

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 [PHONE 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 phone 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: PHONE 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 PHONE 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 some time within the next several days.
[DURING WEB SURVEY WINDOW:] 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/PHONE ONLY/MAIL PHONE:] No, the CAHPS Hospice Survey can only be completed by [DEPENDING ON MODE: mail / phone / mail or phone].

[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.

