver to allow caregiver to access web survey
- The hospice name, in order to make certain that the caregiver completes the survey based on the care received from that hospice only

- The email may include the specific hospice inpatient unit, acute care hospital, or nursing home facility in which their family member or friend resided
- A toll-free customer support telephone number for the survey vendor:
 - Customer support must be offered in all languages in which the survey vendor administers the survey
 - Survey vendors must be ready to support calls from the deaf or the hearing impaired such as: teletypewriter (TTY, also known as a TDD) or Relay Service
 - It is optional to include a customer support email address

Note: Survey vendors are permitted to revise the toll-free number statement to include the name of the survey vendor. For example: If you have any questions about the enclosed survey, please call [SURVEY VENDOR NAME] at the toll-free number 1-800-xxx-xxxx.

- Language indicating that answers may be shared with the hospice for the purposes of quality improvement
 - An explanation that participation in the survey is voluntary
 - Wording stating: “Medicare uses your responses to this survey to improve hospice care and help others select a hospice.”
 - “If you’d like to see how your responses will be used, hospice ratings are posted online on Medicare’s Care Compare website.”
- Email invitations must **not**:
- be sent from “noreply” or “donotreply” email addresses or email accounts that cannot receive messages (e.g., no-reply@surveyvendorname.com or donotreply@surveyvendorname.com)
 - attempt to bias, influence, or encourage caregivers to answer 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 CAHPS Hospice Survey questions in a particular way
 - ask or imply that caregivers should choose certain responses; indicate that the hospice is hoping for a given response, such as a “10,” “Definitely yes,” or an “Always”
 - indicate that the hospice’s goal is for all caregivers to rate them as a “10,” “Definitely yes,” or an “Always”
 - 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

Obtaining and Updating Email Addresses

Attempts must be made to contact every eligible caregiver drawn into the sample. Survey vendors must obtain email addresses **only** from the hospice’s records. If a hospice provides a survey vendor

with email address data, the data must include all caregivers for whom an email address is available. Survey vendors should make reasonable attempts to obtain a caregiver's email address by re-contacting the hospice to inquire about an email address update.

Survey vendors may validate email address received from the hospice by using commercial software, email validation service provider, or other means to validate email addresses provided by the hospice. Only matches on name, address, city, and state should be used to validate an email address. Validation is an option but is not required.

Email addresses that do not contain the required components of a valid email address (i.e., a username followed by @ and a domain name) may be excluded. Sampled caregivers without an email address receive their first survey attempt in the mail phase. Additionally, survey vendors should exclude email addresses that do not include a valid U.S. or Puerto Rico email extension. Valid U.S. email extensions include .com, .co, org, .edu, .net, .gov, mil, .biz, .mobi, .museum, .pro, .pr (Puerto Rico).

Note: It is strongly recommended that survey vendors check the accuracy of sampled caregivers' contact information prior to survey fielding.

Web Survey System Required for the Web Survey System

Survey vendors may use the web survey system and software of their choice. Survey vendors are responsible for programming the web survey to conform to the template and specifications provided in the official Web Survey Instrument (Appendix R and other languages found on the CAHPS Hospice Survey Website). The web survey system should enable survey administration in English, and any optional languages offered by CMS, if the optional language will be administered by the survey vendor. Survey vendors are not permitted to make or use any other translations of the CAHPS Hospice web materials.

- The web survey system must:
 - support the use of a URL that is a maximum of 25 characters
 - be linked electronically to the survey management system to allow tracking of the sampled caregivers through the survey administration process
 - support dissemination of emailed survey invitations that include an embedded hyperlink unique to each sampled caregiver that the caregiver can click on to directly connect to the web survey
 - track whether a caregiver has an email address and whether the email address was identified as invalid (e.g., results in a delivery error message).
 - allow for the removal of sampled caregivers from further data collection attempts following submission of a web survey
 - support capture of data from web surveys that are initiated and suspended without submission of a completed survey
 - allow for web surveys to be suspended and resumed at a later date, returning the respondent to the first unanswered question
 - track whether the web survey was initiated using the web invitation email or web reminder email. The vendor must retain this information in their records.

- allow for the respondent to back up and change a previously selected response
- allow a web survey to be programmed to present similarly on different browser applications, browser sizes, and platforms. The survey should automatically and optimally re-size for the caregiver's screen (whether phone, tablet, computer).
- allow a web survey to be programmed to be 508 compliant
- In addition, the web survey platform must:
 - NOT allow for advertisements of any kind to be embedded or displayed. This includes but is not limited to, banner or column ads, pop-up ads before, during or after the survey is accessed or completed, or promotional messages on any of the web screens.
 - NOT allow respondents to access the web survey after submission or after the data collection window has closed
 - NOT require the creation of a password to initiate or resume the web survey

Required for the Web Survey

The CAHPS Hospice Survey Core questions (Q1 – Q31) must be placed at the beginning of the survey. The order of the Core questions must **not** be altered, and all the Core questions must remain together. The “About Your Family Member” and “About You” questions must be placed after the Core questions and cannot be eliminated from the questionnaire. The “About You” questions must follow the “About Your Family Member” questions.

Survey vendors must adhere to the following specifications for web survey formatting:

Welcome Screen

- Hospice logos may be included on Welcome screen; however, other images, tag lines or website links are not permitted
- The name of the hospice must be included on the Welcome screen as indicated in the web survey templates
 - If applicable, the Welcome screen may also include the specific hospice inpatient unit, acute care hospital, or nursing home facility in which their family member or friend resided
- Decedent name **must** only appear on the Welcome Screen
 - Decedent name **must not** be included on any other screen in the web survey
 - Caregiver name **must not** be included on any screen in the web survey
- As indicated in the web survey templates, the OMB Paperwork Reduction Act language must be displayed on the Welcome screen and appear below the survey “START” button
 - The OMB language font size must appear smaller than the rest of the text of the Welcome screen, but no smaller than 10-point at a minimum
- Display customer support phone number (optional to provide customer support email address)

CAHPS Hospice Survey Questions

- The caregiver must be able to select their preferred language from English and any offered optional translations
- Question and answer category wording must **not** be changed
 - No changes are permitted in the order of the Core questions (Q1 – Q31)
 - No changes are permitted in the order of the “About Your Family Member” questions
 - No changes are permitted in the order of the “About You” questions

- No changes are permitted in the order of the answer categories for the Core, “About Your Family Member,” or “About You” questions
- All **bolded** or underlined content must be emphasized
- All punctuation for the question and answer categories located in Appendix R and on the CAHPS Hospice Survey website for other approved languages must be programmed
- All response categories must be listed vertically. Matrix format is not permitted.
- All questions are programmed to accept only one response, with the exception of Q2 and Q34
- Section headings (e.g., “**Your Family Member’s Hospice Care**”) must be bolded and included as a shaded web screen header on each page
- Skip patterns must be programmed into the web survey system
- Survey vendors/Hospitals must **not**:
 - program a specific response category as the default option
 - use a progress bar or other progress indicator on web screens
- The name of the hospice may be filled in Questions 2, 4, and 39, as indicated below
 - Question 2 – “In what locations did your family member receive care from [ABC Hospice]?”
 - Above Question 4 – “For the rest of the questions, please think only about your family member's experience with [ABC Hospice].”
 - Question 30 – “Please answer the following questions about [ABC Hospice]. Do not include care from other hospices in your answers.”

Formatting

- No changes are permitted to the formatting or wording of the web screens
 - [Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens
- Only one language may appear on the web screen throughout the survey
- Display only one survey item per web screen and all questions must allow paging through without requiring a response
 - When displayed, “BACK” button appears in the lower left of each web screen
 - When displayed, “NEXT” button appears in the lower right of each web screen
- Use computer programs that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer)
- Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)
- Font color and size (12-point at a minimum) must be consistent throughout the web survey
- Blank space should be used to distinguish the response options from the question text
- Blank space should be used to distinguish navigation buttons from response options

Other Requirements

- The web survey link(s) must remain open until a final survey status is determined or the data collection period closes
- The copyright statement must be displayed on the Thank You web screen and appear below the survey “SUBMIT” button

- The copyright statement font size must appear smaller than the rest of the text of the Thank You web screen, but no smaller than 10-point at a minimum

Supplemental Questions

Survey vendors may add up to 15 hospice-specific supplemental questions to the CAHPS Hospice Survey following the guidelines described below (see Appendix M for examples of acceptable supplemental questions):

- Hospice-specific supplemental questions can be added immediately after the Core questions (Q1 – Q31) or at the end of all the CAHPS Hospice Survey questions (Q1 – Q39)
 - When supplemental questions are placed in between the Core questions and the “About Your Family Member” questions, the “About Your Family Member” heading must still be placed prior to those questions
- Phrases **must** be added to indicate a transition from the CAHPS Hospice Survey questions to the hospice-specific supplemental questions, regardless of whether the supplemental questions are placed between the Core questions and the “About Your Family Member” questions and/or after the “About You” questions. Examples of transitional phrases are as follows:
 - “Now we would like to gather some additional details on topics we have asked you about before. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics.”
 - “The following questions focus on additional care your family member may have received from [ABC Hospice].”
 - “This next set of questions is to provide the hospice additional feedback about your family member’s hospice care.”
- Supplemental questions should be integrated into the CAHPS Hospice Survey and not be a separate insert
 - If the supplemental questions are printed on a separate sheet, then they must be included as the last page of the materials
- Hospice-specific supplemental questions must be identical for both mail wave attempts

Survey vendors must avoid hospice-specific supplemental questions that:

- pose a burden to the caregiver (e.g., length and complexity of supplemental questions)
- are worded very similarly to the CAHPS Hospice Survey Core questions
- may cause the caregiver to terminate the survey (e.g., items that ask about sensitive medical, health, or personal topics)
- ask the caregiver to explain why he or she chose a specific response; for example, it is not acceptable to ask caregivers why they indicated that they would not recommend the hospice to friends and family
- request the use of the caregiver comments and/or responses as testimonials or for marketing purposes

Note: A hospice cannot use any comments, even if they are anonymous, as testimonials or for marketing purposes.

The number of supplemental questions added is left to the discretion of the survey vendor (up to 15 hospice-specific supplemental questions). The survey vendor must submit the maximum

number of supplemental survey items included in the survey in the “supplemental-question-count” element in the Decedent/Caregiver Administrative Record for each survey (see Appendix E).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

Survey Cover Letters

The Web Mail mode administration includes the mailing of one prenotification letter and up to two questionnaires. The prenotification letter must be mailed seven calendar days prior to the email invitation. The mailing of the questionnaires takes place after the web portion of the survey protocol.

Survey vendors are strongly encouraged to use the text in the body of the sample cover letters provided (see Appendices P and on the CAHPS Hospice Survey website for other approved languages). Survey vendors must follow the guidelines described below when altering the letter templates provided in this manual.

Required for Cover Letters

- Letters 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
 - An electronic signature is permissible
- English must be the default language in the continental U.S. and Spanish must be the default language in Puerto Rico
 - Use of the Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean letters is required if the survey vendor is sending a Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean questionnaire to the caregiver
- The following items must be included in the body all letters:
 - Name and address of the sampled caregiver (“To Whom It May Concern” and “To the caregiver of [Decedent Name]” are not acceptable salutations)
 - Name of the decedent

Note: There may be instances in which a decedent and caregiver have the same name. Quality control activities must be implemented to ensure the names on the cover letter for the decedent and caregiver are correct.

- The hospice name, in order to make certain that the caregiver completes the survey based on the care received from that hospice only
- A toll-free customer support telephone number for the survey vendor:
 - Customer support must be offered in all languages in which the survey vendor administers the survey
 - Survey vendors must be ready to support calls from the deaf or the hearing impaired such as: teletypewriter (TTY, also known as a TDD) or Relay Service

Note: Survey vendors are permitted to revise the toll-free number statement to include the name of the survey vendor. For example: If you have any questions about the

enclosed survey, please call [SURVEY VENDOR NAME] at the toll-free number 1-800-xxx-xxxx.

- The following text must be included in the body of both the initial and follow-up survey cover letter:
 - “If you’d like to see how your responses will be used, hospice ratings are posted online on Medicare’s Care Compare website.”
- Letters must **not**:
 - attempt to bias, influence, or encourage caregivers to answer 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 CAHPS Hospice Survey questions in a particular way
 - ask or imply that caregivers should choose certain responses; indicate that the hospice is hoping for a given response, such as a “10,” “Definitely yes,” or an “Always”
 - indicate that the hospice’s goal is for all caregivers to rate them as a “10,” “Definitely yes,” or an “Always”
 - 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

Additional Requirements for the Survey Cover Letters

- The following items must be included in the body of both the initial and follow-up survey cover letter:
 - Language indicating that answers may be shared with the hospice for the purposes of quality improvement
 - An explanation that participation in the survey is voluntary
 - In the initial cover letter: “Medicare uses your responses to this survey to improve hospice care and help others select a hospice.”
 - In the follow-up cover letter: “Your feedback helps improve hospice care and also helps others when selecting a hospice.”
- The OMB Paperwork Reduction Act language (located in Appendix P and on the CAHPS Hospice Survey website for other approved languages) must appear on either the questionnaire or cover letter, and may appear on both, in a readable font (e.g., Arial) at a minimum of 10-point
- The survey cover letter must **not** be attached to the survey; doing so could compromise confidentiality

Optional for the Survey Cover Letters

- May be double sided (English/Spanish, English/Chinese, English/Russian, English/Portuguese, English/Vietnamese, English/Polish, or English/Korean)
- May include the specific hospice inpatient unit, acute care hospital, or nursing home facility in which their family member or friend resided
- A bereavement customer support number (i.e., hospice bereavement contact number) may appear
- A customer support email address for the survey vendor may be included
- Information may be added to the cover letters that indicates that the caregiver may request a mail survey in English, Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean
- Language stating that the survey should be given to the person **in the household** who knows the most about the hospice care received by the decedent
- Survey vendor's return address may be included on the cover letter to make sure the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the caregiver. If the survey vendor's name is included in the return address, then the survey vendor's 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
 - The 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.") may be printed on the cover letter
- A reply-by date may be added to the **follow-up cover letter**. It is recommended that the reply-by date be calculated as 42 days from the initial mailing to make sure the survey is returned before the data collection closes.
 - There are two options for adding the reply-by date to the **follow-up cover letter** in a readable font size at a minimum of 12-point. (See Appendix P and on the CAHPS Hospice Survey website for other approved languages for the exact text and placement.)

Required for the Envelopes

- The envelope in which the survey is mailed must be printed with the survey vendor's address as the return address
- All envelopes must be in a readable font (e.g., Arial) in a font size of 10-point or larger
- A self-addressed, stamped business return envelope must be enclosed in the survey envelope along with the cover letter and questionnaire

Optional for the Envelopes

- The outgoing envelope may be printed with the banner, "Important – Open Immediately." No other banners may be used.
 - Other messages, marketing, or promotional text such as, "Survey Enclosed," "Important Information from the Centers for Medicare & Medicaid Services Enclosed," or "We always strive to provide excellent service" on either side (front or back) are not permitted
- The envelope should be printed with the survey vendor logo, the hospice logo, or both
- Survey vendors may use window envelopes as a quality measure to ensure that each sampled caregiver's survey package is mailed to the address of record for that caregiver

Required for the Mail Questionnaire

The CAHPS Hospice Survey Core questions (Q1 – Q31) must be placed at the beginning of the survey and all the Core questions must remain together. The “About Your Family Member” and “About You” questions must be placed after the Core questions and cannot be eliminated from the questionnaire. The “About You” questions must follow the “About Your Family Member” questions.

Survey vendors must adhere to the following specifications for the production of mail materials:

- Question and answer category wording must **not** be changed
- No changes are permitted in the order of the Core questions (Q1 – Q31)
- No changes are permitted in the order of the “About Your Family Member” questions
- No changes are permitted in the order of the “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
- Each question and answer categories must remain together in the same column and on the same page
- Response options must be listed vertically (see examples in Appendix P and on the CAHPS Hospice Survey website for other approved languages). Response options that are listed horizontally or in a combined vertical and horizontal format are not allowed. No matrix formats are permitted for question and answer categories.
- Dates are not permitted to be included on the questionnaire or the cover letters (e.g., print date, mail date)

Formatting

- Wording that is **bolded** or underlined in the questionnaire provided in the CAHPS Hospice Survey *Quality Assurance Guidelines* manual must be emphasized in the same manner in the survey vendor’s questionnaire
- Arrow (i.e., ➔) placement in the questionnaire instructions and answer categories that specifies skip patterns must not be changed
- Section headings (e.g., “**Your Family Member’s Hospice Care**”) must be included on the questionnaire and must be bolded, including the headings on the cover page
- Response options on the questionnaire may be incorporated as circles, ovals, or squares with no mixing of the characters within the questionnaire
- Survey materials must be in a readable font (e.g., Arial) in a font size of 10-point or larger

Other Requirements

- The cover of the questionnaire must include the name of the hospice
- Language must be included in the questionnaire clearly stating that the survey should be given to the person in the household who knows the most about the hospice care received by the decedent
- All survey content, including headers, instructions, questions, and answer categories, must be printed verbatim and in the same order as shown on the questionnaires provided by CMS
- Randomly generated, unique identifiers must be placed on the first or last page of the questionnaire, at a minimum. Survey vendors may add other identifiers on the questionnaire for tracking purposes (e.g., unit identifiers).
- Neither the decedent’s nor the caregiver’s name may be printed on the questionnaire

- The 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 immediately after the survey instructions on the questionnaire and may also appear on the cover letter.
- The copyright statement below must be included on the questionnaire, preferably on the last page, in a readable font size at a minimum of 10-point (see Appendix P and on the CAHPS Hospice Survey website for other approved languages for the exact text)
- The survey vendor’s return address must be printed on the last page of the questionnaire to make sure that the questionnaire is returned to the correct address in the event that the enclosed return envelope is misplaced by the caregiver
- If the survey vendor’s name is included in the return address, then the survey vendor’s business name must be used, not an alias or tag line
- A mail wave indicator must be included on the survey
- The OMB Paperwork Reduction Act language (located in Appendix P and on the CAHPS Hospice Survey website for other approved languages) **must** appear on either the questionnaire or cover letter, and may appear on both, in a readable font (e.g., Arial) at a minimum of 10-point. The OMB language cannot be printed on a separate piece of paper. In addition, the OMB control number (OMB#XXXX-XXXX) and expiration date (Expires TBD) **must** appear on the front page of the questionnaire.

Optional for the Mail Questionnaire

Survey vendors have some flexibility in formatting the CAHPS Hospice Survey questionnaire by following the guidelines described below:

- Small coding numbers, preferably in superscript, may be included next to the response choices on the questionnaire
- Hospice logos may be included on the questionnaire; however, other images and tag lines are not permitted
- The phrase “Use only blue or black ink” may be printed on the questionnaire
- The name of the hospice may be printed on the questionnaire in Questions 2, 4, and 30, as indicated below
 - Question 2 – “In what locations did your family member receive care from [ABC Hospice]?”
 - Above Question 4 – “For the rest of the questions, please think only about your family member's experience with [ABC Hospice].”
 - Question 30 – “Please answer the following questions about [ABC Hospice]. Do not include care from other hospices in your answers.”
- Page numbers may be included on the questionnaire
- Color may be incorporated in the questionnaire
- In addition to the name of the hospice (required), the cover of the questionnaire if applicable, may include the specific hospice inpatient unit, acute care hospital, or nursing home facility in which their family member or friend resided.
- Language such as one of the following may be added to the bottom of each page of the survey:
 - Continue on next page
 - Continue on reverse side
 - Turn over to continue

- ➔ to continue
- Continue on back
- Turn over

Survey vendors should consider incorporating the following recommendations in formatting the CAHPS Hospice Survey questionnaire to increase the likelihood of receiving a returned survey:

- Two-column format that is used in Appendix P and on the CAHPS Hospice Survey website for other approved languages
- Wide margins (at least 3/4 inch) so that the survey has sufficient white space to enhance its readability

Supplemental Questions

Survey vendors may add up to 15 hospice-specific supplemental questions to the CAHPS Hospice Survey following the guidelines described below (see Appendix M for examples of acceptable supplemental questions):

- For Web Mail mode, the same survey questions added to the web survey for a given hospice **must** be added to the mail survey
- Hospice-specific supplemental questions can be added immediately after the Core questions (Q1 – Q31) or at the end of all the CAHPS Hospice Survey questions (Q1 – Q39)
 - When supplemental questions are placed in between the Core questions and the “About Your Family Member” questions, the “About Your Family Member” heading must still be placed prior to those questions
- Phrases **must** be added to indicate a transition from the CAHPS Hospice Survey questions to the hospice-specific supplemental questions, regardless of whether the supplemental questions are placed between the Core questions and the “About Your Family Member” questions and/or after the “About You” questions. Examples of transitional phrases are as follows:
 - “Now we would like to gather some additional details on topics we have asked you about before. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics.”
 - “The following questions focus on additional care your family member may have received from [ABC Hospice].”
 - “This next set of questions is to provide the hospice additional feedback about your family member’s hospice care.”
- Supplemental questions should be integrated into the CAHPS Hospice Survey and not be a separate insert
 - If the supplemental questions are printed on a separate sheet, then they must be included as the last page of the materials

Survey vendors must avoid hospice-specific supplemental questions that:

- pose a burden to the caregiver (e.g., length, and complexity of supplemental questions)
- are worded very similarly to the CAHPS Hospice Survey Core questions
- may cause the caregiver to terminate the survey (e.g., items that ask about sensitive medical, health, or personal topics)

- ask the caregiver to explain why he or she chose a specific response; for example, it is not acceptable to ask caregivers why they indicated that they would not recommend the hospice to friends and family
- request the use of the caregiver comments and/or responses as testimonials or for marketing purposes

Note: A hospice cannot use any comments, even if they are anonymous, as testimonials or for marketing purposes.

The number of supplemental questions added is left to the discretion of the survey vendor (up to 15 hospice-specific supplemental questions). The survey vendor must submit the maximum number of supplemental survey items included in the survey in the “supplemental-question-count” element in the Decedent/Caregiver Administrative Record for each survey (see Appendix E).

- Each potential supplemental item counts as one question, whether or not the item is phrased as a sentence or as a question
- Each open-ended or free response question counts as one supplemental item

Note: Any variations to the survey materials, other than the optional items listed above, will require an approved Exception Request prior to survey administration (see the Exception Request Process chapter).

Mailing of Materials

Survey vendors must mail materials following the guidelines described below:

- Attempts must be made to contact every survey-eligible decedent/caregiver drawn into the sample, whether or not they have a complete mailing address.
- Survey vendors must use commercial software or other means to update addresses provided by the hospice for sampled decedents/caregivers. Mailings returned as undeliverable and for which no updated address is available must be coded “10 – Non-response: Bad/No Address.” Survey vendors must retain a record of attempts made to acquire missing addresses. All materials relevant to survey administration are subject to review.
- Survey vendors have flexibility in not sending cover letters and mail surveys to caregivers without mailing addresses, such as the homeless. However, survey vendors must re-contact the hospice client to inquire about an address update for caregivers with no mailing address. It is permissible for survey vendors to request updated information about specific decedents/caregivers, rather than requesting a complete updated list. These decedent/caregiver cases must not be removed or replaced in the sample.

Note: It is strongly recommended that survey vendors check the accuracy of sampled caregivers’ contact information prior to survey fielding by performing a check of several of the sampled caregivers to ensure that the name corresponds to the address provided by the hospice.

- The CAHPS Hospice Survey cannot be administered without both a cover letter and self-addressed, stamped business return envelope
- All mailings must be sent to each caregiver by name, and to the caregiver’s most current address listed in the hospice record or retrieved by other means

- For caregivers who request to be sent an additional questionnaire (either after the first or second mailing), survey vendors must follow the guidelines below:
 - It is acceptable to mail a replacement survey at the caregiver's request within the 49 calendar day survey field period; however, the survey administration timeline does not restart
 - After 49 calendar days from the first mailing, a replacement CAHPS Hospice Survey must not be mailed-out, as the data collection timeframe of 49 calendar days after the first mailing has expired

Hospices and survey vendors are **not** allowed to:

- show or provide the CAHPS Hospice Survey, prenotification letter, or cover letters to patients or caregivers prior to the administration of the survey, including while the patient is still under hospice care
- mail or distribute any letters, including the approved CAHPS Hospice Survey prenotification letter that is part of the survey administration protocol, or postcards after patient death to inform caregivers about the CAHPS Hospice Survey other than the Informational Flyer (Appendix N) which can be provided in a bereavement package

*Note: In instances where the first wave mail survey is returned with all missing responses (i.e., without any questions answered – blank questionnaire), and there is no indication that the case is a refusal, ineligible, or otherwise final, survey vendors **must** send a second survey to the caregiver if the data collection time period has not expired. If the second mailing is returned with all missing responses, then code the “Final Survey Status” as “8 – Non-response: Refusal.” If the second mailing is not returned, then code the “Final Survey Status” as “9 – Non-response: Non-response after Maximum Attempts.”*

Note: When the first survey is not returned, and the second survey is subsequently mailed and returned with all missing responses, then code the “Final Survey Status” as “8 – Non-response: Refusal.”

It is strongly recommended that all mailings be sent with first class postage or indicia to ensure delivery in a timely manner and to maximize response rates, as first class mail is more likely to be opened.

Note: Any variations to the survey materials, other than the optional items listed above, will require an approved Exception Request prior to survey administration (see the Exception Request Process chapter).

Key-entry and Scanning

Survey vendors may use key-entry or scanning to record returned survey data in their data collection systems.

Survey vendors' key-entry processes and/or scanning software must incorporate the following features:

- *Unique record verification system:* The survey management system performs a check to verify that the caregiver's survey responses have not already been entered in the survey management system

- *Valid range checks:* The data entry system or software identifies responses/entries that are invalid or out-of-range
- *Validation:* Survey vendors must have a plan and process in place to verify/confirm the accuracy of key-entered or scanned data. Survey vendors must confirm that key-entered or scanned data accurately capture the responses on the original survey.
 - For key-entry, data from each survey must be key-entered independently by at least two staff members, and a different staff member (preferably the data entry supervisor) must reconcile any discrepancies
 - For scanned data, a staff member must reconcile any responses not recognized by the scanning software

Survey vendors must follow the data entry decision rules and data storage requirements described below.

Decision Rules

Whether employing scanning or key-entry of mail questionnaires, survey vendors must use the following decision rules to resolve common ambiguous situations. Survey vendors must follow these guidelines to ensure standardization of data entry across hospices.

- If a mark falls between two response options, but is obviously closer to one than the other, then select the choice to which the mark is closest
- If a mark falls equidistant between two response options, then code the value for the item as “M – Missing/Don't Know”
- If a mark is missing, code the value for the item as “M – Missing/Don't Know.” Survey vendors must **not** impute a response (see *Data Coding and Data File Preparation* chapter for information on coding skip pattern questions).
- If a line is drawn through one response option, then select the choice without the line, as the intent is clear
- For other than multi-mark questions, when more than one response option is marked, code the value as “M – Missing/Don't Know”

*Note: In instances where there are multiple marks **but** the caregiver's intent is clear, survey vendors should code the survey with the caregiver's **clearly identified** intended response.*

- For CAHPS Hospice Survey multi-mark questions, the following guidelines should be followed:
 - Question 2, “*In what locations did your family member receive care from this hospice? Please choose one or more.*” For Question 2, enter responses for all of the categories that the respondent has selected.
 - Question 34, “*What was your family member's race? Please choose one or more.*” For Question 34, enter responses for all of the categories that the respondent has selected. If the respondent writes Caucasian code as “5 – White.”

*Note: The decision on whether to key the responses to open-ended survey items, specifically, the “Other” in Question 1 (response option 9) and Question 2 (response option 6), and “Some other language” (response option 9) in Question 39, is up to each survey vendor. Survey vendors must **not** include responses to open-ended survey items on the data files submitted to the CAHPS Hospice Survey Data Warehouse. However, CMS encourages survey vendors to review the open-*

ended entries so that they can provide feedback to the CAHPS Hospice Survey Project Team about adding additional preprinted response options to these survey items, if needed.

Staff Training

Training of personnel on the CAHPS Hospice Survey data collection protocols is key to successful survey administration. Training of staff must be documented. This documentation must be available for review upon request by the CAHPS Hospice Survey Project Team. The following section addresses training provided to:

- Project staff
- Customer support personnel
- Mail data entry personnel
- Subcontractors and any other organizations responsible for major survey administration functions

Training of Project Staff

At a minimum, the survey vendor's Project Manager, subcontractors, and any other organizations responsible for major survey administration functions (e.g., mail/telephone/web operations), if applicable, must participate in all CAHPS Hospice Survey Training sessions sponsored by CMS. Individuals who are involved with and work on any aspect of CAHPS Hospice Survey operations (e.g., account managers, sampling specialists, quality assurance managers, programmers, information technology staff) must be thoroughly trained by the survey vendor on CAHPS Hospice Survey protocols and methodology to guarantee standardization of survey administration. Survey vendors must also provide training to their hospice clients on preparation of the decedents/caregivers lists.

Survey vendors must establish a process for training new project team members on CAHPS Hospice Survey administration in a timely fashion. It is strongly recommended that staff members are cross-trained in all aspects of the CAHPS Hospice Survey administration processes in case of unforeseen staffing turnover or absence. Back-up staff for CAHPS Hospice Survey administration responsibilities must be assigned to staff employed by the survey vendor.

Note: Volunteers are not permitted to be involved in any aspect of the CAHPS Hospice Survey administration process.

Training of Customer Support Personnel

Survey vendors must train customer support personnel in CAHPS Hospice Survey protocols and methodology to answer questions appropriately. Survey vendors must periodically (at a minimum on a quarterly basis) assess the reliability and consistency of customer support personnel responses. In addition, questions posed by surveyed caregivers should be reviewed regularly to determine if there is a need to develop additional FAQ. All inquiries received and responses provided through customer support must be documented. This documentation must be available for review upon request by the CAHPS Hospice Survey Project Team.

➤ **Distressed Respondent Procedures:**

- Of critical importance is the need for survey vendors to develop a “distressed respondent protocol” to be incorporated into all interviewer and customer support personnel training. Handling distressed respondent situations requires a balance between keeping PII and PHI confidential and helping a person who needs assistance. For survey research organizations, best interviewing practices recommend having a distressed respondent protocol in place to balance the respondent’s right to confidentiality and privacy with the need to provide assistance if the situation indicates that the respondent’s health and safety are in jeopardy (e.g., suicide hotline 988, contacting 911).
- If a respondent requests additional support, the CAHPS Hospice Survey Project Team recommends that survey vendors’ telephone staff put the respondent in contact with the appropriate local resource (generally a bereavement counselor or social worker on the hospice team that provided care to their family member or friend). This potential bereavement support is part of the services covered under the Medicare Hospice Benefit.

Training of Mail Data Entry Personnel

Survey vendors must address the following items when training data entry personnel:

- Use of data entry equipment and programs
- Survey specifications and protocols
- Survey instrument, question flow, and skip patterns
- Data key-entry and/or scanning procedures
- Validation programs
- Decision rules/ambiguous responses

Training of Subcontractors and Any Other Organizations Responsible for Major Survey Administration Functions

Survey vendors are responsible for the training and performance of subcontractors and any other organizations they use. In addition, during survey administration, survey vendors are responsible for providing quality oversight and monitoring of their subcontractor’s and/or other organization’s work to confirm that they are in compliance with CAHPS Hospice Survey guidelines.

Subcontractors and any other organizations that are responsible for major CAHPS Hospice Survey administration functions (e.g., mail/telephone/web operations) must attend the CAHPS Hospice Survey Training.

Note: Survey vendors are responsible for sampling and data submission; and therefore, must not subcontract these processes.

Monitoring and Quality Oversight

Survey vendors must establish a system for providing and documenting quality oversight and monitoring of the CAHPS Hospice Survey administration and project staff, including subcontractors and any other organizations. Quality check activities must be performed by a different staff member than the individual who originally performed the specific project task(s). In addition, survey vendors must:

- Perform and document quality checks of all key events in survey administration including, but not limited to: sample frame creation; sampling procedures; data receipt; data entry; data submission; back-up systems; etc.
- Perform and document quality checks of electronic programming code periodically, on an annual basis, at a minimum
- Monitor the performance of all staff involved with any aspect of programming, sample frame creation, sampling, processing of response data (from receipt and handling of returned surveys, through data entry, validation, and edit checking) on an ongoing basis, including conducting on-site verification of processes (strongly recommended on an annual basis, at a minimum)
- Ensure that staff, subcontractors, and any other organizations are compliant with HIPAA regulations
- Monitor the performance of subcontractors and any other organizations, including conducting on-site verification of subcontractor processes, such as printing and mailing processes and telephone survey administration (strongly recommended on an annual basis, at a minimum) and document the quality check activities conducted during the visit, regardless of whether they are using internal staff, subcontractors, or any other organizations to perform this work
- Provide performance feedback to all project staff, subcontractors, and any other organizations through regular assessments, including special emphasis placed on the detection and correction of identified performance problems

To avoid mail administration errors and to make certain that questionnaires are delivered as required, survey vendors must:

- perform interval checking of at least 10 percent (on an ongoing and continuous basis throughout the survey administration period) of all printed mailing pieces for:
 - fading, smearing and misalignment of printed materials
 - appropriate survey contents, accurate address information, and proper postage on the survey sample packet
 - assurance that all printed materials in a mailing envelope have the same unique identifier
 - If two-sided printing is used to include an additional language on letters, survey vendors must check to ensure the same identifiers are on both sides of the letter
 - inclusion of all eligible sampled decedents/caregivers in the sample mailing for that month
- include seeded mailings in the mail production runs for both prenotification letter and survey mailings at minimum on a quarterly basis
 - Seeded mailings are sent to designated CAHPS Hospice Survey vendor project staff (other than the staff producing the materials) to check for timeliness of delivery, accuracy of addresses, content of the mailing, and quality of the printed materials
 - Quality checks of seeded mailing materials must be documented and retained in a log or database
 - Seeded mailings must be integrated into the hospice's batched prenotification and survey mailings, not sent as a stand-alone mailing to CAHPS Hospice Survey vendor project staff

- Physical and/or scanned copies of seeded mailings must be retained for a minimum of three years
- perform address updates for missing or incorrect information
 - Attempts must be made to update address information to confirm accuracy and correct formatting
 - It is permissible for survey vendors to request updated information about specific decedents/caregivers, rather than requesting a complete updated list
 - In addition to working with client hospices to obtain the most current caregiver contact information, survey vendors must employ other methods, such as the National Change of Address (NCOA) and the United States Postal Service (USPS) Coding Accuracy Support System (CASS) Certified Zip+4 software. Other means are also available to update addresses for accurate mailings, such as:
 - commercial software
 - internet search engines

*Note: If automated processes are being used to perform interval checks, then checks of the system or equipment must be performed regularly. Survey vendors **must** retain a record of all quality control activities and document these activities in the survey vendor's QAP. All materials relevant to survey administration are subject to review.*

The CAHPS Hospice Survey Project Team will conduct site visits to survey vendors, their subcontractors and any other organizations, if applicable, to review survey vendors' operations, monitoring, quality oversight practices, and documentation. As noted earlier, if a survey vendor is non-compliant with program requirements for any of their contracted hospices, the hospice survey data may not be reported.

Safeguarding Decedent/Caregiver Confidentiality

Survey vendors must take the following actions to further protect the confidentiality of decedents/caregivers:

- Prevent unauthorized access to confidential electronic and hard copy information by restricting physical access to confidential data (use locks or password-protected entry systems on rooms, file cabinets, and areas where confidential data are stored)
 - Store returned mail paper questionnaires and/or electronically scanned questionnaires in a secure and environmentally safe location for a minimum of three years
- Develop a confidentiality agreement which includes language related to HIPAA regulations and the protection of PII, and obtain signatures from all personnel with access to survey information, including staff and subcontractors, and any other organizations, if applicable, involved in survey administration and data collection

Note: Confidentiality agreements must be signed by all personnel upon employment. Confidentiality agreements must be reviewed and re-signed periodically, at the discretion of the survey vendor, but not to exceed more than a three-year period. The CAHPS Hospice Survey Project Team recommends all personnel involved in the CAHPS Hospice Survey review and re-sign confidentiality agreements on an annual basis.

- Execute BAAs in accordance with HIPAA regulations

- Provide HIPAA training to staff prior to providing access to decedent/caregiver PHI and PII
- Confirm that staff, subcontractors, and any other organizations, if applicable, are compliant with HIPAA regulations in regard to decedent/caregiver PHI
- Establish protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.
- Establish protocols for identifying security breaches and instituting corrective actions

Note: It is strongly recommended that the method used by contracted hospices to transmit information (e.g., decedents/caregivers lists) to the survey vendor be reviewed by the hospice's HIPAA/Privacy Officer to confirm compliance with HIPAA regulations. Any materials (e.g., QAP, questionnaires, cover letters, tracking forms) submitted by the survey vendor to the CAHPS Hospice Survey Project Team must be blank templates and must not contain any decedent/caregiver PHI.

Survey vendors must have physical plant resources available to handle the volume of surveys being administered, in addition to systematic processes that effectively track sampled decedents'/caregivers' progress through the data collection protocol and caregivers' responses to the survey. System resources are subject to oversight activities including site visits to physical locations.

Data Security

Survey vendors must securely store caregiver identifying electronic data and responses to the survey. Survey vendors must take the following actions to secure the data. Survey vendors who were approved for remote operations must ensure that these actions apply to all remote activities.

- Use a firewall, VPN, and/or other mechanisms for preventing unauthorized access to the electronic files
 - Survey vendors must notify the CAHPS Hospice Survey Project Team within 24 hours upon discovery of a data breach that potentially affects CAHPS Hospice Survey administration within their organization or at a client hospice
- Implement access levels and security passwords so that only authorized users have access to sensitive data
- Implement daily data back-up procedures that adequately safeguard system data
- Test back-up files at a minimum on a quarterly basis to make sure the files are easily retrievable and working
- Perform frequent saves to media to minimize data losses in the event of power interruption
- Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster. The plan must be made available to the CAHPS Hospice Survey Project Team upon request.

Data Retention and Storage

Survey vendors must store all CAHPS Hospice Survey files, data collected through a web survey system, returned paper questionnaires or scanned images of paper questionnaires, and survey administration related data in a secure and environmentally controlled location for a minimum of three years, and it must be easily retrievable, when needed. Survey vendors must destroy survey-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location and obtain a certificate of the destruction of data.

X. Data Coding and Data File Preparation

New for QAG V11.0

New in the Data Coding and Data File Preparation Chapter for QAG V11.0:

- Details about coding cases that use the Web Mail mode, including new “number-survey-attempts-web” and “email-status” variables in the Decedent/Caregiver Administrative Record
- Beginning with the XML V11.0, the Survey Results Record has been updated to correspond to the revised CAHPS Hospice Survey. A number of items have been added, removed, or changed order within the Survey Results Record.

Overview

The CAHPS Hospice Survey uses standardized protocols for file specifications, coding, and submission of data. This chapter provides information about preparing data files for submission to the CAHPS Hospice Survey Data Warehouse including requirements for assigning the random, unique, de-identified decedent/caregiver identification number; XML file specifications; coding and interpreting ambiguous or missing data elements in returned surveys; survey disposition codes; and determining the rate of response.

Random, Unique, De-identified Tracking Number

The survey vendor must assign each decedent/caregiver in the sample a random, unique, identification number (Decedent ID). This Decedent ID is used to follow records through the data collection process and report whether the survey for each decedent/caregiver has been returned or needs a repeat mailing or telephone follow-up. Any de-identified combination of up to 16 letters and numbers may be used.

The Decedent ID must not include any combination of letters or numbers that can otherwise identify the decedent or caregiver.

- For example, these **must not** be combined in any manner to generate the Decedent ID:
 - the date of death (month, date and/or year),
 - the birth date (month, date and/or year) and
 - hospice ID number (e.g., decedent record number received from the hospice)

Each month, sampled decedents/caregivers must be assigned a new Decedent ID; numbers must **not** be repeated from month to month, or used in a sequential numbering order unless the decedents/caregivers list is randomized prior to the assignment of the Decedent ID.

File Specifications

The survey vendor must submit their data files to the CAHPS Hospice Survey Data Warehouse before the quarterly submission deadline listed in the “CAHPS Hospice Survey Administration and Data Submission Schedule” table (see *Introduction and Overview* chapter). Survey vendors are required to submit their data files to the CAHPS Hospice Survey Data Warehouse in the XML file format, and files must be encrypted prior to submission.

XML File Specifications

CAHPS Hospice Survey data are to be submitted using an XML file format. Survey vendors are permitted to submit multiple XML files as long as all three months of data for given CCNs are in one XML file. Survey vendors may also submit one XML file containing all months of data for all CCNs. If, for example, a survey vendor has 10 client hospices, the survey vendor may submit anywhere between 1 and 10 XML files for the quarter, but months of data for one CCN may not be split among multiple files. **For the vendor's final submission(s) each quarter, a separate file for each month of data is not permitted.**

If a survey vendor submits multiple data files for a CCN in any quarter, the most recent submission for that CCN will completely overwrite any previous submission for that CCN, and only the CCN's data in the most recent submission will be stored in the CAHPS Hospice Survey Data Warehouse. If, for example, a survey vendor submits an XML file containing 10 CCNs, and later in the same quarter submits a new XML file containing one of those 10 CCNs, the one CCN that appeared in both files will be overwritten by the later submission.

No substitutions for valid data element values are acceptable. For the full listing of valid values, details on the XML file specifications and a sample XML file layout, see Appendix E.

Each XML file consists of four parts:

1. Vendor Record
2. Hospice Record
3. Decedent/Caregiver Administrative Record
4. Survey Results Record

1. Vendor Record

Each quarterly data file submitted by a survey vendor begins with the Vendor Record. The Vendor Record contains information on the date and number of submissions and is applicable to every record in the file.

- The Vendor Record must appear once per file, and the year, month, and day of the submission must correspond to the date on which the file is submitted to the CAHPS Hospice Survey Data Warehouse
- The file submission number is an ordinal variable that represents the number of submissions for the given date. This number will usually be 1.

2. Hospice Record

The second part of the data submission file is the Hospice Record. There are three Hospice Records per CCN contained within the file, one for each month of the quarter. The Hospice Record contains identification and sampling information that is applicable to every survey record in that month for the given hospice. The Hospice Record includes such variables as: hospice name; CCN; National Provider Identifier (NPI); survey mode; the total number of decedent cases in the hospice in the month; the number of live discharge patients reported by the hospice in the month; the number of "no publicity" decedents/caregivers reported by the hospice in the month; the number of unique decedent/caregiver records actually received from the hospice for the month; the number of cases excluded from the sample frame because the decedent's date of death is missing; the number of decedents/caregivers determined by the survey vendor to be ineligible (pre-sample and post-

sample); the number of available cases for the sample; the number of sampled cases; the sample size for the month; and the number of hospice offices.

*Note: For hospice CCNs that begin with a letter, the letter **must** be capitalized in the XML file submission (i.e., A10100; B20100).*

Survey vendors must submit a Hospice Record for hospices with zero survey-eligible decedents/caregivers (zero cases) in a month, as long as the hospice confirms in writing that it had zero eligible cases during the month.

Survey vendors must **not** assume that if a hospice does not submit a monthly sample file that there are zero survey-eligible decedents/caregivers for the month. The hospice must confirm in writing that there are zero survey-eligible decedents/caregivers for the month. If no written confirmation is received, then a Hospice Record for that month must not be uploaded and a Discrepancy Report must be submitted.

*Note: “Zero cases” submissions must **not** be used when hospices or survey vendors missed surveying eligible decedents/caregivers, such as when hospices do not submit the decedents/caregivers list for the month to their survey vendor in a timely manner, or do not confirm in writing that the hospice had zero eligible decedents/caregivers in a month. In situations such as these, a Hospice Record must **not** be uploaded for the CCN/month, and a Discrepancy Report must be completed and submitted. Survey vendors **must** confirm if a hospice had any decedents/caregivers in a month if the hospice does not submit a sample file for any month.*

- The “total-decedents” field is included in the hospice’s sample file. It should equal the total number of decedents in the hospice in the month, including “no-publicity” decedents/caregivers, as provided by the hospice.
 - If the “total decedents” count minus the number of “no publicity” decedents/caregivers does not equal the number of records submitted by the hospice and the survey vendor has been unsuccessful in resolving the counts with the hospice, a Discrepancy Report must be submitted
- The “records received” variable must be submitted for each CCN/month. This variable indicates the number of decedent/caregiver records actually received for each hospice CCN each month. This variable should match the “total decedents” variable submitted by the hospice, minus the number of “no-publicity” decedents/caregivers. However, this variable is calculated independently by the survey vendor based **only** on the number of decedent/caregiver records received.

The “available-sample,” “sampled-cases,” and “sample-size” variables are calculated as follows:

- The “available-sample” field should equal the total number of decedent/caregiver records received for the CCN in the month (“records-received”), minus the number of decedents missing date of death (“missing-dod”) and the number of decedents/caregivers found ineligible prior to sampling (“ineligible-presample”)

“available-sample” should be calculated as:

Available Sample = Records Received – (Missing DOD + Ineligible Pre-sample)

Note: The calculation of “available-sample” is based on the “records-received” variable. Because “no-publicity” decedents/caregivers are not submitted to the survey vendor, they are not included in the calculation for “available-sample.”

- The “sampled-cases” field 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 (“available-sample”) because all cases available for sampling are drawn into the sample.

“sampled-cases” should be calculated as:

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

- In calculating the “sample-size” field, the number of survey-eligible decedents/caregivers in the sample frame in the month must **not** include decedents/caregivers who are determined to be ineligible or excluded, regardless of whether they are selected for the survey sample

If a decedent/caregiver is selected for the survey sample and is later determined to be ineligible (i.e., “Final Survey Status” code of “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”), or incorrectly sampled (“16 – Sampling Error”), then the decedent/caregiver must be subtracted from the number of survey-eligible decedents/caregivers in the month and must be included in the “ineligible-post-sample” field.

“sample-size” should be calculated as:

Sample Size = Sampled Cases – Any cases with an ineligible “Final Survey Status” code (2, 3, 4, 5, 6, and/or 14) or incorrectly sampled (16)

- When hospices sample 100 percent of the survey-eligible decedents/caregivers (i.e., a census), the “sample-type” must be coded as “2 – Census Sample.” See the *Sampling Protocol* chapter for information on sampling options.

The chart below contains examples of the correct calculations of the decedent/caregiver counts included in the Hospice Record:

Sample Type	Total Decedents	No Publicity	Records Received	Missing Date of Death	Ineligible Pre-sample	Available Sample	Sampled Cases	Ineligible Post-sample	Sample Size
<sample-type>	<total-decedents>	<no-publicity>	<records-received>	<missing-dod>	<ineligible-presample>	<available-sample>	<sampled-cases>	<ineligible-postsample>	<sample-size>
Census	100	1	99	1	5	93	93	13	80
Census	10	0	10	0	1	9	9	2	7
Simple Random Sample	100	2	98	0	3	95	75	5	70
Simple Random Sample	500	5	495	1	24	470	200	50	150

3. Decedent/Caregiver Administrative Record

The third part of the data submission file is the Decedent/Caregiver Administrative Record. This contains information on each sampled decedent/caregiver in the file including the Decedent ID; final survey status; survey completion mode, if applicable; language in which the survey was administered or attempted to be administered; lag time; and supplemental question count. In addition, this section should contain the following information for the decedent: date of birth, date of death, sex, race/ethnicity, primary diagnosis, admission date for final episode of hospice care, payers, last location/setting of care, and caregiver relationship to decedent.

The following guidelines must be followed when submitting the Decedent/Caregiver Administrative Records:

- All fields in the Decedent/Caregiver Administrative Record must have a valid value. Use the appropriate code (e.g., “M – Missing/Don’t Know,” “8888”) for all missing fields, with the following exception:
 - The “language” field must be completed with the appropriate valid value indicating the survey language in which survey administration was attempted (English, Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean), even if a caregiver does not complete the survey
- Decedent/Caregiver Administrative Record information must be submitted for all decedents/caregivers selected for the survey sample (e.g., cases included in the “sampled-cases” count), including decedents/caregivers found to be incorrectly sampled or ineligible after the start of survey administration (“ineligible-post-sample”)
- The “survey-completion-mode” field must be submitted if the “survey-mode” in the Hospice Record is “3 – Mixed mode” or “4 – Web Mail” and the “Final Survey Status” is “1 – Completed Survey,” “6 – Ineligible: Never Involved in Decedent Care,” or “7 – Non-response: Break-off”

Note: “survey-completion-mode” may be “88 - Not Applicable” for “survey-mode” of “1 – Mail Only” and “2 – Telephone Only.”

There are three fields that correspond to the number of survey attempts made for each case, which must be completed based on the survey mode. The “number-survey-attempts-telephone,” “number-survey-attempts-mail,” and “number-survey-attempts-web” fields are submitted in accordance with the requirements identified below for **all** CAHPS Hospice Survey “Final Survey Status” codes.

- The “number-survey-attempts-telephone” field is coded with the attempt that corresponds to final survey status determination and must be submitted when:
 - the “survey-mode” in the Hospice Record is “2 – Telephone Only”
 - the “survey-mode” in the Hospice Record is “3 – Mixed mode”

Note: “number-survey-attempts-telephone” may be “88 - Not Applicable” for “survey-mode” of “1 – Mail Only” or “4 – Web Mail.”

Note: “number-survey-attempts-telephone” may be “0” for “survey mode” of “3 – Mixed mode” if the survey was completed by mail.

- The “number-survey-attempts-mail” field indicates whether the returned mail survey came from the first or second survey mailing and must be submitted when:
 - the “survey-mode” in the Hospice Record is “1 – Mail Only”
 - the “survey-mode” in the Hospice Record is “4 – Web Mail”

Note: “number-survey-attempts-mail” may be “88 - Not Applicable” for “survey-mode” of “2 – Telephone Only” or “3 – Mixed mode.”

- The “number-survey-attempts-web” indicates whether the submitted web survey came from the email invitation or email reminder and must be submitted when:
 - the “survey-mode” in the Hospice Record is “4 – Web Mail”

Note: “number-survey-attempts-web” may be “88 - Not Applicable” for “survey-mode” of “1 – Mail Only”, “2 – Telephone Only,” or “3 – Mixed mode.”

- The “email-status” indicates if a caregiver email address was provided by the hospice and must be submitted when:
 - the “survey-mode” in the Hospice Record is “4 – Web Mail”

Note: “email-status” may be “88 - Not Applicable” for “survey-mode” of “1 – Mail Only”, “2 – Telephone Only,” or “3 – Mixed mode.”

- The “lag-time” is calculated for each decedent/caregiver in the sample and is defined as the number of days between the decedent’s date of death and the date that data collection activities ended for the decedent/caregiver (e.g., date of receipt of mail survey and/or comment from caregiver indicating the appropriate “Final Survey Status” code)

- All surveys (i.e., “Final Survey Status” codes of 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, or M) **must** contain the actual lag time

Note: If the code “33 – No response Collected” is used for interim data submissions, calculation of lag time is not required.

- The following are brief illustrations of how lag time would be determined for each “Final Survey Status” (“survey-status”):
 - **Completed Survey** (code 1): Lag time is the number of days between the decedent’s date of death and the receipt of a completed web or mail survey or the completion of a telephone survey
 - **Ineligible: Deceased** (code 2): Lag time is the number of days between the decedent’s date of death and the notification date indicating that the caregiver is deceased
 - **Ineligible: Not in Eligible Population** (code 3): Lag time is the number of days between the decedent’s date of death and the notification date indicating that the decedent/caregiver is not eligible for the CAHPS Hospice Survey
 - **Ineligible: Language Barrier** (code 4): Lag time is the number of days between the decedent’s date of death and the notification date indicating that a language barrier prevents the caregiver from completing the CAHPS Hospice Survey
 - **Ineligible: Mental/Physical Incapacity** (code 5): Lag time is the number of days between the decedent’s date of death and the notification date indicating that a mental or physical incapacity prevents the caregiver from completing the CAHPS Hospice Survey
 - **Ineligible: Never Involved in Decedent Care** (code 6): Lag time is the number of days between the decedent’s date of death and the notification date indicating that the caregiver was never involved in hospice care for the decedent
 - **Non-response: Break-off** (code 7): Lag time is the number of days between the decedent’s date of death and the notification date that the caregiver “breaks off” or fails to complete the CAHPS Hospice Survey after the survey has started
 - **Non-response: Refusal** (code 8): Lag time is the number of days between the decedent’s date of death and the notification date that the caregiver (or someone on the caregiver’s behalf) refuses to take the CAHPS Hospice Survey
 - **Non-response: Non-response after Maximum Attempts** (code 9): Lag time is the number of days between the decedent’s date of death and the date of the maximum attempt (mail and web mail: non-return of the second mailing of survey; telephone and mixed: fifth call attempt) to administer the CAHPS Hospice Survey
 - **Non-response: Bad/No Address** (code 10): Lag time is the number of days between the decedent’s date of death and the date it is determined that the caregiver’s actual mailing address is not viable
 - **Non-response: Bad/No Telephone Number** (code 11): Lag time is the number of days between the decedent’s date of death and the date it is determined that the caregiver’s actual telephone number is not viable
 - **Non-response: Incomplete Caregiver Name** (code 12): Lag time is the number of days between the decedent’s date of death and the date it is determined that the caregiver’s complete name is not available

- **Non-response: Incomplete Decedent Name** (code 13): Lag time is the number of days between the decedent’s date of death and the date it is determined that the decedent’s complete name is not available
- **Ineligible: Institutionalized** (code 14): Lag time is the number of days between the decedent’s date of death and the notification date indicating that the caregiver is institutionalized
- **Non-Response: Hospice Disavowal** (code 15): Lag time is the number of days between the decedent’s date of death and the notification date indicating that the decedent did not receive care from any hospice or the named hospice
- **Sampling Error** (code 16): Lag time is the number of days between the decedent’s date of death and the date the survey vendor learned the case should not have been drawn into the sample

To illustrate the calculation of lag time where a caregiver did not respond to the survey, two examples are provided:

Example A: Lag Time Calculation – Mail	
Mode of Survey Administration	Mail Only
Decedent Date of Death	March 16
Date of First Mail Attempt	June 1 (77 days after death)
Date of Follow-up Mail Attempt	June 22 (21 days after first mail attempt)
Date Data Collection Activities Ended for this Decedent/Caregiver	July 20 (49 calendar days after first mail attempt) Caregiver never returned the CAHPS Hospice Survey
CAHPS Hospice Survey Final Status	Code as “9 – Non-response: Non-response after Maximum Attempts” because the data collection protocol of 49 days has been reached and the caregiver has not returned the CAHPS Hospice Survey
Lag Time	Calculated as 126 days (number of days between the patient’s death [March 16] to the date data collection activities ended [July 20])
Example B: Lag Time Calculation – Telephone	
Mode of Survey Administration	Telephone Only
Decedent Date of Death	March 16
Date of First Attempt	June 1 (77 days after decedent death)
Date Data Collection Activities Ended for this Decedent/Caregiver	July 3 (date of the fifth call attempt)
CAHPS Hospice Survey Final Status	Code as “9 – Non-response: Non-response after Maximum Attempts” because the caregiver had not been reached although five attempts were made
Lag Time	Calculated as 109 days (number of days between the decedent’s death [March 16] and the date of the fifth call attempt [July 3])

To illustrate the calculation of lag time when a caregiver responds and completes the survey, two examples are provided:

Example C: Lag Time Calculation – Mail	
Mode of Survey Administration	Mail Only
Decedent Date of Death	March 16
Date of First Mail Attempt	June 1 (77 days after death)
Date of Response	June 14
CAHPS Hospice Survey Final Status	Code as “1 – Completed Survey,” “6 – Ineligible: Never Involved in Decedent Care,” or “7 – Non-response: Break-off”
Lag Time	Calculated as 90 days (number of days between the patient’s death [March 16] to the date response was received [June 14])

Example D: Lag Time Calculation – Web	
Mode of Survey Administration	Web Mail
Decedent Date of Death	March 16
Date of First Email Attempt	June 1 (77 days after death)
Date of Reminder Email Attempt	June 3 (79 days after death)
Date of First Mail Attempt:	June 6 (82 days after death)
Date of Response	June 14
CAHPS Hospice Survey Final Status	Code as “1 – Completed Survey,” “6 – Ineligible: Never Involved in Decedent Care,” or “7 – Non-response: Break-off”
Lag Time	Calculated as 90 days (number of days between the patient’s death [March 16] to the date response was received [June 14])

- The “supplemental-question-count” field must be submitted when the “Final Survey Status” is “1 – Completed Survey,” “6 – Ineligible: Never Involved in Decedent Care,” or “7 – Non-response: Break-off.” The value submitted is the count of supplemental questions included in the survey for the given decedent/caregiver (whether or not the supplemental questions were asked or contained responses).

4. Survey Results Record

The fourth part of the data submission file is the Survey Results Record. This set of records contains the actual survey responses from each caregiver who responded to the CAHPS Hospice Survey.

Note: Beginning with the XML V11.0, the Survey Results Record has been updated to correspond to the revised CAHPS Hospice Survey. A number of items have been added, removed, or have changed order within the Survey Results Record.

The Survey Results Record is required only when “Final Survey Status” in the Decedent/Caregiver Administrative Record is coded “1 – Completed Survey,” “6 – Ineligible: Never Involved in

Decedent Care,” or “7 – Non-response: Break-off.” When the Survey Results Record is included, all response fields must have a valid value, which may include “M – Missing/Don’t Know” and “88 – Not Applicable.” The opening and closing <caregiverresponse> XML tags (which enclose the Survey Results Record) are not necessary when there are no survey responses to submit for a given decedent/caregiver.

Note: The Survey Results Record is not required for “Final Survey Status” of anything other than “1 – Completed Survey,” “6 – Ineligible: Never Involved in Decedent Care,” or “7 – Non-response: Break-off;” however, if the Survey Results Record is included, then all fields must have a valid value.

The following guidelines must be followed when submitting the Survey Results Records:

- Enter all survey responses as provided by the caregiver for each survey item
- For Question 32, “*What is the highest grade or level of school that your family member completed?*” if a caregiver indicates that he or she does not know the decedent’s education, the interviewer should code “<7> RESPONDENT INDICATES THAT HE OR SHE DOES NOT KNOW FAMILY MEMBER’S LEVEL OF EDUCATION.” This should not be recoded to “M – Missing/Don’t Know” in the data file.
- 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 in Question 34, “*What was your family member’s race? Please choose one or more.*”
 - For mail, telephone, and web surveys, enter **all** of the categories that the caregiver has selected. If the caregiver responds “Yes” to a category, enter “1.” If the caregiver responds “No” to a category, enter “0.” If the caregiver does not provide a response to any of the categories or skips the question, enter “M – Missing/Don’t Know.”

Note: A Valid Value must be submitted for each category in Question 2 and Question 34.

- If the same caregiver completes two surveys for the same decedent (e.g., the caregiver returns both mail surveys), the survey vendor must use the **first** CAHPS Hospice Survey received

Decision Rules and Coding Guidelines

The CAHPS Hospice Survey decision rules and coding guidelines have been developed to address situations in which survey responses are ambiguous, missing, or incorrectly provided, and to capture appropriate information for data submission. Survey vendors must adhere to the decision rules and coding guidelines included in the survey administration chapters to ensure valid and consistent coding of these situations.

Survey Skip Patterns

There are several items in the CAHPS Hospice Survey that can and should be skipped by certain respondents. These items form skip patterns. Seven questions in the CAHPS Hospice Survey serve as screener questions (Questions 3, 4, 14, 16, 18, 20, and 22) that determine whether the associated dependent questions require an answer. The following decision rules are provided to assist in the coding of caregiver responses to skip pattern questions.

- Do not correct a screener question by imputing a response based on the caregiver's answers to the dependent questions. Enter the value provided by the caregiver.
- For mail questionnaire skip patterns:
 - If the screener question is left blank, code it as "M – Missing/Don't Know." In this scenario, code any appropriately skipped dependent questions as "M – Missing/Don't Know." Do not impute responses based on how the caregiver answers questions.
 - In instances where the caregiver made an error in the skip pattern, dependent questions are coded with the response provided by the caregiver. That is, survey vendors must not "clean" or correct skip pattern errors on surveys completed by a caregiver.
 - Dependent questions that are appropriately skipped should be coded as "88 – Not Applicable"
- For telephone questionnaire skip patterns:
 - In instances where the caregiver answers "I don't know" or refuses to answer the screener question, code response option of "M – Missing/Don't Know"
 - When answer options of "M – Missing/Don't Know" are used for coding screener questions, the skip pattern should be programmed into the electronic telephone interviewing system. The resulting associated dependent questions should be coded as "M – Missing/Don't Know."
 - Appropriately skipped dependent questions should be coded as "88 – Not Applicable"
- For web questionnaire skip patterns:
 - It is important for caregivers to be able to skip questions while completing the web survey. Survey vendors must not impute a response. If a value is missing, then code the response as "M – Missing/Don't Know."
 - Skip patterns should be programmed into the web survey
 - If screener questions are not answered and therefore coded as "M –Missing/Don't Know," then the corresponding dependent questions must be skipped and coded as "M – Missing/Don't Know"
 - Appropriately skipped dependent questions should be coded as "88 – Not Applicable"

Note: As noted above, for telephone and web administration, skip patterns should be programmed into the electronic telephone interviewing and web systems. Coding may be done automatically by the telephone interviewing or web system or later during data preparation.

Disposition of Survey Codes

Maintaining up-to-date dispositions of survey codes is a required part of the CAHPS Hospice Survey administration process. Using the random, unique, de-identified Decedent ID, the survey vendor assigns each decedent/caregiver in the sample a survey status code, which is used to track and report whether the caregiver has completed the survey or requires further follow-up. Typically, survey status codes are either interim (which indicate the status of each sampled decedent/caregiver during the data collection period) or final (which indicate the final outcome of each decedent/caregiver surveyed at the end of data collection, that is – "Final Survey Status").

Interim disposition codes are to be used only for internal tracking purposes. The data files that are submitted to the CAHPS Hospice Survey Data Warehouse must contain the CAHPS Hospice Survey “Final Survey Status” codes. Interim survey status codes allow the survey vendor to calculate and report the number of completed questionnaires and the response rate at any time during the data collection period. After data collection is completed, the survey vendor assigns each sampled decedent/caregiver a “Final Survey Status” code.

Code Description

The following provides details on the assignment of the “Final Survey Status” field.

1 Completed Survey

Survey vendors assign a “Final Survey Status” code of “1 – Completed Survey” when the caregiver answers at least 50 percent of the questions applicable to all (ATA) decedents/caregivers. For detailed information on a completed survey, refer to “Definition of a Completed Survey” in this section.

2 Ineligible: Deceased

Survey vendors assign a “Final Survey Status” code of “2 – Ineligible: Deceased” when the caregiver is deceased by time of survey administration.

3 Ineligible: Not in Eligible Population

Survey vendors assign a “Final Survey Status” code of “3 – Ineligible: Not in Eligible Population” when the survey vendor learns after survey administration begins that the decedent/caregiver **does not** meet the eligibility criteria.

➤ This may occur if:

- The vendor learns that the sampled caregiver is a non-familial legal guardian or non-familial paid caregiver and there is no other eligible caregiver residing in the household
- It is determined that a patient is still living or that his or her last admission to the hospice resulted in a live discharge

Note: Cases ineligible due to live discharge or “no publicity” should not be included in decedents/caregivers lists received from hospices. Survey vendors should work closely with hospices that have not removed these patients prior to submitting the decedents/caregivers list to ensure that subsequent file submissions do not include such patients. In addition, a Discrepancy Report must be filed for cases that are included in the decedents/caregivers list and drawn into the sample that are later determined to be a live discharge or “no publicity.”

4 Ineligible: Language Barrier

Survey vendors assign a “Final Survey Status” code of “4 – Ineligible: Language Barrier” when there is evidence that the caregiver does not read or speak the language in which the survey is being administered.

5 Ineligible: Mental/Physical Incapacity

Survey vendors assign a “Final Survey Status” code of “5 – Ineligible: Mental/Physical Incapacity” when the caregiver is unable to complete the survey because he/she is mentally or physically incapacitated. This includes caregivers who are visually/hearing impaired.

6 Ineligible: Never Involved in Decedent Care

Survey vendors assign a “Final Survey Status” code of “6 – Ineligible: Never Involved in Decedent Care” when the 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 respondent resides in the household (coded “NOT INVOLVED IN CARE AND NO PROXY IDENTIFIED” on INTRO of the CATI script).

7 Non-response: Break-off

Survey vendors assign a “Final Survey Status” code of “7 – Non-response: Break-off” when a 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.

8 Non-response: Refusal

Survey vendors assign a “Final Survey Status” code of “8 – Non-response: Refusal” when a caregiver returns a blank survey with no completed questions with a note stating they do not wish to participate, or when a caregiver verbally refuses to complete the survey. Surveys completed by a respondent outside of the sampled caregiver household are coded as “8 – Non-response: Refusal.”

Note: If a caregiver returns a survey with a note stating they do not wish to participate or if a caregiver verbally refuses to complete the survey, but the caregiver has already answered at least one survey question, the case should be coded as “1 – Completed Survey” or “7 – Non-response: Break-off,” as appropriate, and the survey results should be submitted.

Note: If a caregiver will not be available during the fielding period, a proxy is not identified, and the maximum number of calls have not been made, the case should be coded as “8 – Non-response: Refusal.”

Note: Respondents who reside outside of the household of the sampled caregiver are not permitted. In the event that it is determined a survey has been completed by a respondent outside of the sampled caregiver household, the decedent/caregiver is assigned a “Final Survey Status” code of “8 – Non-response: Refusal.” The survey vendor submits the Decedent/Caregiver Administrative Record but does not submit the survey responses. The survey vendor retains a copy of such a survey and any accompanying documentation. If a survey is returned with a note or someone verbally refuses on behalf of the decedent/caregiver, the survey vendor should code the survey as “8 – Non-Response: Refusal.”

9 Non-response: Non-response after Maximum Attempts

Survey vendors assign a “Final Survey Status” code of “9 – Non-response: Non-response

after Maximum Attempts” when one of the following occurs:

- There is no evidence to suggest that a caregiver’s contact information is bad (e.g., bad or no address in Mail Only or Web Mail modes, bad or no telephone number in Telephone Only or Mixed mode), and one of the following is true:
 - If after the maximum number of attempts (two mail attempts for Mail Only and Web Mail), the caregiver has not returned the survey by the end of the survey administration time period (i.e., 49 calendar days from initial contact), or
 - If after the maximum number of attempts (five) for Telephone Only; and one mail attempt and five telephone attempts for Mixed mode; the caregiver has not completed the survey, or
 - If the survey is returned by mail or completed by telephone more than 49 calendar days from initial contact

10 Non-response: Bad/No Address

This disposition code applies to the Mail Only and Web Mail modes.

- For the Mail Only mode, survey vendors assign a “Final Survey Status” code of “10 – Non-response: Bad/No Address” when there is evidence that a caregiver’s address is bad (e.g., the post office returns the questionnaire to the survey vendor) or no address is available for the caregiver.
- For the Web Mail mode, “10 – Non-response: Bad/No Address” is used when the web survey is not submitted and there is evidence that a caregiver’s address is bad or missing, or if both the email and address are bad or missing.

11 Non-response: Bad/No Telephone Number

This disposition code applies to the Telephone Only and Mixed modes of administration.

- For the Telephone Only mode, survey vendors assign a “Final Survey Status” code of “11 – Non-response: Bad/No Telephone Number” when there is evidence that a caregiver’s telephone number is bad or missing (e.g., no telephone number available or a disconnected telephone number).
- For the Mixed mode, “11 – Non-response: Bad/No Telephone Number” is used when the mail survey is not returned and there is evidence that a caregiver’s telephone number is bad or missing, or if both the address and the telephone number are bad or missing.

12 Non-response: Incomplete Caregiver Name

Survey vendors assign a “Final Survey Status” code of “12 – Non-response: Incomplete Caregiver Name” when the full caregiver name is unavailable (e.g., survey vendor re-contacted the hospice client to inquire about receiving a caregiver name or an update for partial name information).

*Note: If the caregiver name is **completely** missing after re-contacting the hospice client, the final survey status is “12 – Non-response: Incomplete Caregiver Name.” Only cases where **the hospice has indicated in their decedent/caregiver file** that there is a caregiver relationship of “8 - No caregiver of record” may be removed as an ineligible case prior to sampling.*

13 Non-response: Incomplete Decedent Name

Survey vendors assign a “Final Survey Status” code of “13 – Non-response: Incomplete

Decedent Name” when there is evidence that the full decedent name is unavailable (e.g., survey vendor re-contacted the hospice client to inquire about an update for missing or partial name information).

14 Ineligible: Institutionalized

Survey vendors assign a “Final Survey Status” code of “14 – Ineligible: Institutionalized” to a decedent/caregiver case when the caregiver is unable to complete the survey because he/she is identified to be institutionalized. This includes caregivers who are in a psychiatric facility or correctional institution.

15 Non-response: Hospice Disavowal

Survey vendors assign a “Final Survey Status” code of “15 – Non-response: Hospice Disavowal” when a caregiver indicates that a decedent did not receive care from any hospice or the named hospice. This may occur when a mail survey is returned with a note from the caregiver, through a call to the project toll-free number, or during telephone interviewing.

16 Sampling Error

Survey vendors assign a “Final Survey Status” code of “16 – Sampling Error” when a decedent/caregiver is incorrectly drawn into the sample, such as being sampled from the incorrect hospice CCN or as a duplicate. This code should **not** be used for ineligible cases (as outlined in code “3 – Ineligible: Not in Eligible Population”).

Assigning Bad Address and/or Bad Telephone Number Disposition Codes

The “Final Survey Status” codes of “9 – Non-response: Non-response after Maximum Attempts,” “10 – Non-response: Bad/No Address,” and “11 – Non-response: Bad/No Telephone Number” are assigned based on the viability of the address and telephone number for the caregiver. Survey vendors must track the viability of the mailing address and telephone number for each caregiver during survey administration. In general, the contact information is assumed to be viable unless there is sufficient evidence to suggest otherwise. If the evidence is insufficient, the survey vendor must continue attempting to contact the caregiver until the required number of attempts has been exhausted.

*Note: Attempts must be made to contact every survey-eligible decedent/caregiver drawn into the sample, whether or not they have a complete mailing address and/or telephone number. Survey vendors have flexibility in not sending mail surveys to caregivers without mailing addresses, such as the homeless. However, survey vendors must re-contact the hospice client to inquire about an address update for caregivers with no mailing address. Survey vendors must use commercial software or other means to update addresses and/or telephone numbers provided by the hospice for sampled decedents/caregivers. It is permissible for survey vendors to request updated information about specific decedents/caregivers, rather than requesting a complete updated list. If the survey vendor is unsuccessful in obtaining a viable mailing address and/or telephone number, they must retain a record of their attempts to acquire the missing information. These decedent/caregiver cases must **not** be removed or replaced in the sample. All materials relevant to survey administration are subject to review by CMS.*

The following examples illustrate what constitutes sufficient or insufficient evidence of non-viability. For a Mail Only or Web Mail survey, sufficient evidence regarding the non-viability of a caregiver's address includes:

- the hospice does not provide an address in the decedents/caregivers list, and the survey vendor is unable to obtain an address for the caregiver by contacting the hospice
- mail is returned marked "Address Unknown"
- mail is returned marked "Moved – No Forwarding Address"

For a Mail Only or Web Mail survey, insufficient evidence regarding the non-viability of a caregiver's address includes:

- address updating search does not result in an exact "match." If the search does not result in an exact "match," the survey vendor must attempt to mail using the address that is available.

For all modes of administration **except** Mail Only and Web Mail, sufficient evidence regarding the non-viability of caregiver's telephone number includes:

- the hospice does not provide a telephone number in the decedents/caregivers list, and the survey vendor is unable to obtain a telephone number for the caregiver
- the telephone interviewer dials the caregiver's telephone number and receives a message that the telephone number is non-working or out of order, and no updated number is available or obtained
- the telephone interviewer dials the caregiver's telephone number, speaks to a person, and is informed that he/she has the wrong telephone number, and other attempts to obtain the correct telephone number are not successful

For all modes of administration **except** Mail Only and Web Mail, insufficient evidence regarding the non-viability of a caregiver's telephone number includes:

- the survey vendor obtaining a busy signal every time a telephone attempt is made

The following table summarizes how survey vendors assign the "Final Survey Status" codes of "9 – Non-response: Non-response after Maximum Attempts," "10 – Non-response: Bad/No Address," and "11 – Non-response: Bad/No Telephone Number" after assessing the caregiver's contact information for viability. Due to the nature of the information available in the three modes of survey administration, different coding rules apply for surveys administered in each mode.

Mail Only and Web Mail Methodology Assigning Final Survey Status/Disposition Codes 9, 10 and 11		
<i>Final Survey Status Code</i>	Viable Address and No Response After Maximum Attempts	Evidence of a Bad/No Address
	9	10

Telephone Only Methodology Assigning Final Survey Status/Disposition Codes 9, 10 and 11		
<i>Final Survey Status Code</i>	Viable Telephone Number and No Response After Maximum Attempts	Evidence of a Bad/No Telephone Number
	9	11

Mixed Mode Methodology Assigning Final Survey Status/Disposition Codes 9, 10 and 11		
<i>Final Survey Status Code</i>	Viable Address and/or Telephone Number <u>and</u> No Response After Maximum Attempts	Evidence of a Bad/No Telephone Number
	9	11

Assigning Missing or Incomplete Caregiver Name Disposition Codes

Respondents with no caregiver name or an incomplete caregiver name are **not** removed from the sample frame. If there is no caregiver name or the first or last name of the caregiver is missing or incomplete, survey vendors must make every reasonable attempt to obtain the caregiver's full name, including re-contacting the hospice client to inquire about an update for decedents/caregivers with missing or partial name information.

Caregivers with incomplete or missing name information must **not** be administered the survey. Caregivers with no name or an incomplete name that have been selected for the sample must be coded with a “Final Survey Status” of “12 – Non-response: Incomplete Caregiver Name.” This non-response disposition code must **not** be removed from the denominator of the response rate calculation.

Assigning Missing or Incomplete Decedent Name Disposition Code

Survey vendors must assign the code “13 – Non-response: Incomplete Decedent Name” when there is evidence that the full decedent name is unavailable. Decedent/Caregiver cases with no decedent name or an incomplete decedent name are **not** removed from the sample frame. If there is no decedent name or the first or last name of the decedent is missing or incomplete, survey vendors must make every reasonable attempt to obtain the decedent’s full name, including re-contacting the hospice client to inquire about an update for decedents/caregivers with missing or partial name information.

Caregivers of decedents with incomplete name information must **not** be administered the survey. This non-response disposition code must **not** be removed from the denominator of the response rate calculation.

Definition of a Completed Survey

Survey vendors should be aware that a survey can be considered “complete” for CAHPS Hospice Survey purposes even if a caregiver does not answer all items. Survey vendors assign a “Final Survey Status” code of “1 – Completed Survey” to decedent/caregiver cases when at least 50 percent of the questions applicable to all (ATA) decedents/caregivers (Questions 1 – 4, 6 – 14, 16, 18, 20, 22, and 24 – 39) are answered. Appropriately skipped questions and the following questions are **not** included in the calculation of percentage complete: 5, 15, 17, 19, 21, and 23.

The following steps describe how to determine if a survey is completed:

Step 1 – Sum the number of questions that have been answered by the caregiver that are ATA decedents/caregivers

R = total number of questions answered

Step 2 – Divide the total number of questions answered by 33, which is the total number of questions ATA decedents/caregivers, and then multiply by 100

Percentage Complete = $(R/33) \times 100$

Step 3 – If the Percentage Complete is at least 50 percent, then assign the survey a “Final Survey Status” code of “1 – Completed Survey”

Survey Response Rate

The survey response rate formula below is included for informational purposes only; survey vendors are not required to perform this calculation.

$$\text{Response Rate} = \frac{\text{Total Number of Completed Surveys}}{\text{Total Number of Surveys Fielded} - \text{Total Number of Ineligible Surveys}}$$

- **Total Number of Completed Surveys** is the total number of surveys with a “Final Survey Status” of 1
- **Total Number of Surveys Fielded** is the total sample, which includes “Final Survey Status” codes of 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, and M
- **Total Number of Ineligible Surveys** is the total number of surveys with a “Final Survey Status” code of 2, 3, 4, 5, 6, 14, and 16

It is important to emphasize that the remaining non-response disposition codes (i.e., “7 – Non-response: Break-off,” “8 – Non-response: Refusal,” “9 – Non-response: Non-response after Maximum Attempts,” “10 – Non-response: Bad/No Address,” “11 – Non-response: Bad/No Telephone Number,” “12 – Non-response: Incomplete Caregiver Name,” “13 – Non-response: Incomplete Decedent Name,” and “15 – Non-response: Hospice Disavowal”) are **not** removed from the denominator of the response rate calculation.

XI. Data Submission

New for QAG V11.0

New in the Data Submission Chapter for QAG V11.0:

- The Survey Vendor Authorization Form can now be submitted at any time, as long as it is submitted prior to the data submission deadline

Overview

The CAHPS Hospice Survey uses a standardized protocol for the preparation and submission of all data. This section describes the preparation, registration, and submission of survey data files to the CAHPS Hospice Survey Data Warehouse. If any problems occur when submitting data to the CAHPS Hospice Survey Data Warehouse, the CAHPS Hospice Survey Data Coordination Team can be reached by sending an email message to cahpsospicetechsupport@rand.org. Submission to the CAHPS Hospice Survey Data Warehouse is on a quarterly basis. Refer to the “CAHPS Hospice Survey Data Collection and Submission Timeline” section in the *Introduction and Overview* chapter for the data submission timeline.

Data Submission Process

The CAHPS Hospice Survey Data Coordination Team has developed a secure data warehouse hosted by the RAND Corporation. This data warehouse operates as a secure file transfer system that survey vendors will use to submit survey data to CMS and where survey vendors and hospices may review CAHPS Hospice Survey Data Submission Reports. Use of the CAHPS Hospice Survey Data Warehouse for data submission does not require installation of special software or a licensing fee on the part of survey vendors, except for the purchase of PGP standard compliant software for file encryption. The interface for the data warehouse is user friendly and requires minimal training.

Data File Submission Dates

As previously specified in this manual, survey vendors are required to submit data quarterly. Survey vendors may submit an interim data file prior to the final submission date. Submitting an interim data file will provide survey vendors an opportunity to test the data submission process before they have to submit the final data file and correct any data file errors/problems.

Survey vendors may submit interim data any time during the quarter, with the exception of dates the Data Warehouse is closed, such as the week following each data submission deadline. However, fully corrected data files must be submitted by 8:00 PM Eastern Time on the required submission date. The data files with the latest timestamp for each CCN will be retained.

Survey Vendor Authorization Process

Hospices must submit documentation to the CAHPS Hospice Survey Data Coordination Team authorizing survey vendors to collect and submit data on their behalf before the survey vendors can submit data on their behalf. **A hospice’s CAHPS Hospice Survey Vendor Authorization Form (see Appendix B) must be received prior to the submission of the hospice’s data to the Data Warehouse.** The entire CAHPS Hospice Survey Vendor Authorization Form must be

completed, including the calendar quarter the survey vendor will begin collecting and submitting data for the hospice.

The CAHPS Hospice Survey Vendor Authorization Form must be submitted **online**, on the CAHPS Hospice Survey website (www.hospicecahpsurvey.org). The form must be completed by the hospice administrator or another hospice staff member with authorization to complete the Survey Vendor Authorization Form. The person completing the online Survey Vendor Authorization Form must complete an Attestation Statement confirming that they are authorized to complete the form.

Upon receipt of the CAHPS Hospice Survey Vendor Authorization Form, the CAHPS Hospice Survey Data Coordination Team will send a confirmation email to the authorizing hospice. The hospice will then be added to the list of hospices authorizing that survey vendor, which is posted to the survey vendor's Data Warehouse folder.

If a survey vendor attempts to submit the hospice's survey data without authorization, the entire file containing the unauthorized CCN will be rejected by the CAHPS Hospice Survey Data Warehouse. The survey vendor will need to contact the hospice about the authorization and re-submit the data once authorization is obtained. If the hospice is unable to submit the CAHPS Hospice Survey Vendor Authorization Form online, the hospice should contact the CAHPS Hospice Survey Data Coordination Team.

Switching Survey Vendors

Hospices that choose to switch from one survey vendor to another can only do so at the beginning of a calendar quarter. In order to switch from one survey vendor to another, the Hospice Administrator **must** complete and resubmit the CAHPS Hospice Survey Vendor Authorization Form (see Appendix B) prior to the first time data will be submitted to the CAHPS Hospice Survey Data Warehouse by the new survey vendor. The entire CAHPS Hospice Survey Vendor Authorization Form must be completed, including the calendar quarter the hospice plans to switch to the new survey vendor.

If a hospice is considering switching survey vendors, it must submit a CAHPS Hospice Survey Vendor Authorization form to the CAHPS Hospice Survey Project Team right away. Early notification of the CAHPS Hospice Survey Project Team will help make a successful transition to the new survey vendor. Be aware that in the past some hospices have suffered a reduction in Medicare payments due to an unsuccessful transition to a new survey vendor.

Survey vendors or hospices can contact the CAHPS Hospice Survey Project Team at hospicecahpsurvey@hsag.com or 1-844-472-4621 for assistance with the process for switching survey vendors. The following items must be completed on the CAHPS Hospice Survey Vendor Authorization Form before a new survey vendor can be successfully authorized:

1. The Name of the Current CAHPS Hospice Survey Vendor that is being De-authorized.
2. The Name of the New CAHPS Hospice Survey Vendor with the start calendar quarter, which corresponds to the first month of the quarter based on the death of the patient, for

which the new survey vendor will be collecting CAHPS Hospice Survey data on behalf of the hospice.

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.

Calendar Quarter	Corresponding to Patient Deaths	Caregivers are Surveyed	Vendor Authorization Form Deadline
Q1 2025	January – March 2025	April – June 2025	August 2025
Q2 2025	April – June 2025	July – September 2025	November 2025
Q3 2025	July – September 2025	October – December 2025	February 2026
Q4 2025	October – December 2025	January – April 2026	May 2026

Preparation for Data Submission

Each survey vendor participating in the CAHPS Hospice Survey is required to designate a primary Data Administrator within their organization responsible for submitting survey data to the CAHPS Hospice Survey Data Warehouse on behalf of hospice clients. In addition to the primary Data Administrator, each survey vendor must designate a second person within the organization to act as the Back-up Data Administrator who will also have access to the CAHPS Hospice Survey Data Warehouse. Survey vendors may also designate an optional third Data Administrator. The Data Administrators will be designated as the main point of contact between the CAHPS Hospice Survey Data Coordination Team and the survey vendor regarding issues related to uploading files to the CAHPS Hospice Survey Data Warehouse. In addition, the Data Administrators will have primary responsibility for ensuring that the survey vendor follows procedures for preparing and submitting survey data according to CMS requirements as outlined in this manual. The CAHPS Hospice Survey Data Coordination Team must be notified of any personnel changes to the survey vendor's Data Administrator roles by submitting a new CAHPS Hospice Survey Data Warehouse Access Form for Vendors and Hospices. The new Data Administrator will be required to create a new password for the survey vendor's CAHPS Hospice Survey Data Warehouse account.

The CAHPS Hospice Survey Data Warehouse allows for data submission by survey vendors and review of data submission reports by both hospices and survey vendors. Hospices may designate up to three individuals within their organization who will have access to CAHPS Hospice Survey Data Submission Reports. The CAHPS Hospice Survey Data Coordination Team must be notified of any personnel changes to the hospice's designees by submitting a new CAHPS Hospice Survey Data Warehouse Access Form for Vendors and Hospices. The new designee will be required to create a new password for the hospice's CAHPS Hospice Survey Data Warehouse account.

Survey vendors and hospices may designate their Data Administrators by completing the CAHPS Hospice Survey Data Warehouse Access Form for Vendors and Hospices (see Appendix C). The CAHPS Hospice Survey Data Warehouse Access Form must be submitted **online** through the CAHPS Hospice Survey website (www.hospicecahpsurvey.org).

Once the CAHPS Hospice Survey Data Coordination Team has verified the information on the form and, for survey vendors, confirmed that a survey vendor has been authorized by one or more

hospice clients to submit data on their behalf, a folder will be created in the CAHPS Hospice Survey Data Warehouse (<https://kiteworks.rand.org>) for each survey vendor and hospice designee. Each person authorized to use the CAHPS Hospice Survey Data Warehouse will receive an automated email containing a link that will direct them to the CAHPS Hospice Survey Data Warehouse login screen where they will be able to choose a password, login to the CAHPS Hospice Survey Data Warehouse, and access their secure folder.

Survey File Submission Naming Convention

In submitting CAHPS Hospice Survey data files, survey vendors must use the following file naming convention:

vendorname.mmddy.submission#.xml.pgp

Where

vendorname = name of survey vendor

mm = number of the 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.060125.1.xml.pgp

Each file uploaded to the CAHPS Hospice Survey Data Warehouse must have a unique name, even if the prior file uploaded was rejected from the Warehouse for any reason. Any file uploaded with an identical file name to a prior file cannot be processed. The file must also include the “.xml” in the file name or the file cannot be processed.

Password Authentication

Upon successful authentication of the survey vendor’s or hospice designee’s username and password, users will have access to their organization’s designated folder in the CAHPS Hospice Survey Data Warehouse. Survey vendors and hospice designees will receive an email directing them to the CAHPS Hospice Survey Data Warehouse, where they can login using their email address as the login ID. On their first login, all users will be prompted to choose a new password (passwords must be at least 8 characters in length and contain at least one of each of the following classes of characters: uppercase letters, lowercase letters, numbers, and special characters).

Organization of the CAHPS Hospice Survey Data Warehouse

Survey vendors will upload data files to a secure CAHPS Hospice Survey Data Warehouse hosted by the RAND Corporation. Each survey vendor will have its own folder in the CAHPS Hospice Survey Data Warehouse and will not be able to see, locate, or access another survey vendor’s folder. Hospices will have their own folders in the CAHPS Hospice Survey Data Warehouse and will not be able to see, locate, or access any survey vendor’s or other hospice’s folder. Documents and files of interest to all survey vendors and hospices will be placed in the top level folder of the CAHPS Hospice Survey Data Warehouse and will be visible and available for download by any authorized user of the CAHPS Hospice Survey Data Warehouse.

File Encryption

All survey vendors must adhere to the XML file format specifications and, as an additional security precaution, are required to encrypt survey data files using PGP public key encryption prior to submitting the files to the CAHPS Hospice Data Warehouse. PGP encryption is a widely used encryption standard (formerly PGP and still widely known as and referred to in this document as PGP) that provides cryptographic privacy and authentication for data communication. Each survey vendor is responsible for purchasing a PGP-compliant program if they don't already have one. The current version of Symantec File Share Encryption software meets this requirement, as do a number of other commercial or open-source products. Please note that software encryption standards are changing and becoming more restrictive in response to the increasing number and sophistication of cyber-attacks that threaten the security and privacy of all internet-based file transfers. For this reason, survey vendors are encouraged to periodically update their encryption software.

Files must be encrypted using the CAHPS Hospice Survey PGP Public Key before they are uploaded to the CAHPS Hospice Survey Data Warehouse. The CAHPS Hospice Survey Data Coordination Team will provide all survey vendors with the PGP Public Key by placing a copy of the Public Key in the survey vendor's folder of the CAHPS Hospice Survey Data Warehouse. Data files submitted to the CAHPS Hospice Survey Data Warehouse that are not encrypted will be deleted and must be resubmitted.

Any file uploaded to the survey vendor's folder that does not have the ".pgp" extension indicating the prescribed PGP encryption will be deleted. An email will be sent to the survey vendor's Data Administrators, informing them they have uploaded a file that does not comply with the established submission standards and that the file therefore will not be processed and will need to be resubmitted correctly.

Instructions for Accessing the CAHPS Hospice Survey Data Warehouse

The process for survey vendors and hospices to access the CAHPS Hospice Survey Data Warehouse is as follows:

1. The Data Administrator must submit a Data Warehouse Access Form. The CAHPS Hospice Survey Data Warehouse Access Form must be submitted **online** through the CAHPS Hospice Survey website (www.hospicecahpssurvey.org).
2. The Data Administrator will receive an email from the CAHPS Hospice Survey Data Coordination Team with an invitation to the CAHPS Hospice Survey Data Warehouse. This email will contain a link to the CAHPS Hospice Survey Data Warehouse (<https://kiteworks.rand.org>).
3. After clicking the link, the Data Administrator will be routed to the login page where he/she will be prompted for his/her user ID and a password
4. On the first login only, the Data Administrator will be presented with a page to change his/her password
5. Once the password has been updated, the Data Administrator will be transferred to the "All files" tab of the CAHPS Hospice Survey Data Warehouse, where they will select the name of their organization
6. For vendors, selecting the "Upload" button within their organization's "Hospice" folder will allow the user to upload their organization's files.

Note: Hospice Data Administrators can only view and download reports. They may not submit files to the CAHPS Hospice Survey Data Warehouse.

Data Auditing, Validation Checks and Data Submission Reports

The CAHPS Hospice Survey Data Coordination Team will audit the data files as they are submitted by survey vendors for compliance with the file specifications outlined in the chapter on *Data Coding and Data File Preparation* in this manual. Survey vendors and hospices are responsible for accessing and reviewing the CAHPS Hospice Survey Data Submission Reports.

Data Audit and Validation

The data audit process conducted by the CAHPS Hospice Survey Data Coordination Team involves conducting various data checks of the survey data submitted by survey vendors. After a file has been submitted to the CAHPS Hospice Survey Data Warehouse, the survey vendor will receive an automated email confirming the file submission.

Once submitted, an automated program will check for the appropriate file extension “.pgp” to indicate that a survey file has been encrypted. As described above, any file uploaded to the CAHPS Hospice Survey Data Warehouse that does not have the “.pgp” extension will be deleted. In such instances, an email will be sent to the survey vendor’s Data Administrator and Back-up Data Administrator informing them they have uploaded a file that does not comply with the established submission standards, and that the file will not be processed; and therefore, a corrected file will need to be resubmitted prior to the deadline. If the file has been sent with the correct “.pgp” extension, the survey vendor will not receive this email.

Successfully submitted files will be put through a series of edit checks such as:

- Morphological tests (appropriate character set, naming conventions, etc.)
- Checks for the presence of required data fields
- Range checks of data fields
- Checks that all hospices included in the data file have provided authorization for the survey vendor to submit data on their behalf for that quarter

Survey vendors’ and hospices’ designated Data Administrators will receive an email indicating that the CAHPS Hospice Survey Data Submission Reports comprised from the edit checks listed above are available for viewing in their respective folders in the CAHPS Hospice Survey Data Warehouse. Vendor reports will be posted by 5 PM Eastern Time on the next business day after upload; hospice reports will be posted within two days after upload. CAHPS Hospice Survey Data Submission Reports for hospices will include information only for their hospice; reports for survey vendors will include information for all hospices whose data were included in the data submission.

If a survey vendor submits data for a CCN in multiple data files in any quarter, the most recent submission for that CCN will completely overwrite any previous submission for that CCN, and only the CCN’s data in the most recent submission will be stored in the CAHPS Hospice Survey Data Warehouse. If, for example, a survey vendor submits an XML file containing 10 CCNs, and later in the same quarter submits a new XML file containing one of those 10 CCNs, the CCN that appeared in both files will be overwritten by the later submission.

Note: Each set of CAHPS Hospice Survey Data Submission Reports will correspond to only the data included in that XML file. If a survey vendor chooses to submit each CCN in a different XML file, the survey vendor will be responsible for reviewing the CAHPS Hospice Survey Data

Submission Reports for each separate XML file. The survey vendor is responsible for confirming that all of the submitted files have been accepted to the data warehouse.

Note: Survey vendors must retain all received emails indicating a successful upload of data to the CAHPS Hospice Survey Data Warehouse and be prepared to provide copies of these emails upon request.

Survey vendors are responsible for uploading a corrected file by the submission deadline. If the data file uploaded passes the edit checks described above, no additional action is required. If the uploaded data file fails any of the edit checks, it will be noted in the Data Submission Detail Report (Part II) uploaded to the survey vendor's and hospice's CAHPS Hospice Survey Data Warehouse folder. Survey vendors and hospices will need to review their CAHPS Hospice Survey Data Submission Reports to determine what errors were found in the files, and survey vendors will be required to resubmit a corrected survey data file. Hospices will receive updated reports after new data are submitted for their hospice, until their dataset has passed all edit checks. Survey vendors will receive reports for each data submission.

Data Submission Reports

There are five possible CAHPS Hospice Survey Data Submission Reports that may be created for survey vendors. The reports will contain information related to each data submission as well as a summary of submissions for each hospice. The reports are as follows:

- **Hospices Not Authorized:** This report lists any CCNs included in the survey vendor's data submission that have not authorized the survey vendor for that quarter. If any CCNs are not authorized, **only** the Hospices Not Authorized and Data Submission Detail Report (Part I) reports will be created, and the file will not be accepted into the Data Warehouse.
- **Data Submission Detail Report (Part I):** This report indicates whether or not the data submitted by the survey vendor is properly encrypted, conforms to the correct XML specifications, and conforms to the file naming convention. If the uploaded file is not encrypted properly or fails to conform to the correct XML specifications, the file will not be processed, and the remainder of the reports will not be generated. A corrected file will need to be resubmitted prior to the data submission deadline.
- **Data Submission Detail Report (Part II):** This report indicates if the submitted data passed data quality checks. If any values are out of range, "Data Value Checks Status" will show as "Rejected," the report will list all of the errors in the file, and the survey vendor must submit a new file. If all data values pass the data quality checks, "Data Value Checks Status" will show as "Accepted," and no further action is needed.
- **Survey Status Summary Report:** This report lists whether a Hospice Record was accepted, the sample size, the number of decedent/caregiver administrative records, the number of valid survey status codes, and the number of completed surveys for each hospice contained within the file. These are listed separately by month of death and overall. In addition to being produced for each data submission, a final report is produced following each quarterly data submission deadline; this final version captures the most recent accepted data for each hospice included in any of the survey vendor's accepted submissions.
- **Review and Correction Report:** For hospices, this report lists the number of valid and invalid responses to each variable in the file. For survey vendors, this report lists the frequency of values for each variable in the file.

If the data file is able to be read, and does not contain any unauthorized CCNs, then the vendor's authorized hospices will receive the Data Submission Detail Reports (Part I & II), Survey Status Summary Report, and Review and Correction Report.

Note: All hospices should review the Data Submission Reports after they are uploaded to their CAHPS Hospice Survey Data Warehouse folder. The Data Submission Reports should be downloaded by hospices and survey vendors as the reports expire after three years.

XII. Oversight Activities

New for QAG V11.0

New in the Oversight Activities Chapter for QAG V11.0:

- Submission of prenotification letters and Web Mail mode materials for review

Overview

In order to verify compliance with CAHPS Hospice Survey protocols, the CMS-sponsored CAHPS Hospice Survey Project Team conducts oversight of participating survey vendors. This chapter describes the oversight activities for the CAHPS Hospice Survey. All materials and procedures relevant to survey administration are subject to review. **Signing the CAHPS Hospice Survey Participation Form for Survey Vendors and Attestation Statement signifies agreement with all of the Rules of Participation, including all CAHPS Hospice Survey oversight activities.**

Oversight Activities

Survey vendors are required to participate in CAHPS Hospice Survey oversight activities. The purpose of the oversight activities is to ensure that approved survey vendors follow the CAHPS Hospice Survey administration protocols; and thereby ensure the comparability of CAHPS Hospice Survey data across hospices. These oversight activities include, but are not limited to, the following:

- **CAHPS Hospice Survey Quality Assurance Plan**
The CAHPS Hospice Survey Quality Assurance Plan (QAP) is a comprehensive working document that is developed, and periodically revised, by survey vendors in order to document their current processes for the administration of the CAHPS Hospice Survey and correct implementation of standard protocols. The QAP should also be used as a training tool for project staff, subcontractors, and any other organizations, if applicable. The CAHPS Hospice Survey Project Team reviews survey vendor QAPs to ensure that the survey vendor's stated processes are compliant with CAHPS Hospice Survey protocols. Any approved Exception Requests must be thoroughly discussed in the QAP.
- **CAHPS Hospice Survey Materials**
Materials relevant to CAHPS Hospice Survey administration, including mailing materials (i.e., questionnaires, prenotification letters, cover letters, and outgoing/return envelopes) and/or telephone scripts, and interviewer CATI screenshots (including skip pattern logic), and/or Web Mail materials (email invitations, web survey screenshots, and web survey testing links) are required to be submitted for each approved mode of survey administration. CMS may also request additional survey-related materials for review, as needed.
- **Analysis of Submitted Data**
All survey data submitted to the CAHPS Hospice Survey Data Warehouse by survey vendors are reviewed by the CAHPS Hospice Survey Data Coordination Team. This review includes, but is not limited to, statistical and comparative analyses; preparation of data for reporting; and other activities as required by CMS. If data anomalies are found, follow-up will occur with the survey vendor.

➤ **Site Visits/Conference Calls**

All survey vendors (and their subcontractors and any other organizations, if applicable) are required to participate in site visits and/or conference calls conducted by the CAHPS Hospice Survey Project Team. The site visits allow the CAHPS Hospice Survey Project Team to review and observe systems, procedures, facilities, resources, and documentation related to administering the CAHPS Hospice Survey. The conference calls allow the CAHPS Hospice Survey Project Team to discuss issues with the survey vendor related to administration of the CAHPS Hospice Survey.

➤ **Additional Activities**

Additional activities as specified by CMS may be conducted.

Note: If the site visit/conference call or any other oversight activity conducted by the CAHPS Hospice Survey Project Team suggests that actual survey processes differ from CAHPS Hospice Survey protocols, immediate corrective actions may be required and sanctions may be applied.

CAHPS Hospice Survey Quality Assurance Plan

Survey vendors approved to administer the CAHPS Hospice Survey are obligated to develop and continually update a QAP. The QAP is a comprehensive working document that outlines the survey vendor's implementation of, and compliance with, the CAHPS Hospice Survey guidelines. The main purposes of the QAP are as follows:

- Provide documentation of survey vendors' understanding, application, and compliance with the CAHPS Hospice Survey *Quality Assurance Guidelines*. The following components must be addressed:
 1. Organizational background and structure for project
 2. Work plan for survey administration
 3. Survey and data management system and quality controls
 4. Confidentiality, privacy, and security procedures
 5. Discussion of results of quality control activities
- Serve as the organization-specific guide for administering the CAHPS Hospice Survey, training project staff to conduct the survey, and conducting quality control and oversight. **The QAP should be developed in enough step-by-step detail, including flow charts, tracking forms, and diagrams, such that the survey methodology is easily replicable by a new staff member assigned to CAHPS Hospice Survey operations.**
- Ensure high quality data collection and continuity in survey processes

The QAP should be free of extraneous information and must provide sufficient detail so that the CAHPS Hospice Survey Project Team can determine the survey vendor's adherence to survey administration guidelines and that rigorous quality checks and controls have been put in place.

The CAHPS Hospice Survey Project Team will notify survey vendors of the due date to submit a QAP to the CAHPS Hospice Survey Project Team. All QAPs must be dated and all changes from prior versions **must be clearly identified** (e.g., use Microsoft Word track changes). At a minimum, the updated QAP should specifically address the following items:

- Changes in survey administration processes, including any process changes due to revisions outlined in the CAHPS Hospice Survey *Quality Assurance Guidelines*
- A discussion of the results of the quality control checks performed in the prior year

- A discussion of the challenges faced by the survey vendor and/or client hospices in survey administration in the prior year, and how those challenges were addressed
- Changes in key staff
- Changes in resources

Along with the QAP, survey vendors may be required to submit other materials relevant to the CAHPS Hospice Survey administration, when requested by CMS. The CAHPS Hospice Survey Project Team's **acceptance** of a submitted QAP and corresponding survey materials **does not** constitute or imply approval or endorsement of the survey vendor's CAHPS Hospice Survey administration processes.

A Model QAP can be found in Appendix H. It is required that survey vendors use the Model QAP as a template for developing and updating their own QAP. The Model QAP can be downloaded from the CAHPS Hospice Survey Website (www.hospicecahpsurvey.org).

Analysis of Submitted Data

The CAHPS Hospice Survey Data Coordination Team reviews and analyzes all survey data submitted to the CAHPS Hospice Survey Data Warehouse in order to ensure the integrity of the data. If significant issues are identified, the survey vendor may be contacted. Survey vendors must adhere to all submission requirements as specified in the CAHPS Hospice Survey *Quality Assurance Guidelines* manual, as well as the deadline dates posted on the CAHPS Hospice Survey Website. Please monitor the CAHPS Hospice Survey Website for additional data submission information and updates.

Site Visits/Conference Calls

The CAHPS Hospice Survey Project Team will conduct site visits and/or conference calls with survey vendors to verify compliance with the CAHPS Hospice Survey protocols. The size and composition of the review team will vary.

Site visits may be announced and scheduled in advance, or they may be unannounced. Survey vendors will be given a three-day window during which an unannounced site visit may be conducted.

The CAHPS Hospice Survey Project Team works with the survey vendor in advance of the site visit to discuss agenda items that will be covered during the site visit. The CAHPS Hospice Survey Project Team conducts its site reviews in the presence of the survey vendor's staff, and a confidentiality agreement is signed by all parties at the start of the site visit. The CAHPS Hospice Survey Project Team may also review any additional information or facilities determined to be necessary to complete the site visit, including work performed by subcontractors and any other organizations, if applicable. **Survey vendors must make their subcontractors and any other organizations available to participate in the site visits and conference calls.**

During the site visit and/or conference call, the CAHPS Hospice Survey Project Team will review the survey vendor's survey systems and will assess compliance to protocols based on the CAHPS Hospice Survey *Quality Assurance Guidelines*.

All materials relevant to survey administration will be subject to review. The systems and program review includes, but is not necessarily limited to:

- Survey management
- Communication with and training of staff, client hospices, subcontractors, and any other organizations
- Data systems
- Sampling procedures
- Printed materials
- Printing, mailing, and other related facilities
- Telephone materials, interview areas, and other related facilities
- Telephone interviews
- Web survey systems
- Web mode materials
- Data receipt and entry
- Storage facilities
- Confidentiality, privacy, and security
- Written documentation of survey processes to include documentation of quality check activities conducted
- Specific and/or randomly selected records covering a time period to include the data in the most recent report period, or earlier

In addition to other activities, the CAHPS Hospice Survey Project Team will observe and review data systems and processes, which may require access to confidential records and/or PHI. The site visit includes a review of sampling procedures. The CAHPS Hospice Survey Project Team will review specific data records and trace the documentation of activities from the receipt of the decedents/caregivers list through the uploading of the data to the CAHPS Hospice Survey Data Warehouse. The Project Director/Project Manager at a minimum must participate during the site visit. If any CAHPS Hospice Survey processes are automated, then the programmer must be available during the site visit to review the programming. The site visit may also include interviews with key staff members and interactions with project staff, subcontractors, and any other organizations, if applicable. Any information observed or obtained during the site visit will remain confidential, as per CMS guidelines. After the site visit, the CAHPS Hospice Survey Project Team will provide the survey vendor with a summary of findings from the site visit and may pose follow-up questions and/or request additional information as needed.

After the site visit or conference call, survey vendors will be given a defined time period in which to correct any problems and provide follow-up documentation of corrections for review. Survey vendors will be subject to follow-up site visits and/or conference calls, as needed.

Non-compliance and Sanctions

Non-compliance with CAHPS Hospice Survey protocols, including program requirements, timely submission of data and materials, and participation and cooperation in oversight activities, may result in sanctions being applied to a hospice or its survey vendor including:

- increased oversight activities
- loss of approved status to administer the CAHPS Hospice Survey

- application of the appropriate footnote(s) to CAHPS Hospice Survey results reported on the Care Compare tool
- suppression of publicly reported scores, as needed
- other sanctions as deemed appropriate by CMS

Note: Hospices that contract with a survey vendor should be aware that non-compliance by either hospices or survey vendors could result in these, or other, sanctions. Be aware that a survey vendor that loses approved status cannot submit data to the CAHPS Hospice Survey Data Warehouse; and therefore, cannot help the hospice in meeting CMS compliance requirements.

XIII. Data Reporting

New for QAG V11.0

New in the Data Reporting Chapter for QAG V11.0:

- Changes to scoring and reporting of CAHPS Hospice Survey quality measures and Star Ratings resulting from the introduction of the new CAHPS Hospice Survey and revised survey administration procedures, including the Web Mail mode, are expected to begin taking effect with the May 2026 refresh of Care Compare

Overview

This chapter describes the public reporting of the CAHPS Hospice Survey results on the Care Compare tool on Medicare.gov through the February 2026 Care Compare refresh. Measure scores displayed up through this period will be calculated exclusively using the current version of the CAHPS Hospice Survey. In addition, this chapter describes anticipated changes to scoring and reporting for data from the new survey and revised administration procedures (including Web Mail mode), slated to be introduced with April 2025 (Q2 2025) decedents.

All currently active hospices are reported on the Care Compare tool and in the accompanying downloadable database. CAHPS Hospice Survey measure scores are calculated across a rolling eight quarters and are published quarterly.

The CAHPS Hospice Survey data submitted by each survey vendor is reviewed, cleaned, scored, and adjusted (including adjustments for case-mix and mode) by CMS. Information describing the calculation of CAHPS Hospice Survey Top-, Middle-, and Bottom-Box scores and the mode and case-mix adjustment methods for the CAHPS Hospice Survey measures is available on the Scoring and Analysis tab on the CAHPS Hospice Survey Website (www.hospicecahpsurvey.org).

Reporting Periods (Dates of Death) for CAHPS Hospice Survey Measure Scores	Provider Preview Period	Compare Tool Refresh Dates
Q1 2022 – Q4 2023	August/September 2024	November 2024
Q2 2022 – Q1 2024	November/December 2024	February 2025
Q3 2022 – Q2 2024	February/March 2025	May 2025
Q4 2022 – Q3 2024	May/June 2025	August 2025
Q1 2023 – Q4 2024	August/September 2025	November 2025
Q2 2023 – Q1 2025	November/December 2025	February 2026

Publicly Reported CAHPS Hospice Survey Measures

Through the February 2026 refresh, the Care Compare tool will report “top-box” results for the eight measures calculated exclusively from the current version of the CAHPS Hospice Survey. There are six composite measures, which are composed of multiple survey questions, and two

single-item or global measures, which are the results of one survey question each. The eight measures are:

- Composite Measures
 1. Communication with Family (Q6, Q8, Q9, Q10, Q14, Q35)
 2. Getting Timely Help (Q5, Q7)
 3. Treating Patient with Respect (Q11, Q12)
 4. Emotional and Spiritual Support (Q36, Q37, Q38)
 5. Help for Pain and Symptoms (Q16, Q22, Q25, Q27)
 6. Training Family to Care for Patient (Q18, Q19, Q20, Q23, Q29)
- Global Measures
 1. Rating of this Hospice (Q39)
 2. Willingness to Recommend this Hospice (Q40)

Scoring Overview

CMS calculates the “top-box,” “middle-box,” and “bottom-box” scores for the questions in the eight CAHPS Hospice Survey measures. If a survey respondent does not respond to a question for which he or she is eligible, a score is not calculated for that respondent for that question. With one exception, all responses to questions for which a respondent was eligible are used in the score calculation. The exception is the Training Family to Care for Patient measure; for this measure, the measure score is calculated only among those respondents who indicated that their family member received hospice care at home or in an assisted living facility.

For all questions, the “top-box” score for each response is calculated as a “100” if the most positive response category(ies) for that question is selected or a “0” otherwise. The “bottom-box” score for each response is calculated as a “100” if the least positive response category(ies) for that question is selected or a “0” otherwise.

Different questions have different response options. Responses are categorized as “top-box,” “middle-box,” or “bottom-box” as follows:

Response Scale	Top-Box Response (most positive)	Middle-Box Response	Bottom-Box Response (least positive)
Never/Sometimes/Usually/Always	Always	Usually	Never; Sometimes
Never/Sometimes/Usually/Always (Question 10 <u>only</u>)*	Never	Sometimes	Always; Usually
No/Yes, Somewhat/Yes, Definitely	Yes, Definitely	Yes, Somewhat	No
Definitely No/Probably No/Probably Yes/Definitely Yes	Definitely Yes	Probably Yes	Probably No; Definitely No
Rating 0-10, where 10 is the most positive	9 or 10	7 or 8	0-6
Too Little/Right Amount/Too Much**	Right Amount	N/A***	Too Little; Too Much / Too Little**

* Question 10 is “While your family member was in hospice care, how often did anyone from the hospice team give you confusing or contradictory information about your family member’s condition or care?”

**Prior to Q3 2018, the bottom box for this response scale was defined as ‘too little’ and ‘too much.’ Beginning with Q3 2018 decedent data, the bottom box was defined as ‘too little;’ responses of ‘too much’ were not included in scoring.

***The response options for this response scale are grouped into top- and bottom-box scores only.

The “**Top-box**” score is the proportion of respondents who gave the most positive response or responses to the question. For example, “Always” is generally the top-box response when a question’s response options are Never, Sometimes, Usually, or Always.

The “**Middle-box**” score is the proportion of respondents who gave the intermediate response or responses to the question. For example, “Usually” is generally the middle-box response when a question’s response options are Never, Sometimes, Usually, or Always. There is no middle box score when the response options are Too little, Right amount, or Too much.

The “**Bottom-box**” score is the proportion of respondents who gave the least positive response or responses. For example, “Sometimes” and “Never” are generally the bottom-box response when a question’s response options are Never, Sometimes, Usually, or Always.

There are two special situations that have slightly different rules. First, the “Emotional and Spiritual Support” measure does not have a middle-box score; only top-box and bottom-box scores are reported. Additionally, the scoring is reversed for the question that asks, “While your family member was in hospice care, how often did anyone from the hospice team give you confusing or contradictory information about your family member’s condition or care?” For this question, “Never” is the top-box response and “Always” and “Usually” are the bottom-box responses.

Adjusting Results

CAHPS Hospice Survey results are adjusted for survey mode and case-mix prior to public reporting. Only adjusted results are publicly reported and considered the official CAHPS Hospice Survey results. The adjusted results may differ from the unadjusted results. Please see the Scoring and Analysis page of the CAHPS Hospice Survey Website (www.hospicecahpsurvey.org) for more information on these data adjustments, as well as additional information regarding CAHPS Hospice Survey scores.

CAHPS Hospice Survey Star Ratings

The intent of CAHPS Hospice Survey Star Ratings is to provide consumers with an easy-to-understand method for summarizing CAHPS Hospice Survey measure scores, and to make comparisons between hospices more straightforward. Beginning with the August 2022 refresh of Care Compare, a Family Caregiver Survey Rating Summary Star Rating is publicly reported for all hospices with 75 or more completed surveys over the reporting period. Star Ratings are updated every other quarter. Hospices have the opportunity to see their CAHPS Hospice Survey Star Ratings in their official CMS Preview Report during the provider preview period prior to each update of Care Compare.

Methods for calculating Star Ratings are similar to those used for other CMS CAHPS initiatives. Stars range from one star (worst) to five stars (best) and are calculated based on “top-box” scores for each of the eight CAHPS Hospice Survey measures. Cut-points between stars are constructed using statistical clustering procedures that minimize score differences within a star category and maximize differences across star categories.

CMS uses a two-stage approach to calculate these cut-points. In the first stage, CMS determines initial cut-points by calculating the clustering algorithm among hospices with 30 or more completed surveys over 2 quarters (that is, 6 months); restricting these calculations to hospices that meet a minimum sample size promotes stability of cut-points. Depending on whether hospices that meet this minimum sample size have different score patterns than smaller hospices, the initial cut-points may be too high or too low. To ensure that cut-points reflect the full distribution of measure performance, in the second stage, CMS compares mean measure scores for the bigger hospices used in the first stage to all other hospices, and updates cut-points by adjusting the initial cut-points to reflect the normalized difference between bigger and smaller hospices. This two-stage approach allows for calculation of stable cut-points that reflect the full range of hospice performance.

An overall CAHPS Hospice Survey Star is calculated for each hospice by averaging the Star Ratings across the 8 measures, with a weight of $\frac{1}{2}$ for Rating of the Hospice and Willingness to Recommend the Hospice, respectively, and a weight of one for each of the other measures. Only the overall Star Rating is publicly reported. Hospices must have a minimum of 75 completed surveys in order to be assigned a Star Rating.

Further details of the Star Ratings methodology are available on Star Ratings page of the CAHPS Hospice Survey Website, www.hospicecahpsurvey.org.

Footnotes

Some hospices have footnotes displayed on the Care Compare tool on Medicare.gov. These footnotes are used to describe the reason a hospice does not have measure scores, or a Star Rating displayed, or to indicate potential issues with the hospice's measure scores. There are six footnotes used for hospices' CAHPS Hospice Survey measure scores, as follows:

- Footnote 6 indicates that the number of cases is too small to report. This footnote is applied if there are fewer than 30 completed surveys for the hospice for the reporting period, or there were fewer than 11 answers for the measure.
- Footnote 7 indicates that results are based on a shorter time period than required
- Footnote 8 indicates that data were suppressed by CMS
- Footnote 9 indicates that there were discrepancies in the data collection process, as reported by survey vendors to CMS. Hospices should direct any questions regarding discrepancies to their survey vendors.
- Footnote 10 indicates that none of the required data were submitted for this reporting period
- Footnote 11 indicates that results are not available for this reporting period. This footnote is applied when the hospice is too new or too small to be required to participate in the CAHPS Hospice Survey, or when no cases meet the criteria for a measure for the reporting period.

There is one footnote used for CAHPS Hospice Survey Star Ratings, as follows:

- Footnote 15 indicates that the number of cases is too small to report Star Ratings. This footnote is applied if there are fewer than 75 completed surveys for the hospice for the reporting period used to calculate Star Ratings.

CAHPS Hospice Survey Provider Preview Reports

Prior to each quarterly release of data on the Care Compare tool, hospice providers are given the opportunity to review their CAHPS Hospice Survey results during a 30-day preview period using the CAHPS Hospice Survey Provider Preview Report. The purpose of these reports is to give providers the opportunity to preview their CAHPS Hospice Survey results on each measure, including their Star Ratings, prior to public display on the Care Compare tool on Medicare.gov. CAHPS Hospice Provider Preview Reports can be accessed via Certification and Survey Provider Enhanced Reports (CASPER) application, which is accessible from a Hospice's "Welcome to the CMS QIES Systems for Providers" page.

Providers will not be able to access their preview reports after 60 days from the report release date. CMS encourages providers to download and save their Hospice Provider Preview Reports for future reference as they will no longer be available in CASPER after this 60-day period.

Note: Some hospices may not have their scores publicly reported. There are various reasons this could occur; for example, the hospice could be too small or too new to be required to participate in the CAHPS Hospice Survey, or there may be fewer than 30 completed surveys for the hospice over the 8-quarter reporting period. If a hospice's scores are not publicly reported, the Provider Preview Report will display "Not available," along with a footnote that explains why.

Thirty-Day CAHPS Hospice Survey Preview Period

Hospices have 30 days to preview their CAHPS Hospice Survey measure results beginning on the date the reports are made available by CMS. If the hospice provider believes the data are inaccurate, a provider can request CMS review of the data contained within the CAHPS Hospice Provider Preview Report.

As noted above, the data presented in the CAHPS Hospice Provider Preview Report are adjusted for mode and case mix. This means the data may not match the data the hospice may have received from their survey vendor. A mismatch of this type does not imply the data in the Preview Report is inaccurate.

To learn more about how to utilize the CASPER system go to: <https://www.cms.gov/files/document/gettingstartedwithhqrpcasperqmreportsfeb2022.pdf>.

Requests for review of a hospice's CAHPS Hospice Survey results may be submitted via email to: hospicecahpsurvey@hsag.com. Please note, this is a different address than the one used for review requests involving HIS data. The procedure to request CMS' review of the CAHPS Hospice Survey data during the 30-day Preview Period can be found at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/Public-Reporting-CAHPS-Preview-Reports-and-Requests-for-CMS-Review-of-CAHPS-Data.html>

All other questions related to the Hospice Quality Reporting Program should be directed to the Hospice Quality Help Desk at HospiceQualityQuestions@cms.hhs.gov. Technical questions about the CAHPS Hospice Survey should be directed to hospicecahpsurvey@hsag.com or call toll free at 1-844-472-4621.

Overview of Anticipated Changes to Data Reporting

The new CAHPS Hospice Survey and revised survey administration procedures, including the approved Web Mail mode, are slated to begin with April 2025 (Q2 2025) decedents. Updates to scoring and reporting will be described in detail in QAG version 12.0. Here, we provide a brief overview of the main anticipated changes.

CMS is introducing the following changes to quality measures derived using the new CAHPS Hospice Survey:

- A new composite measure of Care Preferences;
- A revised, single-item Getting Hospice Care Training measure that is conceptually similar to the current Getting Hospice Care Training measure but substantively different in that it is composed of one summary item instead of several items; and
- A slightly revised version of the Hospice Team Communication measure that removes one item and makes slight wording changes.

Because the Care Preferences measure is new, and because the Getting Hospice Care Training measure is substantively changed, CMS will wait to introduce public reporting of these two measures until there are eight quarters of data from the new survey. CMS considers the changes to the Hospice Team Communication measure to be non-substantive (that is, changes do not meaningfully change the measure); therefore, the measure will continue to be publicly reported and used in Star Ratings in the transition period between the current and new surveys.

During the transition period (beginning with the May 2026 Care Compare refresh and concluding with the November 2027 Care Compare refresh), scores and Star Ratings will be calculated by combining scores from quarters using the current and new survey.

As a result of the survey measure changes, the Family Caregiver Survey Rating Summary Star Rating will be based on seven measures rather than the current eight measures during the transition period until a full eight quarters of data from the new survey are available. The summary Star Rating will be based on nine measures once eight quarters of data are available from the new survey, which includes the new Care Preference and Getting Hospice Care Training measures.

The first Care Compare refresh in which publicly reported measures scores will be updated to include the new measures (Care Preferences and Getting Hospice Care Training) will be February 2028, with scores calculated using data from Q2 2025 through Q1 2027.

In the transition period, scores for the new measures will be made available to hospices confidentially in their Provider Preview reports if they meet a threshold number of completed surveys for the given measure on the new survey.

When calculating measure scores for the new survey, case-mix adjustment variables will remain the same as those in current use. Mode adjustments, include adjustments for the new Web Mail mode, will be derived from the CAHPS Hospice Survey 2021 mode experiment. The reference mode for mode adjustment will be Mail-only mode (rather than the current reference mode of Telephone only) beginning with April 2025 decedents as most surveys are currently completed in the Mail-only mode. Web Mail mode adjustments will be applied for hospices that administer the

survey in Web Mail mode and have valid email addresses available for 20% or more of their sampled caregivers. Web Mail adjustments will not be applied for hospices administering in the Web Mail mode where the overwhelming majority (more than 80%) of these hospices' caregivers do not have an email address, so Mail-only best reflects the actual mode of administration.

XIV. Exception Request Process

Overview

The Exception Request Process and Exception Request Form have been established to handle alternative methodologies that vary from standard CAHPS Hospice Survey protocols and review requests for remote survey operations. The proposed alternative methodology(ies) or initiation of remote survey operations must **not** be implemented until the submitted Exception Request Form has been approved.

Exception Request Process

The Exception Request Process has been created to provide survey vendors with more flexibility to meet individual organizations' need for certain variations from protocol or requests for remote survey operations, while still maintaining the integrity of the data for standardized reporting. The Exception Request Form must be completed with sufficient detail, including clearly defined timeframes, for the CAHPS Hospice Survey Project Team to make an informed decision. The requested exception must **not** be implemented prior to receiving approval from the CAHPS Hospice Survey Project Team.

- Exception Requests will be limited to a two-year approval timeframe unless otherwise specified
- Approved Exception Requests may only be implemented at the beginning of a quarter unless otherwise specified

To request an exception, survey vendors are required to complete and submit an Exception Request Form online via the CAHPS Hospice Survey Website (www.hospicecahpsurvey.org). The form is designed to capture information on the proposed alternative to the standard protocol(s). The hospice CCN(s) **must be included on the form**.

- Survey vendors must thoroughly discuss how remote operations will be conducted to assure compliance with HIPAA, data security, and quality assurance requirements
- Survey vendors must complete and submit all Exception Request Forms on behalf of their client hospice(s)
- Survey vendors may submit one Exception Request Form on behalf of multiple hospices with the same Exception Request. Survey vendors must include a list of contracted hospices and each hospice CCN on whose behalf they are submitting the Exception Request.
- A new Exception Request Form must be submitted for hospices not included in the original request

Exception Request Category

Survey vendors must submit an Exception Request:

- to conduct any CAHPS Hospice Survey administration activities from a residence or virtual office
- for alternative strategies not identified in the CAHPS Hospice Survey *Quality Assurance Guidelines* manual
- for the use of survey materials that do not align with the examples provided in the CAHPS Hospice Survey Quality Assurance Guidelines V11.0

Note: No alternative modes of survey administration will be permitted other than those prescribed for the survey (Mail Only, Telephone Only, Mixed mode [mail with telephone follow-up], and Web Mail [web with mail follow-up]).

Exception Request Review Process

The Exception Request will be reviewed by the CAHPS Hospice Survey Project Team. The review will include an assessment of the methodological soundness of the proposed alternative and the potential for introducing bias. Depending on the type of exception, a review of procedures and/or a site visit or conference call may be required. The CAHPS Hospice Survey Project Team will notify survey vendors whether or not their exception has been approved. If the request is not approved, the CAHPS Hospice Survey Project Team will provide an explanation. Survey vendors then have the option of appealing the decision.

Survey vendors have five business days from the date of the Exception Request denial notification email to submit an appeal. To request an appeal, survey vendors must resubmit the Exception Request Form (checking the box marked “Appeal of Exception Denial”) and provide further information that addresses the explanation for the denial. The appeal is then submitted to the CAHPS Hospice Survey Project Team for re-review. The second review will take approximately 10 business days.

XV. Discrepancy Report Process

Overview

The Discrepancy Report Process and the Discrepancy Report Form have been established for use by survey vendors to notify the CAHPS Hospice Survey Project Team of any discrepancies in following standard CAHPS Hospice Survey protocols. Survey vendors are required to immediately notify the CAHPS Hospice Survey Project Team of any discrepancies in following the standard CAHPS Hospice Survey protocols which have been encountered during survey administration.

Discrepancy Report Process

On occasion, a survey vendor may identify discrepancies from CAHPS Hospice Survey protocols that require corrections to procedures and/or electronic processing to realign the activity to comply with CAHPS Hospice Survey protocols. Survey vendors are required to notify CMS of these discrepancies. In its oversight role, the CAHPS Hospice Survey Project Team may also identify discrepancies that require correction. Examples of discrepancies include, but are not limited to, missing survey-eligible decedents/caregivers from a particular month, survey administration begins late or does not occur for any month, sampled eligible decedent/caregiver found to be ineligible, or computer programming that caused an otherwise survey-eligible decedent/caregiver to be excluded from the sample frame.

- Survey vendors must complete and submit Discrepancy Report Forms on behalf of their client hospice(s)
- Survey vendors are required to complete and submit a Discrepancy Report Form to formally notify CMS immediately upon discovery of the discrepancy. The Discrepancy Report Form must be submitted online via the CAHPS Hospice Survey Website (www.hospicecahpsurvey.org). This report informs the CAHPS Hospice Survey Project Team of the nature, timing, cause, and extent of the discrepancy, as well as the proposed correction and timeline to correct the discrepancy. The hospice CCN(s) must be included on the form.
 - The value “Unknown” is acceptable in an initial Discrepancy Report Form if the eligible and sample decedents/caregivers affected are not known at the time of submission but these values should be provided in an update
 - The patient month(s) of death that are affected must be clearly stated within the Discrepancy Report
- Survey vendors must notify all affected client hospices that a Discrepancy Report has been submitted

Discrepancy Report Review Process

The Discrepancy Report will be thoroughly reviewed by the CAHPS Hospice Survey Project Team. Notification of the outcome of the review may not be forthcoming until all the data for the affected reporting periods have been submitted and reviewed. Email notification will be distributed to the organization submitting the Discrepancy Report Form once the outcome of the review has been determined. Hospices are encouraged to contact their survey vendor to inquire about the outcome of the review. In addition, a footnote may be applied to publicly reported CAHPS Hospice Survey results to indicate that these results are derived from data whose collection or processing deviated from established CAHPS Hospice Survey protocols. The footnote will be applied until the affected data are no longer included in publicly reported data.

Depending on the nature and extent of the discrepancy, a formal review of the survey vendor's procedures, and/or a site visit or conference call may be conducted. The CAHPS Hospice Survey Project Team will notify survey vendors if additional information is required to document and correct the issue. Please note, CMS requires survey vendors to complete and submit Discrepancy Report Forms. CMS will not revoke a survey vendor's approval status due to submission of a Discrepancy Report, unless corrective actions are not successfully implemented. CMS will, however, consider revoking a survey vendor's approval if the survey vendor is found to have repeated unreported discrepancies.

XVI. Data Quality Checks

Overview

Survey vendors must implement quality assurance processes to verify the integrity of the collected and submitted CAHPS Hospice Survey data. This chapter describes suggested quality check activities that survey vendors may implement and should not be considered an exhaustive list of possible quality check activities that can be used by survey vendors. It is important to note that quality check activities must be performed by a different staff member than the individual who originally performed the specific project task. The goals of conducting quality check activities are to minimize the probability of errors occurring in the handling of the data throughout the various steps of data processing; to verify that required fields are present and protocols are met; and to identify and explain unusual or unexpected changes in the data files. Therefore, quality checks must be operationalized for all of the key components or steps of survey administration and data processing.

Traceable Data File Trail

Survey vendors must save both original and processed CAHPS Hospice Survey data files for a minimum of three years. This allows for easier identification of issues. The information below provides suggestions regarding CAHPS Hospice Survey-related file retention:

- Preserve a copy of every file received in original form and leave unchanged (including files received from hospice clients)
- Record general summary information such as total number of decedent/caregiver cases, survey-eligible size, decedent month, etc.
- Institute version controls for datasets, reports, and any software code and programs used for collecting and processing CAHPS Hospice Survey data records
 - Do not delete old data files
 - Keep intermediate data files, not just original and final versions

Review of Data Files

Survey vendors should examine their own data files and all clients' data files for any unusual or unexpected changes, including missing data. Trending or comparing data elements for individual hospices over different time periods is one technique that can be used to determine whether any unusual or unexpected changes have occurred. While the presence of such a change does not necessarily mean an error has occurred, it should prompt survey vendors to further evaluate the data in order to verify the difference(s). Listed below are suggested activities:

- Verify that data are associated with the correct hospice CCN
- Investigate data for notable changes in the counts of decedents/caregivers and eligible decedents/caregivers
- Prior to processing the decedents/caregivers list, run frequency/percentage tables for all administrative variables received from the hospice (e.g., sex, race, last location), and compare to same-variable tables from previous months
 - Look for missing administrative data elements (e.g., decedent primary diagnosis, decedent date of birth), and follow-up with the hospice immediately upon receipt of the decedents/caregivers list

- Prior to preparing data files for submission to the CAHPS Hospice Survey Data Warehouse, run frequency/percentage tables for all survey variables stored for a given hospice and month; compare to same-variable tables from previous months
 - Verify that the number of administrative records matches the value for the sample size for the given month
 - Check that Hospice Record variables match back to raw data summary statistics for the time period
 - Review a random selection of administrative records as a quality check against original raw decedent/caregiver data. This same activity can be performed for actual survey records.
 - Verify that required data elements for all decedents/caregivers in the CAHPS Hospice Survey sample frame are submitted to the CAHPS Hospice Survey Data Warehouse

Accuracy of Data Processing Activities

In order to ensure that CAHPS Hospice Survey data are valid and reliable, data processing activities must be conducted in accordance with required protocols. Data quality checks should be implemented to verify that the required protocols have been followed. Examples of data quality check activities include:

- Verify that every eligible decedent/caregiver has a chance of being sampled
- Evaluate the frequency of break-off surveys and/or unanswered questions, and investigate possible causes
- Review CAHPS Hospice Survey Data Submission Reports to confirm data submission activity is correct and as expected
- Review quarterly submission results from the Review and Correction Report to confirm a match with the frequency tables completed during previous quality check activities as described above

Summary

This chapter highlights a number of possible activities to assist survey vendors in developing procedures for data quality checks. The information contained in this chapter is intended for instructional purposes and is not considered to be all-inclusive. The CAHPS Hospice Survey Project Team will conduct site visits to survey vendors that will include review of survey administration operations along with the documentation of quality checks that have been conducted.

Appendix A

Minimum Business Requirements

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CAHPS Hospice Survey Minimum Business Requirements

A survey vendor must meet **ALL** of the Survey Vendor Minimum Business Requirements at the time the CAHPS^{®1} Hospice Survey Participation Form is received (a subcontractor's or other organization's survey administration experience does not substitute for a survey vendor's). In addition, subcontractors and any other organizations that are responsible for performing major CAHPS Hospice Survey administration functions (e.g., mail/web/telephone operations, XML file preparation) must also meet all of the CAHPS Hospice Survey Minimum Business Requirements that pertain to that role. The minimum business requirements for an organization to become approved to administer the CAHPS Hospice Survey are as follows:

Management Relationships:

Criteria	Survey Vendor
Current/Future Relationships with Hospices	<ul style="list-style-type: none"> ➤ The following types of organizations are not eligible to administer the CAHPS Hospice Survey (as an approved CAHPS Hospice Survey vendor): <ul style="list-style-type: none"> • Organizations or divisions within organizations that own or operate a hospice or provide hospice services, even if the division is run as a separate entity to the hospice; • Organizations that provide telehealth, monitoring of hospice patients, or teleprompting services for the hospice; and • Organizations that provide staffing to hospices for providing care to hospice patients, whether personal care aides or skilled services staff

Relevant Survey Experience:

Demonstrated **recent** (e.g., 2021-2024) continuous experience in fielding patient-specific surveys in the requested mode(s) (i.e., Mail, Web/Mail, Telephone, Mixed Mode [mail followed by telephone]).

Criteria	Survey Vendor
Number of Years in Business	<ul style="list-style-type: none"> ➤ Minimum four years
Number of Years Conducting Patient-Specific Surveys	<ul style="list-style-type: none"> ➤ Minimum of three consecutive years Mail, and/or Telephone, and/or Mixed Mode (mail followed by telephone) patient-specific survey experience within the most recent three-year time period ➤ Vendors using the Web/Mail mode must have a minimum of two consecutive years conducting patient-specific surveys via web, in the most recent two-year time period ➤ Prior experience in conducting surveys in English (required) and Spanish (preferred)

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Criteria	Survey Vendor
Sampling Experience	<ul style="list-style-type: none"> ➤ Two years prior experience selecting a random sample based on specific eligibility criteria within the most recent two-year time period ➤ Work with contracted client(s) to obtain patient data for sampling via Health Insurance Portability and Accountability Act- (HIPAA) compliant electronic data transfer processes ➤ Adequately document sampling process ➤ Survey vendors are responsible for conducting the sampling process and must not subcontract this activity

Survey Capability and Capacity:

Capability and capacity to handle a required volume of mail questionnaires, conduct standardized telephone interviewing, and/or conduct web survey administration in specified time frame.

Criteria	Survey Vendor
Personnel	<ul style="list-style-type: none"> ➤ Designated CAHPS Hospice Survey personnel: <ul style="list-style-type: none"> • Project Director with minimum two years prior experience conducting patient-specific mail and/or phone surveys in the requested mode(s) • Subject Matter Expert (SME) in web survey administration (subcontractor designee, if applicable) with a minimum of two years prior experience for web surveys • Staff with minimum one year prior experience in sample frame development and sample selection • Programmer (subcontractor designee, if applicable) with minimum one year prior experience receiving large, encrypted data files in different formats/software packages electronically from an external organization; processing survey data needed for survey administration and survey response data; preparing data files for electronic submission; and submitting data files to an external organization • Web Programmer (subcontractor designee, if applicable) with a minimum of one year prior experience programming, testing, and collecting data via web survey instruments • Call Center/Mail Center Supervisor (subcontractor designee, if applicable) with minimum one year prior experience in role ➤ Have appropriate organizational back-up staff for coverage of key staff ➤ Volunteers are not permitted to be involved in any aspect of the CAHPS Hospice Survey administration process
Physical Plant and System Resources	<ul style="list-style-type: none"> ➤ Physical plant resources available to handle the volume of surveys being administered, including computer and technical equipment: <ul style="list-style-type: none"> • A secure commercial work environment

Criteria	Survey Vendor
	<ul style="list-style-type: none"> • Home-based or virtual interviewers cannot be used to administer the CAHPS Hospice Survey, nor may they conduct any survey administration processes <u>unless</u> an Exception Request has been submitted and approved by CMS • Physical facilities and electronic equipment and software to collect, process and report data securely • If offering telephone surveys, must have the equipment, software and facilities to conduct computer-assisted telephone interviewing (CATI) and to monitor interviewers ➤ Electronic or alternative survey management system to: <ul style="list-style-type: none"> • track fielded surveys throughout the protocol, avoiding respondent burden and losing respondents • assign random, unique, de-identified identification number (Tracking ID) to track each sampled decedent/primary informal caregiver (i.e., family member or friend of the hospice patient) ➤ Computer software for implementing web survey instruments that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer) ➤ Organizations that are approved to administer the CAHPS Hospice Survey <u>must</u> conduct all of their business operations within the United States. This requirement applies to all staff and subcontractors, or other organizations involved in survey administration. ➤ All System Resources are subject to oversight activities, including site visits to physical locations
Sample Frame Creation	<ul style="list-style-type: none"> ➤ A minimum of two years prior experience selecting a random sample based on specific eligibility criteria in the most recent two-year time period ➤ Generate the sample frame data file that contains all individuals who meet the eligible population criteria ➤ Draw random sample of individuals for the survey who meet the eligible population criteria
Mail Administration	<ul style="list-style-type: none"> ➤ Mail survey administration activities are not to be conducted from a residence, nor from a virtual office <u>unless</u> an Exception Request has been submitted and approved by CMS ➤ Obtain and update addresses of sampled caregivers of hospice decedents ➤ Produce and print professional quality survey instruments and materials according to guidelines; a sample of all mailing materials must be submitted for review ➤ Merge and print sample name and address on personalized mail prenotification letters and survey cover letters, and print unique Tracking ID on the survey questionnaire ➤ Mail out survey materials

Criteria	Survey Vendor
	<ul style="list-style-type: none"> ➤ Receive and process (key-enter or scan) completed questionnaires ➤ Track and identify non-respondents for follow-up mailing ➤ Assign final survey status codes to describe the final result of work on each sampled record
Web-Mail Administration	<ul style="list-style-type: none"> ➤ Web-mail survey administration is not to be conducted from a residence, nor from a virtual office <u>unless</u> an Exception Request has been submitted and approved by CMS ➤ Obtain and update caregiver email addresses provided by client hospice(s) ➤ Collect web survey data ➤ Identify non-respondents for follow-up mail administration ➤ Submit a sample of survey materials in all utilized languages for review (as applicable): <ul style="list-style-type: none"> • Invitation and reminder emails • Web survey screenshots that display what the respondent will see and will present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer) and a web survey testing link • Hard copy letter(s) and questionnaire ➤ Capacity to disseminate survey invitation emails that include an embedded hyperlink that the caregiver can click on to directly connect to the web survey ➤ Adhere to all Mail Only survey administration requirements (described above)
Telephone Administration	<ul style="list-style-type: none"> ➤ Telephone interviews are not to be conducted from a residence, nor from a virtual office <u>unless</u> an Exception Request has been submitted and approved by CMS ➤ Obtain and update mailing addresses ➤ Produce and print prenotification letters; a sample of all mailing materials in all utilized languages must be submitted for review ➤ Mail out prenotification letters ➤ Obtain, verify, and update telephone numbers ➤ Develop CATI system ➤ Collect telephone interview data for the survey using CATI system; a sample of the telephone script and interviewer screenshots in all utilized languages must be submitted for review ➤ Identify non-respondents for follow-up telephone calls ➤ Schedule and conduct callbacks to non-respondents at varying times of the day and different days of the week ➤ Assign final survey status codes to reflect the final result of attempts to obtain a completed interview with each sampled record
Mixed Mode Administration (Mail with Telephone Follow-up)	<ul style="list-style-type: none"> ➤ Mail survey administration and telephone interviews are not to be conducted from a residence, nor from a virtual office <u>unless</u> an Exception Request has been submitted and approved by CMS

Criteria	Survey Vendor
	<ul style="list-style-type: none"> ➤ Adhere to all Mail Only and Telephone Only survey administration requirements (described above) ➤ Track cases from mail survey through telephone follow-up activities
Data Submission	<ul style="list-style-type: none"> ➤ Two years prior experience transmitting data via secure methods (HIPAA-compliant) ➤ Survey vendors are responsible for conducting data submission and must not subcontract this process ➤ Survey vendors must have the capacity to do the following actions to submit quarterly data files: <ul style="list-style-type: none"> • Register as a user of the CAHPS Hospice Survey Data Warehouse • Confirm contracted hospices have authorized survey vendor to submit data on behalf of the hospice • Import data from web survey system into a data file, if applicable • Import scanned or key-entered data from completed mail surveys into a data file, if applicable • Import (as necessary) data from CATI system into a data file, if applicable • Develop data files and edit and clean data according to standard protocols • Follow all data cleaning and data submission rules, including verifying that data files are de-identified and contain no duplicate cases • Export data from the electronic data collection system to the required format for data submission, confirm that the data are exported correctly and that the data submission files are formatted correctly and contain the correct data headers and data records • Encrypt and submit data electronically in the specified format to the CAHPS Hospice Survey Data Warehouse • Work with CMS' contractor to resolve data problems and data submission issues
Data Security	<ul style="list-style-type: none"> ➤ Administer web surveys with a secure hyperlink that is unique to each sampled caregiver, the data transmitted over a secure connection over HTTPS using transport layer security (TLS), and respondent information must be securely stored ➤ Survey vendors must have the capacity to do the following actions to secure electronic data: <ul style="list-style-type: none"> • Use a firewall and/or other mechanisms for preventing unauthorized access to electronic files • Implement access levels and security passwords so that only authorized users have access to sensitive data

Criteria	Survey Vendor
	<ul style="list-style-type: none"> • Implement daily data back-up procedures that adequately safeguard system data • Test back-up files on a quarterly basis, at a minimum, to make sure the files are easily retrievable and working • Perform frequent saves to media to minimize data losses in the event of power interruption • Develop procedures for identifying and handling breaches of confidential data • Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster
Data Retention and Storage	<ul style="list-style-type: none"> ➤ Survey vendors must have the capacity to do the following actions to securely store all data related to survey administration: <ul style="list-style-type: none"> • Store CAHPS Hospice Survey-related data files, including decedents/caregivers lists and de-identified electronic data files (e.g., sample frame, survey responses, XML files, etc.), for all applicable survey modes for a minimum of three years. Archived electronic data files must be easily retrievable. • Store de-identified returned mail questionnaires in a secure and environmentally safe location (e.g., locked file cabinet, locked closet or room), if applicable. Paper copies or optically scanned images of the questionnaires must be retained for a minimum of three years and be easily retrievable. • Destroy CAHPS Hospice Survey related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.
Technical Assistance/ Customer Support	<ul style="list-style-type: none"> ➤ Two years prior experience providing telephone customer support ➤ Accommodate inquiries that are submitted by phone and/or email, if applicable ➤ Provide toll-free customer support line: <ul style="list-style-type: none"> • offering customer support in all languages that the survey vendor administers the survey in • returning calls within 24-48 hours ➤ Conduct accurate monitoring of the customer support line and customer support email inbox, if applicable, in all languages in which the survey is administered to ensure accurate responses are provided
Organizational Confidentiality Requirements	<ul style="list-style-type: none"> ➤ Survey vendors must have the capacity to do all of the following actions: <ul style="list-style-type: none"> • Develop confidentiality agreements which include language related to HIPAA regulations and the protection of personal identifying information (PII) and obtain signatures from all personnel with access to survey information, including staff and all subcontractors or other organizations involved in survey administration and data collection. Confidentiality agreements

Criteria	Survey Vendor
	<p>must be reviewed and re-signed periodically, at the discretion of the survey vendor, but not to exceed more than a three-year period.</p> <ul style="list-style-type: none"> • Execute Business Associate Agreement(s) (BAA) in accordance with HIPAA regulations • Confirm that staff and subcontractors or other organizations involved in survey administration are compliant with HIPAA regulations in regard to decedent/caregiver protected health information (PHI) and PII • Establish protocols for secure file transmission. Emailing of PHI or PII via unsecure email is prohibited.

Participation in Quality Control Activities and Documentation Requirements:

Personnel training and quality control mechanisms employed to collect valid, reliable survey data

Criteria	Survey Vendor
<p>Demonstrated Quality Control Procedures</p>	<ul style="list-style-type: none"> ➤ Incorporate well-documented quality control procedures (as applicable) for: <ul style="list-style-type: none"> • Training of in-house staff and subcontractors or other organizations involved in survey operations • Printing, mailing and recording receipt of survey questionnaires, if applicable • Telephone administration and monitoring of survey (electronic telephone interviewing system) in all languages in which the survey is administered, if applicable • Oversee transition between initial mode and follow-up mode (e.g., Mail-Phone, Web-Mail) • Coding and verifying of survey data and survey-related materials • Monitoring the performance of all subcontractor(s)/ partner(s) or other organization(s) performing major CAHPS Hospice Survey administration functions • Printing, mailing, and recording receipt of survey information, if applicable • Phone administration of survey, if applicable • Web administration of survey, if applicable • Scanning or keying-in survey data • Preparation of final person-level data files for submission • Submitting Discrepancy Reports immediately upon discovering a discrepancy in following CAHPS Hospice Survey protocols • All other functions and processes that affect the administration of the CAHPS Hospice Survey

Criteria	Survey Vendor
	<ul style="list-style-type: none"> ➤ Participate in any conference calls and site visits as part of overall quality monitoring activities: <ul style="list-style-type: none"> • Provide documentation as requested for site visits and conference calls, including but not limited to: staff training records, telephone interviewer monitoring records and file construction documentation
Documentation Requirements	<ul style="list-style-type: none"> ➤ Keep electronic or hard copy files of staff training and training dates ➤ Maintain electronic documentation of telephone monitoring, if applicable ➤ Maintain documentation of mail production quality checks ➤ Maintain documentation of email and web administration quality checks ➤ Maintain documentation of all survey administration activities and related quality checks for review during site visits ➤ Develop a Quality Assurance Plan (QAP) for survey administration in accordance with CAHPS Hospice Survey <i>Quality Assurance Guidelines</i> and update the QAP at the time of process and/or key personnel changes as part of retaining participation status

Adhere to all Protocols, Specifications and Agree to Participate in Training Sessions:

Criteria	Survey Vendor
Survey Training	<ul style="list-style-type: none"> ➤ Attend all CAHPS Hospice Survey Training sessions [at a minimum, survey vendor’s Project Manager, SME in web survey administration (if applicable), Mail Survey Supervisor, and Telephone Survey Supervisor (if applicable) and subcontractors or other organizations involved in survey administration assigned key roles must attend training] ➤ Successfully complete the post-training quiz measuring comprehension of CAHPS Hospice Survey protocols
Administer the Survey according to all Survey Specifications	<ul style="list-style-type: none"> ➤ Review and follow all procedures described in the CAHPS Hospice Survey <i>Quality Assurance Guidelines</i> that are applicable to the selected survey data collection mode(s) ➤ Fully comply with the CAHPS Hospice Survey oversight activities ➤ Approved survey vendors are expected to maintain active contract(s) for CAHPS Hospice Survey administration with client hospice(s). An “active contract” is one in which the CAHPS Hospice Survey vendor is authorized by hospice client(s) to collect and submit CAHPS Hospice Survey data to the CAHPS Hospice Survey Data Warehouse. <ul style="list-style-type: none"> • If a CAHPS Hospice Survey vendor does not have any contracted hospice clients within two years (a consecutive 24 months) of the date they received approval to administer the CAHPS Hospice Survey, then that survey vendor’s

Criteria	Survey Vendor
	<p data-bbox="636 235 1438 298">“Approved” status for CAHPS Hospice Survey administration will be withdrawn</p> <ul style="list-style-type: none"> <li data-bbox="591 310 1438 415">• If approval status is withdrawn, the organization must once again follow the steps to apply for reconsideration for approval to administer the CAHPS Hospice Survey <ul style="list-style-type: none"> <li data-bbox="636 424 1438 529">○ If a survey vendor chooses to not re-apply at this time, then a 24-month wait period will be required before the organization is eligible to apply again <li data-bbox="636 537 1438 699">○ If a CAHPS Hospice Survey vendor is approved for a second term and does not have any contracted hospice clients by the end of the second 24-month approved period, a 24-month wait period will be required before the organization is eligible to apply again

Appendix B

Survey Vendor Authorization Form

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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 prior to the first time data will be submitted to the CAHPS Hospice Survey Data Warehouse by that vendor.

Approved Survey Vendors may be located at: [Approved Vendor List](#)

- A quarter is based on the calendar year (CY) and will correspond to the month of patient death. For example, Quarter 1 2025 begins with January 2025 patient deaths (caregivers to be surveyed April 2025).

Calendar Quarter	Caregivers are Surveyed:	Corresponding to Patient Deaths:	Vendor Authorization Form MUST be Submitted by:
Q1 2025	April-June 2025	January-March 2025	August 13, 2025
Q2 2025	July-September 2025	April-June 2025	November 12, 2025
Q3 2025	October-December 2025	July-September 2025	February 11, 2026
Q4 2025	January-March 2026	October-December 2025	May 13, 2026

If a hospice wishes to change CAHPS Hospice Survey vendors, it may do so **ONLY** at the beginning of a calendar quarter.

If the quarter you are trying to authorize is not listed in the form below, you must contact the CAHPS Hospice Survey Project Team at hospicecahpsurvey@hsag.com. Do not submit the form for an incorrect quarter as it will delay your organization's data submission.

The individual who completes this form for the hospice will be considered the CAHPS Hospice Survey Administrator for that hospice.

- This person must attest that they are authorized to submit the CAHPS Hospice Survey Authorization Form on behalf of their hospice.
- Hospices may also designate, on the form, an additional individual within the hospice organization to serve as the main point of contact with the CAHPS Hospice Survey Project Team.

Please note that a separate CAHPS Hospice Survey Vendor Authorization Form must be submitted for each hospice CCN.

Please type in the required fields to complete the form, print the completed form for your records, and submit the form.

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 CAHPS Hospice Survey Administrator will receive an automated email to confirm the form has been received.
- The RAND Corporation communicates to CMS which hospice agencies have authorized a survey vendor to administer the CAHPS Hospice Survey on their behalf.
- The RAND Corporation notifies vendors of hospices who have authorized them for data collection.
- Vendors cannot submit data for hospices that have not authorized them.

1. Hospice Information

CCN (Must be 6-characters, no hyphens) *

Hospice Name *

2. Survey Vendor Information

Indicate if there is no prior vendor or it's a change of survey vendor:

No Prior Vendor *
 Change Survey Vendor *
 Updating Administrator only *

Name of New Survey Vendor (Authorizing)*

Start Calendar Quarter for Vendor Authorizing *

The FIRST month my New Survey Vendor will survey the caregivers of our patients

Corresponding with patient deaths in

3. General Information

Hospice Administrator First Name *

Hospice Administrator Last Name *

Title *

Phone Number *

Phone Extension

Email *

Mailing Address*

City*

State*

Zip Code*

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

First Name

Last Name

Phone Number

Phone Extension

Email

4. Acknowledgement

By signing this form, the below mentioned Authorized Hospice Administrator acknowledges and accepts the role and all of the responsibilities of the CAHPS Hospice Survey Administrator.

In this role the Authorized Hospice Administrator will be responsible for:

- 1) Authorizing the below mentioned survey vendor to collect data 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 checking this box, I certify that the below mentioned Authorized Hospice Administrator is authorized to complete this form on behalf of this hospice agency.*

By signing this form, I authorize the below mentioned CAHPS Hospice Survey vendor 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.

CCN

Hospice Name

The FIRST month my New Survey Vendor will survey the caregivers of our patients

Name of Survey Vendor

Authorized Hospice Administrator Name *

Authorized Administrator Signature

Date

07/09/2024

By checking this box, you agree that your electronic signature is the equivalent of your manual signature on this agreement.*

53 + 3 = 56

Note: Please print completed Survey Vendor Authorization form before submitting.

[Print Survey Vendor Authorization Form](#)

[Submit Form](#)

Appendix C

Data Warehouse Access Form

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CAHPS Hospice Survey Data Warehouse Access Form for Vendors

All approved survey vendors contracting with hospices to implement the CAHPS Hospice Survey must have a user account in the CAHPS Hospice Survey Data Warehouse. The CAHPS Hospice Survey Data Warehouse is maintained by the RAND Corporation.

Survey vendors require access to the CAHPS Hospice Survey Data Warehouse in order to submit data files in accordance with the requirements of the survey file layouts by the data submission deadlines. The survey vendor will be able to review the CAHPS Hospice Survey Data Submission Reports and confirm successful upload of contracted hospices' data files to the CAHPS Hospice Survey Data Warehouse.

Organizations completing the CAHPS Hospice Survey Data Warehouse Access Form must provide contact information for your organization's Data Administrator and Back-up Data Administrator. Complete contact information is required to authorize a user account.

Please note: By submitting a new form, your organization is indicating a change to its Data Administrator and/or Back-up Data Administrator. Administrators listed on prior Data Warehouse Access Forms will no longer have access to the Data Warehouse.

1. Vendor Information

Vendor Name *

2. Data Administrator

First Name *

Last Name *

Phone Number *

Phone Extension

Email *

3. Back-up Data Administrator

First Name *

Last Name *

Phone Number *

Phone Extension

Email *

4. Additional Data Administrator (Optional)

First Name

Last Name

Phone Number

Phone Extension

Email

5. Acknowledgement

Vendor Name

In this role the Authorized Data Administrator will be responsible for:

- 1) Designating an individual within the organization to serve as the main point of contact with the CAHPS Hospice Survey Project Team.
- 2) Notifying the CAHPS Hospice Survey Project Team if my role as the CAHPS Survey Data Administrator for the organization will no longer be valid and identifying my successor by submitting a new Data Warehouse Access Form.

By checking this box, I certify that I am authorized to complete this form on behalf of this agency.*

Authorized Administrator Name *

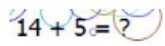
Authorized Administrator Signature

click here to sign

Date

07/09/2024

By checking this box, I agree that the electronic signature is the equivalent of my manual signature on this agreement.*



14 + 5 = ?

Note: Please print completed Data Warehouse Access form before submitting.

[Print Data Warehouse
Access Form](#)

[Submit Form](#)

CAHPS Hospice Survey Data Warehouse Access Form for Hospices

The CAHPS Hospice Survey Data Warehouse is maintained by the RAND Corporation. All hospices must have a user account in the CAHPS Hospice Survey Data Warehouse in order to monitor data submission activities.

Provide contact information below for your hospice's Data Administrator and Back-up Data Administrator. Complete contact information is required to authorize a user account.

* Multiple hospices can be submitted utilizing one form if the **Data Administrator is the same for all the hospices being submitted**. Click "Reset" to change the hospice information. The Back-up Data Administrator can also be changed by clearing the name and typing an alternate name.

Your form must be submitted prior to the first time your hospice's data will be submitted to the CAHPS Hospice Survey Data Warehouse.

***Please note:** By submitting a new form, your organization is indicating a change to its Data Administrator and/or Back-up Data Administrator. Administrators listed on prior Data Warehouse Access Forms will no longer have access to the Data Warehouse.*

1. Hospice and Administrator Information

CCN (Must be 6-characters, no hyphens) *

Hospice Name *

Reset

Note: A separate CAHPS Hospice Survey Data Warehouse Access Form must be submitted if the Data Administrator is not the same.

a. Data Administrator

First Name *

Last Name *

Phone Number *

Phone Extension

Email *

b. Back-up Data Administrator

First Name *

Last Name *

Phone Number *

Phone Extension

Email *

c. Additional Data Administrator (Optional)

First Name

Last Name

Phone Number

Phone Extension

Email

Add to Grid

CCN	Hospice Name	Data Admin First Name	Data Admin Last Name	Data Admin Phone	Data Admin Email

10 items per page

(click on a row in the grid to edit it)

2. Acknowledgement

CCN	Hospice Name

10 items per page

In this role the Authorized Hospice Data Administrator will be responsible for:

- 1) Designating an individual within the hospice organization to serve as the main point of contact with the CAHPS Hospice Survey Project Team.
- 2) Notifying the CAHPS Hospice Survey Project Team if my role as the CAHPS Hospice Survey Data Administrator for the hospice will no longer be valid and identifying my successor by submitting a new Data Warehouse Access Form.

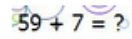
By checking this box, I certify that I am authorized to complete this form on behalf of this hospice agency (or agencies)*

Authorized Administrator Name *

Authorized Administrator Signature

Date

By checking this box, I agree that the electronic signature is the equivalent of my manual signature on this agreement.*



Note: Please print completed Data Warehouse Access form before submitting.

[Print Data Warehouse
Access Form](#)

[Submit Form](#)

Appendix D
Sample File Layout

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CAHPS Hospice Survey Sample File Layout

Below is an example of a sample file layout. **Please note the following:**

1. The Sample File Layout is used to facilitate the standardized administration of the CAHPS Hospice Survey and includes the data elements necessary for data submission, sampling and proper record keeping. The decedent/caregiver identifying information and other italicized Data Element fields will **not** be submitted to the CAHPS Hospice Survey Data Warehouse.
2. CMS strongly recommends that survey vendors collect all data elements whether or not they are required for data submission.

Sample File Layout			
Data Element	Length	Value Labels and Use	Required for Data Submission
Provider Name	100	Name of the hospice	Yes
Provider ID	10	CMS Certification Number (CCN) [formerly known as Medicare Provider Number]	Yes
NPI	10	National Provider Identifier (NPI) M = Missing	Yes
Facility Name ¹	100	Name of hospice, inpatient or nursing home facility, if applicable N/A = Missing /Not Applicable	Yes
Number of Hospice Offices	10	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.	Yes
Total Number of Live Discharges	10	Number of patients who were discharged alive during the month	Yes
Total Number of Decedents	10	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)	Yes

¹ A caregiver may associate their family member’s care with the facility where hospice care was received, rather than the actual name of the hospice organization. Therefore, "Facility Name" refers to the name of the facility (e.g., name of the assisted living facility, nursing home, hospital, or hospice house) where care was received. For example, if the decedent received care from Hospice ABC while in Facility XYZ, Facility XYZ is the "Facility Name."

Sample File Layout

Data Element	Length	Value Labels and Use	Required for Data Submission
“No Publicity” Decedents/Caregivers	10	“No publicity” decedents/caregivers are those who <u>initiate</u> or <u>voluntarily</u> 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.	Yes
<i>Hospice Decedent/Caregiver ID</i>	16	Hospice-generated ID submitted to survey vendor	No
<i>Caregiver First Name</i>	30	Name information used to personalize materials to caregiver	No
<i>Caregiver Middle Initial</i>	30		
<i>Caregiver Last Name</i>	30		
<i>Caregiver Prefix Name</i>	6		
<i>Caregiver Suffix Name</i>	10		
<i>Decedent First Name</i>	30		
<i>Decedent Middle Initial</i>	30		
<i>Decedent Last Name</i>	30		
<i>Decedent Prefix Name</i>	6		
<i>Decedent Suffix Name</i>	10		
Decedent Sex	1	1 = Male 2 = Female M = Missing	Yes
Decedent Hispanic	1	1 = Hispanic 2 = Non-Hispanic M = Missing	Yes
Decedent Race	1	1 = American Indian or Alaska Native 2 = Asian 3 = Black or African American 4 = Native Hawaiian or Pacific Islander 5 = White 6 = More than one race 7 = Other M = Missing	Yes
Decedent Date of Birth	8	MMDDYYYY Used by survey vendor to calculate decedent age to confirm decedent meets eligibility criteria	Yes

Sample File Layout

Data Element	Length	Value Labels and Use	Required for Data Submission
Decedent Date of Death	8	MMDDYYYY Used by survey vendor to calculate decedent age to confirm decedent meets eligibility criteria	Yes
Decedent Hospice Admission Date	8	MMDDYYYY Decedent admission date for his/her final episode of hospice care. Used by survey vendor to confirm decedent meets eligibility criteria.	Yes
Decedent Last Location/Setting of Care	2	1 = Home (Do not include assisted living or any other facility) 2 = Assisted living 3 = Long-term care facility or non-skilled nursing facility 4 = Skilled nursing facility 5 = Inpatient hospital 6 = Inpatient hospice facility 7 = Long-term care facility (hospital) 8 = Inpatient psychiatric facility 9 = Location not otherwise specified 10 = Hospice facility M = Missing <i>The Valid Values are derived from the Healthcare Common Procedure Coding System (HCPCS) Codes: Q Codes for Hospices.</i>	Yes
Decedent Payer Primary	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

Data Element	Length	Value Labels and Use	Required for Data Submission
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 7 = No Secondary Payer 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 7 = No Other Payer M = Missing	Yes
Decedent Primary Diagnosis	8	<p>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.</p> <p>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.</p> <p>Examples of ICD-10 codes in the correct format are: G20 – Parkinson’s disease G30.9 – Alzheimer’s disease, unspecified I50.22 – Chronic systolic (congestive) heart failure C7A.024 – Malignant carcinoid tumor of the descending colon V00.818A – Other accident with wheelchair (powered): Initial encounter MMMMMMMM = Missing</p>	Yes

Sample File Layout

Data Element	Length	Value Labels and Use	Required for Data Submission
<i>Caregiver Mailing Address 1</i>	50	Street address or post office box (address information used in protocols that have a mail mode of survey administration)	No
<i>Caregiver Mailing Address 2</i>	50	Mailing address 2nd line (if needed)	No
<i>Caregiver Mailing City</i>	50	Mailing city	No
<i>Caregiver Mailing State</i>	2	Two-character state abbreviation	No
<i>Caregiver Mailing Zip Code</i>	9	Nine-digit zip code; no hyphen, separators or de-limiters (i.e., 5-digit zip code followed by 4-digit extension)	No
<i>Caregiver Telephone Number 1</i>	10	Three-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)	No
<i>Caregiver Telephone Number 2</i>	10	Three-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)	No
<i>Caregiver Telephone Number 3</i>	10	Three-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)	No
<i>Caregiver Email Address</i>	30	Email address of caregiver	No

Sample File Layout

Data Element	Length	Value Labels and Use	Required for Data Submission
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 9 = Paid caregiver (non-familial) M = Missing	Yes
<i>Caregiver Language</i>	1	1 = English 2 = Spanish 3 = Chinese 4 = Russian 5 = Portuguese 6 = Vietnamese 7 = Polish 8 = Korean 9 = Other M = Missing	No

Appendix E

XML File Specification Version 11.0

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CAHPS Hospice Survey XML File Specification Version 11.0

This XML File Specification (Version 11.0) applies to **Q2 2025 decedents/caregivers and forward.**

Each file submission can include all months in the quarter for all hospices (per CCN).

A CAHPS Hospice Survey XML file is made up of 4 parts: **1) Vendor Record, 2) Hospice (Provider) Record, 3) Decedent/Caregiver Administrative Record, and 4) Survey Results Record.**

There should be only one Vendor Record for each CAHPS Hospice Survey XML file. There should be a Hospice Record for each month of the quarter for each CCN if the hospice was a client of the vendor for the month and sent a sample file (or confirmed zero decedents). Each decedent within the CAHPS Hospice Survey XML file should have a Decedent/Caregiver Administrative Record; and if survey results are being submitted for the decedent, they should have a Survey Results Record.

Each field (except several conditional items – see Data Element Required field for more details) of the Vendor Record, Hospice Record, and Decedent/Caregiver Administrative Record requires an entry for a valid data submission.

Survey Results Records are not required for a valid data submission but if survey results are included, then all fields must have an entry. Survey Results Records **are required** if the final <survey-status> is “1 – Completed Survey,” “6 – Ineligible: Never Involved in Decedent Care” or “7 – Non-response: Break-off.”

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
The following section defines the format of the Vendor Record.						
<vendordata> Opening Tag, defines a submission by the survey vendor		This is the opening element of the file. The closing tag for this element will be at the end of the file. Attributes describe the element and are included within the opening and closing <>				
	None	N/A	N/A	NA	N/A	Yes
<vendor-name> Sub-element of vendordata		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This vendordata element should only occur once per file. Example: <vendor-name>Vendor Business Name</vendor-name>				
	None	The name of the survey vendor.	Must be vendor's business name up to 100 alphanumeric characters.	Alphanumeric Character	100	Yes
<file-submission-yr> Sub-element of vendordata		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This vendordata element should only occur once per file. Example: <file-submission-yr>2025</file-submission-yr>				
	None	The year in which the file is submitted.	YYYY YYYY = (2025 or greater) (cannot be 9999)	Numeric	4	Yes
<file-submission-month> Sub-element of vendordata		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This vendordata element should only occur once per file. Example: <file-submission-month>10</file-submission-month>				
	None	The month in which the file is submitted.	MM MM = (1 - 12) (cannot be 00, 13 - 99)	Numeric	2	Yes
<file-submission-day> Sub-element of vendordata		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This vendordata element should only occur once per file. Example: <file-submission-day>31</file-submission-day>				
	None	The day in which the file is submitted.	DD DD = (1 - 31) (cannot be 00, 32 - 99)	Numeric	2	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<file-submission-number> Sub-element of vendordata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This vendordata element should only occur once per file. Example: <file-submission-number>1</file-submission-number>					
	None	Ordinal number of the submission for the day. The submission count re-starts with every new day of the file submission.	1 - 99	Numeric	2	Yes
The following section defines the format of the Hospice Record. There should be one hospicedata record for each month of the survey.						
<hospicedata> Opening Tag, defines the hospice record of monthly sample data. There must be a separate hospicedata group for each month from which decedents/caregivers were sampled.	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This hospicedata element should only occur once for each hospicedata record in the file. There should be one hospicedata record for each month of the survey.					
	None	N/A	N/A	NA	N/A	Yes
<reference-yr> Sub-element of hospicedata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This hospicedata element should only occur once for each hospicedata record in the file. There should be one hospicedata record for each month of the survey. Example: <reference-yr>2025</reference-yr>					
	None	The year of death for the decedents included in this Hospice Record.	YYYY YYYY = (2025 or greater) (cannot be 9999)	Numeric	4	Yes
<reference-month> Sub-element of hospicedata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This hospicedata element should only occur once for each hospicedata record in the file. There should be one hospicedata record for each month of the survey. Example: <reference-month>4</reference-month>					
	None	The month of death for the decedents included in this Hospice Record.	MM MM = (1 - 12) (cannot be 00, 13 - 99)	Numeric	2	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<provider-name> Sub-element of hospicedata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This hospicedata element should only occur once for each hospicedata record in the file. There should be one hospicedata record for each month of the survey. Example: <provider-name>Sample Hospice</provider-name>					
	None	The name of the hospice represented by the survey.	N/A	Alphanumeric Character	100	Yes
<provider-id> Sub-element of hospicedata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This hospicedata element should only occur once for each hospicedata record in the file. There should be one hospicedata record for each month of the survey. Example: <provider-id>123456</provider-id>					
	None	The ID number (CCN) of the hospice represented by the survey.	Valid 6-digit CMS Certification Number (formerly known as Medicare Provider Number). Any letters must be capitalized.	Alphanumeric Character	10	Yes
<npi> Sub-element of hospicedata	Each element must have a closing tag that is the same as the opening tag, but with a forward slash. This hospicedata element should only occur once for each hospicedata record in the file. There should be one hospicedata record for each month of the survey. Example: <npi>1234567890</npi>					
	None	The National Provider Identifier (NPI) of the hospice represented by the survey.	Valid 10 digit National Provider Identifier M = Missing	Alphanumeric Character	10	Yes
<survey-mode> Sub-element of hospicedata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This hospicedata element should only occur once for each hospicedata record in the file. There should be one hospicedata record for each month of the survey. Example: <survey-mode>1</survey-mode>					
	None	The mode of survey administration. The survey mode must be the same for all three months within a quarter.	1 - Mail Only	Alphanumeric Character	1	Yes
			2 - Telephone Only			
			3 - Mixed Mode			
			4 - Web Mail			
8 - Not Applicable (no decedents in the sampled month)						

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<total-decedents> Sub-element of hospicedata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This hospicedata element should occur three times, once for each month of data collection, for each provider in the file. Example: <total-decedents>150</total-decedents>					
	None	The total number of decedents in the hospice in the month including “no-publicity” decedents/caregivers, as provided by the hospice.	M = Missing	Alphanumeric Character	10	Yes
<live-discharges> Sub-element of hospicedata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This hospicedata element should occur three times, once for each month of data collection, for each provider in the file. Example: <live-discharges>5</live-discharges>					
	None	The number of patients who were discharged alive during the month.	M = Missing	Alphanumeric Character	10	Yes
<no-publicity> Sub-element of hospicedata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This hospicedata element should occur three times, once for each month of data collection, for each provider in the file. Example: <no-publicity>1</no-publicity>					
	None	The number of “no publicity” decedents/caregivers during the month who <u>initiated or voluntarily requested</u> that they not be revealed as a patient and/or whose caregiver requested that they not be surveyed, and were excluded from the file.	M = Missing	Alphanumeric Character	10	Yes
<missing-dod> Sub-element of hospicedata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This hospicedata element should occur three times, once for each month of data collection, for each provider in the file. Example: <missing-dod>5</missing-dod>					
	None	The number of decedents/caregivers not included in the sample frame for the month because any part (i.e., day, month, or year) of the decedent's date of death is missing.	N/A	Numeric	10	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><records-received> Sub-element of hospicedata</p>	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This hospicedata element should occur three times, once for each month of data collection, for each provider in the file. Example: <records-received>140</records-received></p>					
	None	The number of decedents/caregivers records received from the hospice for the month.	N/A	Numeric	10	Yes
<p><ineligible-presample> Sub-element of hospicedata</p>	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This hospicedata element should occur three times, once for each month of data collection, for each provider in the file. Example: <ineligible-presample>5</ineligible-presample></p>					
	None	<p>The number of decedents/caregivers determined to be ineligible for the month prior to sampling, for any of the following reasons:</p> <ol style="list-style-type: none"> 1. Decedent was under the age of 18 2. Decedent’s death was less than 48 hours following last admission to hospice care 3. Decedent has no caregiver of record 4. Decedent’s caregiver is a non-familial legal guardian or non-familial paid caregiver 5. Decedent’s caregiver has an address outside the U.S. or U.S. Territories <p>This count should NOT include cases that are ineligible because of missing date of death.</p>	N/A	Numeric	10	Yes
<p><available-sample> Sub-element of hospicedata</p>	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This hospicedata element should occur three times, once for each month of data collection, for each provider in the file. Example: <available-sample>130</available-sample></p>					
	None	The total number of decedents records received from the CCN in the month (<number of records received>), minus the number of decedents missing date of death (<missing-dod>) and the number of decedents/caregivers found ineligible prior to sampling (<ineligible-presample>).	N/A	Numeric	10	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<sampled-cases> Sub-element of hospicedata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This hospicedata element should occur three times, once for each month of data collection, for each provider in the file. Example: <sampled-cases>130</sampled-cases>					
	None	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 (<available-sample>) because all cases available for sampling are drawn into the sample.	N/A	Numeric	10	Yes
<sample-size> Sub-element of hospicedata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This hospicedata element should occur three times, once for each month of data collection, for each provider in the file. Example: <sample-size>127</sample-size>					
	None	The number of eligible decedents/caregivers drawn into the sample for the month, not including ineligible pre-sample (<ineligible-presample>) or ineligible post-sample (<ineligible-postsample>) cases.	N/A	Numeric	10	Yes
<ineligible-postsample> Sub-element of hospicedata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This hospicedata element should occur three times, once for each month of data collection, for each provider in the file. Example: <ineligible-postsample>3</ineligible-postsample>					
	None	Number of decedents/caregivers in the sample for the month with a “Final Survey Status” code of: “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,” or “16 - Sampling Error”	N/A	Numeric	10	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><sample-type> Sub-element of hospicedata</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This hospicedata element should only occur once for each hospicedata record in the file. There should be one hospicedata record for each month of the survey. Example: <sample-type>1</sample-type></p> <p>The type of sampling used for the month.</p>	1 - Simple Random Sample	Numeric	1	Yes
			2 - Census Sample			
			8 - Not applicable (no decedents in the sampled month)			
<p><number-offices> Sub-element of hospicedata</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This hospicedata element should only occur once for each provider in the file. Example: <number-offices>3</number-offices></p> <p>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.</p>	N/A	Numeric	10	Yes
<p></hospicedata> Closing tag for hospicedata</p>	None	<p>Note: This closing element for the hospice record is required in the XML document, however, it contains no data. This hospicedata element should only occur once for each hospicedata record in the file. There should be one hospicedata record for each month of the survey.</p>				

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
The following section defines the format of the Decedent/Caregiver Administrative Record.						
<p><decedentleveldata> Opening Tag, defines the decedent level data record of monthly survey data</p>	None	<p>This is the opening element of the decedent/caregiver level data record. The closing tag for this element will be at the end of the decedent/caregiver level data record. Note: The <decedentleveldata> section includes the opening and closing <decedentleveldata> tags and all the tags between these two tags. The <decedentleveldata> section is required in the XML file, if at least one decedent/caregiver is being submitted. If the <sample-size> is 0, and no decedent/caregiver data is being submitted, the <decedentleveldata> section should not be included in the XML file. This decedent/caregiver level data element should only occur once per decedent/caregiver.</p>	N/A	NA	N/A	Yes
<p><provider-id> Sub-element of decedentleveldata</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata element also occurs in the previous hospicedata record, and will occur again as a data element in the caregiver response record. Example: <provider-id>123456</provider-id></p>	Valid 6-digit CMS Certification Number (formerly known as Medicare Provider Number). Any letters must be capitalized.	Alphanumeric Character	10	Yes
<p><decedent-id> Sub-element of decedentleveldata</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata element will occur again as a data element in the caregiver response record. Example: <decedent-id>12345</decedent-id></p>	N/A	Alphanumeric Character	16	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<birth-yr> Sub-element of decedentleveldata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata data element should only occur once per decedent/caregiver. Example: <birth-yr>1999</birth-yr>					
	None	The year the decedent was born as provided by the hospice.	YYYY (cannot be 9999) Use 8888 only if unable to obtain information by the data submission due date.	Numeric	4	Yes
<birth-month> Sub-element of decedentleveldata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata data element should only occur once per decedent/caregiver. Example: <birth-month>1</birth-month>					
	None	The month the decedent was born as provided by the hospice.	MM MM = (1 - 12) (cannot be 00, 13 - 99) Use 88 only if unable to obtain information by the data submission due date.	Numeric	2	Yes
<birth-day> Sub-element of decedentleveldata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata data element should only occur once per decedent/caregiver. Example: <birth-day>1</birth-day>					
	None	The day the decedent was born as provided by the hospice.	DD DD = (1 - 31) (cannot be 00, 32 - 99) Use 88 only if unable to obtain information by the data submission due date.	Numeric	2	Yes
<death-yr> Sub-element of decedentleveldata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata data element should only occur once per decedent/caregiver. Example: <death-yr>2025</death-yr>					
	None	The year the decedent died as provided by the hospice.	YYYY YYYY = (2025 or greater) (cannot be 9999)	Numeric	4	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<death-month> Sub-element of decedentleveldata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata data element should only occur once per decedent/caregiver. Example: <death-month>4</death-month>					
	None	The month the decedent died as provided by the hospice.	MM MM = (1 - 12) (cannot be 00, 13 - 99)	Numeric	2	Yes
<death-day> Sub-element of decedentleveldata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata data element should only occur once per decedent/caregiver. Example: <death-day>1</death-day>					
	None	The day the decedent died as provided by the hospice.	DD DD = (1 - 31) (cannot be 00, 32 - 99)	Numeric	2	Yes
<admission-yr> Sub-element of decedentleveldata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata data element should only occur once per decedent/caregiver. Example: <admission-yr>2023</admission-yr>					
	None	The year the decedent was admitted for final episode of hospice care as provided by the hospice.	YYYY YYYY = (2009 or later) (cannot be 9999) Use 8888 only if unable to obtain information by the data submission due date.	Numeric	4	Yes
<admission-month> Sub-element of decedentleveldata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata data element should only occur once per decedent/caregiver. Example: <admission-month>1</admission-month>					
	None	The month the decedent was admitted for final episode of hospice care as provided by the hospice.	MM MM = (1 - 12) (cannot be 00, 13 - 99) Use 88 only if unable to obtain information by the data submission due date.	Numeric	2	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<admission-day> Sub-element of decedentleveldata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata data element should only occur once per decedent/caregiver. Example: <admission-day>1</admission-day>					
	None	The day the decedent was admitted for final episode of hospice care as provided by the hospice.	DD DD = (1 - 31) (cannot be 00, 32 - 99) Use 88 only if unable to obtain information by the data submission due date.	Numeric	2	Yes
<sex> Sub-element of decedentleveldata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata data element should only occur once per decedent/caregiver. Example: <sex>1</sex>					
	None	The decedent's sex as provided by the hospice.	1 - Male	Alphanumeric Character	1	Yes
			2 - Female			
			M - Missing			
<decedent-hispanic> Sub-element of decedentleveldata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata data element should only occur once per decedent/caregiver. Example: <decedent-hispanic>2</decedent-hispanic>					
	None	The indication whether on not decedent was Hispanic as provided by the hospice.	1 - Hispanic	Alphanumeric Character	1	Yes
			2 - Non-Hispanic			
			M - Missing			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><decedent-race> Sub-element of decedentleveldata</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata data element should only occur once per decedent/caregiver. Example: <decedent-race>1</decedent-race></p> <p>The decedent's race as provided by the hospice.</p>	<p>1 - American Indian or Alaska Native 2 - Asian 3 - Black or African American 4 - Native Hawaiian or Pacific Islander 5 - White 6 - More than one race 7 - Other M - Missing</p>	Alphanumeric Character	1	Yes
<p><caregiver-relationship> Sub-element of decedentleveldata</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata data element should only occur once per decedent/caregiver. Example: <caregiver-relationship>1</caregiver-relationship></p> <p>The caregiver relationship to the decedent as provided by the hospice.</p>	<p>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 9 - Paid caregiver (non-familial) M - Missing</p>	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><decident-payer-primary> Sub-element of decidentleveldata</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decidentleveldata data element should only occur once per decident/caregiver. Example: <decident-payer-primary>1</decident-payer-primary></p> <p>The decedent's primary payer for healthcare services as provided by the hospice.</p>	<p>1 - Medicare</p> <p>2 - Medicaid</p> <p>3 - Private</p> <p>4 - Uninsured/no payer</p> <p>5 - Program for All Inclusive Care for the Elderly (PACE)</p> <p>6 - Other</p> <p>M - Missing</p>	Alphanumeric Character	1	Yes
			<p><decident-payer-secondary> Sub-element of decidentleveldata</p>			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><decident-payer-other> Sub-element of decidentleveldata</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decidentleveldata data element should only occur once per decident/caregiver. Example: <decident-payer-other>3</decident-payer-other></p> <p>The decident's other payer for healthcare services as provided by the hospice.</p>	<p>1 - Medicare 2 - Medicaid 3 - Private 4 - Uninsured/no payer 5 - Program for All Inclusive Care for the Elderly (PACE) 6 - Other 7 - No Other Payer M - Missing</p>	Alphanumeric Character	1	Yes
<p><last-location> Sub-element of decidentleveldata</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decidentleveldata data element should only occur once per decident/caregiver. Example: <last-location>1</last-location></p> <p>The decident's last location/setting of hospice care as provided by the hospice.</p>	<p>1 - Home 2 - Assisted living 3 - Long-term care facility or non-skilled nursing facility 4 - Skilled nursing facility 5 - Inpatient hospital 6 - Inpatient hospice facility 7 - Long-term care facility 8 - Inpatient psychiatric facility 9 - Location not otherwise specified 10 - Hospice facility M - Missing</p>	Alphanumeric Character	2	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<facility-name> Sub-element of decedentleveldata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This is an optional data element at this time but may be required in the future. Example: <facility-name>Facility</facility-name>					
	None	The name of the assisted living facility, nursing home, hospital, or hospice facility/hospice house where the patient received care, if applicable (optional).	Facility name up to 100 alphanumeric characters. N/A = Missing/Not Applicable	Alphanumeric Character	100	Yes
<decedent-primary-diagnosis> Sub-element of decedentleveldata	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata data element should only occur once per decedent/caregiver. Example: <decedent-primary-diagnosis>G30.9</decedent-primary-diagnosis>					
	None	The decedent's primary diagnosis provided by the hospice. 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 character, though a small number have a third character that is alphabetic. 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.	ICD-10 code for the primary diagnosis of the decedent. MMMMMMMM=Missing	Alphanumeric Character	8	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><survey-status> Sub-element of decedentleveldata</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata data element should only occur once per caregiver/decedent. Example: <survey-status>1</survey-status></p>				
		<p>The disposition of the survey. For the final quarterly submission for each CCN, no cases should be coded 33 or M.</p>	<p>1 - Completed Survey 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 7 - Non-response: Break-off 8 - Non-response: Refusal 9 - Non-response: Non-response after Maximum Attempts 10 - Non-response: Bad/No Address 11 - Non-response: Bad/No Telephone Number 12 - Non-response: Incomplete Caregiver Name 13 - Non-response: Incomplete Decedent Name 14 - Ineligible: Institutionalized 15 - Non-response: Hospice Disavowal 16 - Sampling Error 33 - No Response Collected (used only for interim data file submission) M - Missing</p>	Alphanumeric Character	2	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><survey-completion-mode> Sub-element of decedentleveldata</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This tag is required if the survey mode is Mixed Mode or Web Mail Mode and the “Final Survey Status” is “1 – Completed Survey,” “6 – Ineligible: Never Involved in Decedent Care” or “7 – Non-response: Break-off.” The values entered must match a value corresponding to the survey mode defined in the Hospice Record section of the XML file. If the XML Element <survey-mode> is other than Mixed Mode or Web Mail Mode, this tag should not be included in the XML file. Example: <survey-completion-mode>88</survey-completion-mode></p> <p>The survey mode used to complete a survey administered via the Mixed Mode or Web Mail Mode. For Mail Only or Telephone Only, code 88.</p>	<p>1 - Mixed Mode - mail 2 - Mixed Mode - phone 3 - Web Mail Mode - web 4 - Web Mail Mode - mail 88 - Not Applicable</p>	Numeric	2	No, required only if survey mode is Mixed Mode or Web Mail Mode and Survey Status is “1 – Completed Survey,” “6 – Ineligible: Never Involved in Decedent Care” or “7 – Non-response: Break-off.”

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<number-survey-attempts-mail> Sub-element of decedentleveldata	None	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This tag is required if the survey mode is Mail Only or Web Mail. If the XML Element <survey-mode> is other than Mail Only or Web Mail, this tag does not need to be included in the XML file. Example: <number-survey-attempts-mail>1</number-survey-attempts-mail> The mail wave for which “Final Survey Status” code is determined per survey with a survey mode of Mail Only or Web Mail. For Telephone Only or Mixed Mode, code 88.	1 - First Wave Mailing	Numeric	2	No, conditionally required only if the survey mode is Mail Only or Web Mail.
			2 - Second Wave Mailing			
			88 - Not Applicable			
<number-survey-attempts-web> Sub-element of decedentleveldata	None	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This tag is required if the survey mode is Web Mail. If the XML Element <survey-mode> is other than Web Mail, this tag does not need to be included in the XML file. Example: <number-survey-attempts-web>1</number-survey-attempts-web> Email for which the survey was completed or final status code is determined per survey with a survey mode of Web Mail. For Mail Only, Telephone Only, or Mixed Mode, code 88.	1 - Email invitation	Numeric	2	No, conditionally required only if the survey mode is Web Mail.
			2 - Email reminder			
			88 - Not Applicable			
<email-status> Sub-element of decedentleveldata	None	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This tag is required if the survey mode is Web Mail. If the XML Element <survey-mode> is other than Web Mail, this tag does not need to be included in the XML file. Example: <email-status>1</email-status> Indicates if a caregiver email address was provided.	1 - Yes	Numeric	2	No, conditionally required only if the survey mode is Web Mail.
			2 - No			
			88 - Not Applicable			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><language> Sub-element of decedentleveldata</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata data element should only occur once per decedent/caregiver. Example: <language>1</language></p> <p>The survey language in which the survey was administered (English, Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, Korean). Only code 88 if survey not administered.</p>	<p>1 - English 2 - Spanish 3 - Chinese 4 - Russian 5 - Portuguese 6 - Vietnamese 7 - Polish 8 - Korean 88 - Not Applicable</p>	Numeric	2	Yes
<p><lag-time> Sub-element of decedentleveldata</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata data element should only occur once per decedent/caregiver. Note: The Lag Time should not be coded as "Missing." Example: <lag-time>106</lag-time></p> <p>The number of days between decedent date of death and the date that data collection activities ended for the decedent/caregiver.</p>	<p>0 - 365 888 - Not Applicable (use only for interim data file submission)</p>	Numeric	3	Yes
<p><supplemental-question-count> Sub-element of decedentleveldata</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata data element should only occur once per decedent/caregiver. Example: <supplemental-question-count>4</supplemental-question-count></p> <p>A count of supplemental questions added to the questionnaire.</p>	<p>0 - 15 M - Missing</p>	Alphanumeric Character	2	No. Required only if "Final Survey Status" is "1 – Completed Survey," "6 – Ineligible: Never Involved in Decedent Care" or "7 – Non-response: Break-off."

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p>The following section defines the format of the Survey Results Record (caregiver response). Note: Survey Results Records (caregiver response) are not required for a valid data submission; however, if survey results are included then all fields must have an entry. Survey Results Record (caregiver response) is required if the final <survey-status> is "1 - Completed survey," "6 - Ineligible: Never Involved in Decedent Care," or "7 - Non-response: Break-off."</p>						
<p><caregiverresponse> Opening Tag, defines the decedent response data record within the caregiver level data record of monthly survey data</p>	<p>This is the opening element of the caregiver response record. The closing tag for this element will be at the end of the caregiver response record. Note: There will be one <caregiverresponse> section for each caregiver if survey results are being submitted for the caregiver. The <caregiverresponse> section includes the opening and closing <caregiverresponse> tags and all the tags between these two tags. This <caregiverresponse> section is required in the XML file only if survey results are being submitted for the caregiver. If survey results are not being submitted for the caregiver the <caregiverresponse> section should not be submitted. This caregiver response element should only occur once per decedent.</p>					
	None	N/A	N/A	NA	N/A	Yes
<p><provider-id> Sub-element of caregiverresponse</p>	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiverresponse element also occurs in the previous hospicedata record and decedentleveldata record. Example: <provider-id>123456</provider-id></p>					
	None	The ID number (CCN) of the hospice represented by the survey.	Valid 6-digit CMS Certification Number (formerly known as Medicare Provider Number). Any letters must be capitalized.	Alphanumeric Character	10	Yes
<p><decedent-id> Sub-element of caregiverresponse</p>	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This element also occurs in the previous decedentleveldata record. Example: <decedent-id>12345</decedent-id></p>					
	None	The unique de-identified decedent/caregiver ID assigned by the hospice to uniquely identify the survey.	N/A	Alphanumeric Character	16	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><related> Sub-element of caregiverresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <related>1</related></p> <p>Question 1: Related.</p>	<p>1 - My spouse or partner</p> <p>2 - My parent</p> <p>3 - My mother-in-law or father-in-law</p> <p>4 - My grandparent</p> <p>5 - My aunt or uncle</p> <p>6 - My sister or brother</p> <p>7 - My child</p> <p>8 - My friend</p> <p>9 - Other</p> <p>M - Missing/Don't Know</p>	Alphanumeric Character	1	Yes
			<p><location-home> Sub-element of caregiverresponse</p>			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><location-assisted> Sub-element of caregiverresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. If the check box for 'Assisted living facility' is selected, enter value '1' for this data element. If the check box for 'Assisted living facility' is not selected (and at least one other check box for location is selected), enter value '0' for this data element. If none of the check boxes for this question are selected on the survey, enter the value 'M' for this data element and for all other data elements. Example: <location-assisted>0</location-assisted></p>				
			1 - Assisted living facility	Alphanumeric Character	1	Yes
			0 - Not assisted living facility			
			M - Missing/Don't Know			
<p><location-nursinghome> Sub-element of caregiverresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. If the check box for 'Nursing Home' is selected, enter value '1' for this data element. If the check box for 'Nursing Home' is not selected (and at least one other check box for location is selected), enter value '0' for this data element. If none of the check boxes for this question are selected on the survey, enter the value 'M' for this data element and for all other data elements. Example: <location-nursinghome>0</location-nursinghome></p>				
			1 - Nursing home	Alphanumeric Character	1	Yes
			0 - Not nursing home			
			M - Missing/Don't Know			
<p><location-hospital> Sub-element of caregiverresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. If the check box for 'Hospital' is selected, enter value '1' for this data element. If the check box for 'Hospital' is not selected (and at least one other check box for location is selected), enter value '0' for this data element. If none of the check boxes for this question are selected on the survey, enter the value 'M' for this data element and for all other data elements. Example: <location-hospital>0</location-hospital></p>				
			1 - Hospital	Alphanumeric Character	1	Yes
			0 - Not hospital			
			M - Missing/Don't Know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<location-hospice-facility> Sub-element of caregiverresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. If the check box for 'Hospice facility/hospice house' is selected, enter value '1' for this data element. If the check box for 'Hospice facility/hospice house' is not selected (and at least one other check box for location is selected), enter value '0' for this data element. If none of the check boxes for this question are selected on the survey, enter the value 'M' for this data element and for all other data elements. Example: <location-hospice-facility>0</location-hospice-facility>					
	None	Question 2: Location: hospice facility/hospice house.	1 - Hospice facility/hospice house	Alphanumeric Character	1	Yes
			0 - Not hospice facility/hospice house			
			M - Missing/Don't Know			
<location-other> Sub-element of caregiverresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. If the check box for 'Other' is selected, enter value '1' for this data element. If the check box for 'Other' is not selected (and at least one other check box for location is selected), enter value '0' for this data element. If none of the check boxes for this question are selected on the survey, enter the value 'M' for this data element and for all other data elements. Example: <location-other>0</location-other>					
	None	Question 2: Location: other.	1 - Other	Alphanumeric Character	1	Yes
			0 - Not other			
			M - Missing/Don't Know			
<oversee> Sub-element of caregiverresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <oversee>4</oversee>					
	None	Question 3: Oversee.	1 - Never	Alphanumeric Character	1	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			M - Missing/Don't Know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<needhelp> Sub-element of caregiverresponse	None	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <needhelp>1</needhelp> Question 4: Need help.	1 - Yes	Alphanumeric Character	2	Yes
			2 - No			
			88 - Not Applicable			
			M - Missing/Don't Know			
<gethelp> Sub-element of caregiverresponse	None	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <gethelp>4</gethelp> Question 5: Get help.	1 - Never	Alphanumeric Character	2	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			88 - Not Applicable			
			M - Missing/Don't Know			
<h_informtime> Sub-element of caregiverresponse	None	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <h_informtime>4</h_informtime> Question 6: Hospice inform.	1 - Never	Alphanumeric Character	2	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			88 - Not Applicable			
			M - Missing/Don't Know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<helpasan> Sub-element of caregiverresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <helpasan>4</helpasan>					
	None	Question 7: Help as soon as need.	1 - Never 2 - Sometimes 3 - Usually 4 - Always 88 - Not Applicable M - Missing/Don't Know	Alphanumeric Character	2	Yes
	<h_explain> Sub-element of caregiverresponse					
	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <h_explain>4</h_explain>					
	None	Question 8: Hospice explain.	1 - Never 2 - Sometimes 3 - Usually 4 - Always 88 - Not Applicable M - Missing/Don't Know	Alphanumeric Character	2	Yes
	<h_inform> Sub-element of caregiverresponse					
Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <h_inform>4</h_inform>						
None	Question 9: Hospice inform.	1 - Never 2 - Sometimes 3 - Usually 4 - Always 88 - Not Applicable M - Missing/Don't Know	Alphanumeric Character	2	Yes	

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<h_dignity> Sub-element of caregiverresponse	None	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <h_dignity>4</h_dignity> Question 10: Hospice dignity.	1 - Never	Alphanumeric Character	2	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			88 - Not Applicable			
			M - Missing/Don't Know			
<h_cared> Sub-element of caregiverresponse	None	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <h_cared>4</h_cared> Question 11: Hospice cared.	1 - Never	Alphanumeric Character	2	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			88 - Not Applicable			
			M - Missing/Don't Know			
<wishes> Sub-element of caregiverresponse	None	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <wishes>1</wishes> Question 12: Respected wishes.	1 - Yes, definitely	Alphanumeric Character	2	Yes
			2 - Yes, somewhat			
			3 - No			
			88 - Not Applicable			
			M - Missing/Don't Know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<matterd> Sub-element of caregiverresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <matterd>1</matterd>					
	None	Question 13: Matterd most.	1 - Yes, definitely	Alphanumeric Character	2	Yes
			2 - Yes, somewhat			
			3 - No			
			88 - Not Applicable			
M - Missing/Don't Know						
<h_talk> Sub-element of caregiverresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <h_talk>1</h_talk>					
	None	Question 14: Hospice talk.	1 - Yes	Alphanumeric Character	2	Yes
			2 - No			
			88 - Not Applicable			
			M - Missing/Don't Know			
<h_talklisten> Sub-element of caregiverresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <h_talklisten>4</h_talklisten>					
	None	Question 15: Hospice talk and listen.	1 - Never	Alphanumeric Character	2	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
88 - Not Applicable						
M - Missing/Don't Know						
<pain> Sub-element of caregiverresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <pain>1</pain>					
	None	Question 16: Pain.	1 - Yes	Alphanumeric Character	2	Yes
			2 - No			
			88 - Not Applicable			
M - Missing/Don't Know						

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><painhlp> Sub-element of caregiverresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <painhlp>1</painhlp> Question 17: Pain help.</p>	1 - Yes, definitely	Alphanumeric	2	Yes
			2 - Yes, somewhat	Character		
			3 - No			
			88 - Not Applicable			
			M - Missing/Don't Know			
<p><breath> Sub-element of caregiverresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <breath>1</breath> Question 18: Breath.</p>	1 - Yes	Alphanumeric	2	Yes
			2 - No	Character		
			88 - Not Applicable			
			M - Missing/Don't Know			
<p><breathhlp> Sub-element of caregiverresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <breathhlp>4</breathhlp> Question 19: Breath help.</p>	1 - Never	Alphanumeric	2	Yes
			2 - Sometimes	Character		
			3 - Usually			
			4 - Always			
			88 - Not Applicable			
<p><constip> Sub-element of caregiverresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <constip>1</constip> Question 20: Constipation.</p>	1 - Yes	Alphanumeric	2	Yes
			2 - No	Character		
			88 - Not Applicable			
			M - Missing/Don't Know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><constiphlp> Sub-element of caregiverresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <constiphlp>4</constiphlp></p> <p>Question 21: Constipation help.</p>	1 - Never	Alphanumeric Character	2	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			88 - Not Applicable			
			M - Missing/Don't Know			
<p><sad> Sub-element of caregiverresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <sad>1</sad></p> <p>Question 22: Sad.</p>	1 - Yes	Alphanumeric Character	2	Yes
			2 - No			
			88 - Not Applicable			
			M - Missing/Don't Know			
<p><sadgethlp> Sub-element of caregiverresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <sadgethlp>4</sadgethlp></p> <p>Question 23: Sad get help.</p>	1 - Never	Alphanumeric Character	2	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			88 - Not Applicable			
			M - Missing/Don't Know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<teach> Sub-element of caregiverresponse	None	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <teach>4</teach> Question 24: Teach you.	1 - Yes, definitely	Alphanumeric Character	2	Yes
			2 - Yes, somewhat			
			3 - No			
			4 - I did not need this teaching			
			88 - Not Applicable			
			M - Missing/Don't Know			
<h_listen> Sub-element of caregiverresponse	None	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <h_listen>4</h_listen> Question 25: Hospice listening carefully to caregiver.	1 - Never	Alphanumeric Character	2	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			88 - Not Applicable			
			M - Missing/Don't Know			
<expectinfo> Sub-element of caregiverresponse	None	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <expectinfo>1</expectinfo> Question 26: Expect info.	1 - Yes, definitely	Alphanumeric Character	2	Yes
			2 - Yes, somewhat			
			3 - No			
			88 - Not Applicable			
			M - Missing/Don't Know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<cbeliefrespect> Sub-element of caregiverresponse	None	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <cbeliefrespect>1</cbeliefrespect> Question 27: Caregiver beliefs respected.	1 - Too little	Alphanumeric	2	Yes
			2 - Right amount	Character		
			3 - Too much			
			88 - Not Applicable			
			M - Missing/Don't Know			
<cemotion> Sub-element of caregiverresponse	None	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <cemotion>1</cemotion> Question 28: Caregiver emotion.	1 - Too little	Alphanumeric	2	Yes
			2 - Right amount	Character		
			3 - Too much			
			88 - Not Applicable			
			M - Missing/Don't Know			
<cemotionafter> Sub-element of caregiverresponse	None	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <cemotionafter>1</cemotionafter> Question 29: Caregiver emotion after.	1 - Too little	Alphanumeric	2	Yes
			2 - Right amount	Character		
			3 - Too much			
			88 - Not Applicable			
			M - Missing/Don't Know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><ratehospice> Sub-element of caregiverresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <ratehospice>8</ratehospice></p> <p>Question 30: Rate hospice.</p>	<p>0 - Worst hospice care possible</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10 - Best hospice care possible</p> <p>88 - Not Applicable</p> <p>M - Missing/Don't Know</p>	Alphanumeric Character	2	Yes
			<p><h_recommend> Sub-element of caregiverresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <h_recommend>4</h_recommend></p> <p>Question 31: Hospice recommended.</p>	<p>1 - Definitely no</p> <p>2 - Probably no</p> <p>3 - Probably yes</p> <p>4 - Definitely yes</p> <p>88 - Not Applicable</p> <p>M - Missing/Don't Know</p>

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><pEdu> Sub-element of caregiverresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <pEdu>4</pEdu> Question 32: Decedent education.</p>	1 - 8th grade or less	Alphanumeric Character	1	Yes
			2 - Some high school but did not graduate			
			3 - High school graduate or GED			
			4 - Some college or 2-year degree			
			5 - 4-year college graduate			
			6 - More than 4-year college degree			
			7- Don't Know			
			M - Missing/Don't Know			
<p><pLatino> Sub-element of caregiverresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <pLatino>1</pLatino> Question 33: Decedent Latino.</p>	1 - No, not Spanish/Hispanic/Latino	Alphanumeric Character	1	Yes
			2 - Yes, Cuban			
			3 - Yes, Mexican, Mexican American, Chicano/a			
			4 - Yes, Puerto Rican			
			5 - Yes, other Spanish/Hispanic/Latino			
			M - Missing/Don't Know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><race-amer-indian-ak> Sub-element of caregiverresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. If the check box for the race 'American Indian or Alaska native' is selected, enter value '1' for this data element If the check box for the race 'American Indian or Alaska native' is not selected (and at least one other check box for race is selected), enter value '0' for this data element. If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements. Example: <race-amer-indian-ak>0</race-amer-indian-ak></p> <p>Question 34: Race, American Indian or Alaska native.</p>	<p>1 - American Indian or Alaska native 0 - Not American Indian or Alaska native M - Missing/Don't Know</p>	Alphanumeric Character	1	Yes
<p><race-asian> Sub-element of caregiverresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. If the check box for the race 'Asian' is selected, enter value '1' for this data element. If the check box for the race 'Asian' is not selected (and at least one other check box for race is selected), enter value '0' for this data element. If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements. Example: <race-asian>0</race-asian></p> <p>Question 34: Race, Asian.</p>	<p>1 - Asian 0 - Not Asian M - Missing/Don't Know</p>	Alphanumeric Character	1	Yes
<p><race-african-amer> Sub-element of caregiverresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. If the check box for the race 'Black or African-American' is selected, enter value '1' for this data element If the check box for the race 'Black or African-American' is not selected (and at least one other check box for race is selected), enter value '0' for this data element. If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements. Example: <race-african-amer>0</race-african-amer></p> <p>Question 34: Race, Black or African-American.</p>	<p>1 - Black or African-American 0 - Not Black or African-American M - Missing/Don't Know</p>	Alphanumeric Character	1	Yes

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><race-hi-pacific-islander> Sub-element of caregiverresponse</p>	None	Question 34: Race, Pacific Islander.	1 - Native Hawaiian or other Pacific Islander	Alphanumeric Character	1	Yes
			0 - Not Native Hawaiian or other Pacific Islander			
			M - Missing/Don't Know			
			<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. If the check box for the race 'Native Hawaiian or Pacific Islander' is selected, enter value '1' for this data element. If the check box for the race 'Native Hawaiian or Pacific Islander' is not selected (and at least one other check box for race is selected), enter value '0' for this data element. If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements. Example: <race-hi-pacific-islander>0</race-hi-pacific-islander></p>			
<p><race-white> Sub-element of caregiverresponse</p>	None	Question 34: Race, White.	1 - White	Alphanumeric Character	1	Yes
			0 - Not White			
			M - Missing/Don't Know			
			<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. If the check box for the race 'White' is selected, enter value '1' for this data element. If the check box for the race 'White' is not selected (and at least one other check box for race is selected), enter value '0' for this data element. If none of the check boxes for the race question are selected on the survey, enter the value 'M' for this data element and for all other race data elements. Example: race-white>1</race-white></p>			
<p><unfair> Sub-element of caregiverresponse</p>	None	Question 35: Treated unfairly.	1 - Never	Alphanumeric Character	2	Yes
			2 - Sometimes			
			3 - Usually			
			4 - Always			
			88 - Not Applicable			
			M - Missing/Don't Know			
<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <unfair>4</unfair></p>						

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<cAge> Sub-element of caregiverresponse	None	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <cAge>1</cAge> Question 36: Caregiver, age.	1 - 18 to 24	Alphanumeric Character	1	Yes
			2 - 25 to 34			
			3 - 35 to 44			
			4 - 45 to 54			
			5 - 55 to 64			
			6 - 65 to 74			
			7 - 75 to 84			
			8 - 85 or older			
			M - Missing/Don't Know			
<cSex> Sub-element of caregiverresponse	None	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <cSex>1</cSex> Question 37: Caregiver, sex.	1 - Male	Alphanumeric Character	1	Yes
			2 - Female			
			M - Missing/Don't Know			
<cEdu> Sub-element of caregiverresponse	None	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <cEdu>4</cEdu> Question 38: Caregiver, education.	1 - 8th grade or less	Alphanumeric Character	1	Yes
			2 - Some high school but did not graduate			
			3 - High school graduate or GED			
			4 - Some college or 2-year degree			
			5 - 4-year college graduate			
			6 - More than 4-year college degree			
			M - Missing/Don't Know			

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<p><cHomeLang> Sub-element of caregiverresponse</p>	None	<p>Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver. Example: <cHomeLang>4</cHomeLang></p> <p>Question 39: Language spoken at home.</p>	<p>1 - English 2 - Spanish 3 - Chinese 4 - Russian 5 - Portuguese 6 - Vietnamese 7 - Polish 8 - Korean 9 - Some other language M - Missing/Don't Know</p>	Alphanumeric Character	1	Yes
<p></caregiverresponse> Closing tag for caregiverresponse</p>	None	<p>Note: This tag is required in the XML file, however, it contains no data. This caregiverresponse element should only occur once per caregiver.</p>				
<p></decedentleveldata> Closing tag for decedentleveldata</p>	None	<p>Note: This tag is required in the XML file, however, it contains no data. This decedentleveldata element should only occur once per decedent/caregiver.</p>				
<p></vendordata> Closing tag for vendordata</p>	None	<p>Note: This tag is required in the XML file, however, it contains no data. This vendordata element should only occur once per file.</p>				

CAHPS Hospice Survey Sample XML File Layout Version 11.0

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<?xml version="1.0"?>
<!-- CAHPS Hospice Survey XML File Specification Version 11.0 -->
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  <file-submission-yr>2025</file-submission-yr>
  <file-submission-month>10</file-submission-month>
  <file-submission-day>31</file-submission-day>
  <file-submission-number>1</file-submission-number>
  - <hospicedata>
    <reference-yr>2025</reference-yr>
    <reference-month>4</reference-month>
    <provider-name>Sample Hospice</provider-name>
    <provider-id>123456</provider-id>
    <npi>1234567890</npi>
    <survey-mode>1</survey-mode>
    <total-decedents>150</total-decedents>
    <live-discharges>5</live-discharges>
    <no-publicity>1</no-publicity>
    <missing-dod>5</missing-dod>
    <records-received>149</records-received>
    <ineligible-presample>5</ineligible-presample>
    <available-sample>139</available-sample>
    <sampled-cases>139</sampled-cases>
    <sample-size>136</sample-size>
    <ineligible-postsample>3</ineligible-postsample>
    <sample-type>1</sample-type>
    <number-offices>3</number-offices>
  </hospicedata>
  - <decedentleveldata>
    <provider-id>123456</provider-id>
    <decedent-id>12345</decedent-id>
    <birth-yr>1999</birth-yr>
    <birth-month>1</birth-month>
    <birth-day>1</birth-day>
    <death-yr>2025</death-yr>
    <death-month>4</death-month>
    <death-day>1</death-day>
    <admission-yr>2023</admission-yr>
    <admission-month>1</admission-month>
    <admission-day>1</admission-day>
```

CAHPS Hospice Survey Sample XML File Layout Version 11.0

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<decedent-payer-primary>1</decedent-payer-primary>
<decedent-payer-secondary>2</decedent-payer-
secondary>
<decedent-payer-other>3</decedent-payer-other>
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diagnosis>
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attempts-telephone>
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attempts-web>
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count>
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  <decedent-id>12345</decedent-id>
  <related>1</related>
  <location-home>1</location-home>
  <location-assisted>0</location-assisted>
  <location-nursinghome>0</location-nursinghome>
  <location-hospital>0</location-hospital>
  <location-hospice-facility>0</location-hospice-
facility>
  <location-other>0</location-other>
  <oversee>4</oversee>
  <needhelp>1</needhelp>
  <gethelp>4</gethelp>
  <h_informtime>4</h_informtime>
```

CAHPS Hospice Survey Sample XML File Layout Version 11.0

```
<helpasan>4</helpasan>
<h_explain>4</h_explain>
<h_inform>4</h_inform>
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<h_cared>4</h_cared>
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<matterd>1</matterd>
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<constiphlp>4</constiphlp>
<sad>1</sad>
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<teach>4</teach>
<h_clisten>4</h_clisten>
<expectinfo>1</expectinfo>
<cbeliefrespect>1</cbeliefrespect>
<cemotion>1</cemotion>
<cemotionafter>1</cemotionafter>
<ratehospice>8</ratehospice>
<h_recommend>4</h_recommend>
<pEdu>4</pEdu>
<pLatino>1</pLatino>
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<race-asian>0</race-asian>
<race-african-amer>0</race-african-amer>
<race-hi-pacific-islander>0</race-hi-pacific-islander>
<race-white>1</race-white>
<unfair >1</unfair>
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<cSex>1</cSex>
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</caregiverresponse>
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CAHPS Hospice Survey Sample XML File Layout Version 11.0

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- <decedentleveldata>
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  <decedent-id>1234567</decedent-id>
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  <birth-month>1</birth-month>
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  <death-month>4</death-month>
  <death-day>2</death-day>
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  <admission-day>1</admission-day>
  <sex>1</sex>
  <decedent-hispanic>2</decedent-hispanic>
  <decedent-race>5</decedent-race>
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  <decedent-payer-secondary>2</decedent-payer-
secondary>
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attempts-web>
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count>
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```


CAHPS Hospice Survey

Sample XML File Layout Version 11.0

```
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facility>
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<gethelp>4</gethelp>
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```

CAHPS Hospice Survey Sample XML File Layout Version 11.0

```
<race-asian>0</race-asian>
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</decedentleveldata>
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```

CAHPS Hospice Survey

Sample XML File Layout Version 11.0

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<decedent-payer-secondary>2</decedent-payer-
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<decedent-payer-other>3</decedent-payer-other>
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attempts-web>
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  <decedent-id>345612</decedent-id>
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  <location-assisted>0</location-assisted>
  <location-nursinghome>0</location-nursinghome>
  <location-hospital>0</location-hospital>
  <location-hospice-facility>0</location-hospice-
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  <location-other>0</location-other>
```

CAHPS Hospice Survey Sample XML File Layout Version 11.0

```
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<race-hi-pacific-islander>0</race-hi-pacific-islander>
<race-white>1</race-white>
<unfair >1</unfair>
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<cSex>1</cSex>
```

CAHPS Hospice Survey Sample XML File Layout Version 11.0

```
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  <decedent-payer-other>3</decedent-payer-other>
  <last-location>1</last-location>
  <facility-name>Facility</facility-name>
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  <survey-status>1</survey-status>
  <survey-completion-mode>88</survey-completion-mode>
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  <number-survey-attempts-web>88</number-survey-
  attempts-web>
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  <language>1</language>
  <lag-time>106</lag-time>
  <supplemental-question-count>4</supplemental-question-
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CAHPS Hospice Survey Sample XML File Layout Version 11.0

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  <location-other>0</location-other>
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  <gethelp>4</gethelp>
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  <helpasan>4</helpasan>
  <h_explain>4</h_explain>
  <h_inform>4</h_inform>
  <h_dignity>4</h_dignity>
  <h_cared>4</h_cared>
  <wishes>2</wishes>
  <mattered>2</mattered>
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  <h_talklisten>4</h_talklisten>
  <pain>1</pain>
  <painhlp>1</painhlp>
  <breath>1</breath>
  <breathhlp>4</breathhlp>
  <constip>1</constip>
  <constiphlp>4</constiphlp>
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  <sadgethlp>4</sadgethlp>
  <teach>1</teach>
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  <expectinfo>1</expectinfo>
  <cbeliefrespect>1</cbeliefrespect>
  <cemotion>1</cemotion>
  <cemotionafter>1</cemotionafter>
  <ratehospice>8</ratehospice>
```

CAHPS Hospice Survey Sample XML File Layout Version 11.0

```
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<race-asian>0</race-asian>  
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<race-hi-pacific-islander>0</race-hi-pacific-  
islander>  
<race-white>0</race-white>  
<unfair >3</unfair>  
<cAge>1</cAge>  
<cSex>1</cSex>  
<cEdu>4</cEdu>  
<cHomeLang>4</cHomeLang>  
</caregiverresponse>  
</decedentleveldata>  
</vendordata>
```


Appendix F

Interviewing Guidelines for Telephone Surveys

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CAHPS Hospice Survey

Interviewing Guidelines for Telephone Surveys

Overview

These guidelines address expectations for interviewers conducting the CAHPS Hospice Survey by telephone. To collect the highest quality data possible, telephone interviewers must follow these guidelines while conducting telephone interviews.

As an interviewer, your role in the success of this survey is important. You will interact with many caregivers and you are the person who assures the caregivers that their participation is important.

Due to the nature of this survey, you may encounter caregivers who express grief or other emotions; therefore, it will be necessary for you to familiarize yourself with your organization's Distressed Respondent Procedures.

General Interviewing Techniques

As an interviewer you must:

- read the script from the interviewer screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the script)
- read all questions and response choices in the indicated order and exactly as worded, so that all caregivers are answering the same question. Questions that are re-worded can bias the caregiver's response and the overall survey results.
- read all transitional statements
- never skip over a question because you think the caregiver has answered it already
- not attempt to increase the likelihood of the caregiver providing one answer over another answer
- speak in a courteous tone
 - During the course of the survey, use of neutral acknowledgement words such as the following is permitted:
 - Thank you
 - Alright
 - Okay
 - I understand, or I see
 - Yes, Ma'am
 - Yes, Sir
- adjust the pace of the CAHPS Hospice Survey interview to be conducive to the needs of the caregiver
- maintain a professional and neutral relationship with the caregiver at all times
- not provide personal information or opinions about the survey
- listen carefully to any caregiver questions and offer concise responses. You may not provide extra information or lengthy explanations.
- tell the caregiver that there are no more questions and thank the caregiver for his or her time at the end of the survey. The interviewer may say, "Have a good (day/evening)." if appropriate.

- not leave messages on answering machines or with household members. Interviewers should attempt to re-contact the caregiver to complete the CAHPS Hospice Survey.
- not administer the CAHPS Hospice Survey to any caregiver whom you know personally or professionally

Introduction and Refusal Avoidance

For optimal response rates, it is important that telephone interviewers attempt to avoid telephone refusals from the caregiver. The introduction and initial moments of the interview are critical to gaining cooperation from the caregiver.

Interviewers must:

- be prepared to answer questions about the survey by familiarizing themselves with the survey and the FAQ document
 - avoid long pauses - be ready to answer questions and address caregiver concerns
 - study and thoroughly familiarize yourself with the frequently asked questions (FAQ) list before you begin conducting telephone interviews so that you are knowledgeable about the CAHPS Hospice Survey
- read the telephone script introductions verbatim, unless the caregiver interrupts to ask a question or voices a concern
 - not rush through the introduction
 - The interviewer may use the pronoun appropriate to the decedent's gender ("he or she" or "him or her") if the caregiver mentions the decedent's gender
- speak clearly and politely to establish a rapport with the caregiver
- attempt to gain cooperation; if the caregiver refuses, the interviewer should politely end the call. The interviewer should not argue with or antagonize the caregiver.
- request to speak with the sampled caregiver if calling the caregiver number and a business is reached. If the caregiver states they are at work and cannot speak, the interviewer should attempt to reschedule the call for a time that is more convenient for the caregiver, or obtain an alternate phone number at which to reach the caregiver.
- request to get in touch with the sampled caregiver if the interviewer reaches a healthcare facility staff member. Inform the healthcare facility staff member that the survey is part of a nation initiative sponsored by Medicare. The results of the survey will help hospices understand what they are doing well and what needs improvement.

If the staff member indicates that the caregiver is unable to complete the survey (e.g., due to mental or physical incapacity), the interviewer should thank the staff member and code the attempt appropriately.

Note: Caregivers, if otherwise eligible, residing in healthcare facilities such as an assisted living facility, long-term care facility or nursing home are to be included in the CAHPS Hospice Survey sample frame and attempts to contact the caregiver to administer the survey must be made to those decedents/caregivers drawn into the sample.

Note: Healthcare facility telephone numbers cannot be placed on the survey vendor's do-not-call list, even if requested by the healthcare facility staff.

Answering Questions and Probing

Telephone interviewers need to probe when a caregiver fails to give a complete or an adequate answer. Interviewers must not ask the caregiver probing questions about their health such as “How are you feeling today?” before asking the CAHPS Hospice Survey questions.

- Interviewer probes must be neutral and must not increase the likelihood of the caregiver providing one answer over another answer. Probes should stimulate the caregiver to give answers that meet the question’s objectives.
- Interviewers must not interpret survey answers for the caregiver
- The interviewer may accept any alternative positive or negative response from the caregiver
 - Interviewers must clarify the caregiver response if accepting alternative positive and/or negative responses (Definitely yes, Probably yes, etc.)
- Types of probes:
 - Repeat the question or the answer categories
 - Interviewer says:
 - “Take a minute to think about it.” REPEAT QUESTION, IF APPROPRIATE
 - “So, would you say that it is...” REPEAT ANSWER CATEGORIES
 - “Which would be closer?” REPEAT ANSWER CATEGORIES THAT ARE CLOSEST TO THE CAREGIVER’S RESPONSE

Conventions on Telephone Survey Instruments

- All text that appears in lowercase letters must be read out loud
- Text in UPPERCASE letters must not be read out loud
 - However, YES and NO response options can be read, if appropriate
- Text that is underlined must be emphasized
- Characters in < > must not be read

Appendix G

Frequently Asked Questions for Customer Support

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CAHPS Hospice Survey

Frequently Asked Questions for Customer Support

Overview

This document provides customer support guidance on responding to frequently asked questions (FAQ) from caregivers answering the CAHPS Hospice Survey. It should be used for all modes of survey administration. The FAQ provide answers to general questions about the survey, concerns about participating in the survey and questions about completing/returning the survey. Survey vendors may amend the document to be specific to their operations or revise individual responses for clarity.

Note: Survey vendors conducting the CAHPS Hospice Survey must NOT attempt to influence caregivers in a particular way. For example, the survey vendor conducting the CAHPS Hospice Survey must NOT say, imply or persuade caregivers to respond to items in a particular way. In addition, survey vendors must NOT indicate or imply in any manner that the hospice, its personnel or its agents will appreciate or gain benefits if caregivers respond to the items in a particular way. Please refer to the “Program Requirements” section of the CAHPS Hospice Survey Quality Assurance Guidelines for more information on communicating with caregivers.

I. General Questions About the Survey

➤ **Who is conducting this survey? Who is sponsoring this survey?**

I'm an interviewer from the research organization [SURVEY VENDOR NAME]. [HOSPICE NAME] has asked our organization to help conduct this survey to enable them to get feedback from caregivers whose family member or friend recently died while in hospice care.

➤ **What is the purpose of the survey? How will the data be used?**

The survey is part of a national initiative sponsored by Medicare to measure the quality of care in hospices.

The survey is designed to measure caregiver's perspectives on hospice care for public reporting. The data collected from the survey will be provided to consumers to help them make informed choices when selecting a hospice. The data are publicly reported on Care Compare (<https://www.medicare.gov/care-compare/>). It will also be used to help improve the quality of care provided by hospices. Your participation is important.

➤ **How can I verify this survey is legitimate?**

You can contact [HOSPICE NAME] at [TELEPHONE NUMBER] for information about the survey.

NOTE: SURVEY VENDORS MUST OBTAIN CONTACT INFORMATION FROM THE HOSPICE ABOUT WHO TO CONTACT TO VERIFY THE LEGITIMACY OF THE SURVEY.

➤ **Is there a government agency that I can contact to find out more about this survey?**

Yes, you can contact the Centers for Medicare & Medicaid Services (CMS), a federal agency within the Department of Health and Human Services (HHS) through the CAHPS Hospice Survey Technical Assistance telephone number at 1-844-472-4621 or by email at hospicecahpsurvey@hsag.com.

➤ **Are my answers confidential? Who will see my answers?**

Your answers will be seen by the research staff, and may be shared with the hospice for purposes of quality improvement.

➤ **How long will this take?**

The survey takes about 9 minutes [OR SURVEY VENDOR SPECIFY].

NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER THE SURVEY IS INTEGRATED WITH HOSPICE-SPECIFIC SUPPLEMENTAL QUESTIONS.

➤ **What questions will be asked?**

The survey asks questions about the experiences your family member or friend had while receiving care and services from the hospice. There will be questions asking you about any problems they may have had receiving care or services. It also asks you to rate different types of care and services your family member or friend may have received.

➤ **How did you get my name? How was I chosen for the survey?**

Your name was randomly selected from all recent patient deaths from [HOSPICE NAME].

➤ **Where can I find the results of the survey?**

Official CAHPS Hospice Survey scores are publicly reported four times each year on the Care Compare Website (<https://www.medicare.gov/care-compare/>). Scheduled refreshes for CAHPS Hospice Survey data occur in February, May, August, and November. Publicly reported CAHPS Hospice Survey results are calculated using eight quarters of survey data; A summary Star Rating based on CAHPS Hospice Survey results is updated twice a year.

II. Concerns About Participating in the Survey

➤ **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.

➤ **I'm not interested.**

[HOSPICE NAME] could really use your help. Could you tell me why you're not interested in participating?

- **I'm concerned the survey might be a "scam," and if I answer with those response choices, it might be recorded and used for fraud against me.** You can use an alternative positive or negative response to answer the questions.

- **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 about 9 minutes [OR SURVEY VENDOR SPECIFY]. Perhaps we could get started and see what the questions are like. We can stop any time you like.

[IF NECESSARY:] The interview can be broken into parts, if necessary; you don't have to do the whole thing in one session.

[IF NECESSARY:] I can schedule it for any time that is convenient for you, including evenings or weekends if you prefer.

NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER THE SURVEY IS INTEGRATED WITH HOSPICE-SPECIFIC SUPPLEMENTAL QUESTIONS.

- **You called my cell phone. Can you call back after [CAREGIVER SPECIFY TIME]?**

Yes, we can call you back at [CAREGIVER SPECIFIED TIME].

[IF "NO," SET FUTURE DATE/TIME FOR CALL BACK.]

NOTE: TELEPHONE CALL ATTEMPTS ARE TO BE MADE BETWEEN THE HOURS OF 9 AM AND 9 PM, RESPONDENT TIME, UNLESS AN ALTERNATIVE TIME IS REQUESTED BY THE CAREGIVER.

- **I don't want to answer a lot of personal questions.**

I understand your concern. This is a very important survey. If a question bothers you, just tell me you'd rather not answer it, and I'll move on to the next question. Why don't we get started and you can see what the questions are like?

- **I'm very unhappy with [HOSPICE NAME] and I don't see why I should help them with this survey.**

I'm sorry you're unhappy. This is a good reason for you to participate. Your responses will help the hospice understand what improvements are needed.

- **Do I have to complete the survey? What happens if I do not? Why should I?**

Your participation is voluntary. There are no penalties for not participating. But, it is a very important survey and your answers will help us to improve the quality of care [HOSPICE NAME] provides and will also help other consumers make informed decisions when they choose a hospice for themselves or their family members or friends.

- **Will I get junk mail if I answer this survey?**

No, you will not get any junk mail as a result of answering this survey.

- **I am on the Do Not Call List. Are you supposed to be calling me?**
The *Do Not Call List* prohibits sales and telemarketing calls. We're not selling anything nor asking for money. We are a survey research firm. Your hospice has asked us to help conduct this survey.
- **I don't want to buy anything.**
We're not selling anything or asking for money. We want to ask you some questions about the care and services provided by [HOSPICE NAME].

III. Questions About Completing/Returning the Survey

- **Is there a deadline to fill out the survey?**
[FOR MAIL SURVEY:] Since we need to contact so many people, it would really help if you could return it within the next several days.

[FOR TELEPHONE SURVEY:] We need to finish all the interviews as soon as possible, but since we need to contact so many people, it would really help if we could do the interview right now. If you don't have the time, maybe I could schedule an appointment for sometime within the next several days.

[FOR WEB SURVEY:] Since we need to complete the surveys as soon as possible, it would really help if you could complete it within the next several days.

- **Where do I put my name and address on the questionnaire?**
You should not write your name or address on the questionnaire. Each survey has been assigned an identification number that allows us to keep track of which caregivers have returned a completed questionnaire.
- **The caregiver you have reached is in a healthcare facility.**
This is [INTERVIEWER NAME] calling from [SURVEY VENDOR]. We are conducting a survey about hospice care. For this survey, we need to speak directly to [SAMPLED CAREGIVER NAME]. Is [SAMPLED CAREGIVER NAME] available?

[IF NECESSARY:] We are doing a very important study that is part of a national initiative sponsored by the United States Department of Health and Human Services. The results of the survey will help hospices understand what they are doing well and what needs improvement.

NOTE: CAREGIVERS IN HEALTHCARE FACILITIES SUCH AS ASSISTED LIVING FACILITIES, LONG-TERM CARE FACILITIES OR NURSING HOMES ARE ELIGIBLE FOR THE SURVEY.

- **I would like to complete the survey online, is that an option?**
[FOR MAIL ONLY/TELEPHONE ONLY/MIXED MODE:] No, the CAHPS Hospice Survey can only be completed by [DEPENDING ON MODE: mail / telephone / mail or telephone].

[FOR WEB MAIL MODE:] If your hospice had your email, we may have sent you a link to your email to complete the survey by web. Otherwise, the survey can only be completed by mail.

Appendix H

Model Quality Assurance Plan

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CAHPS Hospice Survey Model Quality Assurance Plan

Overview and Background

Survey vendors that are approved to administer the CAHPS Hospice Survey will be required to submit a Quality Assurance Plan (QAP). The QAP is a comprehensive working document that must describe the survey vendor's implementation of and compliance with all required protocols to administer the CAHPS Hospice Survey. The QAP also serves as a key resource in the training of staff and subcontractors and any other organization responsible for performing CAHPS Hospice Survey administration functions.

The purpose of this document is to serve as a model or guide in the preparation of a survey vendor's QAP in order to ensure that all required items are addressed in sufficient detail for review by the CAHPS Hospice Survey Project Team. Following review by the CAHPS Hospice Survey Project Team, the survey vendor will be provided with feedback that indicates whether the QAP has been accepted, conditionally accepted (pending completion of required follow-up items – usually minor) or requires revision (major changes needed in order for the QAP to be considered complete).

The QAP should be free of extraneous information and must provide sufficient detail so that the CAHPS Hospice Survey Project Team can determine a survey vendor's adherence to survey administration guidelines and that rigorous quality checks and/or controls have been put in place. In addition, examples of templates, logs, tracking tools or other relevant documentation should be included as appendices to the QAP.

The following sections below outline the required content to be addressed and the specified sequence that must be followed in the survey vendor's QAP.

Organizational Background and Structure

1. Provide survey vendor contact information on the first page of the QAP. Please include:
 - A. Survey vendor name
 - B. Survey vendor's mailing address
 - C. Name and contact information for the person who heads the organization or the survey research portion of the organization.
 - D. Physical location, if mailing address is different
 - E. Website address, if one is available
 - F. Name of contact person, his or her direct telephone number and email address
 - G. Name of backup contact person, his or her direct telephone number and email address
 - H. Number of contracted client hospices per mode
 - I. Survey vendor's approved survey mode(s)
 - J. Date of the QAP

Note: It is very important that the CAHPS Hospice Survey Project Team be able to reach your organization in case of problems with the data or other operational issues.

Survey vendors must update and resubmit their QAP at the time of process and/or key personnel changes as part of retaining participation status.

2. Briefly describe the survey vendor's history and affiliations, including the scope of business and number of years in business.
3. Describe the survey vendor's survey experience with all patient populations, including a description of the mode(s) of survey administration and the number of years conducted, for each mode the survey vendor is approved to administer the CAHPS Hospice Survey.
4. Provide and attach a CAHPS Hospice Survey **organizational chart** that identifies, by name and title, the staff and subcontractors or other organization, if applicable, responsible for each of the major project tasks. Include in the organizational chart the reporting relationships for all CAHPS Hospice Survey project staff and identify any key staff who work from remote locations. Also, please specify the name and title of the staff members (primary and secondary/back-up) who perform the following project tasks:
 - A. Overall project management, including training and supervision
 - B. Tracking of key survey events
 - C. Creation of the sample frame
 - D. Drawing the sample
 - E. Assignment of the random, unique, de-identified decedent/caregiver identification numbers
 - F. Administering the survey by the approved mode (Mail Only, Web Mail, Telephone Only, Mixed Mode)
 - G. Data receipt and data entry
 - H. Data submission
 1. List all staff members authorized to upload data to the CAHPS Hospice Survey Data Warehouse
 - I. Quality checks of all key events including, but not limited to, survey administration, sample frame creation, data entry, data submission, electronic back-up systems, etc.
5. Describe the background and qualifications of all key personnel (e.g., Project Director, Project Manager, Subject Matter Expert in Web Survey Administration, Sampling Manager, Programmer, Web Programmer, Call Center/Mail Center Supervisor) involved in the CAHPS Hospice Survey, including a description of the capabilities of all subcontractors and any other organizations that are responsible for major functions of CAHPS Hospice Survey administration and the survey vendor's experience with these organizations, if applicable. Background and qualifications of all key personnel, subcontractors and any other organizations responsible for major functions of CAHPS Hospice Survey administration should include experience in conducting patient-specific surveys and experience in the appropriate project task(s) assigned to the project staff. Staff resumes are not required; however, these resumes may be requested during oversight activities.

Identify who participated in the CAHPS Hospice Survey Training session in the current year. Describe the training that has been or will be provided to all personnel involved in CAHPS Hospice Survey processes, including subcontractors and any other organizations, if subcontractors and any

other organizations are used during the CAHPS Hospice Survey process. Survey vendors must also describe training that they provide to their client hospices.

Work Plan for Survey Administration

This section of the QAP should be written in a manner so that a new member of the CAHPS Hospice Survey team could carry out the processes necessary to administer the CAHPS Hospice Survey. The QAP should provide sufficient detail for this person to completely understand and accurately follow the processes to administer the survey and should include a comprehensive timeline of key events (number of days between key events), showing who will do what, when they will do it and how they will get it done. The QAP should be free of extraneous information. The emphasis should be on providing concise explanations of required CAHPS Hospice Survey processes.

Note: If survey vendors are approved for multiple modes of survey administration, they must separately list responses for each mode.

6. Provide the information requested below for the survey vendor's approved mode(s) of survey administration, including a timeline of key survey administration events.
 - A. Mail Only – describe the process for updating addresses, producing mailing materials, including seeded mailings, and the process for mailing out the surveys (*Mail Only Survey Administration* chapter)
 - B. Web Mail – provide a detailed description of the processes for obtaining email addresses from hospice clients, programming the web survey (including the software used), administering the web survey (including the software used), updating mailing addresses, producing mailing materials, including seeded mailings, and the process for mailing out the surveys (*Web Mail Survey Administration* chapter)
 1. Describe the process for handling multiple email addresses for a single caregiver during the web phase of data collection
 2. Describe the quality control checks conducted to ensure the accuracy of the caregiver-specific link to the web survey inserted into each email and ensure the accuracy of the survey URL inserted into the emailed web survey invitation
 - C. Telephone Only – describe the process for updating mailing addresses, producing mailing materials, including seeded mailings, the process for mailing out the prenotification letters, updating telephone numbers, programming and operating the interviewing systems and contacting sampled caregivers (*Telephone Only Survey Administration* chapter)
 1. Describe the process for ensuring that telephone interviewers (including subcontractor and remote interviewers, if applicable) are following CAHPS Hospice Survey data collection protocols and procedures during the telephone survey administration phase
 2. Describe the process for monitoring interviewers in all languages in which the survey is administered, including live monitoring and monitoring of recorded interviews, if applicable
 - a. If the monitoring protocol includes monitoring of recorded calls, indicate the length of time between the date of the recorded call and date(s) for listening to recording and providing interviewer feedback
 3. Describe how interviewers respond to respondents who request or are in need of bereavement services

4. Describe how interviewers redirect the call when the decedent or caregiver is personally or professionally known by the initial interviewer
 5. Describe how caregivers with multiple telephone numbers are handled, including how the telephone numbers are prioritized
 - D. Mixed Mode – see above for Mail Only and Telephone Only (*Mixed Mode Survey Administration* chapter)
 - E. Describe your organization’s Distressed Respondent Procedures
7. Provide a count of the maximum number of supplemental questions added to the CAHPS Hospice Survey. Identify where the supplemental questions are placed. List the transition statement(s) placed before the supplemental questions (include this information for each hospice, as applicable).
 8. Describe the steps involved in creating the sample frame and selecting the sample size. Do not include programming code.
 - A. Describe the process for receiving and updating the decedent/caregiver information, including electronic security utilized for exchange of decedents/caregivers lists between client hospices and survey vendor. Describe what the hospice will provide for sample frame creation.
 1. Include a list of all data elements the hospice will provide
 - B. Describe the database(s)/document(s) that will be used to identify the eligible decedents/caregivers
 - C. Describe the method of sampling to be used, including the process for selecting the sample size (*Sampling Protocol* chapter)
 - D. Describe the procedure for ensuring hospices with sufficient eligible population sizes sample at least 700 decedents/caregivers in a 12-month timeframe
 - E. List the CAHPS Hospice Survey eligibility and exclusion criteria and describe the process for applying them to determine decedent/caregiver eligibility for inclusion in the CAHPS Hospice Survey sample frame (*Sampling Protocol* chapter)
 - F. Describe the de-duplication process for multiple hospice stays and to verify that a decedent is provided only once in the decedents/caregivers list
 - G. If administering the survey in multiple languages, identify the languages and describe how the survey language to be administered to the eligible caregiver is chosen
 9. Describe the process and steps used to assign the random, unique, de-identified decedent/caregiver identification numbers.

Note: Identification numbers must not be based on a coding structure that could potentially reveal decedent/caregiver identities, such as those that incorporate the decedent’s/caregiver’s last name, initials, date of birth, hospice account number, month, date, etc.

10. List all Exception Requests for which the survey vendor has received approval and describe how these approved Exception Requests are incorporated into the CAHPS Hospice Survey processes.

11. Describe the data receipt and data entry procedures. Do not include programming code.
 - A. Describe the process of capturing caregiver survey responses obtained via web survey, including the capture of data from suspended or incomplete web surveys
 - B. Describe how the surveys are handled and recorded when they are returned by mail, if applicable, and the subsequent processing of those surveys, including the length of time between receipt of survey and completion of data verification
 - C. Describe the process for capturing caregiver survey responses obtained during telephone interviewing, if applicable
 - D. Describe the use of the decision rules, if applicable
 - E. Describe the scanning procedure, if applicable
 - F. Describe how and when in the process the “Final Survey Status” code is assigned
 - G. Provide the crosswalk of your organization’s interim disposition codes to CAHPS Hospice Survey “Final Survey Status” codes, if applicable
12. Describe the data preparation and submission procedures. Do not include programming code.
 - A. Describe the process of updating the eligibility status of decedents/caregivers (i.e., process for updating any missing fields in the decedents/caregivers list received from the hospice)
 - B. Describe the process for converting data into XML files and uploading the data to the CAHPS Hospice Survey Data Warehouse
 - C. Describe the time frames for completing data submission, including the estimated time to generate, review and submit the data before the data submission deadline

Survey and Data Management System and Quality Controls

13. Describe the system resources (hardware and software) available, if not previously described in sections above, such as:
 - A. Telephone (CATI) interviewing systems
 - B. Mailing equipment
 - C. Web survey systems
 - D. Scanning systems
 - E. Software used for tracking, assigning de-identified numbers, generating sample frame, producing mail survey packets, telephone survey administration, XML file generation
 - F. Address, email, and telephone number updating resources
14. Describe the customer support telephone line and customer support email address, if available, and how they are operated.
 - A. Identify who is responsible for responding to questions regarding the CAHPS Hospice Survey
 - B. Specify the customer support telephone number and email address, if available
 - C. Describe the process for training and monitoring of customer service email and telephone line staff in all languages the vendor administers the survey
 - D. Include a written transcript of the voicemail message that specifies the caller can leave a message about the CAHPS Hospice Survey
 - E. Include the hours of live/voicemail operations for the customer support line and the time frame for returning voicemail messages

- F. Describe how survey vendor provides customer support in all languages that the survey vendor administers the survey in
 - G. Describe how the survey vendor is ready to support calls from the deaf or the hearing impaired
 - H. Describe how survey vendor will handle respondents who request or are in need of bereavement services
 - I. Describe how customer support calls, including the resolution of the inquiry, are documented, tracked, and stored
 - J. Describe the quality control processes for confirming customer support emails and calls are returned, correct responses are provided, and correct action is taken to address emails and calls
15. Tracking of key events should be part of a survey vendor's quality oversight processes. Describe how key events are tracked throughout the survey process, including, but not limited to:
- A. Receipt of the decedents/caregivers list
 - B. Creation of the sample frame
 - C. Drawing the sample
 - D. Assignment of random, unique, de-identified decedent/caregiver identification numbers
 - E. Administering the survey by the approved mode(s) of administration
 - F. Data receipt
 - G. Data entry
 - H. Data submission
 - I. Data retention
16. Identify the specific timeline for incorporating the CAHPS Hospice Survey Quality Assurance Guidelines V11.0 changes into the survey vendor's survey administration processes.

For items 17 – 24, please include the following in your description:

- **Identify who performs the checks**
 - **Identify what checks are performed**
 - **Identify how the checks are performed**
 - **Identify how frequently the checks occur**
 - **Identify the specific number or percentage of records that are checked**
 - **Identify the documentation that provides evidence that the checks are performed**
17. Describe the process for monitoring on-site work and subcontractors' or any other organizations' work to ensure high quality results. Include monitoring of telephone interviewers, if applicable, and checks of printed mailing materials, if applicable.
18. Describe the quality control checks implemented to validate that eligibility and exclusion criteria are applied correctly and that sample frame creation is accurate.
- A. Describe the method used to verify the sample is a random selection (unless using 100 percent census sample)

19. Describe the quality control process to validate the accuracy of manual data entry and/or electronic scanning procedures, if applicable. Include the quality control process to verify the accuracy of the application of CAHPS Hospice Survey decision rules for processing mail surveys.
20. Describe the quality control checks to confirm that the web programming is accurate and in accordance with CAHPS Hospice Survey protocols, data integrity is maintained, and records with completed surveys will be removed from further outreach in a timely manner.
 - A. Describe the quality control checks and testing to ensure the web survey presents similarly to the mail survey and all web survey materials present similarly on different browser applications, browser sizes, and platforms (cellphone, tablet, computer)
21. Describe the quality control checks of telephone (CATI) procedures, if applicable, to confirm that programming is accurate and in accordance with CAHPS Hospice Survey protocols, and that data integrity is maintained.
22. Describe the quality control process to validate the accuracy of data submission, including the review of the CAHPS Hospice Survey Data Submission Reports.
23. Describe the process for electronic back-up, including the quality control checks that are in place to ensure the back-up files are retrievable.

Confidentiality, Privacy and Security Procedures

24. Provide a copy of the blank confidentiality agreements that are signed by staff and subcontractors, or any other organizations involved in any aspect of survey administration. In addition, describe the process that all staff, subcontractors, and any other organizations follow in reviewing and signing confidentiality agreements, including the timeframe for re-signing.
25. Describe the physical and electronic security and storage procedures to protect decedent/caregiver-identified files, survey data in hard copy and electronic form (including web data), audio-recorded interviews, and sample files, including the length of time that the survey materials will be retained.
 - A. Include a description of the data security procedures for web survey administration including protection of the integrity of the web survey program and web survey responses during survey administration
26. Describe the process to destroy CAHPS Hospice Survey related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location, and maintaining certificate(s) of destruction.
27. Describe the disaster recovery plan for conducting ongoing business operations in the event of a disaster.

QAP Update: Discussion of Results of Quality Control Activities

28. Discuss the results and “lessons learned” from the quality review activities listed below. Describe in detail the outcomes of these reviews.
 - A. Describe CAHPS Hospice Survey administration challenges and how these were handled

- B. Describe the discovery of any variations from CAHPS Hospice Survey protocols and how these variations were corrected
- C. Describe the process for communicating the results of your quality checks to upper management
- D. Describe any opportunities for improvement to your CAHPS Hospice Survey administration processes that were identified
- E. Document in the QAP any changes in survey administration resulting from quality process improvement activities

Other

- 29. Include any forms used in CAHPS Hospice Survey administration that may assist the CAHPS Hospice Survey Project Team in reviewing the survey vendor's processes (e.g., tracking logs, sample frame format, etc.).

Note: These items should be templates only and must not contain any protected health information (PHI).

Appendix I

Exception Request Form

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CAHPS Hospice Survey Exception Request Form

The Exception Request Form must be completed and submitted online on the CAHPS Hospice Survey Web site (www.hospicecahpsurvey.org). The hospice(s) for which this Exception Request relates to must be listed in Section III along with each hospice's CMS Certification Number (CCN). All required fields are indicated with an asterisk (*).

NOTE: This form does not accept any special characters or symbols in the text boxes. Use only alphanumeric characters when completing this form.

I. General Information

Unique Report ID	Submission Date	1a. Organization Name *
17398	07/09/2024	<input type="text"/>

II. Contact Person for this Exception Request

Confirmation email will be sent to the Contact Person.

2a. First Name *	2a. Middle Initial	2a. Last Name *
<input type="text"/>	<input type="text"/>	<input type="text"/>
2b. Title *	2c. Degree (e.g. RN, MD, PhD)	
<input type="text"/>	<input type="text"/>	
2d. Mailing Address 1 *	2e. Mailing Address 2	
<input type="text"/>	<input type="text"/>	
2f. City *	2g. State *	2h. Zip Code *
<input type="text"/>	<input type="text"/>	<input type="text"/>
2h. Telephone *	2i. Fax Number	2j. Email Address *
<input type="text"/>	<input type="text"/>	<input type="text"/>

III. Exception Request

Please complete items 1, 2, and 3 below for each requested exception.

1. Exception Request For (Check one in each box)

New Exception

Appeal of Exception Denial

Exception (specify):*

2. List of hospices applicable to this Exception Request

Total number of Affected Hospices *

Name of Hospice *

CCN *

Add

Name Of Hospice	CCN

10 items per page

(click on a row in the grid to edit it)

3. Description of Exception Request

3a. Purpose of Proposed Exception Requested (e.g. sampling, other) *

4000 characters remaining

3b. Rationale for Proposed Exception Requested *

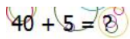
4000 characters remaining

3c. Explanation of Implementation of Proposed Exception Requested *

4000 characters remaining

3d. Evidence that Exception Will Not Affect Results *

4000 characters remaining



Note: Please print completed Exception Report form before submitting.

Print Exception Report

Submit Form

Appendix J

Discrepancy Report Form

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CAHPS Hospice Survey Discrepancy Report Form

The Discrepancy Report Form must be completed and submitted online on the CAHPS Hospice Survey Website (www.hospicecahpsurvey.org). The requested information regarding the affected hospices must be provided in Section 4 in order to complete the CAHPS Hospice Survey Discrepancy Report. All required fields are indicated with an asterisk (*). If all of the information is not immediately available, survey vendors must submit an initial Discrepancy Report alerting CMS of the issue and subsequently update the Discrepancy Report with the remaining required information once available. When updating a Discrepancy Report, please note that the initial report is retained in its entirety; therefore, it is necessary only to provide the remaining required information pertaining to the original submission, referencing the Original Report Form ID.

NOTE: This form does not accept any special characters or symbols in the text boxes. Use only alphanumeric characters when completing this form.

NOTE: Please print completed Discrepancy Report Form before submitting to keep a copy for your records.

Indicate whether this report is an Initial Discrepancy Report or an Updated Discrepancy Report.

- Initial Discrepancy Report *** (Must be submitted within 24 hours after the discrepancy has been discovered.)
 Updated Discrepancy Report * (If needed, must be submitted within two weeks of initial Discrepancy Report.)

1. General Information

Unique Report ID
8160

Submission Date

1a. Name of Organization submitting the Discrepancy Report *

2. Contact Person for this Discrepancy Report (Confirmation email will be sent to the Contact Person.)

2a. First Name *

2b. Last Name *

2c. Mailing Address 1 *

2d. Mailing Address 2

2e. City *

2f. State *

2g. Zip Code *

2h. Telephone *

Extension

2i. Fax Number

2j. Email *

3. List of Hospices Applicable to this Discrepancy

3a. Total Number of Affected Hospices *

3b. Add the information for the affected hospices by populating the following 6 fields. A hospice may be added more than once if there are multiple time frames for the hospice. It is important that the effects of the Discrepancy Report are quantified.

CCN (Must be 6- characters, no hyphen) *

Name of Hospice *

Decedent Month and Year of death *

Discrepancy category *

Total Eligible Decedents/Caregivers Affected for this CCN *

Total Sampled Decedents/Caregivers Affected for this CCN *

CCN	Name Of Hospice	Discrepancy Category	Decedent Month And Year Of Death	Total Eligible Decedents/ Caregivers Affected for this CCN	Total Sampled Decedents/ Caregivers Affected for this CCN
<div style="display: flex; justify-content: space-between; align-items: center;"> < 1 / 1 > </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> < < 1 > > 10 items per page </div>					

(click on a row in the grid to edit it)

4. Information about the Discrepancy

4a. Description of the discrepancy *

2000 characters remaining

4b. Description of how the discrepancy was identified *

2000 characters remaining

4c. Description of the Corrective Action to fix the discrepancy, including estimated time for implementation *

2000 characters remaining

4d. Additional information that would be helpful that has not been included above *

2000 characters remaining

95 + 8 = ?

Note: Please print completed Discrepancy Report form before submitting.

[Print Discrepancy Report](#)

[Submit Form](#)

Appendix K

Participation Exemption for Size Form

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CAHPS Hospice Survey Participation Exemption for Size Form

The Participation Exemption for Size Form must be completed and submitted online on the CAHPS Hospice Survey Website (www.hospicecahpsurvey.org).

All required fields are indicated with an asterisk (*). Note: For multiple hospice programs sharing one CCN, the survey-eligible decedent/caregiver count is the total from all facilities.

For the math equation at the bottom of the form, please insert only **the answer to the math equation** into the box to the right of the equation.

The Participation Exemption for Size Form has been successfully submitted once you are redirected to a “Thank you for your submission” page.

Do not include a dash/hyphen (-) in the CCN number.

I. General Information

1a. CCN Number *

Submission Date

0

1b. Organization Name *

II. Contact Person at Hospice for this Exemption for Size Request

Confirmation email will be sent to the Contact Person.

2a. Name *

2b. Title *

2c. Mailing Address 1 *

2d. Mailing Address 2

2e. City *

2f. State *

2g. Zip Code *

2h. Telephone *

2i. Fax Number

2j. Email Address *

III. Participation Exemption for Size Request

Do not leave any fields blank - enter 0 (zero) if applicable

1. Enter the total number of patients who died while in hospice care between January 1, 2024 and December 31, 2024 (CY 2024) *
2. Enter the total number of patients during CY 2024 who fall into the following categories. Do not include a patient in more than one of the following categories
 - a. Enter the number of patients who were discharged alive *
 - b. Enter the number of decedents:
 - i. who were under the age of 18 *
 - ii. who died within 48 hours of admission to hospice care *
 - iii. for whom there is no caregiver of record *
 - iv. for whom the caregiver is a non-familial legal guardian or paid caregiver *
 - v. for whom the caregiver has a foreign (non-US or non-US Territory) home address *
 - vi. for whom the caregiver requested not to be contacted *

Enter the answer to the equation on the left in the box below.*

$79 + 7 = ?$

Note: Please print completed Exemption Report form before submitting.

[Print Exemption Report](#)

[Submit Form](#)

Appendix L

Attestation Statement

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CAHPS Hospice Survey Attestation Statement

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

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

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

Survey Vendor Name: _____

Project Director or Authorized Representative Name: _____

Title: _____

Signature: _____

Date: _____

Appendix M

Examples of Additional Supplemental Questions for Survey Vendor Use

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CAHPS Hospice Survey

Examples of Additional Supplemental Questions for Survey Vendor Use

S1. While your family member was in hospice care, how often did you have a hard time speaking with or understanding members of the hospice team because you spoke different languages?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

S2. In thinking about your experiences with hospice, was there anything that went especially well or that you wish had gone differently for you and your family member? Please tell us about those experiences.

Special Medical Equipment¹

S3. Special medical equipment includes things like hospital beds, wheelchairs or oxygen. While your family member was in hospice care, did your family member need special medical equipment?

- ¹ Yes
- ² No → If No, please go to Question S6

S4. Did your family member get the equipment as soon as he or she needed it?

- ¹ Yes
- ² No

S5. Was the equipment picked up in a timely manner when your family member no longer needed it?

- ¹ Yes
- ² No

¹ The items regarding special medical equipment were designed and tested to assess care within a home setting. Care should be taken when interpreting results from respondents whose family members did not receive care in a home setting. It is recommended that Question S3 be used as a screener for the subsequent Special Medical Equipment items.

Personal Care Needs²

S6. Personal care needs include bathing, dressing, eating meals, and changing bedding. While your family member was in hospice care, how often did your family member get as much help with personal care as he or she needed?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

Hospice Care Received in a Hospital or Hospice Facility

S7. Some people receive hospice care while they are in a hospital or hospice facility. Did your family member receive care from this hospice while he or she was in a hospital or hospice facility?

- ¹ Yes
- ² No → If No, please go to S10

S8. While your family member was in hospice care, did you speak to a doctor as often as you needed?

- ¹ Yes, definitely
- ² Yes, somewhat
- ³ No

S9. While your family member was in hospice care, was his or her room and bathroom kept clean?

- ¹ Yes, definitely
- ² Yes, somewhat
- ³ No

² The item regarding personal care needs was designed and tested to assess care within nursing home or inpatient settings. Care should be taken when interpreting results from respondents whose family members received care only in a home setting.

Communication: Information

S10. While your family member was in hospice care, how often did anyone from the hospice team give you confusing or contradictory information about your family member's condition or care?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

Care for Symptoms: Pain

S11. While your family member was in hospice care, did he or she receive any pain medicine?

- ¹ Yes
- ² No → If No, please go to S15

S12. Side effects of pain medicine include things like sleepiness. Did any member of the hospice team discuss side effects of pain medicine with you or your family member?

- ¹ Yes, definitely
- ² Yes, somewhat
- ³ No

S13. Did the hospice team give you the training you needed about what side effects to watch for from pain medicine?

- ¹ Yes, definitely
- ² Yes, somewhat
- ³ No

S14. Did the hospice team give you the training you needed about if and when to give more pain medicine to your family member?

- ¹ Yes, definitely
- ² Yes, somewhat
- ³ No
- ⁴ I did not need to give pain medicine to my family member

Care for Symptoms: Breathing

S15. Did the hospice team give you the training you needed about how to help your family member if he or she had trouble breathing?

- Yes, definitely
- Yes, somewhat
- No
- I did not need to help my family member with trouble breathing

Care for Symptoms: Restlessness or Agitation

S16. While your family member was in hospice care, did he or she ever become restless or agitated?

- Yes
- No → If No, please go to S18

S17. Did the hospice team give you the training you needed about what to do if your family member became restless or agitated?

- Yes, definitely
- Yes, somewhat
- No

Moving Your Family Member

S18. Moving your family member includes things like helping him or her turn over in bed or get in and out of bed or a wheelchair. Did the hospice team give you the training you needed about how to safely move your family member?

- Yes, definitely
- Yes, somewhat
- No
- I did not need to move my family member

Hospice Care Received in a Nursing Home

S19. Some people receive hospice care while they are living in a nursing home. Did your family member receive care from this hospice while he or she was living in a nursing home?

- ¹ Yes
- ² No → If No, go to the End

S20. While your family member was in hospice care, how often did the nursing home staff and hospice team work well together to care for your family member?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

S21. While your family member was in hospice care, how often was the information you were given about your family member by the nursing home staff different from the information you were given by the hospice team?

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always

Appendix N
Informational Flyer

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Please give us feedback about your family member's hospice experience.

In the next few weeks, you may be asked to complete a survey about your family member's hospice care. The survey asks about the hospice services that patients and their families receive. We realize this may be a hard time for you, but we hope that you will help us learn about the quality of care that you and your family member received.

If you receive a survey in the mail, by email, or receive a phone call from **[VENDOR NAME]**, please take a few minutes to share your and your family member's experience with our hospice.

Your answers will help us improve the quality of our care and help others choose a hospice. Your participation in the survey is voluntary.

We're sorry for your recent loss. Thank you in advance for your feedback.

[INSERT HOSPICE
LOGO HERE]

[INSERT VENDOR
LOGO HERE]

Appendix O

Sample Prenotification Letter (English)

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Sample Prenotification Letter for the CAHPS Hospice Survey

[HOSPICE OR VENDOR LETTERHEAD]

[SAMPLED CAREGIVER NAME]

[ADDRESS]

[CITY, STATE ZIP]

Dear [SAMPLED CAREGIVER NAME],

First, we realize this may be a hard time for you, and we're sorry for your recent loss.

In a few days, you'll get a survey about [DECEDENT NAME]'s hospice care from [HOSPICE NAME]. When you get the survey, we'd greatly appreciate it if you complete it. Your knowledge and experiences will help improve hospice care and help others select a hospice.

Thank you in advance for your help.

For questions about the survey, please call [VENDOR NAME] toll-free at [TOLL FREE PHONE NUMBER]. If you'd like to see how your responses will be used, hospice ratings are posted online on Medicare's Care Compare website.

Again, we are very sorry for your loss.

Sincerely,

[HOSPICE ADMINISTRATOR]

[HOSPICE NAME]

Appendix P

Mail Survey Materials (English)

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Hospice Survey

Please answer the survey questions about the care the patient listed on the survey cover letter received from this hospice:

[NAME OF HOSPICE]

All of the questions in this survey will ask about experiences with this hospice.

If you want to know more about this survey, please call [TOLL FREE NUMBER]. All calls to this number are free.

OMB # XXXX-XXXX
Expires TBD

Who Should Fill Out the Survey?

- ◆ The person in your household who knows the most about the hospice care received by the patient listed on the survey cover letter.

How to Fill Out the Survey

- ◆ Please use a dark colored pen.
- ◆ Please put an X inside the square by your answer, like this:
 - Yes
 - No
- ◆ At times you will be asked to skip some questions. When this happens you will see an arrow with a note that tells you where to go next, like this:
 - Yes → ***If Yes, Go to Question 1***
 - No

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.

The Hospice Patient

1. How are you related to the patient listed on the survey cover letter?

- 1 My spouse or partner
- 2 My parent
- 3 My mother-in-law or father-in-law
- 4 My grandparent
- 5 My aunt or uncle
- 6 My sister or brother
- 7 My child
- 8 My friend
- 9 Other (please print):

2. For this survey, the phrase "family member" refers to the patient listed on the survey cover letter.

In what locations did your family member receive care from this hospice? Please choose one or more.

- 1 Home
- 2 Assisted living facility
- 3 Nursing home
- 4 Hospital
- 5 Hospice facility/hospice house
- 6 Other (please print):

Your Role

3. While your family member was in hospice care, how often did you take part in or oversee care for them?

- 1 Never → If Never, go to Question 32
- 2 Sometimes
- 3 Usually
- 4 Always

Your Family Member's Hospice Care

For the rest of the questions, please think only about your family member's experience with the hospice listed on the survey cover.

4. For this survey, the hospice team means all the nurses, doctors, social workers, chaplains and others who gave hospice care to your family member.

While your family member was in hospice care, did you need to contact anyone on the hospice team during evenings, weekends, or holidays for questions or help?

- 1 Yes
- 2 No → If No, go to Question 6

5. How often did you get the help you needed from the hospice team during evenings, weekends, or holidays?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

6. How often did the hospice team let you know when they would arrive to care for your family member?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

7. When you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

8. How often did the hospice team explain things in a way that was easy to understand?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

9. How often did the hospice team keep you informed about your family member's condition?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

10. How often did the hospice team treat your family member with dignity and respect?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

11. How often did you feel that the hospice team really cared about your family member?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

12. Did the hospice team provide care that respected your family member's wishes?

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

13. Did the hospice team make an effort to listen to the things that mattered most to you or your family member?

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

14. Did you talk with the hospice team about any problems with your family member's hospice care?

- 1 Yes
- 2 No → If No, go to Question 16

15. How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

16. While your family member was in hospice care, did they have any pain?

- 1 Yes
- 2 No → If No, go to Question 18

17. Did your family member get as much help with pain as they needed?

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

18. While your family member was in hospice care, did they ever have trouble breathing or receive treatment for trouble breathing?

- 1 Yes
- 2 No → If No, go to Question 20

19. How often did your family member get the help they needed for trouble breathing?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

20. While your family member was in hospice care, did they ever have trouble with constipation?

- 1 Yes
- 2 No → If No, go to Question 22

21. How often did your family member get the help they needed for trouble with constipation?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

22. While your family member was in hospice care, did they show any feelings of anxiety or sadness?

- 1 Yes
- 2 No → If No, go to Question 24

23. How often did your family member get the help they needed from the hospice team for feelings of anxiety or sadness?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

Your Own Experience with Hospice

24. Hospice teams may teach you how to care for family members who need pain medicine, have trouble breathing, are restless or agitated, or have other care needs.

Did the hospice team teach you how to care for your family member?

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No
- 4 I did not need this teaching

25. While your family member was in hospice care, how often did the hospice team listen carefully to you?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

26. Did the hospice team give you as much information as you wanted about what to expect while your family member was dying?

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

27. Support for religious, spiritual, or cultural beliefs may include talking, praying, quiet time, or respecting traditions.

While your family member was in hospice care, how much support for your religious, spiritual, or cultural beliefs did you get from the hospice team?

- 1 Too little
- 2 Right amount
- 3 Too much

28. While your family member was in hospice care, how much emotional support did you get from the hospice team?

- 1 Too little
- 2 Right amount
- 3 Too much

29. In the weeks after your family member died, how much emotional support did you get from the hospice team?

- 1 Too little
- 2 Right amount
- 3 Too much

Overall Rating of Hospice Care

30. Please answer the following questions about the hospice named on the survey cover. 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?

- 0 0 Worst hospice care possible
- 1 1
- 2 2
- 3 3
- 4 4
- 5 5
- 6 6
- 7 7
- 8 8
- 9 9
- 10 10 Best hospice care possible

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

- 1 Definitely no
- 2 Probably no
- 3 Probably yes
- 4 Definitely yes

About Your Family Member

32. What is the highest grade or level of school that your family member completed?

- 1 8th grade or less
- 2 Some high school but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree
- 7 Don't know

33. Was your family member of Hispanic, Latino, or Spanish origin or descent?

- 1 No, not Spanish/Hispanic/Latino
- 2 Yes, Cuban
- 3 Yes, Mexican, Mexican American, Chicano/a
- 4 Yes, Puerto Rican
- 5 Yes, Other Spanish/Hispanic/Latino

34. What was your family member's race? Please choose one or more.

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian or other Pacific Islander
- 5 White

35. How often was your family member treated unfairly by the hospice team because of their race or ethnicity?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

About You

36. What is your age?

- 1 18 to 24
- 2 25 to 34
- 3 35 to 44
- 4 45 to 54
- 5 55 to 64
- 6 65 to 74
- 7 75 to 84
- 8 85 or older

37. Are you male or female?

- 1 Male
- 2 Female

38. What is the highest grade or level of school that you have completed?

- 1 8th grade or less
- 2 Some high school but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree

39. What language do you mainly speak at home?

- 1 English
- 2 Spanish
- 3 Chinese
- 4 Russian
- 5 Portuguese
- 6 Vietnamese
- 7 Polish
- 8 Korean
- 9 Some other language (please print):

THANK YOU

Please return the completed survey in the postage-paid envelope.

**COMPANY
Attn: NAME
STREET
CITY, STATE ZIP**

Questions 1-39 in this survey are works of the U.S. Government and are in the public domain and therefore are NOT subject to U.S. copyright laws.

Hospice Survey

Alternative survey instructions for use with a scannable form that uses bubbles rather than boxes for answer choices.

Please answer the survey questions about the care the patient listed on the survey cover letter received from this hospice:

[NAME OF HOSPICE]

All of the questions in this survey will ask about experiences with this hospice.

If you want to know more about this survey, please call [TOLL FREE NUMBER]. All calls to this number are free.

OMB # XXXX-XXXX
Expires TBD

Who Should Fill Out the Survey?

- ◆ The person in your household who knows the most about the hospice care received by the patient listed on the survey cover letter.

How to Fill Out the Survey

- ◆ Please use a dark colored pen.
- ◆ Answer all the questions by filling in the circle to the left of your answer, like this:
 - Yes
- ◆ At times you will be asked to skip some questions. When this happens you will see an arrow with a note that tells you where to go next, like this:
 - Yes → **If Yes, go to Question 1**
 - No

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.

EXAMPLE

The Hospice Patient

40. How are you related to the patient listed on the survey cover letter?

- My spouse or partner
 - My parent
 - My mother-in-law or father-in-law
 - My grandparent
 - My aunt or uncle
 - My sister or brother
 - My child
 - My friend
 - Other (please print)
-

41. For this survey, the phrase "family member" refers to the patient listed on the survey cover letter.

In what locations did your family member receive care from this hospice? Please choose one or more.

- Home
 - Assisted living facility
 - Nursing home
 - Hospital
 - Hospice facility/hospice house
 - Other (please print)
-

Your Role

42. While your family member was in hospice care, how often did you take part in or oversee care for them?

- Never → **If Never, go to Question 32**
- Sometimes
- Usually
- Always

Sample Initial Cover Letter for the CAHPS Hospice Survey

[HOSPICE OR VENDOR LETTERHEAD]

[SAMPLED CAREGIVER NAME]
[ADDRESS]
[CITY, STATE ZIP]

Dear [SAMPLED CAREGIVER NAME],

We realize this may be a hard time for you, and we're sorry for your recent loss. In this package is an important survey about the care patients get from [HOSPICE NAME]. You're getting this survey because you helped care for [DECEDENT NAME].

Please take a few moments to tell us how [HOSPICE NAME] cared for your loved one. Medicare uses your responses to this survey to improve hospice care and help others select a hospice.

We'd greatly appreciate your help with this survey. Please return your response in the enclosed pre-paid envelope. Your answers may be shared with the hospice for purposes of quality improvement. Your participation in this survey is voluntary.

For questions about the survey, please call [VENDOR NAME] toll-free at [TOLL FREE PHONE NUMBER]. If you'd like to see how your responses will be used, hospice ratings are posted online on Medicare's Care Compare website.

Again, we are very sorry for your loss.

Sincerely,

[HOSPICE ADMINISTRATOR]
[HOSPICE NAME]

Sample Follow-up Cover Letter for the CAHPS Hospice Survey

[HOSPICE OR VENDOR LETTERHEAD]

[SAMPLED CAREGIVER NAME]
[ADDRESS]
[CITY, STATE ZIP]

Dear [SAMPLED CAREGIVER NAME],

We realize this may be a hard time for you, and we're sorry for your recent loss. A few weeks ago, we sent you a survey asking for feedback about your experiences with [HOSPICE NAME]. **This is a friendly reminder that we're very interested in hearing from you.** We hope you'll help us learn how [HOSPICE NAME] cared for your loved one.

Your feedback helps improve hospice care and also helps others when selecting a hospice.

We are sending you the survey because you helped care for [DECEDENT NAME]. If you already returned the survey to us, thank you, and please disregard this letter.

We'd greatly appreciate your help with this survey. Please return your response in the enclosed pre-paid envelope. Your answers may be shared with the hospice for purposes of quality improvement. Your participation in this survey is voluntary.

For questions about the survey, please call [VENDOR NAME] toll-free at [TOLL FREE PHONE NUMBER]. If you'd like to see how your responses will be used, hospice ratings are posted online on Medicare's Care Compare website.

Thank you for taking the time to improve hospice care. Again, we are very sorry for your loss.

Sincerely,

[HOSPICE ADMINISTRATOR]
[HOSPICE NAME]

Reply-by Date (Optional)

*The following two options are available for adding a reply-by date to the **follow-up cover letter**.*

Placed above the salutation, such as:

Please reply by: [DATE (mm/dd/yyyy)].

In the second paragraph after the sentence, “If you already returned the survey to us, thank you, and please disregard this letter.” An example of allowable reply-by text includes:

Please fill out the enclosed survey and mail it by [DATE (mm/dd/yyyy)] in the pre-paid envelope.

OMB Paperwork Reduction Act Language

The OMB Paperwork Reduction Act language must appear in the mailing, either on the cover letter or on the front or back of the questionnaire. In addition, the OMB control number must appear on the front page of the questionnaire. The following is the language that must be used:

English Version

“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 XXXX-XXXX (Expires TBD). The time required to complete this information collection is estimated to average 9 minutes for questions 1 – 31, 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, C1-25-05, Baltimore, MD 21244-1850.”

Appendix Q

Telephone Script (English)

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CAHPS Hospice Survey Telephone Script (English)

Overview

This telephone interview script is provided to assist interviewers while attempting to reach the caregiver of the sampled decedent. The script explains the purpose of the survey and confirms necessary information about the caregiver and decedent.

General Interviewing Conventions and Instructions

- The telephone introduction script must be read verbatim
- All text that appears in lowercase letters must be read out loud
- Text in UPPERCASE letters must not be read out loud
 - YES and NO response options are only to be read if necessary
 - Any alternative positive or negative response will be accepted

*Note: It is not permissible to **capitalize** underlined content, as text that appears in uppercase letters throughout the CATI script must not be read out loud. Survey vendors are permitted to emphasize underlined content in a different manner if underlining is not a viable option, such as placing quotes (“”) or asterisks (**) around the text to be emphasized or italicizing the emphasized words.*

- All questions and all answer categories must be read exactly as they are worded
 - During the course of the survey, use of neutral acknowledgment words such as the following is permitted:
 - Thank you
 - Alright
 - Okay
 - I understand, or I see
 - Yes, Ma’am
 - Yes, Sir
 - During the course of the survey, if the caregiver mentions the decedent by “he or him” or “she or her,” the interviewer may use that pronoun during the interview rather than the required “him or her” or “he or she”
- The script must be read from the interviewer screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts)
- The pace of the CAHPS Hospice Survey interview should be adjusted to be conducive to the needs of the respondent
- No changes are permitted to the order of the question and answer categories for the “Core,” “About Your Family Member” and “About You” CAHPS Hospice Survey questions
 - The first thirty-one “Core” questions must remain together
 - The four “About Your Family Member” questions must remain together
 - The four “About You” questions must remain together
- All transitional statements must be read
- Text that is underlined must be emphasized
- Characters in < > must not be read

- [Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens
- **Only one language (i.e., English or Spanish) can appear on the electronic interviewing system screen**
- MISSING/DON'T KNOW (DK) is a valid response option for each item in the electronic telephone interviewing system scripts. This allows the telephone interviewer to go to the next question if a caregiver is unable to provide a response for a given question (or refuses to provide a response). In the survey file layouts, a value of "MISSING/DK" is coded as "M – Missing/Don't Know."
- Skip patterns should be programmed into the electronic telephone interviewing system
 - Appropriately skipped questions should be coded as "88 – Not Applicable." For example, if a caregiver answers "No" to Question 4 of the CAHPS Hospice Survey, the program should skip Question 5, and go to Question 6. Question 5 must then be coded as "88 – Not Applicable." Coding may be done automatically by the telephone interviewing system or later during data preparation.
 - When a response to a screener question is not obtained, the screener question and any questions in the skip pattern should be coded as "M – Missing/Don't Know." For example, if the caregiver does not provide an answer to Question 4 of the CAHPS Hospice Survey and the interviewer selects "MISSING/DK" to Question 4, then the telephone interviewing system should be programmed to skip Question 5 and go to Question 6. Question 5 must then be coded as "M – Missing/Don't Know." Coding may be done automatically by the telephone interviewing system or later during data preparation.

INITIATING CONTACT

START: Hello, this is [INTERVIEWER NAME]. May I please speak with [SAMPLED CAREGIVER NAME]?

- <1> YES [GO TO INTRO]
- <2> YES, RESPONDENT IS ANOTHER MEMBER OF THE HOUSEHOLD [GO TO CONFIRMATION]
- <3> PROXY IDENTIFIED [COLLECT PROXY INFORMATION THEN RETURN TO INTRO]
- <4> NO, REFUSAL [GO TO REFUSAL]
- <5> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]
- <6> ALREADY RETURNED SURVEY BY MAIL [GO TO MAILED]
- <7> PATIENT DIDN'T RECEIVE CARE AT NAMED HOSPICE [GO TO DISAVOWAL]

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling from [VENDOR NAME]. We are working with [HOSPICE NAME] and Medicare to conduct a survey about hospice care.

IF NOT A GOOD TIME FOR CALL OR THE SAMPLED CAREGIVER IS NOT AVAILABLE:

Can you tell me a good time to call back?

CONFIRMATION:

Am I speaking with [SAMPLED CAREGIVER]?

<1> YES [GO TO INTRO]

<2> NO [GO TO START]

INITIATING CONTACT WITH A PROXY RESPONDENT

START: Hello, may I please speak to [PROXY CAREGIVER NAME]?

<1> YES [GO TO INTRO]

<2> NO [GO TO REFUSAL]

<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling from [VENDOR NAME]. We are working with [HOSPICE NAME] and Medicare to conduct a survey about hospice care.

IF NOT A GOOD TIME FOR CALL OR THE PROXY CAREGIVER IS NOT AVAILABLE:

Can you tell me a good time to call back?

IF SOMEONE OTHER THAN THE PROXY CAREGIVER ANSWERS THE PHONE, RECONFIRM THAT YOU ARE SPEAKING WITH THE PROXY CAREGIVER WHEN HE OR SHE PICKS UP.

CALL BACK TO COMPLETE A PREVIOUSLY STARTED SURVEY

START: Hello, may I please speak to [SAMPLED CAREGIVER NAME/PROXY CAREGIVER NAME]?

<1> YES [GO TO CONFIRM RESPONDENT]

<2> NO [REFUSAL]

<3> NO, NOT AVAILABLE RIGHT NOW [SET CALLBACK]

IF NEEDED TO CONFIRM SPEAKING TO RESPONDENT: This is [INTERVIEWER NAME] calling from [SURVEY VENDOR]. I am calling to complete a survey that you started with us. Before we continue with the survey, I just want to make sure that I am speaking with [CAREGIVER NAME]?

CONTINUE SURVEY WHERE PREVIOUSLY LEFT OFF.

SPEAKING WITH CAREGIVER

INTRO: Hi, my name is [INTERVIEWER NAME] and I'm calling from [VENDOR NAME]. We are calling about an important survey about the care patients get from [HOSPICE NAME]. We are calling you because you helped care for [DECEDENT NAME].

We realize this may be a hard time for you, and we're sorry for your recent loss. We are hoping that you will take a few moments to tell us how [HOSPICE NAME] cared for [DECEDENT NAME]. Medicare uses your responses to this survey to improve hospice care and help others select a hospice.

Your participation is voluntary, and the interview will take [FILL: approximately 9 minutes/SURVEY VENDOR SPECIFY]. Your answers may be shared with the hospice for purposes of quality improvement.

IF ASKED WHETHER SOMEONE ELSE CAN SERVE AS PROXY FOR SAMPLED CAREGIVER:

For this survey, we need to speak to the person in your household who is the most knowledgeable about the hospice care received by [DECEDENT NAME]. Would that be you or someone else in your household?

IF OTHER HOUSEHOLD MEMBER: May I please have that person's name?

AFTER RECORDING NAME: May I please speak to this person?

IF NEEDED AND SPEAKING WITH THE SAMPLED CAREGIVER:

We received your name from [HOSPICE NAME] because you were listed as the caregiver for [DECEDENT NAME].

IF NEEDED AND SPEAKING WITH PROXY FOR SAMPLED CAREGIVER: We received your name from [SAMPLED CAREGIVER] because he/she indicated that you were knowledgeable about the hospice care received by [DECEDENT NAME].

- <1> YES [GO TO CONTINUE]
- <2> PROXY IDENTIFIED [COLLECT PROXY INFORMATION, THEN RETURN TO PROXY INTRO]
- <3> NO, WILL RETURN COMPLETED MAILED SURVEY [GO TO CALLBACK]
- <4> NO, CALL BACK [GO TO CALLBACK]
- <5> NO, OR UNAVAILABLE DURING FIELD PERIOD [GO TO ITEM TO CODE INELIGIBLE, ETC.,]
- <6> REFUSE [GO TO REFUSAL]
- <7> ALREADY RETURNED SURVEY BY MAIL [GO TO MAILED]
- <8> NOT INVOLVED IN CARE AND NO PROXY IDENTIFIED [GO TO INELIGIBLE]
- <9> PATIENT DIDN'T RECEIVE CARE AT NAMED HOSPICE [GO TO DISAVOWAL]

CONTINUE

This call may be monitored [OPTIONAL: and/or recorded] for quality improvement purposes. May we begin?

<1> YES [BEGIN SURVEY]

<2> NO, CALL BACK [GO TO CALLBACK]

<3> REFUSE [GO TO REFUSAL]

MAILED - MIXED MODE

Thank you so much for completing the survey by mail. Perhaps we still have not gotten it but we'll check our records again. We may need to contact you again in case we still have not received it. [END CALL]

MAILED - TELEPHONE ONLY MODE

I'm sorry, for this project we are only doing the survey by telephone. This is a very important study for [HOSPICE NAME] and they could use your help.

INELIGIBLE

I'm sorry, for this project we are only speaking with family members or friends who took part in or oversaw hospice care for their family members. Thank you for your time. Have a good (day/evening). [END CALL]

REFUSAL

Thank you for your time. Have a good (day/evening). [END CALL]

DISAVOWAL

Perhaps there was an error in our records. Thank you for your time. Have a good (day/evening). [END CALL]

BEGIN CAHPS HOSPICE SURVEY QUESTIONS

Q1_INTRO Please answer all questions in this survey about the care the patient received at [HOSPICE NAME]. When thinking about your answers, do not include any other hospice stays.

BE PREPARED TO PROBE IF THE CAREGIVER ANSWERS OUTSIDE OF THE ANSWER CATEGORIES PROVIDED. PROBE BY REPEATING THE ANSWER CATEGORIES ONLY; DO NOT INTERPRET FOR THE CAREGIVER.

Q1 How are you related to [DECEDENT NAME]?

READ ANSWER CHOICES ONLY *IF NECESSARY*

- <1> MY SPOUSE OR PARTNER [GO TO Q2]
- <2> MY PARENT [GO TO Q2]
- <3> MY MOTHER-IN-LAW
OR FATHER-IN-LAW [GO TO Q2]
- <4> MY GRANDPARENT [GO TO Q2]
- <5> MY AUNT OR UNCLE [GO TO Q2]
- <6> MY SISTER OR BROTHER [GO TO Q2]
- <7> MY CHILD [GO TO Q2]
- <8> MY FRIEND [GO TO Q2]
- <9> OTHER (PLEASE SPECIFY) [GO TO Q1A]

- <M> MISSING/DK [GO TO Q2]

Q1A How are you related to [DECEDENT NAME]?

NOTE: PLEASE DOCUMENT THE RELATIONSHIP AND MAINTAIN IN YOUR INTERNAL RECORDS.

[NOTE: FOR TELEPHONE INTERVIEWING, Q2 IS BROKEN INTO PARTS A – G.]

Q2 For this survey, the phrase “family member” refers to [DECEDENT NAME]. Please answer yes or no to each of the categories. I am required to read all six categories. In what locations did your family member receive care from [HOSPICE NAME]?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

Q2A At home?

- <1> YES
- <0> NO

<M> MISSING/DK

Q2B At an assisted living facility?

<1> YES

<0> NO

<M> MISSING/DK

Q2C At a nursing home?

<1> YES

<0> NO

<M> MISSING/DK

Q2D At a hospital?

<1> YES

<0> NO

<M> MISSING/DK

Q2E At a hospice facility or hospice house?

<1> YES

<0> NO

<M> MISSING/DK

Q2F At some other place?

<1> YES

[GO TO Q2G]

<0> NO

[GO TO Q3]

<M> MISSING/DK

[GO TO Q3]

Q2G Where did your family member receive care?

NOTE: PLEASE DOCUMENT THE OTHER PLACE AND MAINTAIN IN YOUR INTERNAL RECORDS.

Q3 While your family member was in hospice care, how often did you take part in or oversee care for them? Would you say...

- <1> Never, [GO TO Q32_INTRO]
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

<M> MISSING/DK

Q4_INTRO For the rest of the questions in this survey, please think only about your family member's experience with [HOSPICE NAME].

Q4 For this survey, the hospice team means all the nurses, doctors, social workers, chaplains and others who gave hospice care to your family member. While your family member was in hospice care, did you need to contact anyone on the hospice team during evenings, weekends, or holidays for questions or help?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <1> YES
- <2> NO [GO TO Q6]

[<88> NOT APPLICABLE]

<M> MISSING/DK [GO TO Q6]

Q5 How often did you get the help you needed from the hospice team during evenings, weekends, or holidays? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q6 How often did the hospice team let you know when they would arrive to care for your family member? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<88> NOT APPLICABLE]
<M> MISSING/DK

Q7 When you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<88> NOT APPLICABLE]
<M> MISSING/DK

Q8 How often did the hospice team explain things in a way that was easy to understand? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<88> NOT APPLICABLE]
<M> MISSING/DK

Q9 How often did the hospice team keep you informed about your family member's condition? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<88> NOT APPLICABLE]
<M> MISSING/DK

Q10 How often did the hospice team treat your family member with dignity and respect?
Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<88> NOT APPLICABLE]
<M> MISSING/DK

Q11 How often did you feel that the hospice team really cared about your family member? Would you say...

- <1> Never,
- <2> Sometimes,
- <3> Usually, or
- <4> Always?

[<88> NOT APPLICABLE]
<M> MISSING/DK

Q12 Did the hospice team provide care that respected your family member's wishes?
Would you say...

- <1> Yes, definitely,
- <2> Yes, somewhat, or
- <3> No?

[<88> NOT APPLICABLE]
<M> MISSING/DK

Q13 Did the hospice team make an effort to listen to the things that mattered most to you or your family member? Would you say...

- <1> Yes, definitely,
- <2> Yes, somewhat, or
- <3> No?

[<88> NOT APPLICABLE]
<M> MISSING/DK

Q14 Did you talk with the hospice team about any problems with your family member's hospice care?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

NOTE: IF THE RESPONDENT REPLIES, "I DIDN'T HAVE ANY PROBLEMS," CODE RESPONSE AS "NO."

<1> YES

<2> NO [GO TO Q16]

[<88> NOT APPLICABLE]

<M> MISSING/DK [GO TO Q16]

Q15 How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q16 While your family member was in hospice care, did they have any pain?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> YES

<2> NO [GO TO Q18]

[<88> NOT APPLICABLE]

<M> MISSING/DK [GO TO Q18]

Q17 Did your family member get as much help with pain as they needed? Would you say...

<1> Yes, definitely,

<2> Yes, somewhat, or

<3> No?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q18 While your family member was in hospice care, did they ever have trouble breathing or receive treatment for trouble breathing?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> YES

<2> NO

[GO TO Q20]

[<88> NOT APPLICABLE]

<M> MISSING/DK

[GO TO Q20]

Q19 How often did your family member get the help they needed for trouble breathing? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q20 While your family member was in hospice care, did they ever have trouble with constipation?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> YES

<2> NO

[GO TO Q22]

[<88> NOT APPLICABLE]

<M> MISSING/DK

[GO TO Q22]

Q21 How often did your family member get the help they needed for trouble with constipation? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q22 While your family member was in hospice care, did they show any feelings of anxiety or sadness?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

<1> YES

<2> NO

[GO TO Q24]

[<88> NOT APPLICABLE]

<M> MISSING/DK

[GO TO Q24]

Q23 How often did your family member get the help they needed from the hospice team for feelings of anxiety or sadness? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q24_INTRO The next set of questions is about your own experience with hospice.

Q24 Hospice teams may teach you how to care for family members who need pain medicine, have trouble breathing, are restless or agitated, or have other care needs. Did the hospice team teach you how to care for your family member? Would you say...

<1> Yes, definitely,

<2> Yes, somewhat,

<3> No, or

<4> I did not need this teaching.

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q25 While your family member was in hospice care, how often did the hospice team listen carefully to you? Would you say...

<1> Never,

<2> Sometimes,

<3> Usually, or

<4> Always?

[<88> NOT APPLICABLE]

Q26 Did the hospice team give you as much information as you wanted about what to expect while your family member was dying? Would you say...

- <1> Yes, definitely,
- <2> Yes, somewhat, or
- <3> No?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q27 Support for religious, spiritual, or cultural beliefs may include talking, praying, quiet time, or respecting traditions. While your family member was in hospice care, how much support for your religious, spiritual, or cultural beliefs did you get from the hospice team? Would you say...

- <1> Too little,
- <2> The right amount, or
- <3> Too much?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q28 While your family member was in hospice care, how much emotional support did you get from the hospice team? Would you say...

- <1> Too little,
- <2> The right amount, or
- <3> Too much?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q29 In the weeks after your family member died, how much emotional support did you get from the hospice team? Would you say...

- <1> Too little,
- <2> The right amount, or
- <3> Too much?

[<88> NOT APPLICABLE]

<M> MISSING/DK

Q30 Please answer the following questions about [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?

IF THE RESPONDENT DOES NOT PROVIDE AN APPROPRIATE RESPONSE, PROBE BY REPEATING: 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?

READ ANSWER CHOICES ONLY *IF NECESSARY*

- <0> 0
- <1> 1
- <2> 2
- <3> 3
- <4> 4
- <5> 5
- <6> 6
- <7> 7
- <8> 8
- <9> 9
- <10> 10

[<88> NOT APPLICABLE]
<M> MISSING/DK

Q31 Would you recommend this hospice to your friends and family? Would you say...

- <1> Definitely no,
- <2> Probably no,
- <3> Probably yes, or
- <4> Definitely yes?

[<88> NOT APPLICABLE]
<M> MISSING/DK

Q32_INTRO We have a few more questions to ask you. The next questions are about your family member.

Q32 What is the highest grade or level of school that your family member completed? [OPTIONAL: Did he or she...]

READ ANSWER CHOICES ONLY *IF NECESSARY*

- <1> Complete 8th grade or less,
- <2> Complete some high school, but did not graduate,
- <3> Graduate from high school or earn a GED,
- <4> Complete some college or earn a 2-year degree,
- <5> Graduate from a 4-year college, or
- <6> Complete more than a 4-year college degree?
- <7> RESPONDENT INDICATES THAT HE OR SHE DOES NOT KNOW FAMILY MEMBER'S LEVEL OF EDUCATION

<M> MISSING

ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELOR'S DEGREE SHOULD BE CODED AS 4. IF THE RESPONDENT DESCRIBES NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE TO FIND OUT IF THE FAMILY MEMBER HAS A HIGH SCHOOL DIPLOMA AND CODE 2 OR 3, AS APPROPRIATE.

Q33 Was your family member of Hispanic, Latino, or Spanish origin or descent?

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

- <X> YES
- <1> NO

<M> MISSING/DK

IF YES: Would you say your family member was (READ ALL RESPONSE CHOICES)

- <2> Cuban,
- <3> Mexican, Mexican American, Chicano/a,
- <4> Puerto Rican, or
- <5> Other Spanish/Hispanic/Latino?

<M> MISSING/DK

[NOTE: FOR TELEPHONE INTERVIEWING, QUESTION 34 IS BROKEN INTO PARTS A – E.]

Q34 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.

READ ALL RACE CATEGORIES PAUSING AT EACH RACE CATEGORY TO ALLOW CAREGIVER TO REPLY TO EACH RACE CATEGORY.

IF THE RESPONDENT REPLIES, “WHY ARE YOU ASKING ABOUT MY FAMILY MEMBER’S RACE?:” We ask about your family member’s race for demographic purposes. We want to make sure that the people we include accurately represent the racial diversity in this country.

IF THE RESPONDENT REPLIES, “I ALREADY TOLD YOU ABOUT MY FAMILY MEMBER’S RACE.:.” I understand, however the survey requires me to ask about all races so results can include people who are multiracial. If the race does not apply to your family member please answer no. Thanks for your patience.

READ YES/NO RESPONSE CHOICES ONLY *IF NECESSARY*

Q34A Was your family member American Indian or Alaska Native?

<1> YES/AMERICAN INDIAN OR ALASKA NATIVE
<0> NO/NOT AMERICAN INDIAN OR ALASKA NATIVE

<M> MISSING/DK

Q34B Was your family member Asian?

<1> YES/ASIAN
<0> NO/NOT ASIAN

<M> MISSING/DK

Q34C Was your family member Black or African American?

<1> YES/BLACK OR AFRICAN AMERICAN
<0> NO/NOT BLACK OR AFRICAN AMERICAN

<M> MISSING/DK

Q34D Was your family member Native Hawaiian or other Pacific Islander?
<1> YES/NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
<0> NO/NOT NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

<M> MISSING/DK

Q34E Was your family member White?

<1> YES/WHITE
<0> NO/NOT WHITE

<M> MISSING/DK

Q35 How often was your family member treated unfairly by the hospice team because of their race or ethnicity? Would you say...

<1> Never,
<2> Sometimes,
<3> Usually, or
<4> Always?

[<88> NOT APPLICABLE]
<M> MISSING/DK

Q36_INTRO The next questions are about you.

Q36 What is your age?

READ ANSWER CHOICES ONLY *IF NECESSARY*

<1> 18 to 24
<2> 25 to 34
<3> 35 to 44
<4> 45 to 54
<5> 55 to 64
<6> 65 to 74
<7> 75 to 84
<8> 85 or older

<M> MISSING/DK

Q37 INTERVIEWER ASK ONLY ***IF NEEDED***: Are you male or female?

<1> MALE

<2> FEMALE

<M> MISSING/DK

Q38 What is the highest grade or level of school that you have completed? [OPTIONAL: Did you...]

READ ANSWER CHOICES ONLY ***IF NECESSARY***

<1> Complete 8th grade or less,

<2> Complete some high school, but did not graduate,

<3> Graduate from high school or earn a GED,

<4> Complete some college or earn a 2-year degree,

<5> Graduate from a 4-year college, or

<6> Complete more than a 4-year college degree?

<M> MISSING/DK

ACADEMIC TRAINING BEYOND A HIGH SCHOOL DIPLOMA THAT DOES NOT LEAD TO A BACHELOR'S DEGREE SHOULD BE CODED AS 4. IF THE RESPONDENT DESCRIBES NON-ACADEMIC TRAINING, SUCH AS TRADE SCHOOL, PROBE TO FIND OUT IF SHE/HE HAS A HIGH SCHOOL DIPLOMA AND CODE 2 OR 3, AS APPROPRIATE.

Q39 What language do you mainly speak at home? Please listen to all response choices before you answer. Would you say that you mainly speak...

<1> English, [GO TO END]

<2> Spanish, [GO TO END]

<3> Chinese, [GO TO END]

<4> Russian, [GO TO END]

<5> Portuguese, [GO TO END]

<6> Vietnamese, [GO TO END]

<7> Polish, [GO TO END]

<8> Korean, or [GO TO END]

<9> Some other language? [GO TO Q39A]

<M> MISSING/DK [GO TO END]

IF THE CAREGIVER REPLIES WITH MULTIPLE LANGUAGES, PROBE: Would you say that you mainly speak [LANGUAGE A] or [LANGUAGE B]?

NOTE: IF THE CAREGIVER REPLIES THAT THEY SPEAK AMERICAN, PLEASE CODE AS 1 – ENGLISH.

Q39A What other language do you mainly speak at home?

NOTE: PLEASE DOCUMENT THE OTHER LANGUAGE AND MAINTAIN IN YOUR INTERNAL RECORDS

END Those are all the questions I have. [OPTIONAL: Should you like the number for bereavement support at [HOSPICE NAME], I can provide that to you now.]

INTERVIEWER: PROVIDE CONTACT INFORMATION AS NEEDED.

We are very sorry for your loss. Thank you for your time.

READ ONLY *IF APPROPRIATE*

Have a good (day/evening). [END CALL]

Appendix R

Web Survey Materials (English)

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Web Survey Requirements

Required for the Web Survey System

Survey vendors may use the web survey system and software of their choice. Survey vendors are responsible for programming the web survey to conform to the template and specifications provided in the official Web Survey Instrument (Appendix R, and other languages found on the CAHPS Hospice Survey Website). The web survey system should enable survey administration in English, and any optional languages offered by CMS, if the optional language will be administered by the survey vendor. Survey vendors are not permitted to make or use any other translations of the CAHPS Hospice web materials.

- The web survey system must:
 - support the use of a URL that is a maximum of 25 characters
 - be linked electronically to the survey management system to allow tracking of the sampled caregivers through the survey administration process
 - support dissemination of emailed survey invitations that include an embedded hyperlink unique to each sampled caregiver that the caregiver can click on to directly connect to the web survey
 - track whether a caregiver has an email address and whether the email address was identified as invalid (e.g., results in a delivery error message).
 - allow for the removal of sampled caregivers from further data collection attempts following submission of a web survey
 - support capture of data from web surveys that are initiated and suspended without submission of a completed survey
 - allow for web surveys to be suspended and resumed at a later date, returning the respondent to the first unanswered question
 - track whether the web survey was initiated using the web invitation email or web reminder email. The vendor must retain this information in their records.
 - allow for the respondent to back up and change a previously selected response
 - allow a web survey to be programmed to present similarly on different browser applications, browser sizes, and platforms. The survey should automatically and optimally re-size for the caregiver's screen (whether phone, tablet, computer).
 - allow a web survey to be programmed to be 508 compliant

- In addition, the web survey platform must:
 - NOT allow for advertisements of any kind to be embedded or displayed. This includes but is not limited to, banner or column ads, pop-up ads before, during or after the survey is accessed or completed, or promotional messages on any of the web screens.
 - NOT allow respondents to access the web survey after submission or after the data collection window has closed
 - NOT require the creation of a password to initiate or resume the web survey

Required for the Web Survey

The CAHPS Hospice Survey Core questions (Q1 – Q31) must be placed at the beginning of the survey. The order of the Core questions must **not** be altered, and all the Core questions must remain

together. The “About Your Family Member” and “About You” questions must be placed after the Core questions and cannot be eliminated from the questionnaire. The “About You” questions must follow the “About Your Family Member” questions.

Survey vendors must adhere to the following specifications for web survey formatting:

Welcome Screen

- Hospice logos may be included on Welcome screen; however, other images, tag lines or website links are not permitted
- The name of the hospice must be included on the Welcome screen as indicated in the web survey templates
 - If applicable, the Welcome screen may also include the specific hospice inpatient unit, acute care hospital, or nursing home facility in which their family member or friend resided
- Decedent name must only appear on the Welcome Screen
 - Decedent name must not be included on any other screen in the web survey
 - Caregiver name must not be included on any screen in the web survey
- As indicated in the web survey templates, the OMB Paperwork Reduction Act language must be displayed on the Welcome screen and appear below the survey “START” button
 - The OMB language font size must appear smaller than the rest of the text of the Welcome screen, but no smaller than 10-point at a minimum

CAHPS Hospice Survey Questions

- The caregiver must be able to select their preferred language from English and any offered optional translations
- Question and answer category wording must not be changed
 - No changes are permitted in the order of the Core questions (Q1 – Q31)
 - No changes are permitted in the order of the “About Your Family Member” questions
 - No changes are permitted in the order of the “About You” questions
 - No changes are permitted in the order of the answer categories for the Core, “About Your Family Member,” or “About You” questions
 - All **bolded** or underlined content must be emphasized
 - All punctuation for the question and answer categories located in Appendix R must be programmed
 - All response categories must be listed vertically. Matrix format is not permitted.
 - All questions are programmed to accept only one response, with the exception of Q2 and Q34
- Section headings (e.g., “**Your Family Member’s Hospice Care**”) must be bolded and included as a shaded web screen header on each page
- Skip patterns must be programmed into the web survey system
- Survey vendors/Hospitals must **not**:
 - program a specific response category as the default option
 - use a progress bar or other progress indicator on web screens
- The name of the hospice may be filled in Questions 2, 4, and 30, as indicated below
 - Question 2 – “In what locations did your family member receive care from [ABC Hospice]?”

- Above Question 4 – “For the rest of the questions, please think only about your family member's experience with [ABC Hospice].”
- Question 30 – “Please answer the following questions about [ABC Hospice]. Do not include care from other hospices in your answers.”

Formatting

- No changes are permitted to the formatting or wording of the web screens
 - [Square brackets] and UPPERCASE letters are used to show programming and other instructions that must not actually appear on web screens
- Only one language may appear on the web screen throughout the survey
- Display only one survey item per web screen and all questions must allow paging through without requiring a response
 - When displayed, “BACK” button appears in the lower left of each web screen
 - When displayed, “NEXT” button appears in the lower right of each web screen
- Use computer programs that are accessible in mobile and computer versions that are 508 compliant, present similarly on different browser applications, browser sizes and platforms (mobile, tablet, computer)
- Every web screen uses a dark, readable font color (black or dark blue) and type (i.e., Arial or Times New Roman)
- Font color and size (12-point at a minimum) must be consistent throughout the web survey
- Blank space should be used to distinguish the response options from the question text
- Blank space should be used to distinguish navigation buttons from response options

Other Requirements

- The web survey link(s) must remain open until a final survey status is determined or the data collection period closes
- The copyright statement must be displayed on the Thank You web screen and appear below the survey “SUBMIT” button
 - The copyright statement font size must appear smaller than the rest of the text of the Thank You web screen, but no smaller than 10-point at a minimum

CAHPS Hospice Survey English Web Survey

GENERAL PROGRAMMING SPECIFICATIONS:

- *Display only one survey item per screen*
- *When displayed, “BACK” button appears in the lower left of each screen*
- *When displayed, “NEXT” button appears in the lower right of each screen*
- *Every question has a color or shaded header*
- *All questions can be paged through without requiring a response*

Hospice Survey

- Welcome, continue in English
- Bienvenidos continuar en español

NEXT / SIGUIENTE

[PROGRAMMING SPECIFICATION:

- *ALL CAREGIVERS START WITH THIS SCREEN*
- *INCLUDE LANGUAGE SELECTION OPTIONS FOR ALL APPROVED SURVEY LANGUAGES OFFERED FOR THIS HOSPICE. RESPONSE OF ANY APPROVED LANGUAGE AT THIS SCREEN, SKIPS TO THE VERSION OF THE SURVEY IN THAT LANGUAGE*

Hospice Survey

[PROGRAMMING SPECIFICATION: THIS IS THE SURVEY WELCOME SCREEN]

SURVEY INSTRUCTIONS

Please answer the survey questions about the care [DECEDENT NAME] received from this hospice:

[NAME OF HOSPICE]

All of the questions in this survey will ask about experiences with this hospice.

If you want to know more about this survey, please call [VENDOR PHONE]. All calls to this number are free.

- **Who should fill out the survey?** The person in your household who knows the most about the hospice care received by [DECEDENT NAME].

Click NEXT to begin the survey.

BACK

NEXT

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 XXXX-XXXX (Expires TBD). The time required to complete this information collection is estimated to average 9 minutes for questions 1 – 31, 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, C1-25-05, Baltimore, MD 21244-1850.

The Hospice Patient

1. How are you related to the patient listed in the survey invitation email?

- 1 My spouse or partner
- 2 My parent
- 3 My mother-in-law or father-in-law
- 4 My grandparent
- 5 My aunt or uncle
- 6 My sister or brother
- 7 My child
- 8 My friend
- 9 Other (please specify): [OPEN END – ALLOW 100 CHARACTERS]

BACK

NEXT

The Hospice Patient

2. For this survey, the phrase "family member" refers to the patient listed in the survey invitation email.

In what locations did your family member receive care from [HOSPICE NAME]? Please choose one or more.

- 1 Home
2 Assisted living facility
3 Nursing home
4 Hospital
5 Hospice facility/hospice house
6 Other (please specify): [OPEN END – ALLOW 100 CHARACTERS]

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- 2 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY]

Your Role

3. While your family member was in hospice care, how often did you take part in or oversee care for them?

- 1 Never
2 Sometimes
3 Usually
4 Always

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NEVER" AT 3 SKIPS TO 32
 - STORE A VALUE OF "88" IN Q4 THROUGH Q31]

Your Family Member's Hospice Care

For the rest of the questions in this survey, please think only about your family member's experience with [HOSPICE NAME].

4. For this survey, the hospice team means all the nurses, doctors, social workers, chaplains and others who gave hospice care to your family member.

While your family member was in hospice care, did you need to contact anyone on the hospice team during evenings, weekends, or holidays for questions or help?

- 1 Yes
2 No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT 4 SKIPS TO 6
 - STORE A VALUE OF "88" IN Q5]

Your Family Member's Hospice Care

5. How often did you get the help you needed from the hospice team during evenings, weekends, or holidays?

- 1 Never
2 Sometimes
3 Usually
4 Always

BACK

NEXT

Your Family Member's Hospice Care

6. How often did the hospice team let you know when they would arrive to care for your family member?

- 1 Never
2 Sometimes
3 Usually
4 Always

BACK

NEXT

Your Family Member's Hospice Care

7. When you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

BACK

NEXT

Your Family Member's Hospice Care

8. How often did the hospice team explain things in a way that was easy to understand?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

BACK

NEXT

Your Family Member's Hospice Care

9. How often did the hospice team keep you informed about your family member's condition?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

BACK

NEXT

Your Family Member's Hospice Care

10. How often did the hospice team treat your family member with dignity and respect?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

BACK

NEXT

Your Family Member's Hospice Care

11. How often did you feel that the hospice team really cared about your family member?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

BACK

NEXT

Your Family Member's Hospice Care

12. Did the hospice team provide care that respected your family member's wishes?

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

BACK

NEXT

Your Family Member's Hospice Care

13. Did the hospice team make an effort to listen to the things that mattered most to you or your family member?

- Yes, definitely
 Yes, somewhat
 No

BACK

NEXT

Your Family Member's Hospice Care

14. Did you talk with the hospice team about any problems with your family member's hospice care?

- Yes
 No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- *A RESPONSE OF "NO" AT 14 SKIPS TO 16*
 - *STORE A VALUE OF "88" IN Q15]*

Your Family Member's Hospice Care

15. How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?

- Never
 Sometimes
 Usually
 Always

Your Family Member's Hospice Care

16. While your family member was in hospice care, did they have any pain?

Yes

No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT 16 SKIPS TO 18
 - STORE A VALUE OF "88" IN Q17]

Your Family Member's Hospice Care

17. Did your family member get as much help with pain as they needed?

Yes, definitely

Yes, somewhat

No

BACK

NEXT

Your Family Member's Hospice Care

18. While your family member was in hospice care, did they ever have trouble breathing or receive treatment for trouble breathing?

Yes

No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT 18 SKIPS TO 20
 - STORE A VALUE OF "88" IN Q19]

Your Family Member's Hospice Care

19. How often did your family member get the help they needed for trouble breathing?

- 1 Never
2 Sometimes
3 Usually
4 Always

BACK

NEXT

Your Family Member's Hospice Care

20. While your family member was in hospice care, did they ever have trouble with constipation?

- 1 Yes
2 No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT 20 SKIPS TO 22
 - STORE A VALUE OF "88" IN Q21]

Your Family Member's Hospice Care

21. How often did your family member get the help they needed for trouble with constipation?

- 1 Never
2 Sometimes
3 Usually
4 Always

BACK

NEXT

Your Family Member's Hospice Care

22. While your family member was in hospice care, did they show any feelings of anxiety or sadness?

¹ Yes

² No

BACK

NEXT

[PROGRAMMING SPECIFICATION:

- A RESPONSE OF "NO" AT 22 SKIPS TO 24
 - STORE A VALUE OF "88" IN Q23]

Your Family Member's Hospice Care

23. How often did your family member get the help they needed from the hospice team for feelings of anxiety or sadness?

¹ Never

² Sometimes

³ Usually

⁴ Always

BACK

NEXT

Your Own Experience With Hospice

24. Hospice teams may teach you how to care for family members who need pain medicine, have trouble breathing, are restless or agitated, or have other care needs.

Did the hospice team teach you how to care for your family member?

¹ Yes, definitely

² Yes, somewhat

³ No

⁴ I did not need this teaching

BACK

NEXT

Your Own Experience With Hospice

25. While your family member was in hospice care, how often did the hospice team listen carefully to you?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

BACK

NEXT

Your Own Experience With Hospice

26. Did the hospice team give you as much information as you wanted about what to expect while your family member was dying?

- 1 Yes, definitely
- 2 Yes, somewhat
- 3 No

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NEXT

Your Own Experience With Hospice

27. Support for religious, spiritual, or cultural beliefs may include talking, praying, quiet time, or respecting traditions.

While your family member was in hospice care, how much support for your religious, spiritual, or cultural beliefs did you get from the hospice team?

- 1 Too little
- 2 Right amount
- 3 Too much

BACK

NEXT

Your Own Experience With Hospice

28. While your family member was in hospice care, how much emotional support did you get from the hospice team?

- 1 Too little
- 2 Right amount
- 3 Too much

BACK

NEXT

Your Own Experience With Hospice

29. In the weeks after your family member died, how much emotional support did you get from the hospice team?

- 1 Too little
- 2 Right amount
- 3 Too much

BACK

NEXT

Overall Rating of Hospice Care

30. Please answer the following questions about [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?

- 0 Worst hospice care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best hospice care possible

BACK

NEXT

Overall Rating of Hospice Care

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

- 1 Definitely no
- 2 Probably no
- 3 Probably yes
- 4 Definitely yes

BACK

NEXT

About Your Family Member

32. What is the highest grade or level of school that your family member completed?

- 1 8th grade or less
- 2 Some high school but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree
- 7 Don't know

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NEXT

About Your Family Member

33. Was your family member of Hispanic, Latino, or Spanish origin or descent?

- 1 No, not Spanish/Hispanic/Latino
- 2 Yes, Cuban
- 3 Yes, Mexican, Mexican American, Chicano/a
- 4 Yes, Puerto Rican
- 5 Yes, Other Spanish/Hispanic/ Latino

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NEXT

About Your Family Member

34. What was your family member's race? Please choose one or more.

- 1 American Indian or Alaska Native
- 2 Asian
- 3 Black or African American
- 4 Native Hawaiian or other Pacific Islander
- 5 White

BACK

NEXT

[PROGRAMMING SPECIFICATION:

34 IS MULTI-RESPONSE; ALLOW SELECTION OF ALL THAT APPLY]

About Your Family Member

35. How often was your family member treated unfairly by the hospice team because of their race or ethnicity?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always

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NEXT

About You

36. What is your age?

- 1 18 to 24
- 2 25 to 34
- 3 35 to 44
- 4 45 to 54
- 5 55 to 64
- 6 65 to 74
- 7 75 to 84
- 8 85 or older

BACK

NEXT

About You

37. Are you male or female?

- 1 Male
- 2 Female

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NEXT

About You

38. What is the highest grade or level of school that you have completed?

- 1 8th grade or less
- 2 Some high school but did not graduate
- 3 High school graduate or GED
- 4 Some college or 2-year degree
- 5 4-year college graduate
- 6 More than 4-year college degree

BACK

NEXT

About You

39. What language do you mainly speak at home?

- 1 English
- 2 Spanish
- 3 Chinese
- 4 Russian
- 5 Portuguese
- 6 Vietnamese
- 7 Polish
- 8 Korean
- 9 Some other language (please specify): [OPEN END – ALLOW 15 CHARACTERS]

Thank You

Thank you for completing this survey.

Please click “Submit” to send us your answers.

[SUBMIT]

Questions 1-39 in this survey are works of the U.S. Government and are in the public domain and therefore are NOT subject to U.S. copyright laws.

Sample Invitation Email for the CAHPS Hospice Survey

SUBJECT: Survey about care from [HOSPICE NAME]
FROM: Hospice Survey Staff <VENDOR EMAIL ADDRESS>

[OPTIONAL: HOSPICE OR VENDOR LOGO]

Dear [SAMPLED CAREGIVER NAME],

We realize this may be a hard time for you, and we're sorry for your recent loss. This is an important survey about the care patients get from [HOSPICE NAME]. You're getting this survey because you helped care for [DECEDENT NAME].

Please take a few moments to tell us how [HOSPICE NAME] cared for your loved one. Medicare uses your responses to this survey to improve hospice care and help others select a hospice.

We'd greatly appreciate your help with this survey. Please click [here](#) [EMBEDDED LINK] to take the survey.

Your answers may be shared with the hospice for purposes of quality improvement. Your participation in this survey is voluntary.

For questions about the survey, please call [VENDOR NAME] toll-free at [TOLL FREE PHONE NUMBER]. If you'd like to see how your responses will be used, hospice ratings are posted on Medicare's Care Compare website.

Again, we are very sorry for your loss.

Sincerely,
[HOSPICE ADMINISTRATOR]
[HOSPICE NAME]

Sample Reminder Email for the CAHPS Hospice Survey

SUBJECT: Reminder about survey about care from [HOSPICE NAME]
FROM: Hospice Survey Staff <VENDOR EMAIL ADDRESS>

[OPTIONAL: HOSPICE OR VENDOR LOGO]

Dear [SAMPLED CAREGIVER NAME],

We realize this may be a hard time for you, and we're sorry for your recent loss. A few days ago, we sent you a survey asking for feedback about your experiences with [HOSPICE NAME]. We sent you the survey because you helped care for [DECEDENT NAME].

This is a friendly reminder that we're very interested in hearing from you. We hope you'll help us learn how [HOSPICE NAME] cared for your loved one.

Please click [here](#) [EMBEDDED LINK] to take the survey.

Your answers may be shared with the hospice for purposes of quality improvement. Your participation in this survey is voluntary.

For questions about the survey, please call [VENDOR NAME] toll-free at [TOLL FREE PHONE NUMBER]. Medicare uses your responses to this survey to improve hospice care and help others select a hospice. If you'd like to see how your responses will be used, hospice ratings are posted on Medicare's Care Compare website.

Thank you for taking the time to improve hospice care. Again, we are very sorry for your loss.

Again, we are very sorry for your loss.

Sincerely,
[HOSPICE ADMINISTRATOR]
[HOSPICE NAME]

