CAHPS Hospice Survey Vendor Training

October 2026

Welcome

Training Presentation Overview

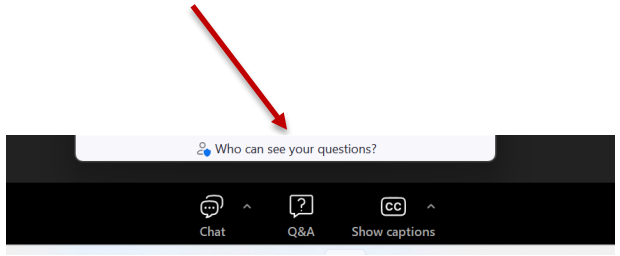
In today's CAHPS Hospice Survey Vendor Training, we will:

- Provide an overview of the CAHPS Hospice Survey
- Review public reporting of CAHPS Hospice Survey data
- Review updates to the CAHPS Hospice Survey protocols
- Discuss sampling, data coding, data submission, and data quality checks
- Discuss Oversight Activities, Exception Request, and Discrepancy Report processes
- Administer the post-training quiz and evaluation

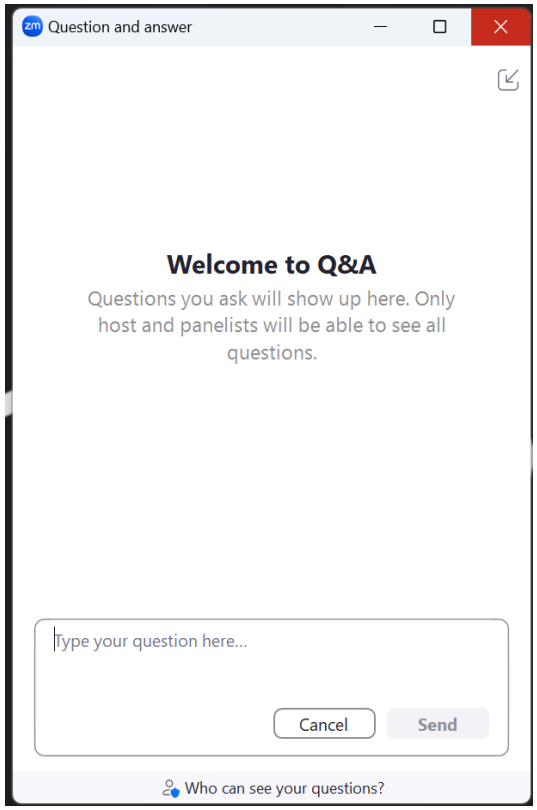
Online Question Submission *(1 of 2)*
Illustration 1

CAHPS Hospice Survey
Vendor Training
October 2026

Q&A Button



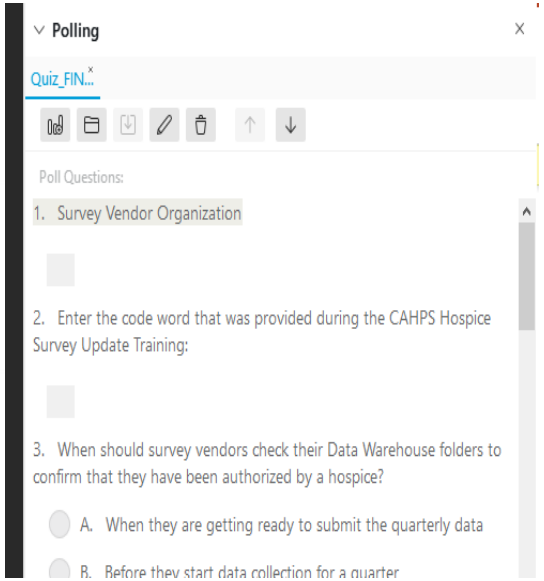
Online Question Submission *(2 of 2)*
Illustration 2



Quiz and Evaluation Submission Illustration 3

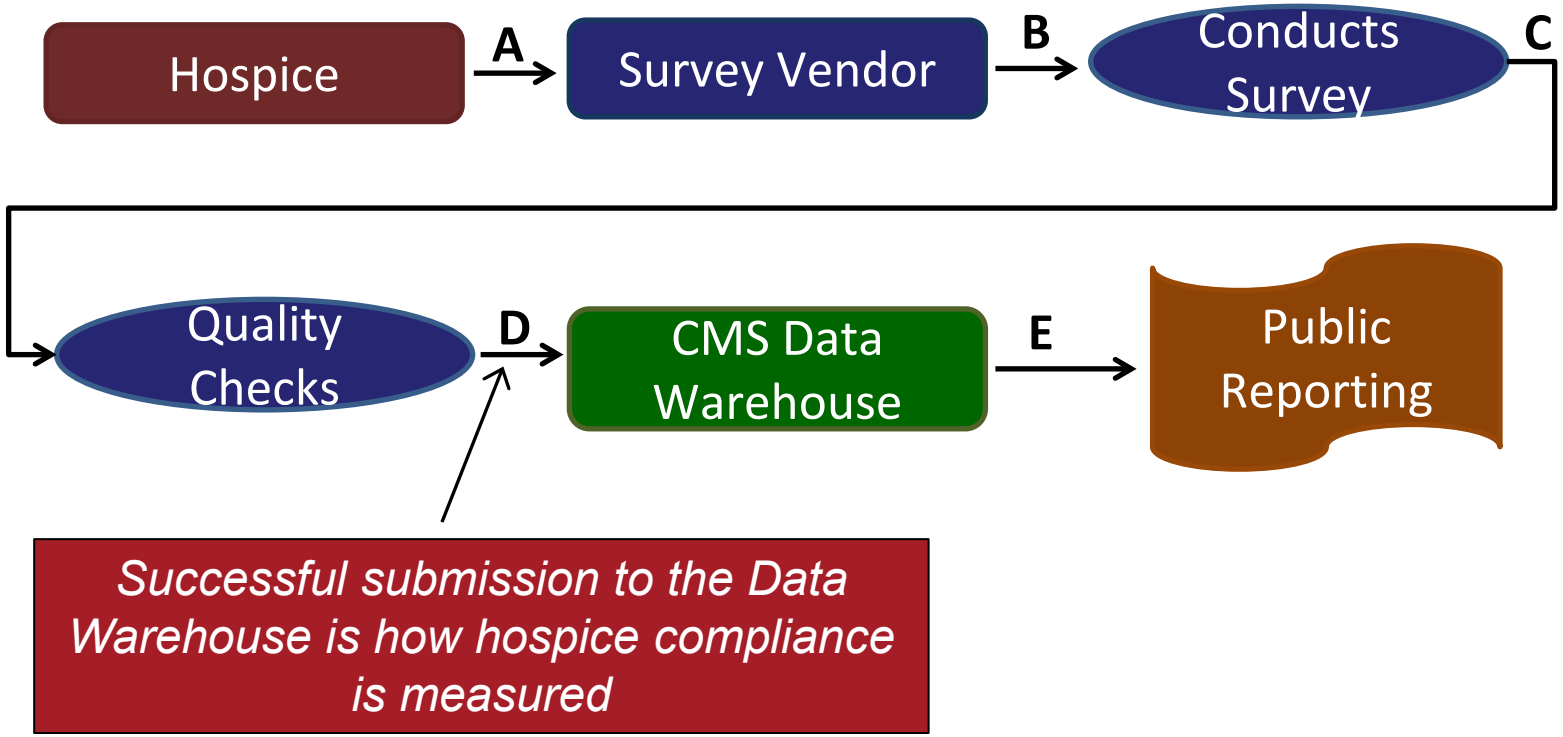
A polling window will appear.

Quiz and Evaluation



CAHPS Hospice Survey Introduction and Overview

CAHPS Hospice Survey Process



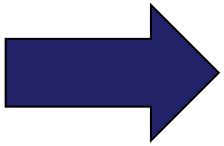
CMS Hospice Quality Reporting Program (HQRP)

- **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

CAHPS® Hospice Survey

Everybody Take Note!

CAHPS Hospice Survey compliance in CY 2027



Affects FY 2029 APU

Participation Exemption for Size

- Some hospices may be exempted from participation for a given APU period based on their size
  - For the CY 2027 data collection period, Medicare-certified hospices that have served fewer than 50 survey-eligible decedents/caregivers in the period from January 1, 2026 through December 31, 2026 can apply for an exemption from CAHPS Hospice Survey CY 2027 data collection and submission requirements
  - The Participation Exemption for Size Form must be submitted online at www.hospicecahpssurvey.org
  - The 2027 Participation Exemption for Size Form must be received by December 31, 2027
  - 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*

Participation 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 2027, hospices who received their CCN on or after January 1, 2027 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 2027, hospices who received their CCN any time in 2027 are required to participate beginning with January 2028 decedents
- Hospices eligible for this exemption will be identified by CMS. There is no form for hospices to submit.

Data Collection and Submission Timeline 2026-2027

Month of Death	Survey Field Period Begins	Data Submission to the CAHPS Hospice Survey Data Warehouse
April 2026	July 1, 2026	November 11, 2026
May 2026	August 1, 2026	
June 2026	September 1, 2026	
July 2026	October 1, 2026	February 10, 2027
August 2026	November 1, 2026	
September 2026	December 1, 2026	
October 2026	January 1, 2027	May 12, 2027
November 2026	February 1, 2027	
December 2026	March 1, 2027	
January 2027	April 1, 2027	August 11, 2027
February 2027	May 1, 2027	
March 2027	June 1, 2027	

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
  - Check your list of authorized hospices **before** submitting data
- 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**
- QAG V13.0 will supersede all previous materials beginning with January 2027 (Q1 2027) decedents

Use of the CAHPS Hospice Survey *(1 of 2)*

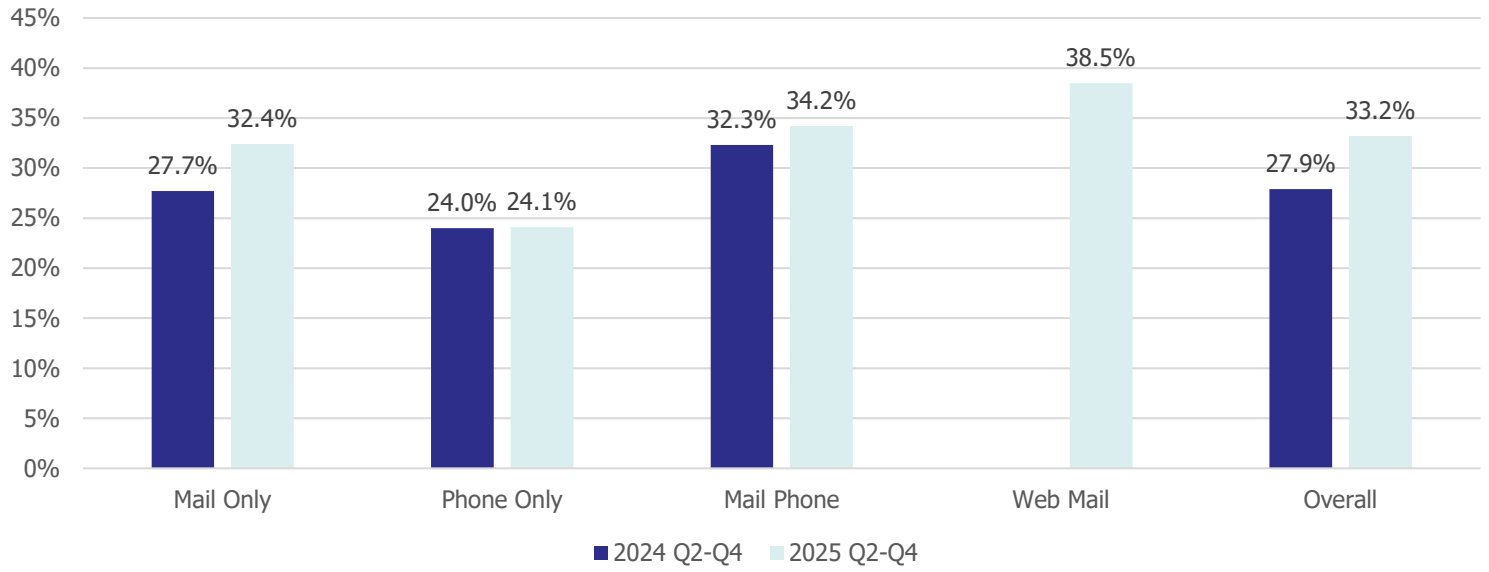
- The CAHPS Hospice Survey and the questions that comprise it are in the public domain
  - Can be used for non-CAHPS Hospice Survey eligible decedents/caregivers, etc.
  - When used in an **unofficial** capacity:
    - The OMB Paperwork Reduction Act language must **not** be used
    - All references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

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

CAHPS® Hospice Survey

With the Revised Survey and Procedures, Response Rates Increased by 5.3%



NOTE: Q2-Q4 2024 and Q2-Q4 2025 response rates are calculated for hospices that surveyed decedents/caregivers in both 2024 and 2025. Web mail was not an approved mode of survey administration in 2024.

CAHPS Hospice Survey
Important Reminders and Updates

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)
    - Caregiver names are valid even if the first name is one initial
- Submit a Discrepancy Report if the hospice does not respond to ongoing follow-up regarding counts

Reminder: Late Survey Administration

- If survey administration is not initiated within the first 7 calendar days of the month
  - 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

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

UPDATE: Providing Data to Hospices

- As there are no cell size restrictions for data that is shared with hospices, a Consent to Share question is not required by CMS in order to share identifiable caregiver responses with hospices
- **However**, survey vendors may not provide caregiver or decedent names, or other directly identifiable data to hospices
- Survey vendor should inform hospices that:
  - any responses that would identify a particular decedent/caregiver case **must not** be shared with direct care staff. These results should be limited to management and/or quality improvement personnel.
  - hospices may **not** contact caregivers directly regarding survey responses provided by the caregiver in the survey except when the caregiver explicitly requests a call from the hospice

UPDATE: Remote Work Activities

- An Exception Request (ER) is no longer required for remote work activities
- Survey vendors must provide information about remote work activities in their Quality Assurance Plan (QAP)
  - A description of all activities that are conducted remotely
  - A detailed discussion of current security measures for remote work
  - QAP must be updated when changes to remote work activities occur
- **Reminder**: mail administration activities are not to be conducted from a residence, nor from a virtual office

UPDATE: Final Survey Status Code 33 - No Response Collected

- Survey vendors must assign a "Final Survey Status" code of "33 – No Response Collected" when a decedent/caregiver is *correctly* drawn into the sample, but a survey is not administered
  - For example, if a vendor sends a prenotification letter but does not administer the survey
- This code may also be used for interim submissions to the CAHPS Hospice Survey Warehouse when the case is not yet finalized
- This update is effective immediately

Public Reporting and Analysis of CAHPS Hospice Survey Data

Quality Measures on Revised Survey

Measures	Differences between Original and Revised	Qs on Revised Survey
Communication with Family	Dropped "confusing or contradictory info" item, updated item wording	Q6, 8, 9, 15, 25
Getting Timely Help	Updated item wording	Q5, 7
Treating Patient with Respect	Updated item wording	Q10, 11
Emotional and Spiritual Support	Updated item wording	Q27, 28, 29
Help for Pain and Symptoms	No change	Q17, 19, 21, 23
Care Preferences	New measure/items	Q12, 13
Training Family to Care for Patient	Consolidated several items into a single-item measure	Q24
Rating of this Hospice	Updated item wording	Q30
Willing to Recommend this Hospice	No change	Q31

CAHPS® Hospice Survey

Scores and Star Ratings are Currently Calculated Using Data from the Original and Revised Surveys

Refresh	Survey Versions Used	Details
May 2026 – November 2027	Original and Revised Survey	• New Care Preferences measure and substantially revised Getting Hospice Care Training measure are **not** publicly reported • Scores for the other 7 measures calculated by combining scores from quarters using the original and revised survey – Star Rating based on those 7 measures
February 2028 – Onward	Only Revised Survey	• Scores for all 9 measures are calculated using data from the revised survey and are publicly reported – Star Rating based on 9 measures

Official Measure Scores and Star Ratings are Published on Care Compare

- Available at:
  https://www.medicare.gov/care-compare/
  - Downloadable database containing CAHPS Hospice Survey results by CCN also available
- In August 2026, scores were reported for 3,204 hospices, based on 681,548 survey responses
  - These hospices cared for 96% of all 2024 Medicare decedents

Measure Scores are Updated Quarterly Using 8 Rolling Quarters of Data

- Top-box 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

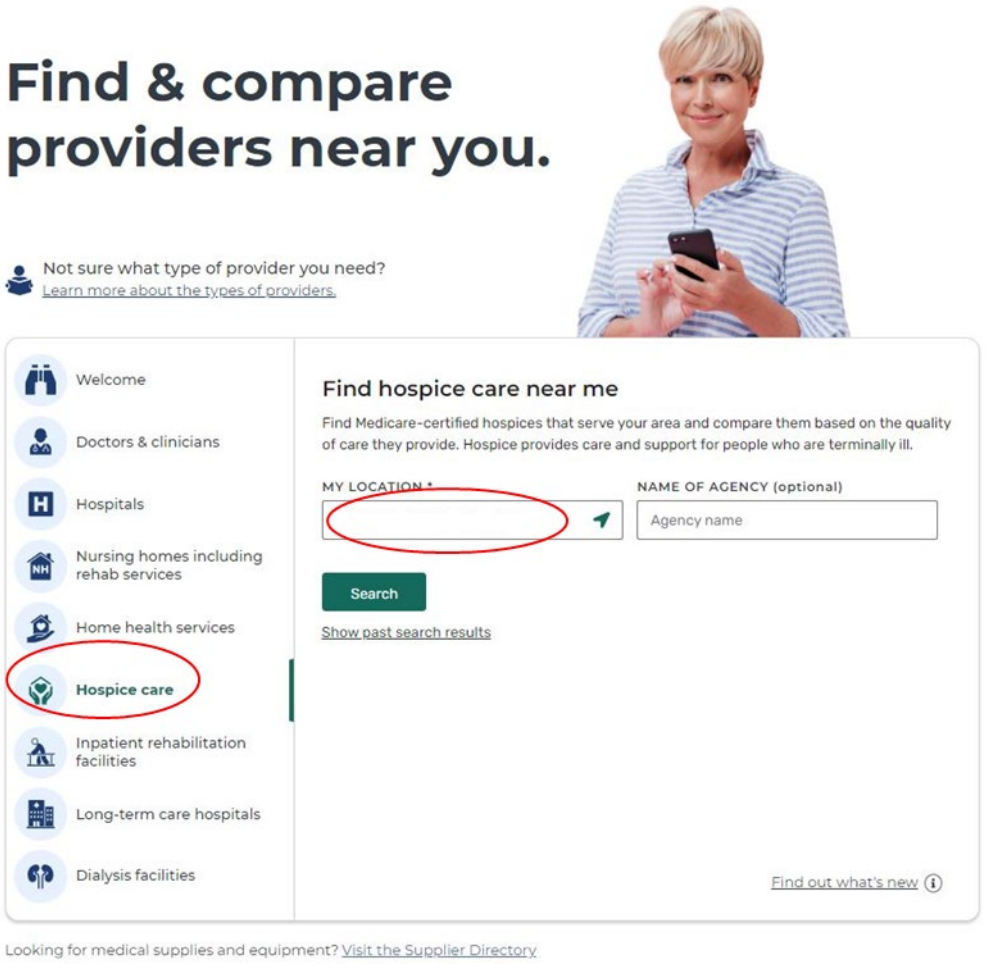
Public Reporting Periods

Reporting Period (Dates of Death) for CAHPS Hospice Survey Measure Scores	Provider Preview Period*	Care Compare Refresh Dates*
Q1 2024 – Q4 2025	August/September 2026	November 2026
Q2 2024 – Q1 2026	November/December 2026	February 2027
Q3 2024 – Q2 2026	February/March 2027	May 2027
Q4 2024 – Q3 2026	May/June 2027	August 2027

*Exact dates will be announced by CMS

CAHPS® Hospice Survey

Care Compare



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

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

Steps in Calculating Top-Box Measure Scores

- Calculate unadjusted top-box scores for each item by assigning "100" if the top-box response 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

Mode and Case-Mix Adjustment

- Purpose
  - Differences in hospice scores should reflect only differences in quality
  - Adjustments permit valid comparison of all hospices
- Adjusted results "level the playing field"
  - CMS adjusts for factors not reflecting hospice performance
    - Mode of survey administration (Mail only, Phone only, Mail Phone, Web Mail)
    - Case-mix (decedent and caregiver characteristics)

Mode Adjustment

- Accounts for the effect of mode of survey administration (Mail Only, Phone Only, Mail Phone, Web Mail) on how caregivers respond to the survey
- Beginning with Q2 2025 decedents, the reference mode is Mail Only
- Web Mail mode adjustments are applied for hospices administering in Web Mail mode with valid email addresses for at least 20% of sampled caregivers

Mode Adjustment Example

- Example: Hospice uses Phone Only mode on the Revised Survey

Raw Top-Box Score on Willing to Recommend this Hospice	90.00
Phone Only Mode Adjustment for Willing to Recommend this Hospice for the Revised Survey (reference mode: Mail Only)	+0.20
Mode-Adjusted Top-Box Score	**90.20**

— Mode adjustments for the original and revised surveys are available on the CAHPS Hospice Survey Website

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

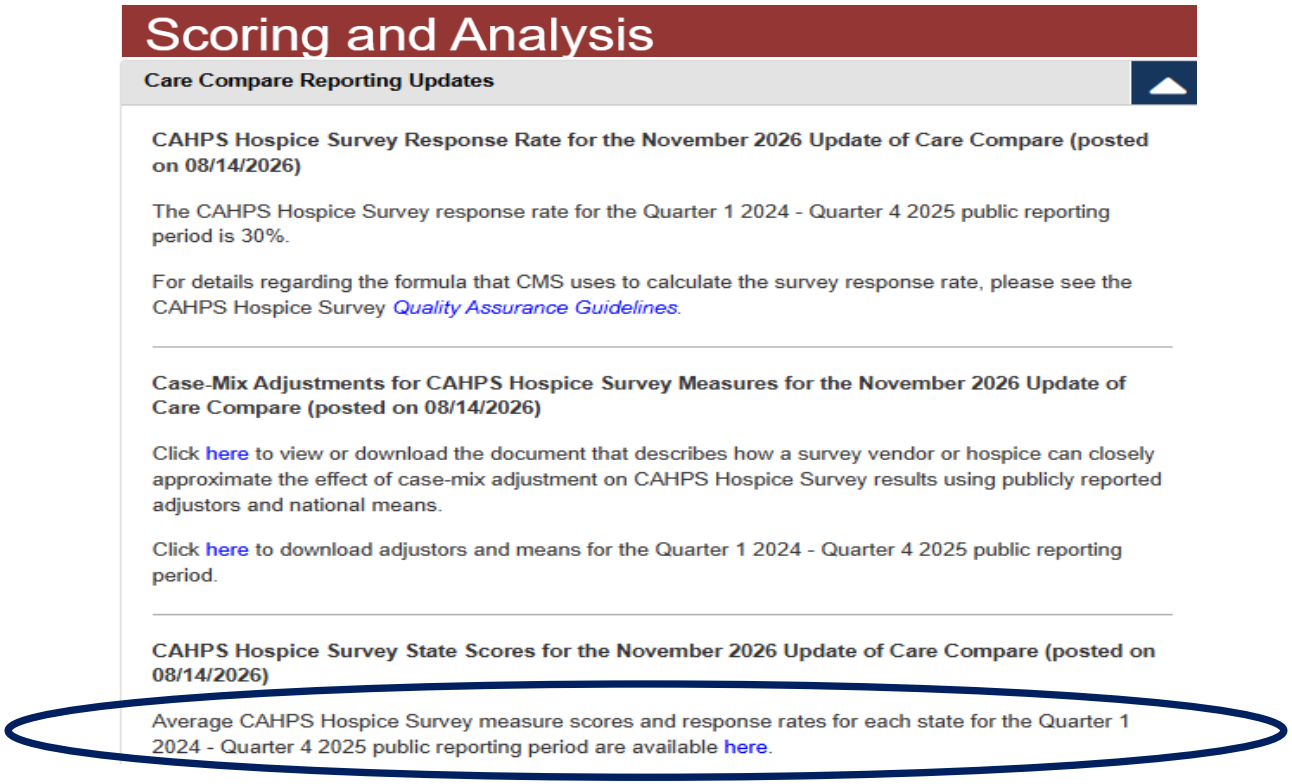
To Approximate CMS Official Scores, Use Data Provided on Survey Website

- Let **y** be the mode-adjusted hospice mean of an item that composes a CAHPS Hospice Survey measure
- Let **n** be the number of adjustments from the *'Top-box Adjustors'* or *'Bottom-box Adjustors' tab* for all rows other than reference categories.
- Let $\mathbf{m_1}$-$\mathbf{m_n}$ be the national means for the CMA variables (*National Means tab*)
- Let $\mathbf{h_1}$-$\mathbf{h_n}$ be the CMA variable means for the hospice in question (in the same form as *National Means tab*)
- Let $\mathbf{a_1}$-$\mathbf{a_n}$ be the corresponding adjustments (*Top-Box and Bottom-Box Adjustors tabs*)
- The case-mix and mode-adjusted hospice score **y'** for the item is:

$$y' = y + a_1(h_1 - m_1) + a_2(h_2 - m_2) + \ldots + a_n(h_n - m_n)$$

National Means and Top-Box Adjustments are Posted Quarterly on the Survey Website

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



Scoring and Analysis

Care Compare Reporting Updates

CAHPS Hospice Survey Response Rate for the November 2026 Update of Care Compare (posted on 08/14/2026)

The CAHPS Hospice Survey response rate for the Quarter 1 2024 - Quarter 4 2025 public reporting period is 30%.

For details regarding the formula that CMS uses to calculate the survey response rate, please see the CAHPS Hospice Survey *Quality Assurance Guidelines*.

Case-Mix Adjustments for CAHPS Hospice Survey Measures for the November 2026 Update of Care Compare (posted on 08/14/2026)

Click here to view or download the document that describes how a survey vendor or hospice can closely approximate the effect of case-mix adjustment on CAHPS Hospice Survey results using publicly reported adjustors and national means.

Click here to download adjustors and means for the Quarter 1 2024 - Quarter 4 2025 public reporting period.

CAHPS Hospice Survey State Scores for the November 2026 Update of Care Compare (posted on 08/14/2026)

Average CAHPS Hospice Survey measure scores and response rates for each state for the Quarter 1 2024 - Quarter 4 2025 public reporting period are available here.

Case-Mix Adjustment Example

For example:

- The mode-adjusted hospice top-box mean of the Willing to Recommend this Hospice single-item measure is 90.20
- The national mean for Decedent Age 18-54 is 2.0% (0.02)
- The hospice mean for Decedent Age 18-54 is 6.0% (0.06)
- 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 =

$$90.20 + (-0.50[0.06-0.02]) + a_2(h_2-m_2) + \ldots + a_n(h_n-m_n)$$

Star Ratings are Updated Every Other Quarter

- The overall CAHPS Hospice Survey Star Rating is referred to as the Family Caregiver Survey Rating
  - Hospices must have a minimum of 75 completed surveys over 8 quarters to be assigned a Star Rating
    - Hospices that do not meet this minimum receive a footnote explaining why they do not have a Star Rating

Family Caregiver Survey Rating is Calculated by Averaging Individual Measure Star Ratings

- For each hospice, CMS averages the Star Ratings for each of the individual survey measures with a weight of ½ for each of the 2 global rating measures and a weight of 1 for all other included measures
  - The Family Caregiver Survey Rating Summary Star Rating will be based on 7 measures until 8 quarters of revised survey data are available, after which it will be based on 9 measures

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 for the original and revised surveys
  - 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

Sampling Protocol

Overview of Sampling Process

- There are no changes to the sampling process for QAG V13.0
- 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

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")

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 whether they want to receive the survey

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)*
    - Vendors should review the definition of a "no publicity" decedent/caregiver with each hospice to ensure the hospice understands when this may be used
    - If the number of "no publicity" decedents/caregivers from any hospice is consistently high, the vendor should confirm the "no publicity" count is correct
  - 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 Web Mail mode)

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 phone numbers

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
- Assign a random, unique, de-identified number that is used to follow the record through the data collection process

Survey Vendor Selects the Monthly Sample

- Hospices with 50 to 699 survey-eligible decedents/caregivers in the prior 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 with 700 or more survey-eligible decedents/caregivers in the prior 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**

Survey Administration

Approved Modes of Administration

- Mail Only mode
- Phone Only mode
- Mail Phone mode
- Web Mail mode

*Additional requirements are included in QAG V13.0. Vendors are required to review and follow **all** requirements.*

Prenotification Letter Requirements

- Required for all modes
- Sent 7 days prior to the start of survey field period
- Survey vendors must follow the guidelines when altering the text in the sample prenotification letter
- Check for accuracy of caregiver contact information
  - Have a process to identify addresses that are submitted with "unknown," "don't know," etc. to attempt to update with the hospice
  - Check a few sampled decedent/caregiver records for file sorting errors
- English must be the default language in the continental U.S. and Spanish must be the default language in Puerto Rico
  - The "caregiver language" variable received from the hospice should be used as a guide when sending materials in an approved language

Prenotification Letter Quality Assurance

- 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
  - Conduct seeded (embedded) mailings in all administered languages to survey vendor CAHPS Hospice Survey project staff on a minimum of a quarterly basis

Follow Guidelines When Altering the Text for Survey Letters and Emails

- 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."

Customer Support Requirements

- Prenotification and survey cover letters must include a 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]
- The use of AI agents, conversational AI, voice-based AI agents, or AI interviewer is prohibited in responding to phone or email queries from caregivers

Survey Administration Timeline: All Modes

- Day -7: Send prenotification Letter
- Day 1: Begin Survey Field Period
- Day 49: End Survey Field Period

Example: July 2026 Decedents

- Day -7: September 24, 2026
- Day 1: October 1, 2026
- Day 49: November 19, 2026

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

Mail Only Mode

CAHPS® Hospice Survey

Example for Mail Only Mode

- March 28: Prenotification Letter Sent
- April 4: First Mail Survey Sent
- April 25: Second Mail Survey Sent
- May 23: End Survey Field Period

Reminders: Mail Only Mode *(1 of 2)*

- Caregivers without valid mailing addresses
  - Must **not** be excluded from the sample
  - Survey vendors must **re-contact the hospice** to inquire about an address update for caregivers with no/incomplete mailing address
  - Survey vendors must use commercial software or other means to update addresses provided by the hospice for sampled decedents/caregivers

Reminders: Mail Only Mode *(2 of 2)*

- Letters must not include any promotional or marketing text or QR codes
- Follow-up survey cover letter may include "reply by date"
  - 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."

Quality Assurance: Mail Only Mode

- Vendors must monitor and provide oversight of staff, subcontractors, and other organizations, if applicable
- During mail production, survey vendors must check that the entire sample has been printed for each hospice client
  - Quality check at least 10% of printed materials
  - 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)
- 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

Phone Only Mode

Example for Phone Only Mode

March 28

Prenotification Letter Sent

April 4

First Call Made to This Caregiver

All cases must have the first call within the first 7 days

May 23

End Survey Field Period for This Caregiver

Reminders: Phone Only Mode *(1 of 2)*

- Confirm that caregiver phone number has been provided
  - Check a few sampled decedent/caregiver records for file sorting errors
- Caregivers without valid mailing addresses or missing/incorrect phone numbers
  - Must **not** be excluded from the sample
  - Survey vendors **must re-contact the hospice** to inquire about address and/or phone updates for caregivers
  - Survey vendors must attempt to obtain updated addresses and phone numbers through commercial locating services, internet, or other means

Reminders: Phone Only Mode *(2 of 2)*

- Programming phone scripts
  - All punctuation for the question-and-answer categories must be programmed (e.g., commas, question marks)
  - Transitional statements and all probes specified in the phone script **must** be programmed
  - Default response options may not be programmed
  - Periodically review skip pattern logic and internal disposition codes for accuracy

Reminders: Phone Only Mode

Conducting Phone Attempts (1 of 2)

- Use of an AI agent, conversational AI, voice-based AI agent, or other AI interviewer is prohibited
  - All CAHPS Hospice Survey phone calls are required to be conducted by live interviewers
- A maximum of 5 phone attempts
  - Call the caregiver's primary and secondary numbers if provided
  - On the 5th attempt, if the caregiver requests an appointment to complete the survey the 6th call to the caregiver **must** be made
- If a "screening" number (e.g., privacy screen such as Google assistant, privacy manager, phone intercept, or blocked call) is reached, count as 1 phone attempt
  - If an assistant prompts for who is calling, the interviewer should respond by providing their name and the survey vendor's name

Reminders: Phone Only Mode

Conducting Phone Attempts (2 of 2)

- Interviewers **must** confirm the identity of the caregiver using the full name prior to disclosing any identifiable information
- Proxy respondents within the same household are permissible
- If the caregiver is away temporarily, they must be contacted upon return, provided that it is within the data collection time period
  - If the caregiver will not be available during the survey field period, and no proxy is identified, the caregiver should not receive any further phone attempts

Quality Assurance: Phone Only Mode *(1 of 2)*

- During phone attempts, survey vendors must:
  - Update phone information
  - Check that entire sample has received phone 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
    - Ensure that adequate staffing is available to call the caregiver at the scheduled callback time
  - Check that data are being captured correctly

Quality Assurance: Phone Only Mode *(2 of 2)*

- During survey field period, survey vendors must:
  - Monitor and provide oversight of staff, subcontractors, and other organizations, if applicable
  - Conduct and document phone monitoring even if using a subcontractor
    - **Must** follow state regulations when monitoring and recording telephone calls
    - At least 10% of interviews, response coding, dispositions, and attempts **must be monitored** in all applicable languages through silent monitoring

Mail Phone Mode

CAHPS® Hospice Survey

Example for Mail Phone Mode

March 28 — Prenotification Letter Sent

April 4 — Mail Survey Sent

April 25 — First Call Made to This Caregiver

All cases must have the first call 21 to 28 days after the mailing

May 23 — End Survey Field Period for This Caregiver

Reminders: Mail Phone Mode

- For mail portion follow guidelines for Mail Only mode
  - Exception: Use one questionnaire mailing instead of two
- For phone portion follow guidelines for Phone 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 phone portion
- Quality Assurance must follow guidelines for both Mail Only and Phone Only modes

Reminders: Mail Phone Mode

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

Web Mail Mode

CAHPS® Hospice Survey

Example for Web Mail Mode

March 28	Prenotification Letter Sent
April 4	Email Invitation Sent
April 6	Email Reminder Sent
April 8-11	First Mail Survey Sent
April 25	Second Mail Survey Sent
May 23	End Survey Field Period

Web Mail Mode

Obtaining Email Addresses

- Must **only** use 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
  - Supplemental or adjunct services to find or replace email addresses provided by the hospice must not be used
- 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

Web Mail Mode

Email Invitation and Reminder

- Cannot use a “No Reply” or ”Do Not Reply” email address for sending the emails
- Must use the signature block of the hospice Administrator or survey vendor Project Director
- Must include name of the sampled caregiver, decedent, and the hospice in the body of the email
- Must include an embedded hyperlink unique to each sampled caregiver to allow caregiver to access web survey

Web Mail Mode

Email Invitation and Reminder Unsubscribe

- An unsubscribe statement may be added to the email invitation
  - Must be placed at the bottom of the email invitations, may appear in italics and appear smaller than the rest of the text of the email invitations
  - Removes the sampled caregiver from all remaining email invitations but the sampled caregiver **must not** be removed from the mail phase

Web Mail Mode

Follow all Web System Requirements, including:

- Support URL that is a maximum of 25 characters
- Allow a web survey to be programmed to be 508 compliant
- Must **NOT** allow for advertisements to be embedded or displayed

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 that do not have a valid email address **must** be sent the prenotification letter and the survey mailings at the same time as other cases in the sample month
- 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
- Cover letter and questionnaire requirements are the same as for Mail Only mode

Web Mail Mode

Tracking Completed Surveys

- Survey vendors **must** track the mode and attempt in which each survey was completed
  - If a caregiver **completes** multiple survey questionnaires or completes the web survey and the mail survey, 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

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 V13.0 for all quality assurance requirements

Break

Data Coding and Data File Preparation

Timeline Reminder

- XML V13.0 begins with Q1 2027 decedents
  - January 2027 decedents
  - CAHPS Hospice Data Warehouse submission deadline in August 2027

Reminder: Hospice Record

- 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
    - The hospice must confirm in writing that it had zero eligible cases during the month
    - If no written 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
- If a vendor identifies duplicate records in a hospice sample file, the number of duplicate records must be removed from the count of <records-received>

Decedent/Caregiver Administrative Record

Assigning Survey Disposition Code 33: No Response Collected

- Code when a decedent/caregiver is *correctly* drawn into the sample, but a survey is not administered
  - Includes cases where a prenotification letter is sent, but no survey is administered via mail, web, and/or phone.
- Code 33 may also be used for interim submissions when the case is not yet finalized.
- Lag Time must be calculated as the time between the decedent's death and the date that the survey vender learns that the survey was not administered

Reminder: Survey Results Record

- 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/Partial Complete"
  - 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"

Coding Cases When a Refusal or Ineligible is Identified Before Survey Fielding

- If caregiver is found to be ineligible or refuses prior to the initiation of the first survey mailing, call attempt, or email (i.e., in response to the prenotification letter):
  - The case should be coded with the correct "Final Survey Status" (2, 3, 4, 5, 6, 14, 15, or 8)
  - In the XML file the "number-survey-attempts" should be coded as "0"

Data Submission

Reminder: File Submission

- Submission files should include **all required elements** as specified in the QAG version corresponding to the quarter of data submission
  - XML File Specification V13.0 will be used starting with Q1 2027 (January 2027) decedents
- Ensure that data files are submitted and accepted by the deadline
  - Note that the quarterly data submission deadline is 8:00 PM Eastern Time

Data Submission Reports

- Four CAHPS Hospice Survey Data Submission Reports are accessible by hospices and survey vendors
- A fifth report, Hospices Not Authorized, is posted only if a vendor submits a file with unauthorized CCNs, and is not available to hospices
- Edits have been made to correspond to XML V13.0 changes
- Survey vendors must log in and review the CAHPS Hospice Survey Data Submission Reports in a timely manner after data submission to ensure that all data are as expected

Data Submission Detail Report (Part I)

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

TestVendor-Hospice 12:04 Friday, May 30, 2025 1
File - TestVennndor-Hospice.11032025.1.xml
File Validation Checks

CHECK	message
File encryption check	File TestVennndor-Hospice.11032025.1.xml.pgp sucessfully de-crypted
Check file naming convention	The file name of TestVennndor-Hospice.11032025.1.xml is not correctly formatted
Check file naming convention	Per Quality Assurance Guidelines, the file name should follow this convention: TestVendor-Hospice.mmddyy.submission#.xml where "mmddyy" is the date of submission and "submission#" is the submission number for that date
XML Validation	XML contains all required data elements

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: Decedent-Level Data

CCN	Decedent Caregiver ID	Month	QUESTION_PRINT	Content of Submitted Field	Valid Values
999999	292896963	4	EMAIL_STATUS	4	1, 2, 88
999999	292896963	4	NUMBER_SURVEY_ATTEMPTS_WEB	3	1, 2, 88

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

Survey Status Summary Report

Survey Status Summary Report for TestVendor-Hospice
Submission TestVennndor-Hospice.11032025.1

Month of Death	CCN	Hospice Record Accepted	Sample Size	Decedent Caregiver Administrative-Level Records	Valid Final Survey Status Codes (1-16)	Completed Surveys
04/2025	000000	yes	9	3	3	2
	999999	yes	9	3	3	2
Month Total			18	6	6	4
05/2025	000000	no	.			
	999999	no	.			
Month Total			.	0	0	0
06/2025	000000	no	.			
	999999	no	.			
Month Total			.	0	0	0
FILE TOTAL			**18**	**6**	**6**	**4**

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

Hospices Not Authorized 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

Data Quality Checks

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

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

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

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

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

When Reviewing Data Files, Survey Vendors Should:

- Follow up with hospice clients
  - when there are unusual or unexpected changes from month to month
  - when there are notable changes in the counts of total decedents/caregivers and eligible decedents/caregivers
  - if <total-decedents> minus <no- publicity> does not equal <records-received>
  - If the decedent race variable as submitted by hospices does not appear to be correct
- Verify that survey completion mode, number of attempts, and email status all make sense relative to survey-mode

Review of XML Data Files

- Verify that ALL required data elements are included in the XML file
- Verify that ALL decedent/caregiver records for the month are included in the XML file
- Verify that ALL data for each decedent/caregiver record are included in the XML file
- Make sure variables in the XML file have the correct codes and are in the correct order
  - 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

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

Oversight Activities, Exception Request, and Discrepancy Report Processes

Oversight Activities

- Review of survey materials
  - Submit materials in ALL languages that vendors plan to use
  - **Due date of 11/19/2026**
    - Mail materials (questionnaires, letters, and outgoing/return envelopes)
    - Phone materials (prenotification letter, outgoing envelope, CATI screenshots)
    - Web materials (email samples, web survey screenshots, web survey links)
- Review of Quality Assurance Plan (QAP)
  - Follows the QAP specifications provided in Appendix H
    - Vendors must provide detailed information regarding their remote operations
  - **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

Exception Request *(1 of 2)*

- For consideration of:
  - Alternative strategies not identified in the CAHPS Hospice Survey Quality Assurance Guidelines V13.0 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 (Mail Only, Phone Only, Mail Phone and Web Mail 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

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

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

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
  - Continued patterns of missing or incorrect data from hospices such as missing decedent primary diagnosis
    - Include date(s) of communication with hospice to rectify this information

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

Questions?

Wrap-up and Next Steps

Wrap Up and Next Steps

- Deadlines survey vendors must meet
  - Quarter 2 2026 decedent data due by **8:00 PM Eastern Time 11/11/2026**
  - Samples of CAHPS Hospice Survey materials due by: **11/19/2026**
  - CAHPS Hospice Survey Attestation Statement due by **12/04/2026**

Wrap-up and Next Steps *(cont'd)*

- 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 **10/12/2026**

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

Quiz and Evaluation