This document includes questions submitted to the CAHPS Hospice Survey Project Team during the 2024 CAHPS Hospice Survey Vendor Training Webinar. Some questions have been slightly reworded for clarity and some answers have been updated post-training with additional information.

Table of Contents

Sampling	2
Survey Administration	
Web Mail Survey	
Data Submission	
QAG and Survey Instrument	
· ·	
Public Reporting	9
QAP and Survey Material Submission	
Training Logistics	11

Sampling

Question	Answer
Please clarify if hospices should EXCLUDE decedent/caregiver records from the decedent/caregiver list provided to vendors if the caregiver is < 18 (as specified on slide 53). If the list excludes these records, then the monthly counts will not be consistent: Total Decedents – No Publicity will not = Number of Records Received.	Hospices must not apply any eligibility criteria prior to providing the decedent/caregiver list to their survey vendors. All decedent caregivers in the month, with the exception of no-publicity decedent/caregivers, must be submitted to survey vendors. The survey vendor will apply the eligibility criteria and eliminate caregivers under 18. Please follow the QAG for exact guidance.
, , ,	Hospices should carefully review their data files to confirm that the information submitted to the vendor is complete. It is a hospice's responsibility to compile and deliver a complete and accurate sample file to their vendor. In regard to vendors contacting their clients, vendors will determine the most effective way to contact their clients about missing data.
In cases where the caregiver's first and last name is identical to each other when submitted to the survey vendor, is this counted as an incomplete caregiver name?	Yes, survey vendors should have existing processes in place to review the files for things like the same first and last names, names being submitted as "Don't know," "Missing," etc. Vendors should identify those and verify with the hospices that the information submitted was correct.

Survey Administration

Question	Answer
With the full switch over to the electronic authorization form, just confirming that paper authorization forms are no longer accepted?	This is correct. Neither paper nor PDF authorizations are accepted by mail or email any longer. All CAHPS Hospice vendor authorization forms must be submitted online through the CAHPS Hospice website.
Re: late mailings or when decedent/caregiver list is made available during the 1st week of the month when Wave 1 should be mailed, is the prenotification letter still required or does this delay timing for sending the Wave 1 survey (still sending 7 days after the prenotification letter)?	The prenotification letter is still required. The first survey attempt (email, mailing, or call) should begin 7 days after the prenotification letter. If the files are received from hospices late, and the vendor won't make the survey attempt within the first 10 days of the month, the vendor needs to connect with the CAHPS Hospice survey team for approval to mail after the 10 th of the month. In addition, the vendor must submit a Discrepancy Report for any survey administration that does not start within the first 7 days of the month.
What should a vendor do if the client provides the file late: for example, the 4th day of the month that surveys should start. There will not be enough time to send prenotification letter and start the phone survey on time.	The prenotification letter is a required element of the CAHPS Hospice Survey. Vendors should send the prenotification letter as soon as possible, but no earlier than 7 days prior to the first day of the month. If materials or sample files are not received from client hospices in time to meet this deadline, they need to reach out to the CAHPS Hospice Survey Project Team to request late data administration.
If day -7 is a weekend or holiday, do we mail on day -6? Then do we need to make sure to not make calls until the 2nd of the month instead of the 1st?	The prenotification letter is mailed 7 days prior to the first survey attempt. Another way to think about this is that the first survey attempt happens 7 days after the prenotification. So yes, if you mail the prenotification on a Monday, the first survey attempt must be sent no earlier than the next Monday. But again, within the first 7 days of the month - otherwise a Discrepancy Report for late survey administration must be submitted.
Does the 5th call attempt need to be made on the 49th day?	Telephone calls may be made up to the 49th day, including on the 49th day. It is not a requirement to make the 5th call on the 49th day. We do recommend that the entire telephone period be used to make the telephone calls, but all data collection must be completed on the 49th day. Therefore, the last call does not have to occur on that day, but the entire period should be used.

Survey Administration Questions (cont'd)

Question	Answer
Please clarify survey administration dates, including the prenotification letter and timing for the end of the fielding period, when a hospice provides a late file. If the prenotification letter is still required 7 days prior to sending a W1, this will impact the amount of time available for QC checks for the 3rd month in a quarter: For example: If there is a late mailing for June: Prenotification: 9/10	Survey Project Team before beginning any data collection. Another clarification is that the mailing of the prenotification letter is not part of the survey data collection field period. The survey data collection field period must begin within the first 7 days of the month. If the field period starts up until the 10th of the month, the vendor does not need to ask for permission, but must submit a Discrepancy Report.
Wave 1 sent: 9/17 49-day period ends: 11/5 Q2 submission due 11/12	In the case of the example provided, the prenotification letter mailing is on 9/10. Again, that is not part of the survey data collection field period. The wave 1 mailing would be extremely late, and the vendor would need to reach out to the CAHPS Hospice Survey Team before beginning data collection. In this case, data collection would be completed a week before the data submission deadline. It would be anticipated that the vendor could get the data submitted in that window. That is why it is very important that vendors work with their hospices to get the files in in a timely manner.
Mail or Web/mail administration: hospice send in data file on 7th day of 3rd month. Vendor can review and send out first email or 1st mail survey on the 7th. How do you deal with the prenotification letter?	The prenotification is a required element of the CAHPS Hospice Survey administration. Vendors will be required to send out the prenotification letter 7 days before beginning the survey field period, so the vendors would have to account for that in their timeline. If the survey field period begins after the 10th of the month, the vendor needs to reach out to the CAHPS Hospice Survey Project Team before beginning any data collection.
Can you clarify who determines the mode for the survey administration, phone call, mail, or web?	Hospices will determine the mode they will use when they're selecting a survey vendor. The different survey vendors offer different modes. Some of them only offer one mode, and some of them offer multiple modes. After hospices have determined the survey administration mode(s) with the survey vendor they select, all cases from that hospice that are required to use the same mode.

Survey Administration Questions (cont'd)

Question	Answer
Can the deidentified unique ID that is assigned to sampled decedent/caregiver records be included on the prenotification letter?	The de-identified number is allowed on the prenotification letter, the survey, and cover letter.
For proxy surveys, is the proxy a member of the patient's household or caregiver's household?	The proxy should be in the caregiver's household. So, whoever the survey goes to as the caregiver, the proxy should be part of that household.
Thank you for this training, very informational. We are curious whether vendors are required to offer web-based mode, or can have those optional and continue usual process?	Vendors had to apply to administer the survey using the web mail mode as they have for any of the modes for which they are approved. Each vendor decides which modes they want to apply to administer; web mail is not required. There are some vendors that will be doing web mail, but we also have vendors that administer only one mode such as telephone only, mail only, or others that administer in multiple modes. It is up to the hospice when they're looking for a survey vendor to discuss what modes the vendors offer, how that might affect their response rates, and make the decision based on that. But web-based mode is not a required mode for any of the vendors.
On slide 226, it states that unknown or 0 cases is not acceptable for DNRs. What is the suggestion for agency's that are reported for missed survey administration since the survey vendor did not get a decedent/caregiver file?	For "Missing month of data collection" discrepancy submissions, "Zero" is an acceptable value for "Total Eligible Decedents/Caregivers Affected for this CCN" and "Total Sampled Decedents/Caregivers Affected for this CCN." For all other discrepancy categories, the survey vendor must provide accurate counts for these two fields.

Web Mail Survey

Question	Answer
Will caregivers receive both a mail and email survey? Or do hospices have to ascertain if the caregiver wants mail or email?	If a hospice is using the web mail mode: first, all caregivers with an available email address will receive the email invitations. And then, if they don't respond to the web survey by the date that the vendor is mailing the mail surveys, they will then receive the mail surveys. It's possible for caregivers to receive both web and mail surveys. Hospices may not choose if the caregiver wants mail or email.
When you say that an email survey where a caregiver doesn't hit "submit," but also doesn't return a mailed survey, must be included in the XML files. Do vendors do this only for surveys that meet the CMS definition of a completed survey, or for all email surveys w/out a "submit" or mailed survey?	If there is web data that has not been submitted, and no mail survey is returned, the vendors should treat that data as they would treat a completed web survey and evaluate whether it meets all the requirements. It could be coded as a completed survey or if it doesn't meet that threshold, it must be submitted as a break off.
Since web+ is now an approved mode and telephone has long been an approved mode, when will web plus telephone follow-up be an approved mode?	Currently, there are no plans to approve a web telephone mode. To date, we've only tested web with mail follow up, and we would not approve a mode without testing it first.
Does the submission of a web survey, with or without responses, effectively end the data collection period? If a respondent accidentally submits a web survey before completing it, is there a process where they would still be able to complete it?	If a blank web survey is submitted, the vendor must still send a mail survey to that caregiver. As a reminder, the web survey can only be submitted on the last screen, so the caregiver would need to go through the entire survey. Once a web survey is submitted, it cannot be reopened. However, if all the responses are missing in the web survey, the vendor will need to send a mail survey to that caregiver.

Data Submission

Question	Answer
Can you confirm that the cadence for monthly/quarterly submission deadlines will remain the same, despite the one week extension of the monthly survey closing?	The data submission deadline cadence is the same as it has always been. Even with the extended field period, there should be adequate time for vendors to produce the XML files and continue to submit them by the deadline each quarter. Please review the QAG for the data submission timelines.
Are there any plans to provide submission reports in format that lends itself more to automation, ie. XML, JSON, API? Currently the 4 PDF files per hospice have to be opened and read by a human, and automation would allow for expeditious quality review and correction.	At the current time, there are no plans to change the reports for the CAHPS Hospice Survey. The team will take this under advisement.

QAG and Survey Instrument

Question	Answer
Is there a brief overview of updates from version 10 to version 11 of the QAG?	Yes, we will provide a summary of updates and emphasis document which will be posted on the CAHPS Hospice Survey Website under the QAG tab, and that should be coming shortly.
Can we be allowed to use the informational flyer earlier than April 2025 decedents, since it can be included with intake paperwork?	This is a flyer that should be used with bereavement packages. It is not an intake flyer that can be included in an intake package. The use of this flyer may begin immediately for hospices.
When is the optional informational flyer for caregivers available to review and is it on the CAHPS website?	The informational flyer is included in QAG version 11.0 in the appendices. It is also available on the CAHPS Hospice Survey Website under "FAQs for Hospices." There is a link under the FAQ "Communication with Caregivers." It will also be posted under "Forms" on the CAHPS Hospice Survey Website.
Are hospice facilities required to use the exact Informational Flyer template, or can they customize the design as long as the content remains unchanged?	The flyer wording must be used as presented.
Can you clarify when the information flyer can be provided and/or if hospices can make modifications to the text in the optional information flyer? The flyer includes text referring to the caregiver's recent loss - can this be changed so that it can be included in bereavement packets provided prior to the patient's death?	The informational flyer is meant to be included in bereavement packages provided to family members after patient death. The wording on the flyer must be used as provided.
Will the flyer be available in languages other than English?	All materials will be available in all approved languages. They will be posted to the CAHPS Hospice Survey Website during the fall of this year.
Slide 88 and QAG v11 differ in date of 2nd mailing. Slide 88 says Day 21, QAG p37 shows Day 22. I have not done side by side comparisons of training slide and QAG tables for other modes.	The QAG is the official guidance that vendors must follow for administering the survey. There may be minor typos in the presentation slides, and they will be updated and reposted after the training. Please follow the guidelines in the QAG, which indicates that the mailing should take place on day 22.

Public Reporting

Question	Answer
We have heard from many smaller hospices we work with that it is very frustrating that 75 completed surveys are required to obtain a STAR rating. Is there any plan to reduce that number, such as 40 like HH, or is 75 the hard bottom for statistical relevance?	According to the team's analysis of CAHPS Hospice Survey data, star ratings based on fewer than 75 respondents do not have the required statistical reliability to distinguish between hospices performance, and for that reason CMS does not currently have plans to reduce the minimum threshold below 75.
Why is Footnote 11 used when a hospice's sample size is too small? We often see this used when Footnote 6 should be used. The terminology in Footnote 11 is often read by consumers and referral partners as meaning that the hospice did not submit data. They did submit data, but their sample size is too small to yield reportable results.	Footnote 11 is applied when a hospice is too new or too small to be required to participate in the CAHPS Hospice Survey, or when there are no cases that meet the criteria for a measure for a given reporting period. In contrast, footnote 6 indicates that a hospice is eligible to participate in the survey, but the number of cases is too small to report. The two footnotes have slightly different purposes, and that is why you may see footnote 11 for a hospice that was not eligible to or not required to participate in the survey but do so and submitted some cases.

QAP and Survey Material Submission

Question	Answer
Can hospice agencies work with their vendor to make any customizations to the prenotification letter, such as to align the wording to the cover letter? Why are the sentiments on the prenotification letter in a different order than on the flyer agencies can share in bereavement packets about the survey? Specifically, the "We're sorry for your loss" comes at the start of the prenotification letter, but at the end of the flyer. May agencies work with their vendor to align the ordering of sentiment and information across both the flyer and the prenotification letter?	The prenotification letter can be customized. There are requirements that we provide for the prenotification letter in the QAG, with room for customization. However, the informational flyer cannot be customized. It must be used in the way that it is provided in the QAG.
What is the deadline for submitting an updated QAP including details about web mail mode?	If vendors are going to be doing web mail mode, they should have processes that they develop or utilize from other programs to set up web mail for CAHPS Hospice. They must update their QAPs. We do not require a QAP submitted to us until we request it, typically prior to a site visit, or if the vendor has a change in ownership or key personnel.
Updated QAP to include V.11 changes due on what date?	The QAP needs to be updated after this training.

Training Logistics

Question	Answer
I have not heard the password for the quiz has it been given? Also do vendors need to take the quiz or at least one person from the hospice who will be choosing a vendor? Sorry I just want to make sure I understand.	The code word is web mail, and we will accept any version of how web mail is written- capitalized, not capitalized, hyphen, no hyphen. Only survey vendors need to take the quiz, and it's only one completed and submitted quiz per survey vendor organization. We realize vendors have multiple staff on the call, so every staff member does not need to submit a quiz. The vendor needs to decide who amongst their staff will best complete and submit the quiz. Hospices do not need to complete or submit a quiz.