

CAHPS[®] Hospice Survey

CAHPS Hospice Survey Vendor Training October 2024

CAHPS[®] Hospice Survey

Welcome

CAHPS® Hospice Survey

Training Presentation Overview

In today's CAHPS Hospice Survey Vendor Training, we will:

- Provide an overview of the CAHPS Hospice Survey
- Review changes to the CAHPS Hospice Survey questions, implementation protocol and timeline, and modes of survey administration
- Discuss sampling, data coding, data submission, and data quality checks
- Review public reporting of CAHPS Hospice Survey data
- Discuss Oversight Activities, Exception Request, and Discrepancy Report processes
- Administer the post-training quiz and evaluation

CAHPS® Hospice Survey

Online Question Submission (1 of 2) Illustration 1

CAHPS Hospice Survey Vendor Training October 2024

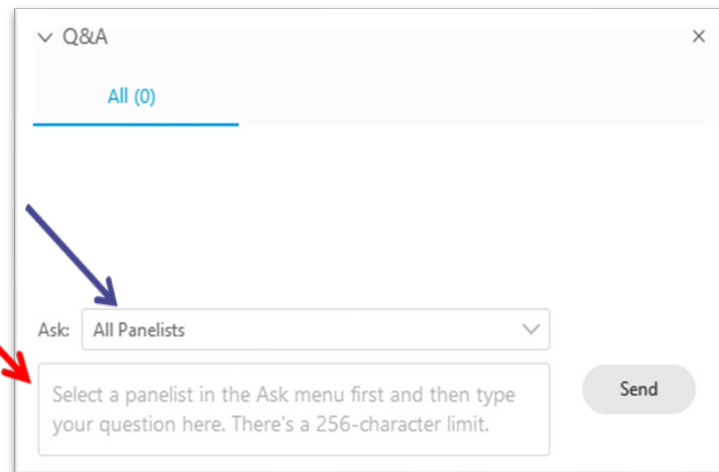
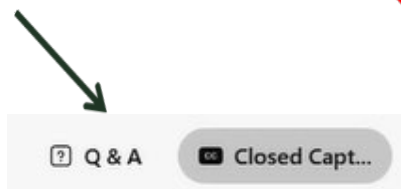
Q&A Button



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Online Question Submission (2 of 2) Illustration 2

CAHPS Hospice Survey
Vendor Training
October 2024

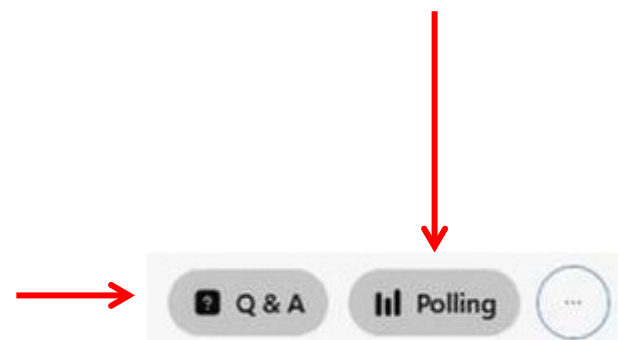
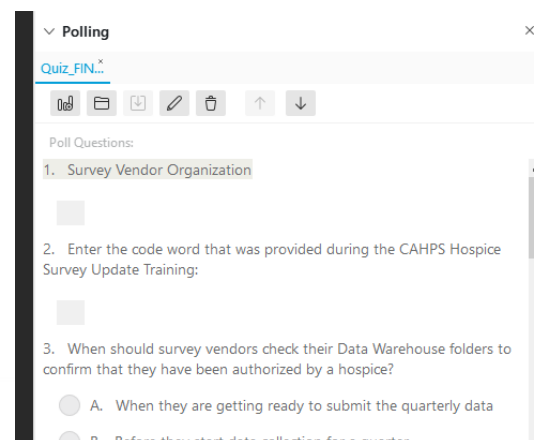


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Quiz and Evaluation Submission Illustration 3

*A polling window will appear.
If it does not, click on the
icons below indicated with
the red arrows.*

Quiz and Evaluation



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CAHPS Hospice Survey Introduction and Overview

CAHPS® Hospice Survey

Introducing the Revised Survey and Administration Procedures

- Revised survey that is shorter than the current survey
- Simplified survey cover letters and telephone introduction
- Addition of prenotification letter to **all survey modes**
- Longer survey administration timeline for **all survey modes**
 - Survey field period is now **49 days**
- Addition of new Web Mail mode

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Timeline of Changes

- QAG V10.0 remains in effect through March 2025 (Q1 2025) decedents
 - XML File Specification V10.0 will be used through March 2025 (Q1 2025) decedents
- QAG V11.0 will supersede all previous materials beginning with April 2025 (Q2 2025) decedents
 - XML File Specification V11.0 will be used starting with April 2025 (Q2 2025) decedents

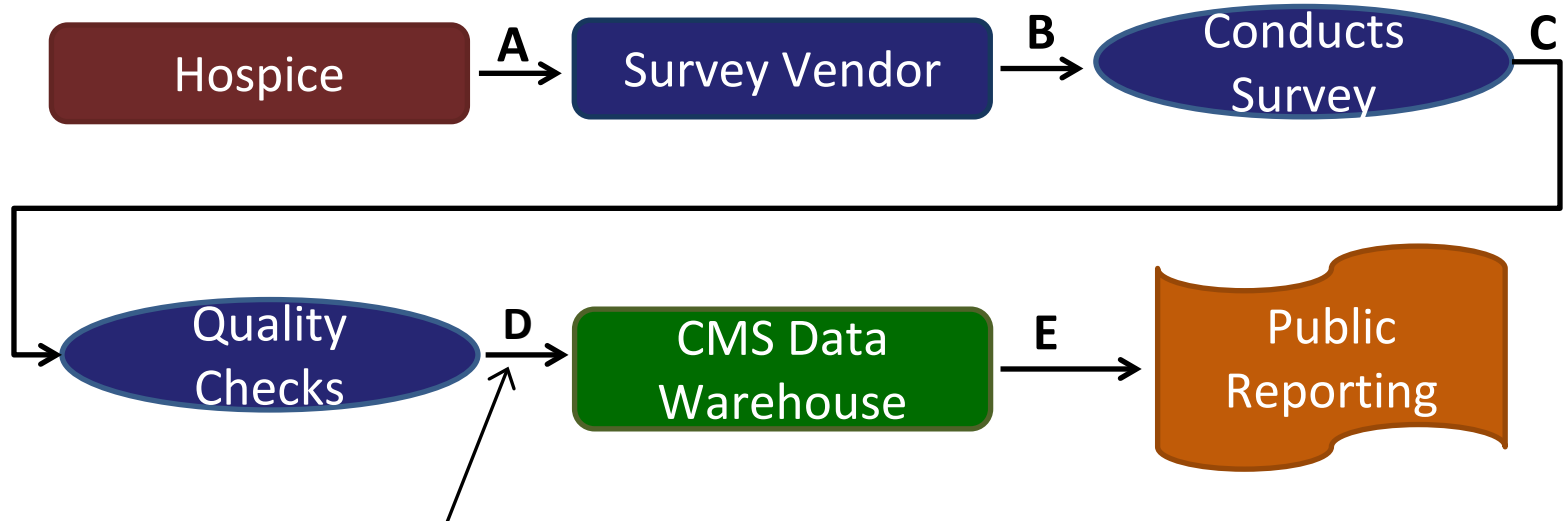
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Data Collection and Submission Timeline

	Month of Death	Survey Field Period Begins	Data Submission to the CAHPS Hospice Survey Data Warehouse
Existing survey and administration procedures continue	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	
Revised survey and administration procedures begin	April 2025	July 1, 2025	November 12, 2025
	May 2025	August 1, 2025	
	June 2025	September 1, 2025	

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CAHPS Hospice Survey Process



Successful submission to the Data Warehouse is how hospice compliance is measured

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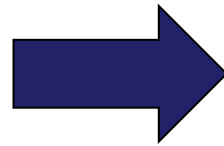
CMS Hospice Quality Reporting Program (HQRP)

- **CAHPS Hospice Survey is a component**
- HQRP information
 - www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/
- Impacts Medicare payments
- Goals
 - Improve transparency through public reporting on www.medicare.gov
 - Create incentives for quality improvement

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Everybody Take Note!

CAHPS Hospice
Survey compliance
in CY 2025



Affects
FY 2027 APU

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Participation Exemption for Size

- Some hospices may be exempted from participation for a given APU period based on their size
 - For the 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 submission requirements
 - The Participation Exemption for Size Form must be submitted online at www.hospicecahpssurvey.org
 - The 2025 Participation Exemption for Size Form must be received by December 31, 2025
 - The Participation Exemption for Size Form must be submitted every year the hospice plans to be considered for the exemption

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

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Exemption for Newness

- The exemption for newness is based on how recently the hospice received its CCN
- The criterion for this exemption is that the hospice must have received its CCN on or after the first day of the measurement year for the CAHPS Hospice Survey
 - EXAMPLE: For the CY 2025, hospices who received their CCN on or after January 1, 2025 are eligible for the one-time exemption for newness
- Hospices that receive the exemption for newness are required to begin participating the first month of the following calendar year
 - EXAMPLE: For the CY 2025, hospices who received their CCN any time in 2025 are required to participate beginning with January 2026 decedents
- Hospices eligible for this exemption will be identified by CMS. There is no form for hospices to submit.

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Important Points to Remember

- Assure that hospice clients have submitted a Survey Vendor Authorization Form **prior to the submission** of the hospice's data to the Data Warehouse
 - Direct the hospice to the CAHPS Hospice Survey Website for the current form
 - The form can **only** be submitted through the CAHPS Hospice Survey Website
 - This form may now be submitted up to the data submission deadline for each quarter
 - Check your Data Warehouse folder **before** submitting data
 - The hospice is added to the survey vendor's Excel file in the Data Warehouse folder when the authorization form is received by the project team
 - Email RAND or CAHPS Hospice technical assistance for questions
- Submit data to the CAHPS Hospice Survey Data Warehouse early
- Data cannot be submitted without an authorization form
 - **This may result in an APU failure for the hospice**

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Use of the CAHPS Hospice Survey (1 of 2)

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

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Use of the CAHPS Hospice Survey (2 of 2)

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

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CAHPS Hospice Survey Website

- “What’s New”
- QAG V11.0
- Data collection materials in all available translations (including mail surveys, letters, telephone scripts, web surveys)
- Vendor Authorization, Data Warehouse Access, Participation Exemption for Size, Exception Request, and Discrepancy Report Forms
- Public reporting information
- Podcasts for hospices

<https://www.hospicecahpssurvey.org>

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Technical Assistance Contact Information

- For additional information and technical assistance:
 - via email at hospicecahpssurvey@hsag.com
 - via telephone at 1-844-472-4621
- For CAHPS Hospice Survey Data Warehouse or data submission issues:
 - via email at cahpshospicetechsupport@rand.org
 - via telephone at 1-703-413-1100, extension 5599
- To communicate with CMS:
 - via email at hospicesurvey@cms.hhs.gov

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Introducing QAG V11.0 and the Revised CAHPS Hospice Survey Instrument and Administration Procedures

All changes begin with April 2025 decedents

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Data Collection and Submission Beginning with April 2025 Decedents

	Month of Death	Survey Field Period Begins	Data Submission to the CAHPS Hospice Survey Data Warehouse
Use <u>revised</u> survey and procedures. QAG V11.0	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	
	January 2026	April 1, 2026	August 12, 2026
	February 2026	May 1, 2026	
	March 2026	June 1, 2026	

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The Revised CAHPS Hospice Survey

- Overall, 8 items **shorter** than the current survey
 - 3 nursing home items removed
 - 1 item on confusing or contradictory information removed
 - Replacement of 6 training items with 1 summary training item
- **Simplified wording** and added **gender neutral** pronouns (i.e., “they” instead of “he or she”)
- Addition of “**cultural**” to the religious and spiritual support item
- Headings now in sentence case
- Updated survey instructions

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New Survey Items

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

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

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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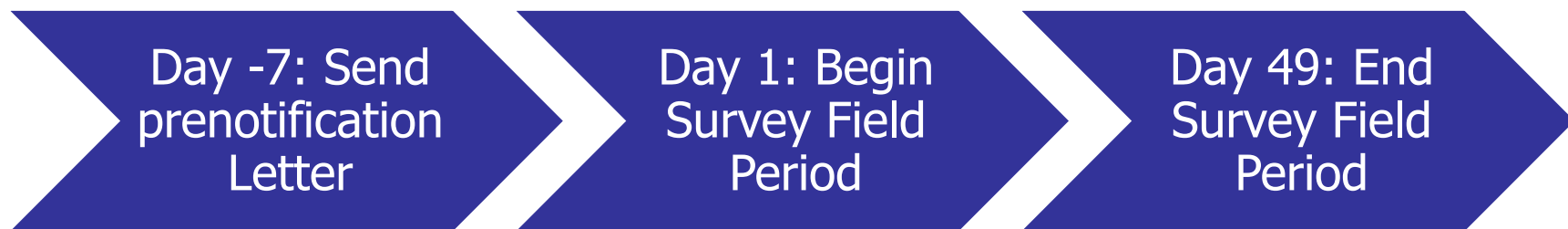
Survey Administration Updates

- Addition of prenotification letter to **all survey modes**
 - Sent one week before survey field period begins
- Longer survey administration timeline for **all survey modes**
 - Survey field period is now **49 days**
 - This is 7 days longer than the existing 42-day survey field period
 - The survey field period does **not** include the prenotification letter
- Addition of new Web Mail mode

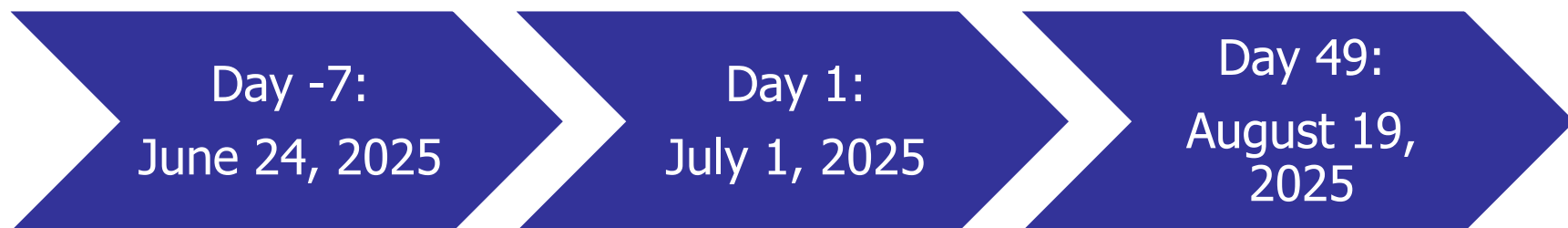
All changes begin with April 2025 decedents

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New Survey Administration Timeline: All Modes

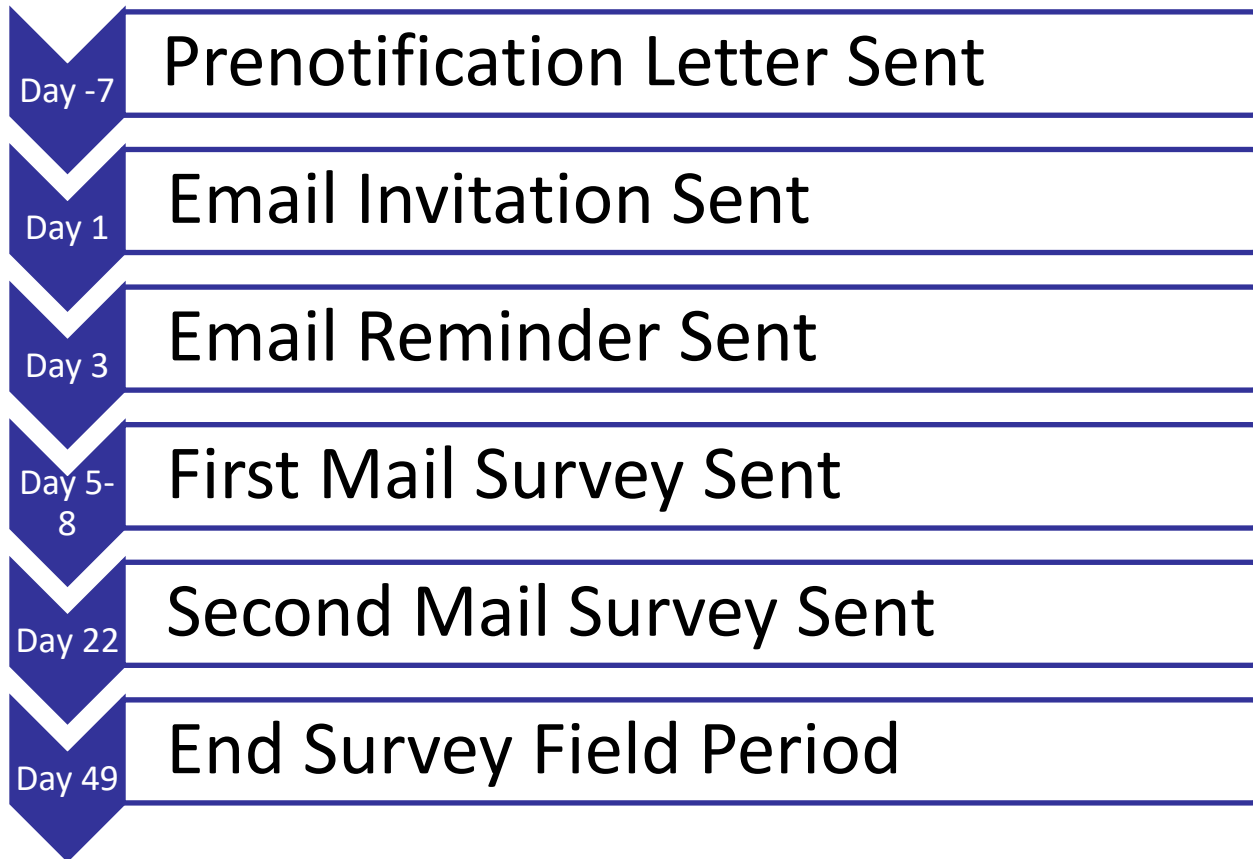


Example: April 2025 Decedents



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New Web Mail Mode



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Additional Materials

- Suggested survey cover letters have been simplified
- Availability of materials in all approved languages
 - Mail survey, Telephone script, and Web survey
 - Letters and emails
 - Frequently Asked Questions (FAQ)
 - Hospices with a significant caregiver population that speaks one of the approved languages are strongly encouraged to offer the CAHPS Hospice Survey in the applicable language
- New **optional** Informational Flyer for hospices to inform caregivers about the CAHPS Hospice Survey

All changes begin with April 2025 decedents

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New Submission Timeline for Vendor Authorization Form

- The **CAHPS Hospice Survey Vendor Authorization Form** may now be submitted online **up until the Data Submission Deadline** of the quarter for which the vendor is being authorized
 - This change is effective immediately
 - All forms must be submitted through the CAHPS Hospice Website
- Hospices are still encouraged to submit their forms **90 days prior** to the Data Submission Deadline to allow time for their authorization to be processed, and for vendors to be able to prepare and submit data

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CAHPS Hospice Survey Important Reminders and Updates

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Reminder: Records Received Variable

- The <records-received> variable:
 - Documents the actual number of records received from the hospice in the monthly decedent/caregiver file
 - Survey vendors must:
 - Submit the variable “Records Received” in the quarterly XML
 - Calculate “Available-Sample” = Records Received – (Missing DOD + Ineligible Pre-sample)

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Reminder: Survey Vendors Must Check Decedents/Caregivers Lists and Follow-up with Hospices

- Contact hospice clients **before** data collection begins:
 - If sample frame counts do not reconcile, OR
 - If there is incorrectly formatted data, OR
 - If there is missing data (e.g., caregiver contact information)
- Submit a Discrepancy Report if the hospice does not respond to ongoing follow-up regarding counts

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Reminder: Initiating or Continuing Remote Operations

- A **new** Exception Request must be submitted **prior** to the expiration of current approval and/or the initiation of remote operations
- The Exception Request **MUST** include:
 - A list and description of the “operations” to be conducted remotely and respective implementation dates
 - How HIPAA compliance and security of the data and operational systems will be maintained
 - Details on how training and supervision will be conducted
 - Arrangements for physical and electronic data security
 - Documentation on how quality check activities of all administration processes will be conducted

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Reminder: Survey Vendors Must Maintain a Toll-free Customer Support Line

- Document questions received and responses provided via a database or tracking log
- Respond to calls that are not answered live within two (2) business days
- Utilize the provided Frequently Asked Questions (FAQs) to respond to inquiries
- Routinely monitor to assure the guidelines are followed and line is working
- Must be ready to support calls from the deaf or the hearing impaired [teletypewriter (TTY or TTD) or Relay Service]

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Reminder: Late Survey Administration

- If survey administration is not initiated within the first 7 calendar days of the field period
 - Survey administration may begin from the 8th to the 10th of the month without requesting prior approval from CMS
 - After the 10th of the month, approval must be requested from CMS before the survey can be administered
 - A Discrepancy Report **must** be submitted if survey administration begins after the 7th of the month or does not occur for any month
- This guidance applies to all survey modes

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Program Requirements

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CMS Roles and Responsibilities

- Provide QAG
 - Survey materials
 - Tools, format, and procedures for submitting the collected data
- Train and provide quality oversight of survey vendors
- Provide technical assistance
- Publicly report measure scores and Star Ratings
 - Scoring and adjustments for mode and case-mix effects
 - Preview reports
 - Display on the Care Compare tool on Medicare.gov

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Hospice Roles and Responsibilities

- Participate in the CAHPS Hospice Survey, if eligible
- Authorize a survey vendor by submitting an online CAHPS Hospice Survey Vendor Authorization Form
- Obtain user account(s) for the CAHPS Hospice Survey Data Warehouse
- Provide complete and accurate decedents/caregivers lists and required counts to the survey vendor
- Review Data Submission Reports in the Data Warehouse

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Hospice Communication with Patients and Caregivers (1 of 2)

- Hospices may:
 - Inform **all** caregivers about the survey
 - e.g. Include an Informational Flyer in bereavement materials (*See QAG Appendix N for a sample flyer*)
 - Conduct quality improvement activities, including asking patients/family members questions to promote well-being

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Hospice Communication with Patients and Caregivers (2 of 2)

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

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Survey Vendor Roles and Responsibilities *Overview*

- Follow the Rules of Participation to administer the CAHPS Hospice Survey
- Participate in CAHPS Hospice Survey Training
- Meet all CAHPS Hospice Survey due dates
- Ensure that all staff are trained and that appropriate back-up responsibilities for coverage of key staff are assigned
- Develop Quality Assurance Plan and notify CMS of any changes in ownership or key personnel
- Maintain active contract(s) with hospice(s) in order to retain approval status
- Verify that each contracted hospice has authorized the survey vendor to submit data and is on the vendor's authorized hospices list

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Survey Vendor Roles and Responsibilities

Obtain Monthly Decedent/Caregiver Lists from Hospices

- Work with client hospice staff to create monthly decedents/caregivers lists and required counts
- Designate a date each month by which the hospice must provide the decedents/caregivers lists
 - Perform checks of the decedents/caregivers lists
 - When an updated decedents/caregivers list is received:
 - Update all decedent/caregiver administrative information available
 - Perform quality checks to track and verify changes from the original decedents/caregivers list

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Survey Vendor Roles and Responsibilities

Administer the CAHPS Hospice Survey

- Apply eligibility criteria and prepare sample frame
- Follow approved sampling protocols
- Administer the survey and oversee staff, subcontractors, and other organizations, if applicable
- Perform quality checks of **all** administration processes and **document** the performance of the quality check activities

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Survey Vendor Roles and Responsibilities

CAHPS Hospice Survey Data Warehouse

- Successfully submit data files in accordance with the XML file layouts
- Review Data Submission Reports
- Request client hospices gain access to the Warehouse and review their own Data Submission Reports

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Survey Vendor Roles and Responsibilities

Customer Support

- Provide support in all languages in which the survey is administered
 - Utilize the approved Frequently Asked Questions (FAQs) to respond to inquiries
- Provide toll-free telephone support and email contact (if required)
 - Staff available during business hours to handle incoming calls and emails
 - Monitor voicemail/email regularly and reply to all inquiries within 1-2 business days
 - Specify on voicemail recording that the caller can leave a message about the CAHPS Hospice Survey
 - Document questions received and responses provided via a database or tracking log
 - Routinely monitor to assure the guidelines are followed and phone line/email are working

Survey Vendor Roles and Responsibilities

Data Security

- Safeguard decedent/caregiver data
 - Follow HIPAA guidelines and provide HIPAA training to staff prior to providing access to decedent/caregiver PHI and PII
 - Restrict access to confidential data
 - Obtain confidentiality agreements, which includes language related to HIPAA regulations, from staff, subcontractors, and other organizations, if applicable, who have access to confidential information
 - Execute business associate agreements (BAAs) in accordance with HIPAA regulations
 - Establish protocols for secure transfer of decedents/caregivers lists
 - Emailing of protected health information (PHI) via unsecure email is prohibited
 - Establish protocols for identifying security breaches and instituting corrective actions

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Survey Vendor Roles and Responsibilities

Physical and Electronic Data Security (1 of 2)

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

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Survey Vendor Roles and Responsibilities

Physical and Electronic Data Security (2 of 2)

- Confirm physical and electronic data files are easily retrievable regardless of whether they have been archived
- Establish daily back-up procedures to safeguard system data
- Save media frequently to minimize data losses
- Test electronic data back-up files quarterly and document results
- Establish security safeguards for physical location
- Develop disaster recovery plan
- 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, subcontractor, or at a client hospice

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Survey Vendor Roles and Responsibilities

Staff Training and Oversight

- CAHPS Hospice Survey management staff (no volunteers permitted) must:
 - Provide training to all staff working on the CAHPS Hospice Survey, including subcontractors
 - Monitor and provide quality oversight of staff
 - Perform ongoing monitoring of staff, subcontractors, and any other organizations
 - Implement and quality check all protocol updates
 - Detect and correct performance problems
 - Document all quality check activities

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Sampling Protocol

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CCN is the Sampling and Reporting Unit

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

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Overview of Sampling Process

- There are no changes to the sampling process for QAG V11.0
- Hospices supply a monthly list of decedents/caregivers to their vendor
- Survey vendors
 - apply eligibility criteria to determine which decedents/caregivers remain in the sample frame
 - draw a random or census sample monthly from all decedents/caregivers who meet survey eligibility criteria for each contracted hospice

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Hospices Must Submit a List of Decedents/Caregivers to Their Survey Vendor Each Month

- Hospices should **not** apply eligibility criteria before sending list to vendor
 - *Decedents of all payer types are eligible*
 - Exclude patients whose **last admission** to hospice resulted in a live discharge
 - Include all decedents who died in the month, **except** those who:
 - request no contact (“no publicity”)

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Decedents/Caregivers with “No Publicity” Status

- This status is rare and unusual
- “No publicity” decedents/caregivers who **initiate or voluntarily** request at any time during their stay that the hospice:
 - 1) not reveal the patient’s identity; and/or
 - 2) not survey him or her
- Hospices must maintain documentation for “no publicity” requests
- Hospices **may not** ask patients/caregivers if they want to receive the survey

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Hospices Must Identify a Primary Informal Caregiver

- The hospice is responsible for identifying one primary informal caregiver for each decedent to receive the CAHPS Hospice Survey
- The CAHPS Hospice Survey **should be administered to the informal caregiver most knowledgeable** about the care the decedent received at the hospice
 - Hospices should not necessarily prioritize an informal caregiver who is a family member over a friend, as one caregiver category does **not** automatically have preference over another

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Who Cannot Be a Primary Informal Caregiver

- Staff members, employees of the hospice or care setting in which the patient received hospice care
- Non-familial legal guardians or paid caregivers
 - 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
- If a decedent has no caregiver, the hospice should indicate the caregiver relationship as 8 = No Caregiver of Record
 - Only cases where **the hospice has indicated in their sample file** that there is a caregiver relationship of “8 - No caregiver of record” should be consider as ineligible

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Vendor Reviews Decedents/Caregivers List

- Perform checks of the decedents/caregivers lists and follow-up with hospices for discrepancies/issues
 - Review “no publicity” count for reasonableness (*should be rare*)
 - Compare count of total decedents minus “no publicity” count to number of decedent/caregiver cases submitted
 - **These numbers should match**
 - Document the number of unique decedent/caregiver records received
 - Review caregiver contact information for completeness
 - Consider mode of administration to determine what information is needed (e.g., caregiver email addresses are necessary if using the new Web Mail mode)

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Vendor Develops the Sample Frame (1 of 2)

- Apply the eligibility criteria to decedents/caregivers
- Remove ineligible decedents/caregivers
- Include all survey-eligible decedents/caregivers from the first through the last day of the month
- Include records with missing or incomplete decedent or caregiver names, addresses, email addresses, and/or telephone numbers

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Vendor Develops the Sample Frame (2 of 2)

- De-duplicate the decedents/caregivers monthly file
- If eligibility status is uncertain, the case **must** be included in the sample frame
 - Exception: If any part (i.e., day, month, or year) of the decedent's date of death is missing, the case must **not** be included in the sample frame

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Eligibility Criteria: Decedent

- Decedent was age 18 or older **at time of death**
- Decedent's death was at least 48 hours after **last admission** to hospice care
 - **Example 1:** A patient is admitted to the hospice on January 2 and passes away on January 4; day one is January 3 and day two is January 4. The 48 hours after admission would be met (admission [January 2] plus two days [January 3 and January 4]).
 - **Example 2:** A patient is admitted to the hospice on January 2 and passes away on January 3; day one is January 3 and there is no day two. The 48 hours after admission would not be met.
- Decedent has a caregiver of record

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Eligibility Criteria: Caregiver

- Caregiver is a family member or friend (i.e., not solely a legal guardian or paid caregiver)
- A familial legal guardian will belong to one of six answer categories in the Sample File Layout of Appendix D
 - 1 = Spouse/Partner;
 - 2 = Parent;
 - 3 = Child;
 - 4 = Other family member;
 - 5 = Friend;
 - 7 = Other
- Caregiver has a U.S. or U.S. Territory home address

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De-duplication of Decedent/Caregiver Lists

- Survey vendors are required to de-duplicate decedents for repeated identical entries or multiple admissions
 - For example: A decedent was
 - admitted on January 15,
 - discharged alive on January 18,
 - readmitted on January 22,
 - and died on January 26
 - Only the January 26 death is included in January decedents/caregivers list

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Assignment of the Random, Unique, De-identified Number

- Each sampled record must be assigned a number that is used to follow the record through the data collection process
- May use any de-identified combination of up to 16 letters and numbers
 - **Must not** include any combination of letters/numbers that are:
 - 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)
 - Sample must be randomized prior to assignment of the ID if using a sequential numbering order

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Survey Vendors Must Report Ineligible Counts

(1 of 2)

- Document and retain the sample frame and ineligibility counts for a minimum of three years
 - Patients discharged alive (provided by the hospice)
 - “No publicity” decedents/caregivers (provided by the hospice)
 - Number of decedent/caregiver cases excluded from the sample frame because any part (i.e., day, month or year) of the decedent’s date of death is missing

CAHPS® Hospice Survey

Survey Vendors Must Report Ineligible Counts

(2 of 2)

- Number of decedent/caregiver cases determined to be ineligible prior to sampling (i.e., decedent under age 18 at time of death, death less than 48 hours following last admission to hospice care, etc.)
- Number of decedent/caregiver cases determined to be ineligible after sampling; this includes cases with a “Final Survey Status” code of the following:
 - 3 – Ineligible: Not in Eligible Population
 - 16 – Sampling Error

CAHPS[®] Hospice Survey

Survey Vendor Selects the Monthly Sample

- Hospices that are expected to have less than 700 eligible decedents/caregivers over the course of the calendar year **must survey all cases** (conduct a census)
 - Hospices with <50 survey-eligible decedents/caregivers during the prior calendar year can apply for an exemption
- Hospices that are expected to have 700+ eligible decedents/caregivers over the course of the calendar year **must survey at least 700 cases** using a simple random sampling procedure (all cases have equal probability)
 - A census or any number greater than or equal to 700 is allowed
 - If a sample greater than 700 is selected, then **all data** must be submitted to the CAHPS Hospice Survey Data Warehouse
- Sampling is based on the survey-eligible decedents/caregivers for a calendar **month**

CAHPS[®] Hospice Survey

Survey Administration

CAHPS® Hospice Survey

Timeline Reminder

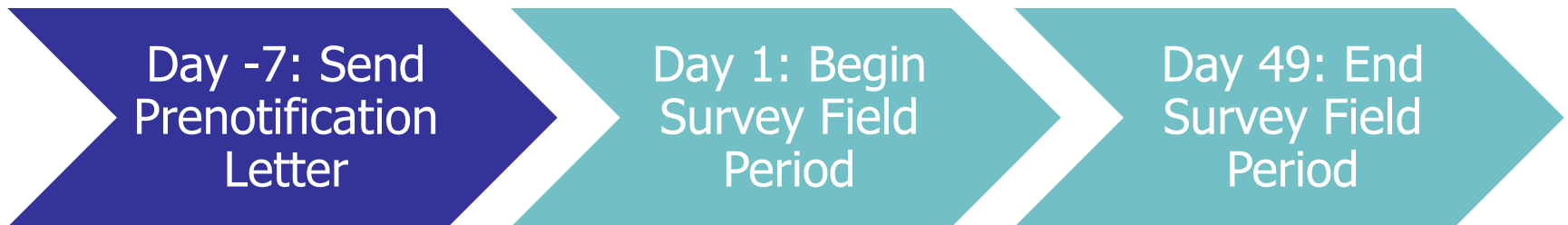
- Existing survey administration procedures **must** be continued through March 2025 decedents
- All changes must begin with **April 2025 decedents** (data collection beginning in July 2025)

	Month of Death	Survey Field Period Begins	Data Submission to the CAHPS Hospice Survey Data Warehouse
Existing survey administration procedures continue	January 2025	April 1, 2025	August 13, 2025
	February 2025	May 1, 2025	
	March 2025	June 1, 2025	
Revised survey and administration procedures begin	April 2025	July 1, 2025	November 12, 2025
	May 2025	August 1, 2025	
	June 2025	September 1, 2025	

CAHPS[®] Hospice Survey

New: Prenotification Letter Timing

- Prenotification Letter is sent 7 days prior to the start of survey field period



CAHPS® Hospice Survey

New: Prenotification Requirements (1 of 2)

- Prenotification letter is required for all modes
- Survey vendors are strongly encouraged to use the text in the sample prenotification letter
- Survey vendors must follow the guidelines when altering the text in the sample prenotification letter
- Prenotification **must** be printed on hospice or vendor letterhead and include the signature of the hospice Administrator or vendor Project Director
- English must be the default language in the continental U.S. and Spanish must be the default language in Puerto Rico
 - Use of a Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean letter is required if sending the questionnaire in that language to the caregiver

CAHPS® Hospice Survey

New: Prenotification Requirements (2 of 2)

- Prenotification letter **must** include:
 - Name and address of sampled caregiver
 - Name of decedent
 - Name of the hospice
 - A toll-free customer support telephone number for the survey vendor
 - 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.”

CAHPS® Hospice Survey

New: Prenotification Letter for All Modes

- Optional for Prenotification Letter
 - Prenotification letters may be double sided (e.g., English/Spanish, English/Chinese, English/Russian)
 - 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 may appear
 - A customer support email address for the vendor may be included

CAHPS® Hospice Survey

Prenotification Letters Must Not

- Attempt to bias, influence, or encourage caregivers to answer questions in a particular way
- Imply that the hospice will be rewarded if caregivers answer questions in a particular way
- Offer incentives for participation in the survey
- Offer caregivers the opportunity to complete the survey in a mode other than that being administered
- Include extraneous titles for caregivers, dates, or promotional or marketing text

CAHPS® Hospice Survey

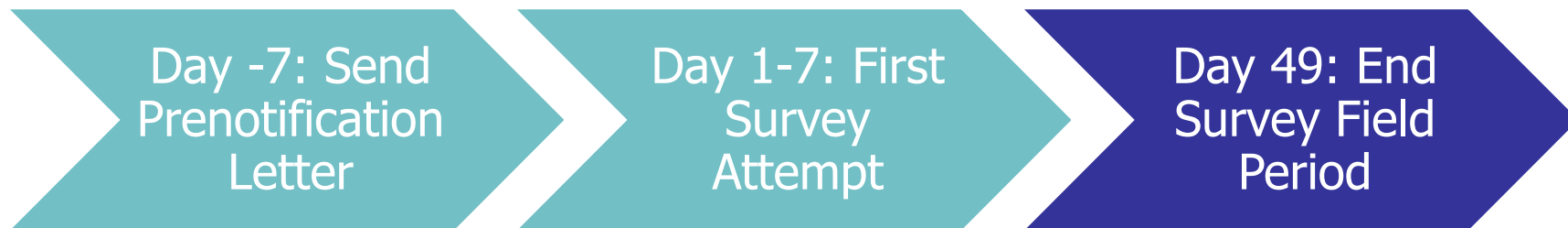
Envelopes for Prenotification Letter

- Prenotification envelope requirements
 - Must be printed with the survey vendor’s address as the return address
 - Readable font (e.g., Arial) in a font size of 10-point or larger
 - Marketing or promotional text are not permitted
- Optional for prenotification envelopes
 - The envelope should be printed with the survey vendor logo, the hospice logo, or both
 - May be printed with the banner, “Important – Open Immediately.” No other banners may be used.
 - Survey vendors may use window envelopes

CAHPS® Hospice Survey

New: 49 Day Survey Field Period for All Modes

- Survey field period begins with the first survey administration attempt, 2 months after the month of patient death
 - The first survey administration attempt corresponds to the first mail survey, phone attempt, or email invitation, **not** the mailing of the pre-notification letter
 - The first survey administration attempt must occur within the first 7 calendar days of the month
- Data collection **must** be completed 7 weeks (49 calendar days) after survey field period begins



CAHPS® Hospice Survey

New: Simplified Survey Cover Letters (1 of 3)

- For use with Mail Only, Mixed, and Web Mail Mode
 - Survey vendors are strongly encouraged to use the text in the sample survey cover letters
 - Survey vendors must follow the guidelines when altering the text in the survey cover letters
- Survey cover letters must still:
 - Be printed on the hospice's or survey vendor's letterhead and include the signature of the hospice Administrator or survey vendor Project Director
 - Use English as the default language in the continental U.S. and Spanish in Puerto Rico
 - Use of a Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean letter is required if sending the questionnaire in that language to the caregiver

CAHPS® Hospice Survey

New: Simplified Survey Cover Letters (2 of 3)

- Survey cover letters must **not** be attached to the survey
- Survey cover letters must still include in the body:
 - Name and address of the sampled caregiver
 - Name of the decedent
 - The hospice name
 - A toll-free customer support telephone number

CAHPS® Hospice Survey

New: Simplified Survey Cover Letters (3 of 3)

- Survey cover letters **must** include the following wording:
 - 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:
 - “If you’d like to see how your responses will be used, hospice ratings are posted online on Medicare’s Care Compare website.”
 - 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.”

CAHPS® Hospice Survey

Reminder: Survey Administration

- No communication to caregivers that is intended to influence survey results is permitted
- No incentives of any kind can be offered
- If a decedent/caregiver case is found to be ineligible, discontinue survey administration for that caregiver
- Survey vendors must make every reasonable effort to optimize response rates and to contact potential respondents until the data collection protocol is completed
- Wording or order of the CAHPS Hospice Survey questions and answer categories must **not** be changed

CAHPS® Hospice Survey

Reminder: Supplemental Questions

- May add up to 15 supplemental questions after the Core questions (Q1 – Q31) or at the end of all the CAHPS Hospice Survey questions
 - Questions removed from the revised CAHPS Hospice Survey are now included in Appendix M (Examples of Supplemental Questions) in QAG V11.0
 - When placed after Core questions, the survey heading must still be placed prior to the “About Your Family Member” questions
 - Use appropriate phrasing to transition from the CAHPS Hospice Survey to the supplemental question(s), example:
 - “This next set of questions is to provide the hospice additional feedback about your family member’s hospice care.”
- Supplemental questions must not be included in data files submitted to the CAHPS Hospice Survey Data Warehouse

CAHPS® Hospice Survey

Example of Placement and Transitional Language for Supplemental Questions

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

- Definitely no
- Probably no
- Probably yes
- Definitely yes

This next question asks about your special medical equipment needs.

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

- Yes
- No

ABOUT YOUR FAMILY MEMBER

CAHPS® Hospice Survey

Supplemental Questions Must Not:

- Be lengthy and complex questions
- Influence the response to the CAHPS Hospice Survey questions
- Be sensitive medical or personal topics which may cause a person to terminate the survey
- Jeopardize a decedent's/caregiver's confidentiality such as a request for a SSN
- Ask the caregiver to explain why he or she chose their specific response to any of the CAHPS Hospice Survey questions
- Include a "Consent to Share" question; this is no longer allowed

Note: A hospice cannot use any comments (anonymous) as testimonials or for marketing purposes

CAHPS® Hospice Survey

Reminder: OMB/PRA Language

- The OMB/PRA is found in QAG V11.0 and is available for all approved languages

“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, Mail Stop C1-25-05, Baltimore, MD 21244-1850.”

CAHPS® Hospice Survey

Reminder: Survey Vendor Analysis of CAHPS Hospice Survey Data

- Must communicate to hospices that the survey vendor scores are not official CMS scores and should **only** be used for quality improvement purposes
 - Each page of the report provided to hospices must contain the following statement:
 - “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 the scores are comparable with the official CAHPS Hospice Survey results

CAHPS® Hospice Survey

Approved Modes of Administration

- Mail Only mode
- Telephone Only mode
- Mixed mode (Mail Phone)
- NEW: Web Mail mode

*Additional requirements are included in QAG V11.0. Vendors are required to review and follow **all** requirements.*

CAHPS[®] Hospice Survey

Mail Only Mode

CAHPS[®] Hospice Survey

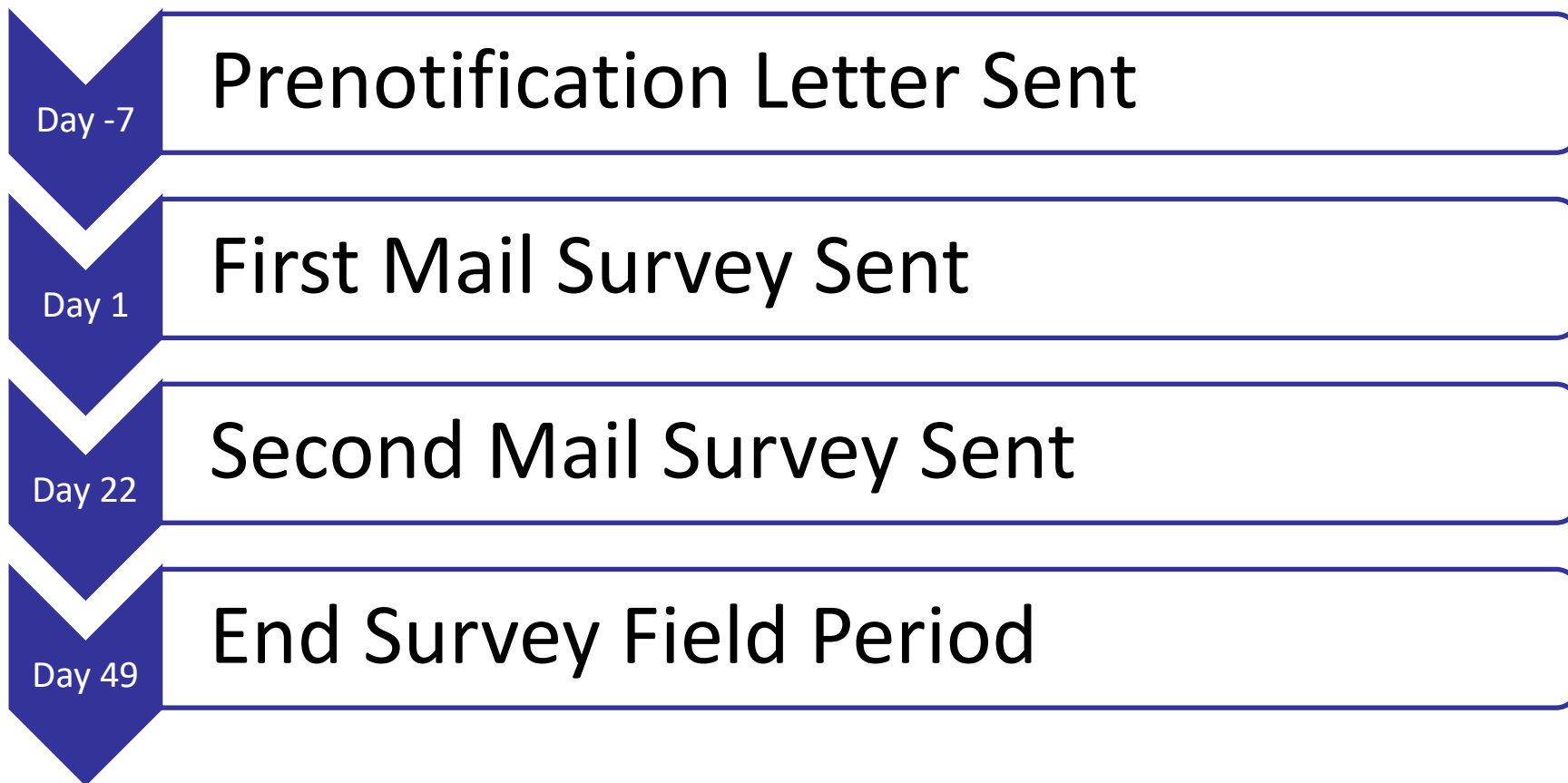
Updates to Mail Only Mode

- Protocol updates
 - Prenotification letter sent one week before start of survey field period
 - Complete data collection within 49 calendar days after the first questionnaire mailing
- Materials
 - The revised CAHPS Hospice Survey
 - Simplified survey cover letters

Other steps of the protocol, materials, and processes remain the same

CAHPS® Hospice Survey

Overview of Mail Only Mode



CAHPS® Hospice Survey

Reminders: Mail Only Mode (1 of 3)

- If survey administration is not initiated within the first 7 days of the survey field period
 - Surveys may be initiated from the 8th to the 10th of the month without requesting prior approval from CMS
 - After the 10th of the month, approval must be requested from CMS before the survey can be administered
 - Documentation must be kept as to why the survey administration was initiated late
 - A Discrepancy Report **must** be submitted if survey administration begins after the 7th day of the month or does not occur for any month
- Survey vendors must send second questionnaire with follow-up cover letter to non-respondents approximately 21 days after the first questionnaire mailing

CAHPS® Hospice Survey

Reminders: Mail Only Mode (2 of 3)

- Check for accuracy of caregiver contact information
 - Check a few sampled caregivers to ensure that the name corresponds to the address provided by the hospice
- Caregivers without valid mailing addresses
 - Survey vendors must **re-contact the hospice** to inquire about an address update for caregivers with no/incomplete mailing address
 - Caregivers without valid mailing addresses must **not** be excluded from the sample
 - Survey vendors must use commercial software or other means to update addresses provided by the hospice for sampled decedents/caregivers

CAHPS® Hospice Survey

Reminders: Mail Only Mode (3 of 3)

- Prenotification and survey cover letters must include toll-free customer support 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 [teletypewriter (TTY or TTD) or Relay Service]
- Follow-up survey cover letter may include “reply by date”
 - Recommend using 42 days from the initial mailing
 - May be placed above the salutation or in the fourth paragraph after the sentence, “After you have completed the survey, please return it in the enclosed pre-paid envelope.”

CAHPS® Hospice Survey

Reminder: Mail Only Mode

Data receipt and entry

- Key-entry or scanning allowed for data capture
 - Programs verify that record is unique and has not been returned already
 - Programs identify invalid or out-of-range responses
- Returned surveys must be tracked by date of receipt
- Surveys are key-entered or scanned in a timely manner
- Ambiguous responses follow the CAHPS Hospice Survey decision rules
- If a caregiver completes multiple survey questionnaires, use the first CAHPS Hospice Survey received
- Document mail wave attempt

CAHPS® Hospice Survey

Quality Assurance: Mail Only Mode (1 of 2)

- Vendors must monitor and provide oversight of staff, subcontractors, and other organizations, if applicable
- During mail production, survey vendors must check that entire sample has been printed for each hospice client
 - Quality check at least 10% of printed materials
 - Smearing, fading, folded edges, and misalignment
 - Check a sample of mailings for inclusion of all required materials (e.g. letters, questionnaire, and BRE)
 - Ensure all printed materials in the mailing packet are for the same unique identifier (caregiver)
 - If letters are 2-sided, make sure both sides are for the same decedent/caregiver

CAHPS® Hospice Survey

Quality Assurance: Mail Only Mode (2 of 2)

- Survey vendors **must** conduct seeded (embedded) mailings in all administered languages to survey vendor CAHPS Hospice Survey project staff on a minimum of a quarterly basis
 - This also includes the prenotification letter
 - Mailings may also be seeded to designated hospice staff
 - Keep a log documenting the quality checks performed on the seeded mailings
 - Timeliness of delivery
 - Accuracy of addresses
 - Condition of the envelope and contents of the mailing
 - Quality of the printed materials

CAHPS[®] Hospice Survey

Telephone Only Mode

CAHPS[®] Hospice Survey

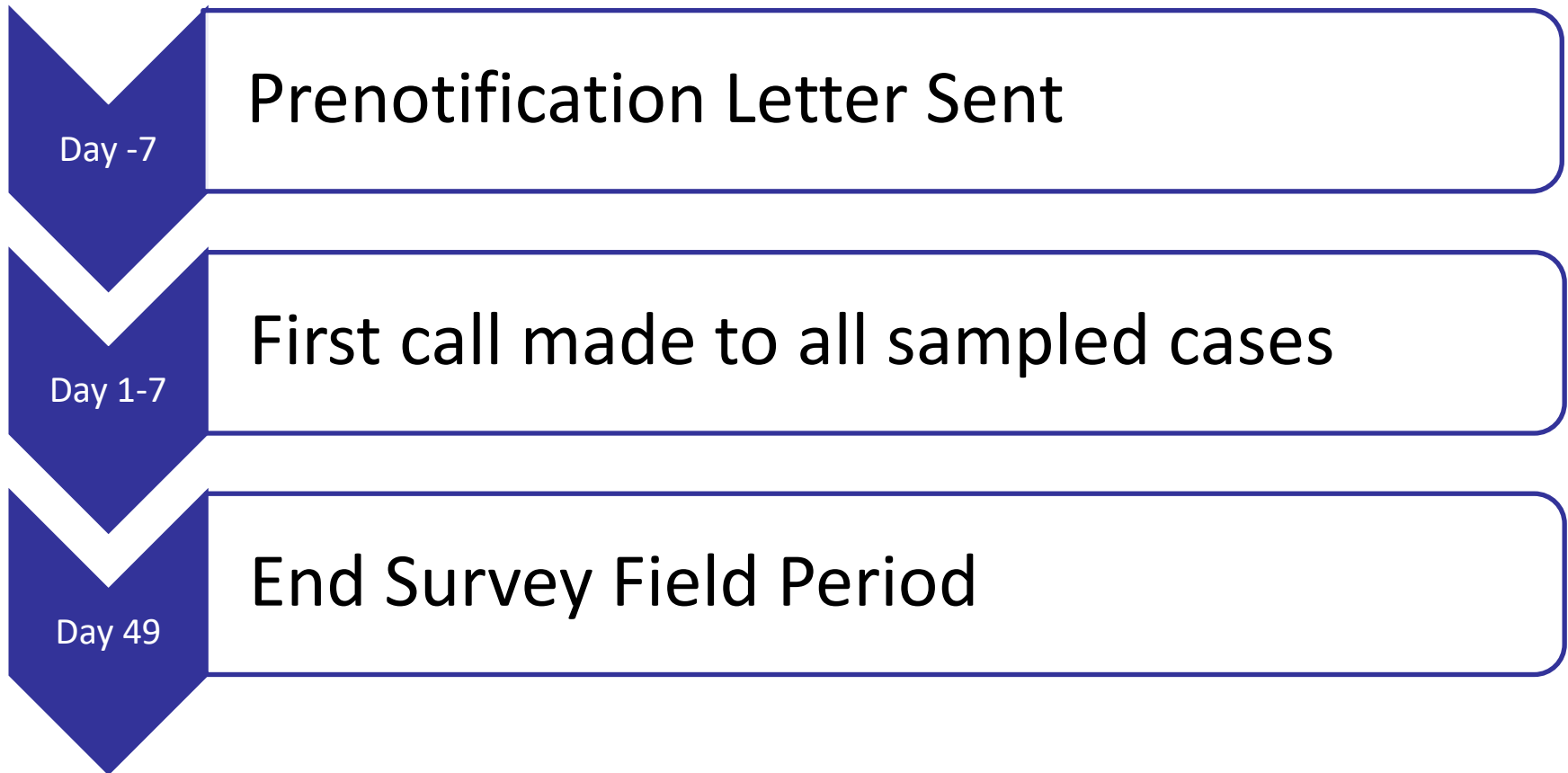
Updates to Telephone Only Mode

- Protocol updates
 - Prenotification letter sent one week before start of survey field period
 - Complete data collection within 49 calendar days after the first telephone attempt
 - 5 telephone attempts should be spread over full 49-day field period
- Materials
 - The revised CAHPS Hospice Survey
 - Telephone script now available in all approved languages
 - Simplified telephone introduction script

Other steps of the protocol, materials, and processes remain the same

CAHPS[®] Hospice Survey

Overview of Telephone Only Mode



CAHPS[®] Hospice Survey

Reminders: Telephone Only Mode *(1 of 3)*

- Initiate first telephone attempt with sampled caregiver within the first 7 calendar days of the survey field period
- If survey administration is not initiated within the first 7 days
 - Surveys may be initiated from the 8th to the 10th of the month without requesting prior approval from CMS
 - After the 10th of the month, approval must be requested from CMS before the survey can be administered
 - Documentation must be kept as to why the survey administration was initiated late
- A Discrepancy Report **must** be submitted if survey administration begins after the 7th day of the month or does not occur for any month

CAHPS® Hospice Survey

Reminders: Telephone Only Mode (2 of 3)

- Check for accuracy and completeness of contact information
 - Confirm that caregiver mailing address **and** telephone number have been provided
 - Check a few sampled caregivers to ensure that the name corresponds to the address provided by the hospice
- Caregivers without valid mailing addresses or missing/incorrect telephone numbers
 - Survey vendors **must re-contact the hospice** to inquire about address and/or telephone updates for caregivers
 - Caregivers without valid mailing addresses or telephone numbers must **not** be excluded from the sample
 - Survey vendors must attempt to obtain updated addresses and telephone numbers through commercial locating services, internet, or other means

CAHPS® Hospice Survey

Reminders: Telephone Only Mode (3 of 3)

- Prenotification letter must include toll-free customer support 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 [teletypewriter (TTY or TTD) or Relay Service]
- Programming telephone scripts
 - All punctuation for the question and answer categories must be programmed (e.g., commas, question marks)
 - Transitional statements and all probes **must** be programmed
 - Default response options may not be programmed
 - Periodically review skip pattern logic and internal disposition codes for accuracy

CAHPS® Hospice Survey

Reminders: Telephone Only Mode

Telephone Interviewers

- Survey vendors must use telephone interviewers who do not know decedents/caregivers either professionally or personally
- Interviewers should be proficient with the following:
 - FAQs for guidance on responding to questions
 - Reading questions, transitions, and response choices exactly as worded in the script
 - Probing

CAHPS® Hospice Survey

Reminders: Telephone Only Mode

Conducting Telephone Attempts (1 of 4)

- A maximum of 5 telephone attempts may be made
 - If on the 5th attempt the caregiver requests a call back, it is permissible to schedule an appointment and conduct the interview on the 6th attempt
 - Telephone attempts should be 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
 - Multiple attempts on the same day should only be made for busy signals unless a callback is requested by the caregiver

CAHPS® Hospice Survey

Reminders: Telephone Only Mode

Conducting Telephone Attempts (2 of 4)

- Recommend that vendors use both the primary (Caregiver Telephone Number 1) and secondary (Caregiver Telephone Number 2) numbers if provided by the hospice
- If a call back is scheduled to contact a caregiver at a specific time, then an attempt to reach the caregiver **must** be made at the scheduled time
- Proxy respondents **within the same household** are permissible

CAHPS® Hospice Survey

Reminders: Telephone Only Mode

Conducting Telephone Attempts (3 of 4)

- Interviewers **must** confirm the identity of the caregiver using the full name prior to disclosing any identifiable information
- If the interviewer reaches a “screening” number (e.g., privacy screen, privacy manager, phone intercept, or blocked call), count as one telephone attempt and continue to make additional attempts (up to five)
- If the interviewer reaches a number that appears to be a business, the interviewer must request to speak to the caregiver

CAHPS® Hospice Survey

Reminders: Telephone Only Mode

Conducting Telephone Attempts (4 of 4)

- If the caregiver is away temporarily, he or she must be contacted upon return, provided that it is within the data collection time period
 - If the caregiver may be available during the latter part of the 49 day survey field period, then survey vendors must reserve some of the allowable call attempts for when 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
 - Code “8 - Non-response: Refusal” if additional calls could be made

CAHPS® Hospice Survey

Quality Assurance: Telephone Only Mode *(1 of 4)*

- During production of **prenotification letter**, survey vendors must:
 - Check that entire sample has been printed for each hospice client
 - Quality check at least 10% of printed materials
 - Smearing, fading, folded edges, and misalignment
 - Check a sample of mailings to ensure the printed letter is for the caregiver listed on the envelope
 - If letters are 2-sided, make sure both sides are for the same decedent/caregiver
 - Use commercial software or other means to update addresses provided by the hospice for sampled decedents/caregivers

CAHPS® Hospice Survey

Quality Assurance: Telephone Only Mode *(2 of 4)*

- Survey vendors **must** conduct seeded (embedded) mailings in all administered languages to survey vendor CAHPS Hospice Survey project staff on a minimum of a quarterly basis
 - Mailings may also be seeded to designated hospice staff
 - Keep a log documenting the quality checks performed on the seeded mailings
 - Timeliness of delivery
 - Accuracy of addresses
 - Condition of the envelope and contents of the mailing
 - Quality of the printed materials

CAHPS® Hospice Survey

Quality Assurance: Telephone Only Mode (3 of 4)

- During telephone attempts, survey vendors must:
 - Update telephone information
 - Check that entire sample has received telephone attempts for each hospice client
 - Review call attempts to confirm 1st attempt within first 7 days of survey field period and that all applicable cases receive 5 attempts
 - Review scheduled call backs to ensure attempt is made at requested time
 - Check that data are being captured correctly

CAHPS® Hospice Survey

Quality Assurance: Telephone Only Mode (4 of 4)

- During survey field period, survey vendors must:
 - Monitor and provide oversight of staff, subcontractors, and other organizations, if applicable
 - Conduct telephone monitoring even if using a subcontractor
 - Survey vendors **must** follow state regulations when monitoring and recording telephone calls
 - At least 10% of the CAHPS Hospice Survey interviews, interviewer survey response coding, dispositions, and attempts **must be monitored** in all applicable languages through silent monitoring
 - All interviewers conducting the CAHPS Hospice Survey must be monitored
 - Survey vendor must do at least some monitoring
 - Must include the ability to monitor calls live, both on-site and from remote locations, starting at any point of the interview
 - Document all monitoring

CAHPS[®] Hospice Survey

Mixed Mode (Mail Telephone)

CAHPS[®] Hospice Survey

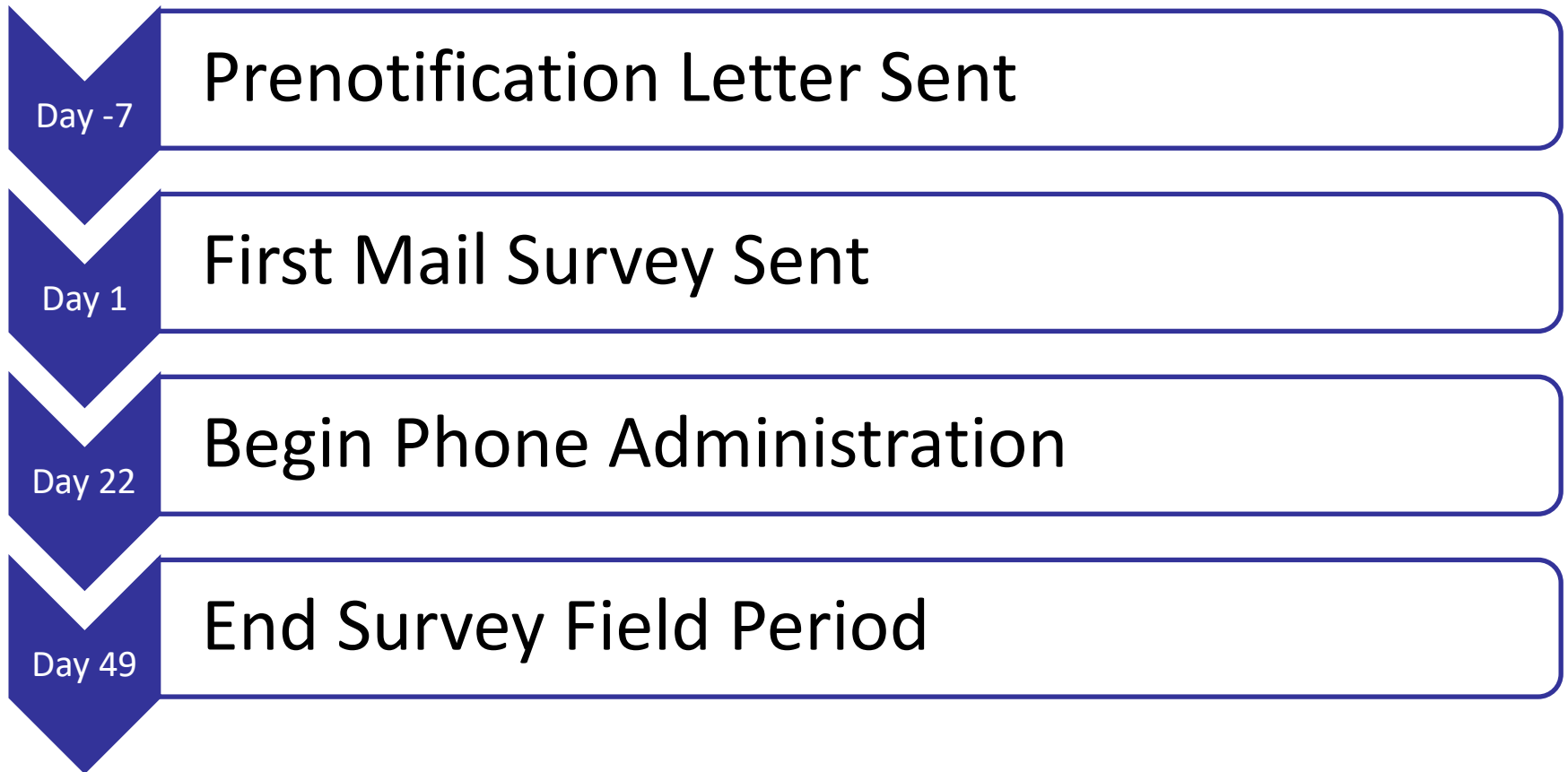
Updates to Mixed Mode

- Protocol updates
 - Prenotification letter sent 1 week before start of survey field period
 - Complete data collection within 49 calendar days after the first questionnaire mailing
 - 5 telephone attempts should be spread between day 22 and day 49 of survey field period
- Materials
 - Simplified survey cover letters and telephone introduction script
 - The revised CAHPS Hospice Survey
 - Telephone script now available in all approved languages

Other steps of the protocol, materials, and processes remain the same

CAHPS® Hospice Survey

Overview of Mixed Mode



CAHPS® Hospice Survey

Reminders: Mixed Mode

- For mail portion follow guidelines for Mail Only mode
 - Exception: Use one questionnaire mailing instead of two
- For telephone portion follow guidelines for Telephone Only mode
 - Exception: Initiate first telephone attempt for each non-respondent approximately 21 to 28 days after mailing the questionnaire
 - Mailings returned as undeliverable must be sent to the telephone portion
- Quality Assurance must follow guidelines for both Mail Only and Telephone Only mode

CAHPS® Hospice Survey

Reminders: Mixed Mode

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

CAHPS[®] Hospice Survey

Introducing the Web Mail Mode

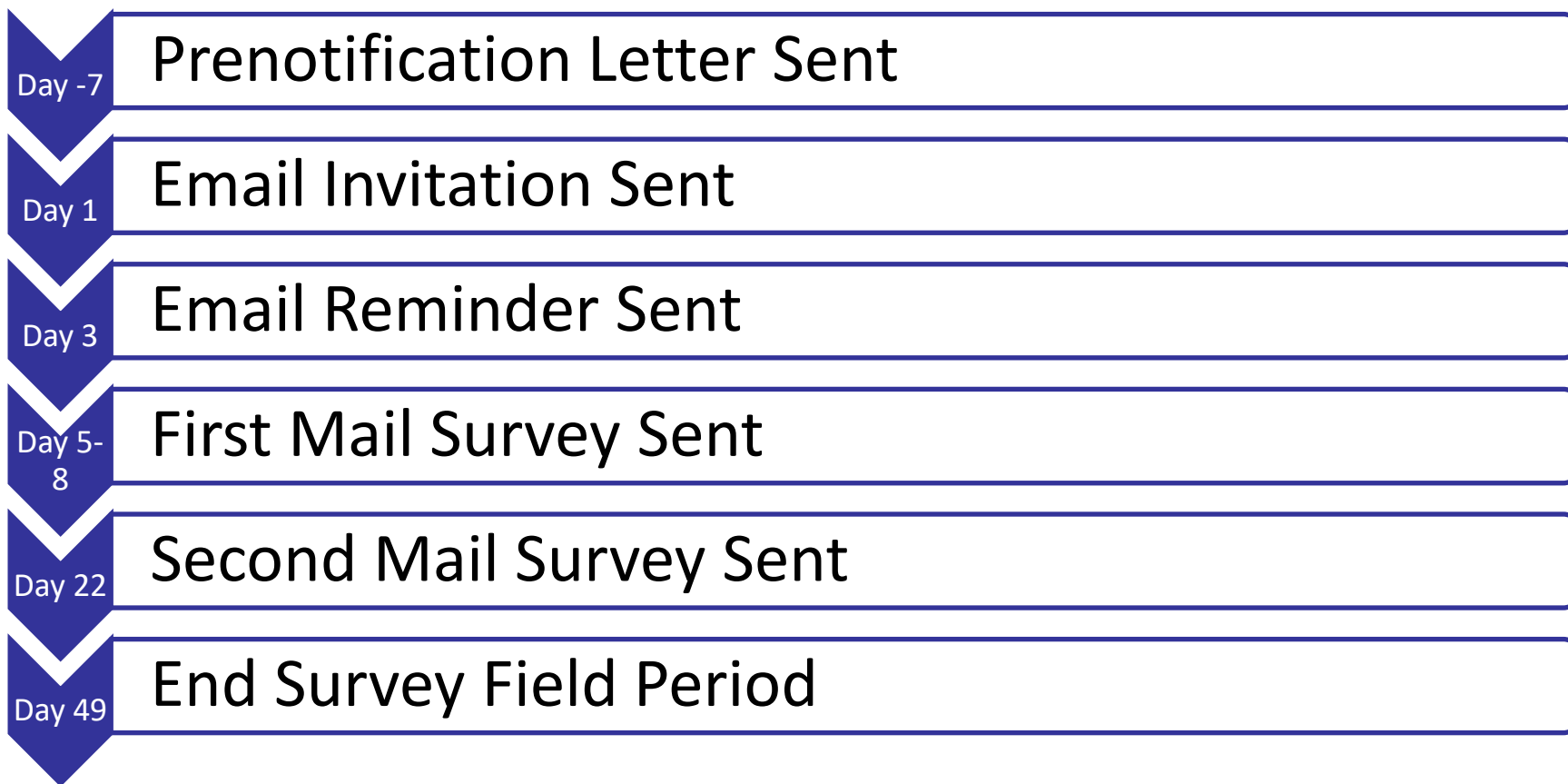
CAHPS® Hospice Survey

Planning for the Web Mail Mode

- The Web Mail mode may be administered in any of the approved languages
 - Translations available on the CAHPS Hospice Survey Website
 - Survey vendors are **not** permitted to make or use any other translations of the CAHPS Hospice Survey emails or questionnaires
- Survey vendors **must** submit the following materials for review by the CAHPS Hospice Survey Project Team
 - A sample of mailing materials (prenotification letter, cover letter, and mail survey)
 - A sample of web materials (email invitation and reminder, web survey screen shots, and web survey testing links)

CAHPS® Hospice Survey

Overview of Web Mail Mode



CAHPS® Hospice Survey

Web Mail Protocol

- Mail **prenotification letter** 1 week before start of survey field period
- Send **email invitation** 2 months after the month of patient death, within the first 7 calendar days of the survey field period
- Send **email reminder** to non-respondents 2 days after 1st email
- Mail **1st questionnaire** 4-7 days after the 1st email
 - Sampled caregivers without an email address receive their 1st survey attempt in the mail phase
- Mail **2nd questionnaire** to non-respondents approximately 21 days after 1st email
- Complete data collection within 49 calendar days after 1st email

CAHPS[®] Hospice Survey

Web Mail Mode

Obtaining Email Addresses

- Vendors must **only** use the email addresses provided by the hospice
 - Hospices must not exclude any available, valid caregiver email addresses from their sample file
- May use commercial software, email validation service provider, or other means to validate email addresses
- Emails without required components (i.e., a username followed by @ and a domain name) may be excluded from the web portion of administration

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

CAHPS® Hospice Survey

Sampled Cases Without Email Addresses

- 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
- These cases **must** be sent the prenotification letter and the survey mailings at the same time as other cases in the sample month

Requirements for Web Mail mode are included in QAG V11.0. Vendors are required to review and follow all requirements.

CAHPS® Hospice Survey

Prenotification Letter

- Mail 1 week before start of survey field period
- Follow **all** previously specified prenotification letter requirements
- Prenotification letters for Web Mail mode **must not** mention or provide any links to web survey
- For caregivers without valid mailing addresses, survey vendors must:
 - **Re-contact the hospice** to inquire about an address update
 - **Not** exclude caregivers without valid mailing addresses from the sample
 - Use commercial software or other means to update addresses

CAHPS® Hospice Survey

Web Mail Mode

Email Invitation and Reminder Requirements (1 of 4)

- Survey vendors are strongly encouraged to use the text in the sample emails
- Survey vendors must follow the guidelines when altering the text in the emails
- Use a readable font (i.e., Arial or Times New Roman) with a font size of 12-point at a minimum
- Survey vendor cannot use a “No Reply” or “Do Not Reply” email address for sending the emails

CAHPS® Hospice Survey

Web Mail Mode

Email Invitation and Reminder Requirements (2 of 4)

- Email invitations and reminders **must**:
 - Use the signature block of the hospice Administrator or survey vendor Project Director
 - Use English as the default language in the continental U.S. and Spanish in Puerto Rico
 - Use of a Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean email is required if sending the questionnaire in that language to the caregiver

CAHPS® Hospice Survey

Web Mail Mode

Email Invitation and Reminder Requirements (3 of 4)

- Email invitations and reminders **must**:
 - Include name of the sampled caregiver, decedent, and the hospice in the body of the email
 - “To Whom It May Concern” and “To the caregiver of [Decedent Name]” are not acceptable salutations
 - May also include the name of a specific hospice inpatient unit, acute care hospital, or nursing home facility
 - Include an embedded hyperlink unique to each sampled caregiver to allow caregiver to access web survey
 - Include a toll-free customer support telephone number for the survey vendor
 - Email invitations and reminders may include a customer support email address

CAHPS® Hospice Survey

Web Mail Mode

Email Invitation and Reminder Requirements (4 of 4)

- Email invitations and reminders **must** include the following wording:
 - 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.”

CAHPS® Hospice Survey

Web Mail Mode

*Email Invitation and Reminder **Must Not:***

- Attempt to bias, influence, or encourage caregivers to answer CAHPS Hospice Survey questions in a particular way
- Imply that the hospice will be rewarded if caregivers answer CAHPS Hospice Survey questions in a particular way
- 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 (e.g. Aunt, Uncle)

CAHPS® Hospice Survey

Web Mail Mode

Web System Requirements (1 of 3)

- Support URL that is a maximum of 25 characters
- Present similarly on different browser applications, browser sizes, and platforms
- Allow a web survey to be programmed to be 508 compliant
- Must **NOT** allow for advertisements 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

CAHPS® Hospice Survey

Web Mail Mode

Web System Requirements (2 of 3)

- Support emailed survey invitations and reminders with an embedded hyperlink unique to each sampled caregiver
 - Must **NOT** require the creation of a password to initiate or resume the web survey
- Link to survey management system to allow tracking through the survey administration process
 - Track whether a caregiver has an email address and whether the email address was identified as invalid
- Allow for the removal of sampled caregivers from further data collection attempts following submission of a web survey

CAHPS® Hospice Survey

Web Mail Mode

Web System Requirements (3 of 3)

- Allow the respondent to back up and change a previously selected response
- Allow web surveys to be suspended and resumed at a later date
 - Capture data from web surveys that are suspended without submission of a completed survey
- Must **NOT** allow respondents to access the web survey after submission or after the data collection window has closed

CAHPS® Hospice Survey

Web Mail Mode

Web Survey Requirements

- Must be able to select preferred language from English and any offered optional translations
- Question and answer category wording must not be changed
- Skip patterns must be programmed into the web survey system
- The web survey link(s) must remain open until a final survey status is determined or the data collection period closes

CAHPS® Hospice Survey

Web Mail Mode

Web Survey Requirements: Welcome Screen (1 of 2)

- Name of the hospice must be displayed
 - Hospice logos may be included
 - Other images, tag lines or website links are not permitted
- Must display customer support phone number
 - Customer support email address may also be displayed
- Decedent name **must** 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

CAHPS® Hospice Survey

Web Mail Mode

Web Survey Requirements: Welcome Screen (2 of 2)

- OMB Paperwork Reduction Act language must be displayed
 - Must 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

Web Mail Mode

Web Survey Requirements: Formatting (1 of 3)

- Programming instructions must not appear on screen
- Only one language may appear on the web screen
- Display only one survey item per web screen
- Questions must not require a response
- “BACK” button appears in the lower left of each web screen
- “NEXT” button appears in the lower right of each web screen
- Use 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

CAHPS® Hospice Survey

Web Mail Mode

Web Survey Requirements: Formatting (2 of 3)

- Blank space should be used to distinguish:
 - The response options from the question text
 - Navigation buttons from response options
- Section headings (e.g., “**Your Family Member’s Hospice Care**”) must be bolded and included as a shaded web screen header on each page

CAHPS® Hospice Survey

Web Mail Mode

Web Survey Requirements: Formatting (3 of 3)

- The hospice name may be filled in Questions 2, 4, and 30:
 - Q2 – “In what locations did your family member receive care from [ABC Hospice]?”
 - Above Q4 – “For the rest of the questions, please think only about your family member's experience with [ABC Hospice].”
 - Q30 – “Please answer the following questions about [ABC Hospice]. Do not include care from other hospices in your answers.”
- Hospice-specific supplemental questions can be added immediately after the Core questions or at the end of all CAHPS Hospice Survey questions
 - Supplemental questions must be identical for both web and mail

CAHPS® Hospice Survey

Web Mail Mode: Mail Follow-up

- Vendors **must** send the 1st questionnaire 4-7 days after the email invitation, to all sampled caregivers who have not submitted the web survey
 - If a caregiver starts, but does not submit the web survey, a mail questionnaire **must** be sent
 - Sampled caregivers who do not have an email address must not be sent a questionnaire before this time
- Approximately 21 days after the email invitation, a 2nd questionnaire **must** be sent to all sampled caregivers who did not submit the web survey or the 1st mailed questionnaire

CAHPS® Hospice Survey

Web Mail Mode

Mail Survey Fielding

- Cover letter requirements are the same as for Mail Only mode
 - Follow **all** specified cover letter requirements in QAG V11.0
 - Sample survey cover letters have been **updated**
 - May **not** offer caregivers the opportunity to complete the survey over the web
 - Must **not** mention or provide any links to web survey
 - May include customer support email address
- Questionnaire guidelines and formatting requirements are the same as for Mail Only mode

CAHPS® Hospice Survey

Web Mail Mode

Tracking Completed Surveys

- Survey vendors **must** track the mode and attempt in which each survey was completed
 - Assign the appropriate “Survey Completion Mode” and the “Number of Survey Attempts – Email” or “Number of Survey Attempts – Mail” in which the final disposition was determined
 - If a caregiver **completes** multiple survey questionnaires, use the first CAHPS Hospice Survey received
 - At the end of the survey field period, if the caregiver answered any of the web survey questions, but did not “submit” the web survey or return a mail survey, include the web survey responses in the XML file

CAHPS® Hospice Survey

Quality Assurance: Web Mail Mode

- For mail administration activities, survey vendors must follow the Mail Only mode quality control guidelines
- For web administration activities, survey vendors must provide detailed quality control procedures in their Quality Assurance Plan
- Review QAG V11.0 for all quality assurance requirements

Data Coding and Data File Preparation

CAHPS® Hospice Survey

Timeline Reminder

- XML V11.0 begins with Q2 2025
 - April 2025 decedents
 - CAHPS Hospice Data Warehouse submission deadline in November 2025
- Vendors are encouraged to submit a test file using XML V11.0 to the Data Warehouse in September or October 2025
 - Submit data for April and/or May 2025 decedents
 - Do **not** wait until November 2025 deadline to submit a file

CAHPS® Hospice Survey

New: Updates to XML V11.0

- Changes reflect the revised CAHPS Hospice Survey instrument and new Web Mail mode

Items removed

<h_confuse>
<painrx>
<painrxside>
<painrxwatch>
<painrxtrain>
<breathtrain>
<restless>
<restlesstrain>
<movetrain>
<receivednh>
<cooperatehnh>
<differhnh>

Items added

<wishes>
<mattered>
<teach>
<unfair>
<email-status>
<number-survey-attempts-web>

Items with new values

<survey-mode>
<survey-completion-mode>

CAHPS® Hospice Survey

Reminder: File Specifications

- Must use XML file format to submit survey data files
- May submit multiple XML files as long as the final file submitted for each CCN every quarter contains all three months of data for the CCN
 - Only the most recent accepted file for each CCN will be retained
- No substitutions for valid Data Element values are acceptable

CAHPS® Hospice Survey

Reminder: Vendor Record

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

CAHPS® Hospice Survey

Reminder: Hospice Record (1 of 4)

- All hospices should have a Hospice Record for every decedent month (three per quarter)
 - Survey vendors **must** submit monthly Hospice Records for all hospices, even those with zero survey-eligible decedents/caregivers in a month
 - If no confirmation of zero survey-eligible decedents/caregivers is received from the hospice, a Discrepancy Report must be submitted and **no** Hospice Record may be submitted for the month
 - The Hospice Record contains various counts about the hospice's patients and decedents during the month
 - Important: Live Discharges are never included when calculating available sample, sampled cases, or sample size

CAHPS® Hospice Survey

Reminder: Hospice Record (2 of 4)

- Calculating “Available Sample”
 - Should equal the “records received” in the month, minus the number of decedents missing date of death, and the number of decedents/caregivers found ineligible **prior** to sampling

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

Hospice	Sample Type	Total Decedents	No Publicity	Records Received	Missing Date of Death	Ineligible Pre-sample	Available Sample	Sampled Cases	Ineligible Post-sample	Sample Size
A	Census	100	1	99	1	5	93	93	13	80
B	Census	10	0	10	0	1	9	9	2	7
C	Simple Random Sample	100	2	98	0	3	95	75	5	70
D	Simple Random Sample	500	5	495	1	24	470	200	50	150

CAHPS® Hospice Survey

Reminder: Hospice Record (3 of 4)

- Calculating “Sampled Cases”
 - Should equal the total number of decedents/caregivers sampled for the month. For CCNs using census sampling, the “Sampled Cases” field should equal the “Available Sample” field.

Sampled Cases = Available Sample – Any cases not sampled

Hospice	Sample Type	Total Decedents	No Publicity	Records Received	Missing Date of Death	Ineligible Pre-sample	Available Sample	Sampled Cases	Ineligible Post-sample	Sample Size
A	Census	100	1	99	1	5	93	93	13	80
B	Census	10	0	10	0	1	9	9	2	7
C	Simple Random Sample	100	2	98	0	3	95	75	5	70
D	Simple Random Sample	500	5	495	1	24	470	200	50	150

CAHPS® Hospice Survey

Reminder: Hospice Record (4 of 4)

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

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

Hospice	Sample Type	Total Decedents	No Publicity	Records Received	Missing Date of Death	Ineligible Pre-sample	Available Sample	Sampled Cases	Ineligible Post-sample	Sample Size
A	Census	100	1	99	1	5	93	93	13	80
B	Census	10	0	10	0	1	9	9	2	7
C	Simple Random Sample	100	2	98	0	3	95	75	5	70
D	Simple Random Sample	500	5	495	1	24	470	200	50	150

CAHPS® Hospice Survey

New: Hospice Record Updates for XML V11.0

- A code added to <survey-mode> to indicate new Web Mail mode of administration
 - New value of 4: *Web Mail*

1 - Mail Only

2 - Telephone Only

3 - Mixed Mode

4 - Web-Mail

8 - Not Applicable (no decedents in the sampled month)

CAHPS® Hospice Survey

Reminder: Decedent/Caregiver Administrative Record

- Contains information on each sampled decedent/caregiver in the file (e.g., all cases included in the “Sampled Cases” count)
 - Include the supplemental question count
 - Assign appropriate code (e.g., “M – Missing/Don’t Know,” “8888”) for all missing fields
 - Calculate “Lag Time”
 - The “number-survey-attempts-telephone” field is coded with the attempt that corresponds to the time of 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”

CAHPS® Hospice Survey

New: Decedent/Caregiver Administrative Record Updates for XML V11.0 (1 of 4)

- New variable *<email-status>*
 - Indicates if a caregiver email address was provided
 - Used for Web Mail cases only
 - For Mail Only, Telephone Only, or Mixed mode code 88

1 - Yes

2 - No

88 - Not Applicable

CAHPS® Hospice Survey

New: Decedent/Caregiver Administrative Record Updates for XML V11.0 (2 of 4)

- New variable *<number-survey-attempts-web>*
 - Used for Web Mail cases only
 - Indicates whether a submitted web survey came from the email invitation or reminder
 - Only submitted for cases whose *<survey-completion-mode>* is **3 - Web-Mail Mode - web**
 - Web survey system must capture this information
 - If *<survey-completion-mode>* is **4 - Web-Mail Mode – mail code 88**
 - For Mail Only, Telephone Only, or Mixed Mode code 88

1 - Email invitation

2 - Email reminder

88 - Not Applicable

CAHPS® Hospice Survey

New: Decedent/Caregiver Administrative Record Updates for XML V11.0 (3 of 4)

- New values for *<survey-completion-mode>*
 - Used for both Web Mail and Mixed mode cases
 - For Mail Only or Telephone Only code 88

1 - Mixed Mode - mail

2 - Mixed Mode - phone

3 - Web-Mail Mode - web

4 - Web-Mail Mode - mail

88 - Not Applicable

CAHPS® Hospice Survey

New: Decedent/Caregiver Administrative Record Updates for XML V11.0 (4 of 4)

- *<number-survey-attempts-mail>* is submitted for cases whose *<survey-completion-mode>* is 4 - *Web-Mail Mode – mail* or 1 – *Mail Only*
 - Indicates the mail attempt that corresponds to the determination of final survey status
 - If *<survey-completion-mode>* is 3 - *Web-Mail Mode – web* code 88
 - For Telephone Only or Mixed Mode, code 88

1 - First Wave Mailing

2 - Second Wave Mailing

88 - Not Applicable

CAHPS[®] Hospice Survey

Reminder: Decedent/Caregiver Administrative Record *Calculating Lag Time for Mail Only Mode*

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 days after first mail attempt) Caregiver never returned the CAHPS Hospice Survey
CAHPS Hospice Survey Final Survey Status	Code as “9 – Non-response: Non-response after Maximum Attempts” 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] and the date data collection activities ended [July 20])

CAHPS[®] Hospice Survey

Reminder: Decedent/Caregiver Administrative Record *Calculating Lag Time for Telephone Only Mode*

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

CAHPS® Hospice Survey

New: Decedent/Caregiver Administrative Record *Calculating Lag Time for Web Mail Mode*

Mode of Survey Administration	Web Mail
Decedent Date of Death	March 16
Date of Email Invitation	June 1 (77 days after death)
Date of Reminder Email	June 3 (79 days after death)
Date of First Mail Attempt	June 5 (4 days after first email attempt)
Date Data Collection Activities Ended for this Decedent/Caregiver	June 14 (13 days after first email attempt) Caregiver returned a completed CAHPS Hospice Survey
CAHPS Hospice Survey Final Survey Status	Code as “1 – Completed Survey”
Lag Time	Calculated as 90 days (number of days between the patient’s death [March 16] and the date data collection activities ended [June 14])

CAHPS® Hospice Survey

Reminder: Survey Results Record (1 of 2)

- Survey vendors **MUST** submit a Survey Results Record for every decedent/caregiver who has a final disposition of:
 - “1 – Completed Survey,”
 - “6 – Ineligible: Never Involved in Decedent Care,” or
 - “7 – Non-response: Break-off”
- Survey vendors may omit the Survey Results Record for all other dispositions
- Each field requires a valid value for submission
 - May include “M – Missing/Don’t Know” and “88 – Not Applicable”

CAHPS® Hospice Survey

Reminder: Survey Results Record (2 of 2)

- Caregivers may select more than one response category in:
 - Question 2, “In what locations did your family member receive care from this hospice? Please choose one or more.” and
 - Question 34, “What was your family member’s race? Please choose one or more.”
- For both Questions 2 and 34, enter all of the categories that the caregiver has selected
 - Periodically review coding (in survey management system and scanning software, if applicable) of these two questions, as the response categories are different from the other questions

CAHPS® Hospice Survey

Reminder: Survey Completion Guidelines

- Surveys are considered complete (survey status code 1) when:
 - At least 50 percent of the questions applicable to all (ATA) decedents/caregivers are answered
 - ATA questions are: 1 – 4, 6 – 14, 16, 18, 20, and 24-39
- A screener question left blank does not trigger a skip so subsequent responses should be included in count of answered survey items

CAHPS® Hospice Survey

Reminder: Survey Break-Off Guidelines

- Surveys are considered a Break-off (survey status code 7) when:
 - Caregivers provide a response to at least one CAHPS Hospice Survey Core question (Q1 – Q31), but answer too few ATA questions to meet the criteria for a completed survey

CAHPS® Hospice Survey

Reminder: Survey Disposition Code 3

- Survey status code “3: Ineligible Not in Eligible Population” is assigned when:
 - Following initiation of survey data collection, survey vendor determines that decedent/caregiver does not meet one of the survey eligibility criteria. For example:
 - 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

CAHPS® Hospice Survey

Reminder: Survey Disposition Code 9

- Survey status code “9: Non-response: Non-response after Maximum Attempts” is assigned when:
 - 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 mode, 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 the caregiver has not returned the survey by the end of the survey administration time period, or
 - If the survey is returned more than 49 days from initial contact

CAHPS® Hospice Survey

Reminder: Survey Disposition Code 10

- Survey status code “10: Non-response: Bad/No Address” applies to the Mail Only and Web Mail modes
 - For Mail Only mode, assign when there is evidence that a caregiver’s address is bad or no address is available for the caregiver
 - For Web Mail mode, assign 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

CAHPS® Hospice Survey

Update: Assigning Survey Disposition Code 12 *12: Non-response: Incomplete Caregiver Name*

- If caregiver name is **completely missing** from the hospice file and “Caregiver Relationship to the Decedent” is not coded by the hospice as “8 - No caregiver of record,” the case must be included in the sample frame
 - Survey vendor must re-contact the hospice to inquire about receiving a caregiver name
 - If the caregiver name is completely missing after re-contacting the hospice, the final survey status is coded “12 – Non-response: Incomplete Caregiver Name.”

CAHPS® Hospice Survey

Update: No Caregiver of Record

- Decedents with no caregiver are identified by the Caregiver Relationship “8 = No Caregiver of Record”
- Only cases where **the hospice has indicated in their sample file** that there is a caregiver relationship of “8 - No Caregiver of Record” should be removed from the sample as an ineligible case

Otherwise:

- Even if a caregiver name is **completely** missing, the final survey status should be “12 Non-response: Incomplete Caregiver Name”

CAHPS[®] Hospice Survey

Data Submission

CAHPS® Hospice Survey

Updates to Data Submission Beginning Q2 2025

- The revised CAHPS Hospice Survey will be administered beginning with Q2 2025 decedents
 - Data to be submitted to the Data Warehouse in November 2025
 - The XML file V11.0 will be used
- XML file V11.0 has significant changes
 - Vendors are encouraged to submit one or more test file(s) with data for April and/or May 2025 decedents
 - Test files should be submitted in September and/or October 2025
- Data submission reports will be updated to reflect changes to the XML

CAHPS® Hospice Survey

Overview of CAHPS Hospice Survey Data Warehouse

- Available via the Internet
- Hosted on the RAND Corporation's website
 - The data warehouse URL is: <https://kiteworks.rand.org>
- Survey vendor folders allow for submitting survey data files as well as receiving reports and other project documentation
 - Hospice folders are set up to receive reports only

CAHPS® Hospice Survey

Survey Vendor Authorization Process

- Hospices must have authorized a survey vendor to collect and submit data on their behalf
- Hospices must submit the **CAHPS Hospice Survey Vendor Authorization Form online** through the CAHPS Hospice Survey Website
 - The project team will send a confirmation email to the authorizing hospice
- **This form must be received prior to the submission of the hospice’s data to the Data Warehouse**
 - Vendors should review the “Authorized CCNs” Excel file in their CAHPS Hospice Survey Data Warehouse folder to assure that their client hospices have authorized them

CAHPS® Hospice Survey

Accessing the Data Warehouse

- To access the CAHPS Hospice Survey Data Warehouse, survey vendors and hospices must designate Data Administrators
- The **CAHPS Hospice Survey Data Warehouse Access Form** must be submitted **online** through the CAHPS Hospice Survey Website
 - Once information has been verified by the CAHPS Hospice Survey team, a folder will be created in the data warehouse for each hospice
 - Each authorized person will receive an automated email containing a link to the login screen

CAHPS® Hospice Survey

Data Submission Deadlines

- Survey vendors must ensure that data files are submitted **and accepted** by the deadline
 - Note that the quarterly data submission deadline is **8:00 PM Eastern Time**
 - Files will not be accepted after the submission deadline
 - Survey vendors must submit files early to allow enough time to receive and review data submission reports, resubmit if necessary, and still meet the deadline
- Interim survey data files may be submitted by survey vendors any time during the quarter

CAHPS[®] Hospice Survey

File Submission Naming Convention

- Survey vendors **must** follow the approved file naming convention:

vendorname.mmddy.submission#.xml.pg

Example: ***XYZResearch.060124.1.xml.pg***

- *Vendorname* = name of survey vendor
- *mm* = month of submission (include leading zero)
- *dd* = day of the month of submission (include leading zero)
- *yy* = 2 digit year of submission
- *submission#* = submission number for each date
- Each file **must** have a unique name from all prior files, even if a prior file was not accepted to the Data Warehouse

CAHPS® Hospice Survey

File Encryption

- Data files **must** be encrypted for data submission
 - Survey vendors are required to encrypt data files using a PGP-compliant program
 - Use Public Key encryption provided by the CAHPS Hospice Survey Data Coordination Team
- Data files uploaded by survey vendors that are not encrypted **will be rejected**

CAHPS® Hospice Survey

File Submission

- CAHPS Hospice Survey Data Coordination Team will check data files for compliance
 - Check for authorization of survey vendor
 - Checks for presence of required data fields
 - Range and coding checks on all fields
 - Verification of coding of survey disposition codes
- Files that do not comply with authorization or format requirements will be rejected from the warehouse

CAHPS® Hospice Survey

Reminder: File Submission

- Submission files should include **all required elements** as specified in the QAG version corresponding to the quarter of data submission
 - Review new data elements related to Web Mail mode, new questions, and updates to question response categories
 - Review **timeline** for implementation of XML changes
- For CCNs that begin with a letter, the letter must be capitalized in the XML file submission (i.e., A10100; B20100)
- <decedent-race> variable must be submitted as noted in XML Specifications

CAHPS® Hospice Survey

Data Submission Reports *(1 of 2)*

- After data and validation checks are complete, CAHPS Hospice Survey Data Submission Reports will be posted by 5:00 PM Eastern Time on the next business day after submission
- Survey vendors should review
 - To see the status of each submission
 - The values in the reports against expected values
- Survey vendors must retain copies of Data Submission Reports for a minimum of three years

CAHPS® Hospice Survey

Data Submission Reports (2 of 2)

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

CAHPS® Hospice Survey

Data Submission Detail Report (Part I)

- Indicates whether file can be decrypted and all required data elements are included

TestVendor-Hospice File - TestVendor-Hospice.110125.1.xml File Validation Checks	
CHECK	MESSAGE
File encryption check	File TestVendor-Hospice.110125.1.xml.pgp sucessfully de-crypted
Check file naming convention	File TestVendor-Hospice.110125.1.xml is correctly formatted
XML Validation	XML contains all required data elements

CAHPS® Hospice Survey

Data Submission Detail Report (Part II)

- Checks if all values are within the allowable range

Data Submission Detail Report for TestVendor-Hospice
Submission TestVendor-Hospice.110125.1

File ID	Upload Date	Data Value Checks Status
TestVendor-Hospice.110125.1	11/01/2025	Rejected

- Top section indicates if the file was accepted or rejected

Error Detail: Caregiver Response

CCN	Decedent Caregiver ID	QUESTION_PRINT	Content of Submitted Field	Valid Values
000000	292906981	breathhlp (Q22)	5	1, 2, 3, 4, 88, M

CAHPS® Hospice Survey

Review and Correction Report

Frequencies of all categorical values: Decedent-Level Data

The FREQ Procedure

Decedent sex				
sex	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1: Male	3	25.00	3	25.00
2: Female	9	75.00	12	100.00

Indicator for whether decedent is Hispanic				
decedent_hispanic	Frequency	Percent	Cumulative Frequency	Cumulative Percent
1: Hispanic	2	16.67	2	16.67
2: Non-Hispanic	5	41.67	7	58.33
M: Missing	5	41.67	12	100.00

- Contains frequencies for each variable included in the XML file

CAHPS® Hospice Survey

Survey Status Summary Report

Survey Status Summary Report for TestVendor-Hospice
Submission TestVendor-Hospice.110125.1

Month of Death	CCN	Hospice Record Accepted	Sample Size	Decedent Caregiver Administrative-Level Records	Valid Survey Status Codes (1-16)	Completed Surveys
04/2025	000000	yes	9	1	1	0
	999999	yes	9	1	1	0
Month Total			18	2	2	0
05/2025	000000	yes	9	1	1	0
	999999	no	.			
Month Total			9	1	1	0
06/2025	000000	yes	9	1	1	1
	999999	no	.			
Month Total			9	1	1	1
FILE TOTAL			36	4	4	1

- Contains the details about the number of cases that were sampled and completed and whether a Hospice Record was accepted for each CCN/month

CAHPS® Hospice Survey

Hospices Not Authorized Data Submission Report

- Contains a list of any CCNs included in the XML file that have not authorized the survey vendor for that quarter
 - A Vendor Authorization Form must be received before CCNs can be submitted by a survey vendor

Vendor
File - TestVendor-Hospice.110125.1.xml

***** Hospices (CCNs) Not Authorized with Vendor *****

Obs	provider_id
1	000000
2	999999

CAHPS® Hospice Survey

Reviewing Data Submission Reports

- Vendors and hospices will receive an email notification stating that Data Submission Reports have been posted
 - If the file cannot be decrypted or read, only the Data Submission Detail Report (Part I) will be posted indicating this error
 - If the file can be read, but it contains unauthorized CCNs, two reports are posted
 - *Data Submission Detail Report (Part I) and Hospices Not Authorized*
 - If the file can be read *and* does not contain unauthorized CCNs, four reports are posted
 - *Data Submission Detail Report (Part I and Part II), Survey Status Summary Report, and the Review and Correction Report*

CAHPS® Hospice Survey

Data Submission Reports

- If the file fails any edit checks, the Data Submission Detail Report (Part II) will indicate the file has been rejected
 - Survey vendors must determine what errors were found in the file, correct those errors, and resubmit the data
- If the file passes checks
 - The Data Submission Reports will provide a summary of file contents
 - Survey vendors should review record counts and values in the report

CAHPS[®] Hospice Survey

Data Quality Checks

CAHPS® Hospice Survey

Overview

- Survey vendors must implement quality assurance processes to verify the integrity of the collected and submitted CAHPS Hospice Survey data
- Quality check activities must be performed by a different staff member than the individual who originally performed the specific project task(s)
 - Do **NOT** rely on programming alone to complete tasks
 - Have staff complete manual review of samples and XML files
- Quality checks must be operationalized for all of the key components or steps of survey administration and data processing

CAHPS® Hospice Survey

Create Traceable Data File Trail

- Guidelines for survey vendors:
 - Preserve a copy of every file received in original form and leave unchanged
 - Record general summary information such as total number of decedent/caregiver cases, survey-eligible size, decedent month, etc.
 - Institute version controls for datasets, reports, software code, and programs

CAHPS® Hospice Survey

Review of Data Files

- Survey vendors should examine their own data files and all clients' data files for any unusual or unexpected changes
 - Investigate data for notable changes in the counts of total decedents/caregivers and eligible decedents/caregivers
 - Investigate data when counts for total decedents, “no publicity,” and sample size do not reconcile
 - Prior to preparing data files for submission to the Data Warehouse, run frequency/percentage tables for all survey variables stored for a given hospice and month
 - Verify that required data elements for all decedents/caregivers in the sample frame are submitted to the Data Warehouse
 - Verify that data are associated with the correct CCN
 - Make sure variables in the XML files have the correct codes and are in the correct order

CAHPS® Hospice Survey

Validate Changes to Code or Processes

- Survey vendors must have procedures in place to review any changes to code or processing steps
 - Save original code/documents for reference
 - Document changes thoroughly (e.g., what, when, why, who, how)
 - Have at least one other different team member verify the new code
 - Verify that no errors or unintended changes have been made
 - Conduct comparison of old and new data, reviewing even elements that were **not expected** to change

CAHPS[®] Hospice Survey

Verify Accuracy of Data Processing Activities

- Survey vendors should implement data quality checks to verify protocols have been followed, including:
 - Verify that every decedent/caregiver has equal chance of being sampled
 - Evaluate 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 (verify results are as expected)
 - Review quarterly submission results from the Review and Correction Report to confirm a match with frequency tables completed during previous quality check activities

CAHPS® Hospice Survey

Data Quality Checks

- Maintain monthly and quarterly documentation for all hospices, including but not limited to:
 - Total counts from hospices, number of records received, number of eligible and ineligible (pre- and post-sample) cases, sample size, numbers of each “Final Survey Status” code, and response rate
- Create frequency and distribution tables for all decedent/caregiver administrative and survey response variables
 - Compare counts across months and quarters for trends
 - Investigate any unexpected variations, unusual counts, or percentages

CAHPS® Hospice Survey

Data Quality Check Examples (1 of 3)

Quarter 2 2025 – Missing Administrative Values					
Hospice ID	Sex	Decedent Hispanic	Decedent Race	Caregiver Relationship	Primary Payer
<i>GHI</i>	5%	3%	60%	80%	0%

- Follow-up should occur during and/or after Quarter 2 2025 to discuss missing values (emphasize **decedent race** and **caregiver relationship**)

Quarter 3 2025 – Missing Administrative Values					
Hospice ID	Sex	Decedent Hispanic	Decedent Race	Caregiver Relationship	Primary Payer
<i>GHI</i>	4%	3%	5%	75%	0%

- Continue follow-up to obtain caregiver relationship (submit Discrepancy Report[s] if hospice **continues** to not provide required information)

CAHPS® Hospice Survey

Data Quality Check Examples (2 of 3)

March 2025 Decedents – Survey Responses					
Hospice ID	Question 3 Never	Question 3 Sometimes	Question 3 Usually	Question 3 Always	Question 3 Missing
ABC	80%	10%	0%	5%	5%

- Q3 – Oversee or take part in care:
 - Did the hospice send the decedents/caregivers list with caregiver mismatched information?
 - Was there a data processing error?

CAHPS® Hospice Survey

Data Quality Check Examples (3 of 3)

Quarter 2 2025 – Survey Responses					
Hospice ID	Question 7 Never	Question 7 Sometimes	Question 7 Usually	Question 7 Always	Question 7 Missing
<i>JKL</i>	65%	10%	12%	9%	4%

Quarter 3 2025 – Survey Responses					
Hospice ID	Question 7 Never	Question 7 Sometimes	Question 7 Usually	Question 7 Always	Question 7 Missing
<i>JKL</i>	30%	5%	25%	34%	6%

- Q7 – Help as soon as needed:
 - Did the hospice implement a quality improvement initiative?
 - Does this change appear reasonable?

Perform Additional XML File Quality Checks

- Prior to submitting XML files to the Data Warehouse, survey vendors should **minimally**:
 - Confirm Hospice Record for each applicable month for each hospice
 - Verify correct calculation of sample size, ineligible pre- and post-sample
 - Review a subset of administrative data in XML file to the **original** decedents/caregivers list
 - Validate survey vendor-assigned decedent/caregiver administrative fields, such as “Final Survey Status” codes, lag time, and supplemental question count
 - Review survey response results against original returned survey or recorded interview/database
 - Check skip pattern coding

CAHPS[®] Hospice Survey

Public Reporting and Analysis of CAHPS Hospice Survey Data

CAHPS® Hospice Survey

Timeline and Overview

- This section describes the current procedures for public reporting through the February 2026 Care Compare refresh
- There will be **no changes** to public reporting until the May 2026 Care Compare refresh
- An overview of anticipated future changes to data reporting will be described at the end of this section
 - Additional details will be provided in the QAG V12.0 (in 2025)

CAHPS® Hospice Survey

Overview (1 of 3)

- Official CAHPS Hospice Survey scores and Star Ratings are published by CMS on Care Compare:
 - <https://www.medicare.gov/care-compare/>
 - Downloadable database containing CAHPS Hospice Survey results by CCN also available
- In August 2024, scores were reported for 3,036 hospices, based on 631,637 survey responses

CAHPS® Hospice Survey

Overview (2 of 3)

- Scores for 6 composite and 2 global measures are updated quarterly
- Top-box scores are calculated using 8 rolling quarters of data
 - Scores are reported for hospices with at least 30 completed surveys during the reporting period
- Each hospice's scores are displayed with national and state averages

CAHPS® Hospice Survey

Overview (3 of 3)


- An overall CAHPS Hospice Survey Star Rating, referred to as the Family Caregiver Survey Rating, is updated every other quarter
 - Hospices must have a minimum of 75 completed surveys over 8 quarters to be assigned a Star Rating










CAHPS® Hospice Survey

Care Compare

Find & compare providers near you.



 Not sure what type of provider you need?
[Learn more about the types of providers.](#)

-  Welcome
-  Doctors & clinicians
-  Hospitals
-  Nursing homes including rehab services
-  Home health services
-  **Hospice care**
-  Inpatient rehabilitation facilities
-  Long-term care hospitals
-  Dialysis facilities


Find hospice care near me

Find Medicare-certified hospices that serve your area and compare them based on the quality of care they provide. Hospice provides care and support for people who are terminally ill.

MY LOCATION *

NAME OF AGENCY (optional)

[Show past search results](#)

[Find out what's new](#) 

Looking for medical supplies and equipment? [Visit the Supplier Directory](#)

CAHPS[®] Hospice Survey

Public Reporting Periods

Reporting Period (Dates of Death) for CAHPS Hospice Survey Measure Scores	Provider Preview Period *	Care Compare 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

*Exact dates will be announced by CMS

CAHPS[®] Hospice Survey

Footnotes

- Footnotes indicate:
 - The reason a hospice does not have measure scores or a Star Rating displayed
 - Any issues identified with the hospice's measure scores
- The footnotes for measure scores are:
 6. Number of cases is too small to report
 7. Results are based on a shorter time period than required
 8. Data were suppressed by CMS
 9. Discrepancies in the data collection process (reported by survey vendors to CMS)
 10. None of the required data were submitted for this reporting period
 11. Results are not available for this reporting period
- The footnote for Star Ratings is:
 15. Number of cases is too small to report Star Ratings

CAHPS® Hospice Survey

Measures Reported

- Composite Measures
 - Communication with Family (Q6, 8, 9, 10, 14, and 35)
 - Getting Timely Help (Q5 and 7)
 - Treating Patient with Respect (Q11 and 12)
 - Emotional and Spiritual Support (36, 37, and 38)
 - Help for Pain and Symptoms (Q 22, 25, and 27)
 - Training Family to Care for Patient (Q18, 19, 20, 23, and 29)
- Global Measures
 - Rating of this Hospice (Q39)
 - Willingness to Recommend this Hospice (Q40)

CAHPS® Hospice Survey

Top-Box Scores

- Top-box scores reflect the proportion of respondents who gave the most positive response(s)
 - **“Always”** when response options are Never, Sometimes, Usually, or Always*
 - **“Yes, definitely”** when response options are Yes, definitely; Yes, somewhat; or No
 - **“Right amount”** when response options are Too little, Right amount, or Too much
 - **“Definitely yes”** when response options are Definitely no, Probably no, Probably yes, Definitely yes
 - **9 or 10** when response options are 0 to 10

**The only exception is Q10: “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?,” where the top-box response is “Never”*

CAHPS® Hospice Survey

Steps in Calculating Top-Box Measure Scores

- Calculate unadjusted top-box scores for each item by assigning “100” if the most positive response category is selected and “0” otherwise
- Adjust top-box item scores for mode
- Create hospice-level scores
 - Adjust for case mix
 - Calculate composite measure scores by averaging the adjusted scores for each item in the measure

CAHPS® Hospice Survey

Data Adjustment

- Purpose
 - Differences in hospice ratings should reflect only differences in quality
 - Adjustments permit valid comparison of all hospices
- Adjusted results “level the playing field”
 - CMS adjusts for factors not directly related to hospice performance
 - Mode of survey administration
 - Case mix

CAHPS[®] Hospice Survey

Mode Adjustment

- Accounts for effect of mode of survey administration (mail, telephone, mixed mode) on how caregivers respond to the survey
- Current adjustments are derived from the 2015 mode experiment

CAHPS[®] Hospice Survey

Mode Adjustment Example

- Example: Hospice uses Mail Only Mode

Hospice's Raw Top-Box Score on Rating of this Hospice	95.00
Mail Only Mode Adjustment for Rating of this Hospice	-3.89
Hospice's Mode-Adjusted Top-Box Score for Rating of this Hospice	91.11

Mode adjustments for each measure are available on the CAHPS Hospice Survey Website. Telephone Only is the current reference mode.

CAHPS® Hospice Survey

Case-Mix Adjustment

- Accounts for effect of decedent/caregiver characteristics on how caregivers respond to the survey
- Case-Mix Adjuster Variables
 - Decedent age, payer for hospice care, primary diagnosis, length of final episode of hospice care
 - Caregiver (respondent) education, language, and relationship to decedent
 - Response percentile (calculated by ranking lag time)
- Case-mix adjustments updated with each quarterly data refresh on the CAHPS Hospice Survey Website

CAHPS® Hospice Survey

Case-Mix Adjustment Equation

- Using data provided by CMS on the Scoring and Analysis page of the survey website, apply the adjustment equation
 - Let **y** be the mode-adjusted hospice mean of an item that composes a CAHPS Hospice Survey measure
 - Let **m1-m54** be the national means for the CMA variables (National Means tab)
 - Let **h1-h54** be the CMA variable means for the hospice in question (in the same form as National Means tab)
 - Let **a1-a54** be the corresponding adjustments (Top-Box and Bottom-Box Adjustors tabs)

The case-mix and mode-adjusted hospice score **y'** for the item is:

$$y' = y + a1(h1 - m1) + a2(h2 - m2) + \dots + a54(h54 - m54)$$

CAHPS® Hospice Survey

National Means

<https://hospicecahpssurvey.org/en/public-reporting/scoring-and-analysis/>

**CAHPS Hospice Survey National Means,
Q4 2020 – Q3 2022**

	National Mean
Response percentile	16.3%
Decedent Age	
Age 18-54	2.0%
Age 55-64	5.8%
Age 65-69	6.3%
Age 70-74	9.8%
Age 75-79	12.9%
Age 80-84	15.9%
Age 85-89	18.5%
Age 90+	28.9%
Payer for Hospice Care	
Medicare only	75.7%
Medicaid only or Medicaid and private insurance	1.4%
Medicare and Medicaid	4.8%
Private insurance only	3.6%
Medicare and private insurance	5.3%
Other	9.2%
Primary Diagnosis	
Alzheimer's and non-Alzheimer's dementias	16.0%
Bladder cancer	1.1%
Blood and lymphatic cancers	3.0%
Brain cancer	1.3%
Breast cancer	2.0%
Congestive heart failure	7.7%
Chronic kidney disease	1.7%
Chronic liver disease	1.7%
Colorectal cancer	2.7%
CVA/Stroke	8.7%
Liver cancer	1.7%

**CAHPS Hospice Survey National Means,
Q4 2020 – Q3 2022**

	National Mean
Primary Diagnosis	
Lung & other chest cavity cancer	6.7%
Non-infectious respiratory	4.5%
Other heart disease	9.5%
Pancreatic cancer	2.9%
Parkinson's and other degenerative diseases	3.7%
Pneumonias and other infectious lung diseases	3.2%
Prostate cancer	2.0%
Other, cancer	8.9%
Other, non-cancer	10.8%
Length of hospice stay	
2-5 days	20.0%
6-12 days	18.5%
13-29 days	18.2%
30-80 days	18.8%
81+ days	24.4%
Caregiver Age	
Age 18-44	3.0%
Age 45-54	8.2%
Age 55-64	26.8%
Age 65-74	34.2%
Age 75-84	20.4%
Age 85+	7.4%
Caregiver Education	
8 th grade or less	0.8%
Some high school	2.8%
High school graduate or GED	24.2%

CAHPS® Hospice Survey

Top-Box Adjustments (Excerpt)

<https://hospicecahpsurvey.org/en/public-reporting/scoring-and-analysis/>

CAHPS Hospice Survey Top-Box Case-Mix Adjustments, Q4 2020 – Q3 2022	Help for Pain and Symptoms				Training Family to Care for Patient				A member of the hospice team	Rating of this Hospice	Willing to Recommend this Hospice
	Your family member got as much help with pain as	Your family member got the help he or	Your family member got the help he or she	Your family member got the help he or she	Hospice team gave you the training you	Hospice team gave you the training you needed about	Hospice team gave you the training you needed about	Hospice team gave you the training you needed about			
Response percentile (per 1% of response percentile)	0.06%	0.08%	0.10%	0.13%	0.05%	0.05%	0.06%	0.09%	0.06%	0.10%	0.10%
Decedent Age											
Age 18-54	1.70%	0.76%	-2.56%	-6.76%	-5.49%	-1.59%	-1.15%	-1.47%	-5.20%	-0.46%	-0.50%
Age 55-64	0.75%	0.46%	-2.08%	-5.37%	-3.73%	-1.97%	-0.10%	-0.99%	-3.83%	-0.12%	-0.15%
Age 65-69	-0.02%	-0.02%	-1.63%	-4.73%	-3.56%	-1.58%	-0.27%	-1.40%	-3.55%	-0.14%	-0.29%
Age 70-74	-0.31%	0.05%	-1.70%	-3.97%	-3.72%	-1.82%	-0.58%	-1.88%	-3.33%	-0.30%	-0.44%
Age 75-79	-0.56%	-0.13%	-1.61%	-3.83%	-3.80%	-1.83%	-1.05%	-2.36%	-2.68%	-0.47%	-0.66%
Age 80-84	-0.22%	0.44%	-0.45%	-2.43%	-2.81%	-1.31%	-1.20%	-1.64%	-1.96%	-0.43%	-0.53%
Age 85-89	-0.43%	0.29%	0.11%	-1.29%	-1.95%	-1.02%	-0.58%	-1.95%	-1.30%	-0.40%	-0.47%
Age 90+ (REFERENCE)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Payer for Hospice Care											
Medicare only (REFERENCE)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Medicaid only or Medicaid and private insurance	1.02%	1.19%	2.59%	3.06%	1.50%	0.53%	-0.91%	0.99%	2.51%	1.30%	1.22%
Medicare and Medicaid	3.79%	4.14%	6.40%	5.97%	5.01%	3.63%	3.18%	5.35%	3.36%	4.05%	3.97%
Private insurance only	0.20%	-0.16%	0.84%	1.79%	-0.02%	0.39%	0.17%	1.34%	-0.07%	0.75%	0.57%
Medicare and private insurance	0.08%	-0.45%	-0.21%	-0.43%	-0.45%	0.12%	0.18%	-0.73%	-0.75%	0.09%	-0.05%
Other	1.36%	1.96%	1.13%	2.78%	2.14%	1.18%	0.12%	1.62%	1.08%	1.34%	1.39%
Primary Diagnosis											
Alzheimer's and non-Alzheimer's dementias (REFERENCE)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Bladder cancer	2.24%	-1.72%	2.00%	1.13%	-3.43%	-1.17%	-2.67%	-0.41%	-1.90%	0.77%	0.71%
Blood and lymphatic cancers	1.46%	-2.41%	1.43%	1.17%	-3.87%	-0.97%	-2.44%	-0.79%	-2.14%	1.22%	1.24%

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Case-Mix Adjustment Example

For example:

- The mode-adjusted hospice top-box mean of the Willing to Recommend this Hospice single-item measure is 80
- The national mean for Decedent Age 18-54 is 2.0%
- The hospice mean for Decedent Age 18-54 is 6.0%
- The Top-Box Adjustor for Decedent Age 18-54 for Willing to Recommend this Hospice is -0.50

The case-mix and mode-adjusted hospice score for Willing to Recommend this Hospice = $80 + (-0.50[6.0-2.0])$
 $+a_2(h_2-m_2)+\dots+a_{54}(h_{54}-m_{54})$

CAHPS® Hospice Survey

Star Ratings Updated Every Other Quarter

- An overall CAHPS Hospice Survey Star Rating, referred to as the Family Caregiver Survey Rating, is calculated for each hospice by averaging the Star Ratings for each of the 8 survey measures
- Hospices must have a minimum of 75 completed surveys over 8 quarters to receive a Star Rating
 - Hospices that do not meet this minimum receive a footnote explaining why they do not have a Star Rating

CAHPS® Hospice Survey

More Information about Calculating Measure Scores and Star Ratings is Available on the Survey Website

- Measure scores

<https://www.hospicecahpssurvey.org/en/public-reporting/scoring-and-analysis/>

- Steps in scoring
- Case-mix adjustment
- National and state distributions

- Star Ratings

<https://www.hospicecahpssurvey.org/en/public-reporting/star-ratings/>

- Frequently asked questions
- Technical specifications, including thresholds for star categories and average measure scores for each category
- National and state distributions

Upcoming Changes to Quality Measures and Public Reporting

CAHPS® Hospice Survey

Revised Survey Instrument Adds and Modifies Quality Measures

- A new composite measure of Care Preferences
 - Comprised of two new survey items
- A substantially revised Getting Hospice Care Training measure
 - Conceptually similar but uses one item instead of several items
- A slightly revised Hospice Team Communication measure
 - Removes one item and makes slight wording changes

CAHPS® Hospice Survey

Upcoming Case-Mix and Mode Adjustment

- Case-mix adjustors will be the same as those in current use
- Mode adjustments will be derived from the 2021 mode experiment
 - New reference mode will be Mail only
 - Web Mail mode adjustments will be applied for hospices that administer in Web Mail mode **and** have valid email addresses for at least 20% of sampled caregivers

CAHPS® Hospice Survey

Upcoming Changes to Data Reporting

Refresh	Period	Details
Present – February 2026	Current	<ul style="list-style-type: none">• No changes
May 2026 – November 2027	Transition	<ul style="list-style-type: none">• New Care Preferences measure and substantially revised Getting Hospice Care Training measure are not publicly reported• Scores for the other seven measures calculated by combining scores from quarters using the current and updated survey<ul style="list-style-type: none">– Star Rating based on those seven measures
February 2028 - Onward	Updated	<ul style="list-style-type: none">• Scores for all nine measures are calculated using data from the revised survey and are publicly reported<ul style="list-style-type: none">– Star Rating based on nine measures

Oversight Activities, Exception Request, and Discrepancy Report Processes

CAHPS® Hospice Survey

Oversight Activities

- Review of survey materials
 - Submit materials in ALL languages that vendors plan to use
 - **Due date of 11/22/2024**
 - Mail materials (questionnaires, letters, and outgoing/return envelopes)
 - Telephone materials (prenotification letter, CATI screenshots)
 - **Due date of 01/06/2025**
 - Web materials (email samples and web survey links)
- Review of Quality Assurance Plan (QAP)
 - Follows the QAP specifications provided in Appendix H
 - **Notify CMS of any changes in ownership or key personnel**
 - **Reminder:** QAPs must be updated after training and will be requested in advance of a site visit
- Submit via the CAHPS Hospice Survey Technical Assistance email: hospicecahpssurvey@hsag.com

CAHPS® Hospice Survey

Exception Request (1 of 2)

- For consideration of:
 - Requests for conducting business and data collection operations remotely
 - Alternative strategies not identified in the CAHPS Hospice Survey Quality Assurance Guidelines V11.0 manual
 - The use of survey materials that do not align with the examples provided
 - No alternative modes of survey administration will be permitted other than those prescribed for the survey (Web Mail, Mail Only, Telephone Only, and Mixed [mail with telephone follow-up] mode)
- **Survey vendors must:**
 - Submit an Exception Request Form on behalf of hospice client(s)
 - Provide sufficient detail and clearly defined timeframes
 - Not implement prior to receiving approval from the CAHPS Hospice Survey Project Team

CAHPS® Hospice Survey

Exception Request (2 of 2)

- Requests are assessed for the methodological soundness of the proposed alternatives and compliance with data security requirements
- Survey vendors will be notified as to the outcome of the review
 - If approved, implement at the beginning of a quarter unless otherwise specified
 - Exceptions are limited to a two-year approval timeline
 - If the Exception is not approved, an explanation will be provided
 - Survey vendors have five business days from the date of the denial notification email to submit an appeal
- Any approved Exception Request must be thoroughly discussed in the QAP

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Discrepancy Report (1 of 2)

- Required for any discrepancy or variation in following standard protocols during survey administration
- Complete and submit online **immediately** upon discovery through the CAHPS Hospice Survey Website
 - Provide sufficient detail
 - “Unknown” or zero cases affected are NOT acceptable values in final Discrepancy Report that is submitted
 - Provide information regarding the decedent months that are affected by the discrepancy(ies)
 - The patient month(s) of death that are affected must be clearly stated

CAHPS[®] Hospice Survey

Discrepancy Report (2 of 2)

- Examples of Discrepancy Reports include:
 - Survey administration outside fielding period (early or late)
 - Eligible cases that are excluded from the sample frame
 - Ineligible cases that are included in the sample frame
 - Survey administration errors (such as missing questions)
 - Data discrepancies (such as incorrectly coded survey responses or calculated lag time)
 - Patterns of missing or incorrect data from hospices that continue despite attempts by the survey vendor to rectify
 - Include date(s) of communication with hospice to obtain this information

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Discrepancy Report Review Process

- Notification of the outcome of the review may not be forthcoming until all the data for the affected reporting period(s) have been submitted and reviewed
 - Email notification will be distributed to the survey vendor submitting the Discrepancy Report Form once the outcome of the review has been determined
 - 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 varied from established CAHPS Hospice Survey protocols
- Hospices are encouraged to contact their survey vendor to inquire about the outcome of the review

CAHPS[®] Hospice Survey

Questions?

Wrap-up and Next Steps

CAHPS® Hospice Survey

Wrap-up and Next Steps

- Post-training Survey Vendor Quiz
 - One quiz per survey vendor
 - Immediately upon conclusion of training
 - Accessible via Webinar for 20 minutes
- Feedback on training
 - Follows post-training quiz
 - Accessible via Webinar for 15 minutes
- Survey vendor notification
 - CMS follow-up regarding survey vendor quiz by **10/18/2024**

CAHPS® Hospice Survey

Wrap Up and Next Steps *(cont'd)*

- Deadlines survey vendors must meet
 - Samples of CAHPS Hospice Survey materials due by:
11/22/2024
 - English mail materials (questionnaires, letters, and outgoing/return envelopes)
 - English telephone materials (prenotification letter, CATI screenshots including skip pattern logic)
 - 01/06/2025**
 - English web materials (email samples, screen shots, and web survey links)
 - Quarter 2 2024 decedent data due by **8:00 PM Eastern Time 11/13/2024**
 - CAHPS Hospice Survey Attestation Statement due by **12/06/2024**

CAHPS® Hospice Survey

Contact Us

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

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Quiz and Evaluation