Introduction to CAHPS Hospice Survey

September 2026

Welcome

Training Presentation Overview

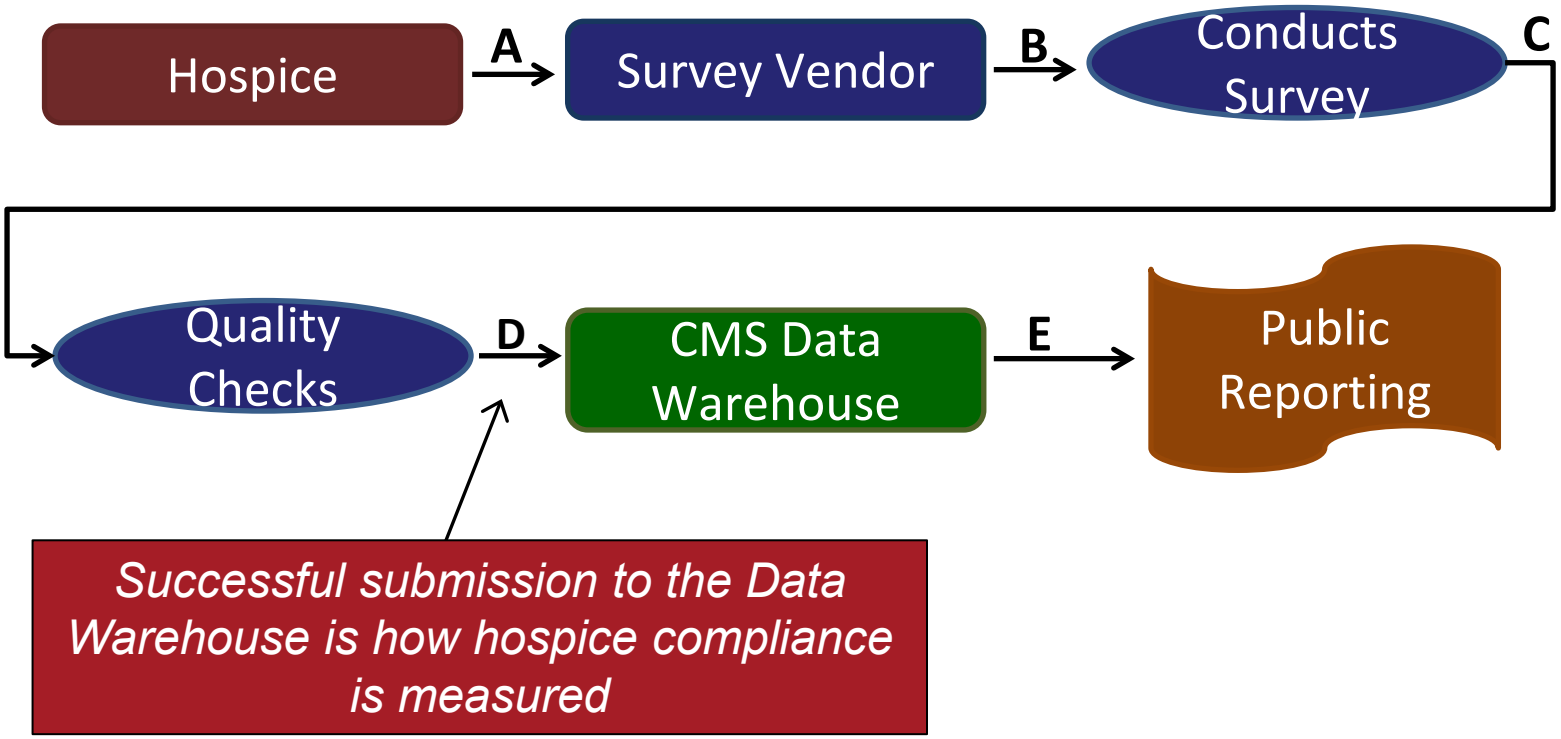
CAHPS Hospice Survey Training Objectives:

- Explain purpose and use of the CAHPS Hospice Survey
- Review key concepts and protocols
- Provide an overview of survey administration and instruction on managing the survey
- Discuss modes of survey administration
- Instruct on sampling, data preparation, and data submission

NOTE: Mandatory CAHPS Hospice Update Training will be held on October 1, 2026 for survey vendors

CAHPS Hospice Survey Introduction and Overview

CAHPS Hospice Survey Process



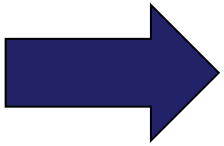
CMS Hospice Quality Reporting Program (HQRP)

- **CAHPS Hospice Survey is a component**
- HQRP information
  - www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/
- Impacts Medicare payments
  - FY 2029 annual payment update: 4% reduction
- 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

Timeline for 2026 – 2027 Data Collection and Submission

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	

Timeline for 2027 – 2028 Data Collection and Submission

Month of Death	Survey Field Period Begins	Data Submission to the CAHPS Hospice Survey Data Warehouse
April 2027	July 1, 2027	November 10, 2027
May 2027	August 1, 2027	
June 2027	September 1, 2027	
July 2027	October 1, 2027	February 9, 2028
August 2027	November 1, 2027	
September 2027	December 1, 2027	
October 2027	January 1, 2028	May 10, 2028
November 2027	February 1, 2028	
December 2027	March 1, 2028	
January 2028	April 1, 2028	August 9, 2028
February 2028	May 1, 2028	
March 2028	June 1, 2028	

Quality Assurance Guidelines (QAG)

- Provide guidance on all aspects of survey administration and data collection
- Specify all requirements and protocols that must be adhered to
- Describe roles and responsibilities for CMS, survey vendors, and hospices
- Identify required timelines for administration of the survey and submission of data to the CAHPS Hospice Survey Data Warehouse
- Describe the use of survey results in public reporting

Important Points to Remember

- Review QAG V13.0 as it supersedes all previous materials
  - Updates have been made based on questions and feedback
  - Updates must begin with January 2027 decedents
- Data that are submitted must follow the XML File Specification or be rejected from the CAHPS Hospice Survey Data Warehouse
  - XML File Specification V12.0 will be used through Q4 2026
  - XML File Specification V13.0 will be used starting with Q1 2027
- Submit data to the CAHPS Hospice Survey Data Warehouse early

Important Points to Remember *(cont'd)*

- 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 Web site for the form
    - This form may be submitted up to the data submission deadline for each quarter
    - Hospices are still encouraged to submit their forms 90 days prior to the Data Submission Deadline
  - Check your list of authorized hospices **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
- Data cannot be submitted without an authorization form
  - **This may result in an APU failure for the hospice**

Use of CAHPS Hospice Survey

- 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 CAHPS Hospice Survey *(cont'd)*

- 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 Website

- "What's New"
- QAG V13.0
- Data collection materials in all available translations (including mail surveys, letters, phone 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

Technical Assistance and Communication

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

Program Requirements

Overview

- Roles and Responsibilities
  - CMS
  - Hospices
    - Participation Exemptions
    - Hospice Communication with Patients and/or their Caregivers
  - Survey Vendors
    - Staff Training
    - Survey Vendor Analysis of CAHPS Hospice Survey Data

Roles and Responsibilities

CMS

- CMS provides:
  - QAG
  - Training of survey vendors
  - Survey materials
  - Tools, format, and procedures for submitting the collected data
  - Quality oversight
  - Technical assistance
  - Calculations and adjustments to CAHPS Hospice Survey data for mode and case-mix effects prior to public reporting
  - Preview reports containing CAHPS Hospice Survey results approximately two months prior to public reporting
  - CAHPS Hospice Survey results and Star Ratings on the Care Compare tool on Medicare.gov

Roles and Responsibilities

Hospices

- Participate in the CAHPS Hospice Survey, if eligible
- Authorize a survey vendor by submitting a CAHPS Hospice Survey Vendor Authorization Form
  - Hospices are encouraged to submit their forms 90 days prior to the Data Submission Deadline
  - Data will be rejected by the Data Warehouse if the survey vendor is not authorized to submit
- 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
  - Understand data submission due dates
- Review Data Submission Reports in the Data Warehouse
- Avoid influencing caregivers as to how to answer the survey questions

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*

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 performance 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.

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

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

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
- Complete and sign the Introduction to CAHPS Hospice Survey Training Attestation Form at the conclusion of this training
- Complete and submit the quiz which is provided after the Attestation Form is submitted
  - The quiz is available only for 24 hours after submission of the Attestation Form
  - Only one Attestation Form and quiz are required per conditionally approved vendor
- Ensure that all staff are trained and that appropriate back-up responsibilities for coverage of key staff are assigned
- Develop and maintain an up-to-date CAHPS Hospice Survey Quality Assurance Plan and notify CMS of any changes in ownership or key personnel

Survey Vendor Roles and Responsibilities

Obtain Monthly Decedent/Caregiver Lists from Hospices

- Verify that each contracted hospice has authorized the survey vendor to submit data and is on the vendor's authorized hospices list
- Work with the client hospice's staff to create monthly decedents/caregivers lists and required counts, including all data elements needed
- 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

Survey Vendor Roles and Responsibilities

Administer the CAHPS Hospice Survey

- Apply eligibility criteria and prepare sample frame
- Sample decedents/caregivers according to the sampling protocols
- Administer the CAHPS Hospice Survey and oversee the quality of work of staff, subcontractors, and other organizations, if applicable
- Perform quality checks of **all** administration processes and **document** the performance of the quality check activities

Survey Vendor Roles and Responsibilities

CAHPS Hospice Survey Data Warehouse

- Successfully submit data files to the CAHPS Hospice Survey Data Warehouse in accordance with the XML file layouts
- Request client hospices gain access to the CAHPS Hospice Survey Data Warehouse and review their own Data Submission Reports
- Review CAHPS Hospice Survey Data Submission Reports in a timely manner
- Maintain active contract(s) with hospice(s) in order to retain approval status

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) in Appendices F and G to respond to inquiries
- Provide toll-free phone support and email contact (if required)
  - Provide staff during business hours and have sufficient capacity to handle incoming calls and emails
  - Monitor voicemail regularly and reply within 1-2 business days
    - Voicemail is acceptable during and after core business hours
  - 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 line is 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 heath information (PHI) via unsecure email is prohibited
  - Establish protocols for identifying security breaches and instituting corrective actions

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

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

Survey Vendor Roles and Responsibilities

Staff Training and Oversight

- CAHPS Hospice Survey management staff (no volunteers permitted) must:
  - Provide initial and update 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

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

Providing Data to Hospices

- A Consent to Share question is not required by CMS in order to share 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

- 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
- An Exception Request (ER) is not required for remote work activities
- **Reminder**: mail administration activities are not to be conducted from a residence, nor from a virtual office

Sampling Protocol

Overview of Sampling Process

- Hospices supply a monthly list of decedents/caregivers to their vendor
  - Hospices should not apply eligibility criteria before sending list to vendor
- Survey vendors apply eligibility criteria to determine which decedents/caregivers remain in the sample frame
  - Survey vendors must implement de-duplication processes to verify a decedent appears only once in decedents/caregivers list
- Survey vendors will draw a random or census sample monthly from all decedents/caregivers who meet survey eligibility criteria for each contracted hospice

CAHPS® Hospice Survey

Each month, each hospice must submit to its contracted survey vendor:

- Decedents/Caregivers List
  - *Reminder: Decedents of all payer types are eligible*
  - Include all decedents who died in the month, **except** those who request no contact ("no publicity")
- Count of decedents for the month
  - This count includes all patients who died during the month, including requests for no contact ("no publicity") cases
  - Must be the count for the hospice CCN only
- Count of hospice offices covered under a single CCN
  - This count is the number of administrative or practice offices for the CCN (not facilities or settings of care i.e., homes, hospitals, nursing homes)
- Counts of cases ineligible due to:
  - Live discharge
  - Requests for no contact (i.e., make a "no publicity" request or initiate or voluntarily request not to be contacted)

Exclusions from the Decedents/Caregivers List

- Decedents/caregivers with "no publicity" status
  - This is a rare and unusual request
  - "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 keep documentation for "no publicity" requests
  - Hospices **may not** ask patients/caregivers whether they want to receive the survey
- Patients whose last admission to hospice resulted in a live discharge

Review of the 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 a rare and unusual request)*
    - Review definition of a "no publicity" decedent/caregiver with each hospice to ensure the hospice understands when it may be used
  - 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
    - Follow up with hospices that do not provide counts or whose counts do not match
    - Submit a Discrepancy Report if the hospice does not respond to the follow-up regarding the counts
  - 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)

Identifying a Primary Informal Caregiver

- The hospice is responsible for identifying one primary informal caregiver who may be eligible to receive and respond to the CAHPS Hospice Survey for each decedent
  - 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
  - Staff members, employees of the hospice or care setting in which the patient received hospice care, or paid caretakers should not be considered primary informal caregivers

Identifying a Primary Informal Caregiver *(cont'd)*

- Caregiver is a family member or friend (i.e., not solely a legal guardian or paid caretaker)
  - A familial legal guardian will belong to one of six caregiver relationships

    1 = Spouse/Partner
    2 = Parent
    3 = Child
    4 = Other family member
    5 = Friend
    7 = Other
  - 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
    - Non-familial legal guardians or paid caregivers are not eligible for the CAHPS Hospice Survey
  - If a decedent has no caregiver or only a caregiver who is under 18, the hospice should indicate the caregiver relationship as 8 = No Caregiver of Record

Sample File Layout (Appendix D)

Sample File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Provider Name	100	Name of the hospice	Yes
Provider ID	10	CMS Certification Number (CCN) [formerly known as Medicare Provider Number]	Yes
NPI	10	National Provider Identifier	Yes
Number of Hospice Offices	10	The total number of hospice offices operating within this CCN. These are separate administrative or practice offices for the CCN, not to be confused with individual facilities or settings in which hospice care is provided.	Yes
Total Number of Live Discharges	10	Number of patients who were discharged alive during the month	Yes
Total Number of Decedents	10	Number of decedents during the month for the hospice CCN only (calculated as the number of records provided by hospice for the CCN plus the number of "no publicity" cases)	Yes
"No-Publicity" Decedents/Caregivers	10	"No publicity" decedents/caregivers are those who initiate or voluntarily request at any time during their stay that the hospice: 1) not reveal the patient's identity; and/or 2) not survey him or her Hospices must retain documentation of the "no publicity" request for a minimum of three years.	Yes

Sample File Layout *(cont'd)*

Sample File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Hospice Decedent/Caregiver ID	16	Hospice-generated ID submitted to survey vendor	No
Caregiver First Name	30	Name information used to personalize materials to caregiver	No
Caregiver Middle Initial	1		
Caregiver Last Name	30		
Caregiver Prefix Name	6		
Caregiver Suffix Name	10		
Decedent First Name	30	Name information used to personalize materials to caregiver	No
Decedent Middle Initial	1		
Decedent Last Name	30		

Sample File Layout *(cont'd)*

Sample File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Decedent Prefix Name	6	Name information used to personalize materials to caregiver	No
Decedent Suffix Name	10		
Decedent Sex	1	1 = Male 2 = Female M = Missing	Yes
Decedent Hispanic	1	1 = Hispanic 2 = Not Hispanic M = Missing	Yes
Decedent Race	1	1 = American Indian or Alaska Native 2 = Asian 3 = Black or African American 4 = Native Hawaiian or Pacific Islander 5 = White 6 = More than one race 7 = Other M = Missing	Yes

Sample File Layout *(cont'd)*

Sample File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Decedent Date of Birth	8	MMDDYYYY Used by survey vendor to calculate decedent age to confirm decedent meets eligibility criteria	Yes
Decedent Date of Death	8	MMDDYYYY Used by survey vendor to calculate decedent age to confirm decedent meets eligibility criteria	Yes
Decedent Hospice Admission Date	8	MMDDYYYY Decedent admission date for his/her final episode of hospice care. Used by survey vendor to calculate decedent age to confirm decedent meets eligibility criteria.	Yes

Sample File Layout *(cont'd)*

Sample File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Decedent Last Location/Setting of Care	2	1 = Home (Do not include assisted living or any other facility) 2 = Assisted living 3 = Long-term care facility or non-skilled nursing facility 4 = Skilled nursing facility 5 = Inpatient hospital 6 = Inpatient hospice facility 7 = Long-term care facility (hospital) 8 = Inpatient psychiatric facility 9 = Location not otherwise specified 10 = Hospice facility M = Missing *The Valid Values are derived from the Healthcare Common Procedure Coding System (HCPCS) Codes: Q Codes for Hospices.*	Yes
Facility Name	100	Name of hospice, inpatient or nursing home facility	Yes
Decedent Payer Primary	1	1 = Medicare 2 = Medicaid 3 = Private 4 = Uninsured/No payer 5 = Program for All Inclusive Care for the Elderly (PACE) 6 = Other M = Missing	Yes

Sample File Layout *(cont'd)*

Sample File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Decedent Payer Secondary	1	1 = Medicare 2 = Medicaid 3 = Private 4 = Uninsured/No payer 5 = Program for All Inclusive Care for the Elderly (PACE) 6 = Other 7 = No Secondary Payer M = Missing	Yes
Decedent Payer Other	1	1 = Medicare 2 = Medicaid 3 = Private 4 = Uninsured/No payer 5 = Program for All Inclusive Care for the Elderly (PACE) 6 = Other 7 = No Other Payer M = Missing	Yes

Sample File Layout *(cont'd)*

Sample File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Decedent Primary Diagnosis	8	ICD-10 codes must be 3-8 characters. All codes use an alphabetic lead character. Most codes use numeric characters for the second and third characters, though some codes have an alphabetic third character. Do not submit descriptions of diagnoses that are not in the ICD-10 format, and do not submit Z-level codes, which represent reasons for encounters, not diagnoses. Examples of ICD-10 codes in the correct format are: G20. – Parkinson's disease G30.9 – Alzheimer's disease, unspecified I50.22 – Chronic systolic (congestive) heart failure C7A.024 – Malignant carcinoid tumor of the descending colon V00.818A – Other accident with wheelchair (powered): Initial encounter MMMMMMMM = Missing	Yes

Sample File Layout *(cont'd)*

Sample File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Caregiver Mailing Address 1	50	Street address or post office box (address information used in protocols that have a mail mode of survey administration)	No
Caregiver Mailing Address 2	50	Mailing address 2nd line (if needed)	No
Caregiver Mailing City	50	Mailing city	No
Caregiver Mailing State	2	Two-character state abbreviation	No
Caregiver Mailing Zip Code	9	Nine-digit zip code; no hyphen, separators or de-limiters (i.e., 5-digit zip code followed by 4-digit extension)	No
Caregiver Phone Number 1	10	Three-digit area code plus 7-digit phone number; no dashes, separators or de-limiters (phone information used in protocols that involve a phone component as part of the mode of administration)	No
Caregiver Phone Number 2	10	Three-digit area code plus 7-digit phone number; no dashes, separators or de-limiters (phone information used in protocols that involve a phone component as part of the mode of administration)	No

Sample File Layout *(cont'd)*

Sample File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Caregiver Phone Number 3	10	Three-digit area code plus 7-digit phone number; no dashes, separators or de-limiters (phone information used in protocols that involve a phone component as part of the mode of administration)	No
Caregiver Email Address	30	Email address of caregiver	No
Caregiver Relationship to the Decedent	1	1 = Spouse/Partner 2 = Parent 3 = Child 4 = Other family member 5 = Friend 6 = Legal guardian (non-familial) 7 = Other 8 = No Caregiver of Record 9 = Paid caregiver (non-familial) M = Missing	Yes

Sample File Layout *(cont'd)*

Sample File Layout			
Data Element	**Length**	**Value Labels and Use**	**Required for Data Submission**
Caregiver Language	1	1 = English 2 = Spanish 3 = Chinese 4 = Russian 5 = Portuguese 6 = Vietnamese 7 = Polish 8 = Korean 9 = Other M = Missing	No

Sample Frame Development

- Survey vendors must:
  - 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
  - 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

Eligibility for the CAHPS Hospice Survey: Decedent Criteria

- The survey vendor will select a sample that meets the following decedent criteria:
  - 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

Eligibility for the CAHPS Hospice Survey: Caregiver Criteria

- The survey vendor will select a sample that meets the following caregiver criteria:
  - Caregiver is a family member or friend (i.e., not solely a legal guardian or paid caretaker)
  - A familial legal guardian will belong to one of six answer categories in the Sample File Layout of Appendix E

    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
  - Caregiver is over 18

Sample Frame Creation

- Survey vendors are required to de-duplicate decedents for:
  - Patients with repeated entries in the file (patients that are included in the file more than once for the same service dates), and
  - Patients with multiple admissions (patients with multiple hospice admissions during a given calendar month)
    - For example: A decedent was
      - admitted on January 15,
      - discharged alive on January 18,
      - readmitted on January 22,
      - and died on January 26
    - The January 26 death is included in January decedents/caregivers list
    - The January 18 live discharge is not included in January decedents/caregivers list
- Remove the number of duplicate records from the count of records received

Sample Frame Creation *(cont'd)*

- Assignment of the Random, Unique, De-identified Number
  - Each sampled record must be assigned a number that is used to:
    - Follow the records through the data collection process and
    - Report whether the survey for each sampled record has been returned
  - 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

Reporting Ineligible Counts

- Survey vendors must:
  - Report ineligible decedent/caregiver counts in the data submitted
    - Survey vendors should verify the accuracy of the monthly counts submitted by hospices
      - Compare count of total decedents minus "no publicity" and "missing date of death" counts to number of decedent/caregiver cases submitted (these numbers should match)
      - Follow up with hospices that do not provide counts or whose counts do not match
      - Submit a Discrepancy Report if the hospice does not respond to the ongoing follow-up regarding the counts
  - Document and retain the sample frame and ineligibility counts for a minimum of three years

Reporting Ineligible Counts *(cont'd)*

- Survey vendors are required to provide and document counts of:
  - Patients discharged alive (provided by the hospice)
  - "No publicity" decedents/caregivers (provided by the hospice)
  - 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 excluded from the sample frame because any part (i.e., day, month or year) of the decedent's date of death is missing

Reporting Ineligible Counts *(cont'd)*

- Survey vendors are required to provide and document counts of:
  - 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

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

Sample Selection

- Hospices with <50 survey-eligible decedents/caregivers during the prior calendar year can apply for an **exemption**
  - *Reminder: These hospices must submit a Participation Exemption for Size Form **annually** to be considered eligible for the exemption*
- Hospices with 50 to 699 survey-eligible decedents/caregivers in the prior year **must survey all cases** (conduct a census)
- 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

Method of Sampling

- Sampling is based on the survey-eligible decedents/caregivers for a calendar **month**
  - Simple random sample or census
  - Every survey-eligible decedent/caregiver for a given month has the same probability of being sampled

Survey Administration

Objectives

- Survey Administration
- Mail Only mode
- Phone Only mode
- Mail Phone mode
- Web Mail mode
- Supplemental Questions

Survey Administration

- 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
- No communication to caregivers that is intended to influence survey results is permitted
- 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

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

Prenotification Letter Requirements *(1 of 3)*

- Required for all modes
- Sent 7 days prior to the start of survey field period
- 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
  - The "Caregiver language" variable should be used as a guide when sending materials in an approved language

Prenotification Letter Requirements *(2 of 3)*

- Prenotification letter **must** include:
  - Name and address of sampled caregiver
  - Name of decedent
  - Name of the hospice
  - A toll-free customer support phone 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."

Prenotification Letter Requirements *(3 of 3)*

- 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

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

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

Prenotification Letter Quality Assurance

- During production of the **prenotification letter**, survey vendors must:
  - Check that entire sample has been printed for each hospice client
  - Quality check at least 10% of printed materials
    - Check for smearing, fading, folded edges, and misalignment
    - 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

Customer Support Requirements

- 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]

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

Mail Only Mode

CAHPS® Hospice Survey

Example for Mail Only Mode

Day -7	Prenotification Letter Sent
Day 1	First Mail Survey Sent
Day 21	Second Mail Survey Sent
Day 49	End Survey Field Period

Mail Only Mode

- Protocol
  - Send first questionnaire with initial cover letter to sampled caregiver two months after the month of patient death within the first seven calendar days of the field period
    - If survey administration is not initiated within the first seven days
      - Surveys may be administered from the eighth to the tenth of the month without requesting prior approval from CMS
      - After the tenth 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 seventh of the month or does not occur for any month

Mail Only Mode *(cont'd)*

- Protocol *(cont'd)*
  - Send second questionnaire with follow-up cover letter to non-respondents approximately 21 days (i.e., from 21 to 28 days) after the first questionnaire mailing
  - Complete data collection within 49 calendar days after the first questionnaire mailing
  - Submit data to the CAHPS Hospice Survey Data Warehouse by the data submission deadline

Mail Only Mode *(cont'd)*

- Cover letter requirements
  - Must be printed on the hospice's or survey vendor's letterhead and must include the signature of the hospice administrator or survey vendor Project Director
  - 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 cover letter is required if the survey vendor is sending a Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean questionnaire to the caregiver
  - Name and address of sampled caregiver
    - "To Whom It May Concern" and "To the caregiver of [Decedent Name]" are not acceptable
  - Name of the decedent

Mail Only Mode *(cont'd)*

- Cover letter requirements *(cont'd)*
  - Language indicating that answers may be shared with the hospice for purposes of quality improvement
  - 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."
  - A "reply by date" may be added to the **follow-up cover letter**
    - 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."

Mail Only Mode *(cont'd)*

- Cover letter requirements *(cont'd)*
  - 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]
  - Name of the hospice to make certain the caregiver completes the survey based on the care received from that hospice only
  - The OMB Paperwork Reduction Act language must appear on either the questionnaire or front of the cover letter, and may appear on both
  - Customization is acceptable; cannot add content that would introduce bias

Mail Only Mode *(cont'd)*

- Cover letter requirements *(cont'd)*
  - OMB Paperwork Reduction Act: "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 0938-1257 (Expires November 30, 2027). 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."

Mail Only Mode *(cont'd)*

- Cover letters must not:
  - Be attached to the survey
  - Attempt to bias, influence or encourage caregivers to answer the CAHPS Hospice Survey questions in a particular way
  - Imply that the hospice, its personnel or its agents will be rewarded or gain benefits if caregivers answer survey questions in a particular way
  - Ask or imply that caregivers should choose certain responses
  - Indicate hospice's goal is for caregivers to rate them as a "10," "Definitely yes" or an "Always"

Mail Only Mode *(cont'd)*

- Cover letters must not: *(cont'd)*
  - 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 phone
  - Include extraneous titles for caregiver (e.g., Aunt, Uncle)
  - Include dates (e.g., print date, mail date)
  - Include any promotional or marketing text or QR codes

Mail Only Mode *(cont'd)*

- Cover letter options
  - Information may be added to the English cover letter indicating that the caregiver may request a mail survey in Spanish, Chinese, Russian, Portuguese, Vietnamese, Polish, or Korean
  - The cover letter may be double sided (English/Spanish, English/Chinese, English/Russian, English/Portuguese, English/Vietnamese, English/Polish, or English/Korean)
  - Survey vendor's return address may be included on the cover letter
    - If the survey vendor's name is included, then the business name must be used, not an alias or tag line
  - Any instructions that appear on the survey may be repeated in the cover letter
  - A bereavement support number may appear on the cover letter

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting requirements
  - Language stating the survey should be given to the person in the household who knows the most about the hospice care received by the decedent
  - Question and answer category wording must not be changed
  - No changes are permitted in the order of the Core questions (Q1 – Q31)
  - No changes are permitted in the order of the "About Your Family Member" and "About You" questions
  - No changes are permitted in the order of the response categories for the Core, "About Your Family Member," or "About You" questions

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting requirements *(cont'd)*
  - Each question and answer category must remain together in the same column and on the same page
  - Response options must be listed vertically
    - Response options listed horizontally or in a combined vertical and horizontal format are not allowed
    - No matrix formats allowed for question and answer categories
  - The hospice name must be placed on the front page of the questionnaire
  - The OMB control number (OMB#0938-1257) and expiration date (Expires November 30, 2027) must appear on the front page of the questionnaire
  - No other dates are permitted to be included on the questionnaire (e.g., print date, mail date)

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting requirements *(cont'd)*
  - All survey content, including headers, instructions, questions, and answer categories, must be printed verbatim and in the same order as shown in QAG V13.0
  - Randomly generated, unique identifiers must be placed on the first or last page of the questionnaire
    - Text indicating the purpose of the unique identifier *("You may notice a number on the survey. This number is used to let us know if you returned your survey so we do not have to send you reminders.")* must be printed either immediately after the survey instructions on the questionnaire or on the cover letter, and may appear on both
  - Neither the decedent's nor the caregiver's name may be printed on the questionnaire

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting requirements *(cont'd)*
  - Survey vendor's return address must be printed on the last page of the questionnaire
    - If the survey vendor's name is included in the return address, then the business name must be used, not an alias or tag line
  - Wording that is **bolded** or <u>underlined</u> in the CAHPS Hospice Survey questionnaire must be **bolded** or <u>underlined</u> in the survey vendor's questionnaire
    - All questions and skip pattern text are bolded; response categories are not bolded

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting requirements *(cont'd)*
  - Arrows |➔| that show skip patterns in the CAHPS Hospice Survey questions or response options must be included in the survey vendor questionnaire
  - Section headings (e.g., "**Your Family Member's Hospice Care**," etc.) must be included on the questionnaire and must be bolded
  - Survey materials must be in a readable font (i.e., Arial) in a font size of 10 point or larger
  - A mail wave indicator must be included on the survey

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting acceptable options
  - Questionnaire front page may include the name of the facility in which decedent received care
  - Small coding numbers next to response choices are permissible
  - Hospice name can be placed in the introduction to Questions 2, 4, and 30
  - May name the specific hospice inpatient unit, acute care hospital, or nursing home facility in which their family member or friend resided
  - Hospice logos may be included on the questionnaire; however, other images and tag lines are not permitted
  - May incorporate either circle, oval or square response options
  - The phrase "Use only blue or black ink" may be printed on the questionnaire
  - Page numbers may be included on the questionnaire

Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting acceptable options *(cont'd)*
  - Color may be incorporated in the questionnaire
  - Language such as one of the following may be added to the bottom of the page:
    - Continue on next page
    - Continue on reverse side
    - Turn over to continue
  - It is strongly suggested that survey vendors incorporate the following in formatting the questionnaire:
    - Two-column format
    - Wide margins (at least ¾ inch) so the survey has sufficient white space to enhance its readability

Mail Only Mode *(cont'd)*

- Mail Out – Requirements
  - Guidelines for mailings
    - Addresses acquired from hospice record
    - Addresses updated using commercial software
    - Mailings sent to caregivers by name
  - Mailing content
    - Survey mailings include:
      - Cover letter addressed to the caregiver by name
      - Questionnaire
      - Self-addressed, prepaid business reply envelope
- Mail Out – Options
  - First Class Postage or Indicia

Mail Only Mode *(cont'd)*

- Guidelines for outgoing survey envelopes
  - Survey vendor's address must be printed as the return address
    - Use survey vendor logo, hospice logo or both
    - CMS logo is not permitted on outgoing survey envelope
  - Window envelopes are permitted
  - The outgoing envelope may be printed with the banner "Important – Open Immediately"
    - No other banners may be used
    - Other messages, marketing or promotional text on either side of the envelope are not permitted

Mail Only Mode *(cont'd)*

- Caregivers without mailing addresses
  - Must not be excluded from the sample
  - Survey vendors have flexibility in not sending prenotification letters and mail surveys to caregivers without mailing addresses
    - Survey vendors must re-contact the hospice to inquire about an address update for caregivers with no mailing address
    - Attempts to obtain caregiver's address must be documented
    - Survey vendor must use commercial software or other means to obtain addresses
    - The survey status code "10: Non-response: Bad/No Address" is assigned if no address is found

Mail Only Mode *(cont'd)*

- Mail receipt – Blank questionnaire
  - If first survey mailing is returned with all missing responses (i.e., no questions are answered) and no written comments (such as "refused," "deceased," "language barrier," or "incapacitated"), send a second survey mailing to the caregiver if the data collection time period has not expired
    - If second survey mailing is returned with all missing responses, then code the "Final Survey Status" as "8 – Non-response: Refusal"
    - If the second mailing is not returned, then code the "Final Survey Status" as "9 – Non-response: Non-response after Maximum Attempts"

Mail Only Mode *(cont'd)*

- Data receipt and entry
  - Key-entry or scanning allowed for data capture
    - Key-entered data is entered a second time by different staff and any discrepancies between the two entries are identified; discrepancies should be reconciled
      - *Recommendation: Review all surveys that contain blank responses, stray marks, and multiple responses using the decision rules*
    - 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

Mail Only Mode *(cont'd)*

- Data receipt and entry *(cont'd)*
  - If a caregiver returns two survey questionnaires, use the first CAHPS Hospice Survey received
  - Ambiguous responses follow the CAHPS Hospice Survey decision rules
  - Calculate lag time
  - Assign "Final Survey Status" code
  - Document mail wave attempt

Mail Only Mode *(cont'd)*

- Data retention/storage guidelines
  - Paper questionnaires that are key-entered must be stored in a secure and environmentally controlled location for a minimum of three years
  - Optically scanned questionnaire images must be retained in a secure manner for a minimum of three years
  - Back-up files must be tested at a minimum on a quarterly basis to make sure the files can be retrieved

Mail Only Mode *(cont'd)*

- Quality control guidelines
  - Survey vendors must:
    - Check the accuracy of sampled caregivers' 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
      - Check a few sampled caregivers to ensure that the name corresponds to the address provided by the hospice
    - Use commercial software or other means to update addresses provided by the hospice for sampled decedents/caregivers
      - National Change of Address (NCOA)
      - United States Postal Service (USPS) Coding Accuracy Support System (CASS) Certified Zip+4 software
      - Other commercial software/search engines

Mail Only Mode *(cont'd)*

- Quality control guidelines *(cont'd)*
  - Survey vendors must:
    - Check quality of printed materials
    - Check for timeliness of manual or automated date stamping
    - Provide ongoing oversight of staff, subcontractors, and other organizations, if applicable
    - Conduct site verification of printing and mailing processes
    - Check a sample of mailings for inclusion of all sampled decedents/caregivers
    - Check for accuracy of mailing contents

Mail Only Mode *(cont'd)*

- Quality control guidelines *(cont'd)*
  - Survey vendors must:
    - Ensure all printed materials in the mailing packet are for the same unique identifier
    - Conduct seeded (embedded) mailings to designated hospice or survey vendor CAHPS Hospice Survey project staff on a minimum of a quarterly basis
      - Timeliness of delivery
      - Accuracy of address
      - Accuracy of mailing contents
      - Retain physical and/or scanned copies of seeded mailings for a minimum of three years
      - *Reminder: Keep a log of the results of the seeded mailings*
    - Document results of all oversight activities

Mail Only Mode *(cont'd)*

- 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."

Phone Only Mode

Overview of Phone Only Mode

- Day -7: Prenotification Letter Sent
- Day 1-7: First call made to all sampled cases
- Day 49: End Survey Field Period

Phone Only Mode

- Protocol
  - Initiate first phone attempt with sampled caregiver two months after the month of patient death within the first seven calendar days of the field period
  - Survey vendors must use phone interviewers who do not know decedents/caregivers either professionally or personally
  - Complete data collection within 49 calendar days after the first phone attempt
    - A maximum of 5 phone attempts **must** be made at various times of day, on different days of the week in different weeks, between 9 AM and 9 PM respondent time
    - Proxy respondents **within the same household** are permissible
  - Submit data to the CAHPS Hospice Survey Data Warehouse by the data submission deadline

Phone Only Mode *(cont'd)*

- Check for accuracy and completeness of contact information
  - Confirm that caregiver mailing address **and** phone number have been provided
  - Have a process to identify addresses that are submitted with "unknown," "don't know," etc. and attempt to update with the hospice
  - 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 phone numbers
  - Survey vendors **must re-contact the hospice** to inquire about address and/or phone updates for caregivers
  - Caregivers without valid mailing addresses or phone numbers must **not** be excluded from the sample
  - Survey vendors must attempt to obtain updated addresses and phone numbers through commercial locating services, internet, or other means

Phone Only Mode *(cont'd)*

- Phone scripts
  - Standardized CAHPS Hospice Survey phone scripts
    - Entire phone script must be read verbatim
    - Phone script available in all approved languages
  - Question and answer category wording **must not** be changed, nor the order of questions and answer categories
  - Core survey questions (Q1 – Q31) are at the beginning of the survey
  - "About Your Family Member" and "About You" questions must be placed after the Core survey questions and must remain together as one block of questions and cannot be eliminated from the questionnaire

Phone Only Mode *(cont'd)*

- Phone script(s) *(cont'd)*
  - All underlined content must be emphasized
  - All punctuation for the question-and-answer categories must be programmed (e.g., commas, question marks)
  - Only one language may appear on the interviewing screen at one time
  - Transitional statements and all probes **must** be programmed and read verbatim
  - Default response options may not be programmed
  - Periodically review skip pattern logic and internal disposition codes for accuracy

Phone Only Mode *(cont'd)*

- Interviewing systems
  - Phone data collection must be computer-assisted phone interviewing (CATI) using live interviewers
    - Paper surveys administered by phone and use of touch-tone or speech-enabled interactive voice response (IVR) are not acceptable
  - Caller ID
    - May be programmed to display "on behalf of [HOSPICE NAME]," with permission and compliance of hospice's HIPAA/Privacy Officer
    - Survey vendors must not program the caller ID to display only the hospice's name

Phone Only Mode *(cont'd)*

- Interviewing systems *(cont'd)*
  - Predictive or auto dialers are permitted as long as they are compliant with FTC and FCC regulations as promulgated under the Telephone Consumer Protection Act (TCPA) and there is a live interviewer to interact with the patient
  - Cell phone numbers in the sample must be identified so that systems with auto dialers do not call cell phone numbers
    - Survey vendors may identify cell phone numbers through an external database, and/or
    - Hospices may identify cell phone numbers upon patient admission

Phone Only Mode *(cont'd)*

- Interviewing systems *(cont'd)*
  - Monitoring and recording of phone calls
    - Follow state regulations
  - Every question should have a "MISSING/DON'T KNOW" option available
  - Skip patterns and conventions should be programmed into the system

Phone Only Mode *(cont'd)*

- Definition of a phone attempt
  - Phone rings six times with no answer
  - Busy signal
    - *At the discretion of the survey vendor, a single busy signal can consist of three consecutive phone attempts at approximately 20-minute intervals*
  - Interviewer reaches a wrong or disconnected number
  - An answering machine or voicemail is reached (do not leave messages as this violates privacy)
  - Interviewer reaches the household or a business and is told that the caregiver is not available to come to the phone or has a new number
  - Interviewer reaches a "screening" number (e.g., privacy screen, privacy manager, phone intercept, or blocked call)
  - Caregiver asks the interviewer to call back at a more convenient time
    - If possible, the call back should be scheduled at the caregiver's convenience

Phone Only Mode *(cont'd)*

- Scheduling calls
  - Recommended that vendors use both the primary (Caregiver Phone Number 1) and secondary (Caregiver Phone Number 2) numbers if provided by the hospice
  - *Reminder: 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*
  - If a caregiver requests to complete a phone survey already in progress at a later date, a call back should be scheduled to resume with the question where the caregiver left off
  - If on the fifth attempt the caregiver requests a call back, it is permissible to schedule an appointment and conduct the interview on the sixth attempt before the close of fielding

Phone Only Mode *(cont'd)*

- Contacting caregivers
  - Interviewers **must** confirm the identity of the caregiver using the full name prior to disclosing any identifiable information
  - Attempt to correct wrong phone numbers
  - If the caregiver does not speak the language(s) in which the survey vendor administers the survey, thank the caregiver for his or her time and terminate the interview
  - If the call is inadvertently dropped and the interview is interrupted, re-contact the caregiver immediately to complete
  - Multiple attempts should not be made in one day unless the interviewer received a busy signal, or a callback has been requested
  - 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

Phone Only Mode *(cont'd)*

- Contacting caregivers *(cont'd)*
  - If a number appears to be a business, the interviewer must request to speak to the sampled caregiver
    - If the caregiver states they are at work and cannot speak, attempt to schedule a callback or obtain an alternate phone number
  - If the interviewer reaches a "screening" number (e.g., privacy screen, privacy manager, phone intercept, or blocked call), count as one phone attempt and continue to make additional attempts (up to five)
    - If asked who is calling, the interviewer should respond by providing their name and the survey vendor's name
  - If the interviewer reaches a healthcare facility staff member, the interviewer must request to get in touch with the sampled caregiver

Phone Only Mode *(cont'd)*

- Contacting caregivers *(cont'd)*
  - If the caregiver is temporarily away and will return during the data collection period, re-contact the caregiver upon their return
    - If it is known that the caregiver may be available in the latter part of the 49 calendar day data collection time period, then survey vendors must reserve some of the allowable call attempts for the part of the field period for which the caregiver is available
  - If the caregiver will not be available during the data collection period, and no proxy is identified, the caregiver should not receive any further phone attempts
    - Code "8 - Non-response: Refusal" if additional calls could be made

Phone Only Mode *(cont'd)*

- Obtaining phone numbers
  - Main source of phone numbers is the hospice decedents/caregivers list
  - Survey vendors must follow-up with the hospice regarding missing phone numbers
  - Make attempts to update missing or incorrect phone numbers using:
    - Commercial software
    - Internet directories
    - Directory assistance

Phone Only Mode *(cont'd)*

- Data receipt and data entry
  - Electronic data collection, CATI
    - Linked electronically to survey management system
  - Maintain a crosswalk of interim disposition codes to the CAHPS Hospice Survey Final Survey Status codes
  - Assign "Final Survey Status" code
  - Capture the phone attempt in which the final disposition of the survey is determined
  - Calculate lag time

Phone Only Mode *(cont'd)*

- Data retention and storage guidelines
  - Files and survey administration related data collected through electronic phone interviewing systems must be maintained in a secure manner for a minimum of three years
    - Must be easily retrievable, when needed
  - Survey-related data files, including electronic data files, must be destroyed in a secure and environmentally safe location
    - Must obtain a certificate of the destruction of data

Phone Only Mode *(cont'd)*

- Quality control guidelines
  - Formal interviewer training to ensure standardized, non-directive interviews
    - Interviewers should be knowledgeable about the CAHPS Hospice Survey and prepared to answer questions
      - See the CAHPS Hospice Survey Frequently Asked Questions (FAQs) for guidance on responding to questions
    - Interviewers should be knowledgeable about the survey vendor's Distressed Respondent Procedures
  - Conduct phone monitoring even if using a subcontractor
    - Survey vendors **must** follow state regulations when monitoring and recording phone calls

Phone Only Mode *(cont'd)*

- Quality control guidelines *(cont'd)*
  - Monitor and provide oversight of staff, subcontractors, and other organizations, if applicable
    - At least 10% (on an ongoing and continuous basis throughout the survey administration period) of the CAHPS Hospice Survey attempts, interviewer survey response coding, dispositions, and interviews **must be monitored** in all applicable languages through silent monitoring
      - Silent monitoring capability must include the ability to monitor calls live, both on-site and from remote locations, starting at any point of the interview
      - Survey vendor must do at least some monitoring
      - Survey vendor and subcontractor must monitor for a combined total of at least 10% of calls
      - All interviewers conducting the CAHPS Hospice Survey must be monitored
    - Feedback must be provided to interviewers as soon as possible following a monitoring session
    - Must document all monitoring

Phone Only Mode *(cont'd)*

- Survey vendors must use phone 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

Phone Only Mode *(cont'd)*

- Interviewer training
  - Provide HIPAA training to staff prior to providing access to decedent/caregiver PHI and PII
  - Survey introduction
  - Interviewing guidelines and conventions
    - System conventions
    - Interviewer tone
    - Asking questions
    - Avoiding refusals
    - Probing for complete data

Phone Only Mode *(cont'd)*

- 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
  - Check that data are being captured correctly

Phone Only Mode *(cont'd)*

- Survey introduction
  - Introduction script is provided and must be read verbatim
  - Critical to gaining cooperation
  - Provides survey purpose
  - Confirms respondent eligibility
  - Informs caregiver that survey will take approximately 9 minutes or [SURVEY VENDOR SPECIFY] (based on number of supplemental items)
  - Interviewers should:
    - Speak professionally and with confidence
    - Maintain pace and avoid long pauses
    - Move swiftly into first question without rushing after gaining agreement to participate

Phone Only Mode *(cont'd)*

- Interviewing guidelines and conventions
  - System conventions
    - Text that appears in lowercase letters must be read out loud
    - Text in UPPERCASE letters must not be read out loud
    - Text that is underlined must be emphasized
    - Characters in < > must not be read out loud
    - [Square brackets] are used to show programming instructions that must not actually appear on the computerized interviewing screens
    - Text must be read from the phone screens (not to be recited from memory)

Phone Only Mode *(cont'd)*

- Interviewing guidelines and conventions *(cont'd)*
  - Interviewer tone
    - Speak in a courteous tone
    - Establish rapport
    - Maintain professional and neutral relationship
    - Do not provide personal information or opinions
    - Do not try to influence caregiver's responses in any way
    - Adjust the pace of the interview to be conducive to the needs of the caregiver
    - *Reminder: Use of neutral acknowledgement words (e.g., thank you, okay, I understand, etc.) is permitted*

Phone Only Mode *(cont'd)*

- Interviewing guidelines and conventions *(cont'd)*
  - Asking questions
    - Questions, transitions, and response choices are read ***exactly*** as worded in the script
      - Interviewer may accept any alternative positive or negative response from the caregiver
    - Listen carefully to any caregiver questions and offer concise responses using FAQs whenever possible
      - Do not provide extra information or lengthy explanations to caregiver questions
    - End the survey by stating, "We are very sorry for your loss" and thanking the caregiver for his or her time
      - The interviewer may say, "Have a good (day/evening)." if appropriate

Phone Only Mode *(cont'd)*

- Interviewing guidelines and conventions *(cont'd)*
  - Asking questions *(cont'd)*
    - May use the pronoun appropriate to the decedent's gender ("he or she" or "him or her") if the caregiver mentions the decedent's gender
  - Avoiding refusals
    - Be prepared to convert a soft refusal into a completed survey
    - Emphasize importance of participation
    - Never argue with or antagonize a caregiver
    - Remember, first moments of the interview are most critical for gaining participation

Phone Only Mode *(cont'd)*

- Interviewing guidelines and conventions *(cont'd)*
  - Refusal avoidance examples
    - I don't do surveys.
      - *I understand; however, I hope you will consider participating. This is a very important study for [HOSPICE NAME]. The results of the survey will help them understand what they are doing well and what needs improvement.*
    - I'm extremely busy. I don't really have the time.
      - *I know your time is limited; however, it is a very important survey, and I really appreciate your help today. The interview will take approximately 9 minutes. Perhaps we could get started, and see what the questions are like. We can stop any time you wish.*

Phone Only Mode *(cont'd)*

- Interviewing guidelines and conventions *(cont'd)*
  - Probing for complete data
    - When caregiver fails to provide adequate answer
    - Never interpret answers for caregivers
    - Code "MISSING/DON'T KNOW" when caregiver cannot/does not provide complete answer after probing

Phone Only Mode *(cont'd)*

- Interviewing guidelines and conventions *(cont'd)*
  - Types of probes
    - Repeat question and answer categories
    - Interviewer says
      - "Take a minute to think about it"
      - "So would you say…"
      - "Which would you say is closer to the answer?"

Phone Only Mode *(cont'd)*

- Example of response probe: Overall Rating (Question 30)
  - Please answer the following questions about your family member's care from [HOSPICE NAME]. Do not include care from other hospices in your answers.
  - Using any number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible, what number would you use to rate your family member's hospice care?

Phone Only Mode *(cont'd)*

- Example of response probe: Overall Rating (Question 30) *(cont'd)*
  - Caregiver 1 answers
    - "The hospice is fine."
  - Probe for caregiver 1
    - "Please pick a number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible. What number would you use to rate your family member's hospice care?"
  - Caregiver 2 answers
    - "I would give the hospice a rating of 7.5."
  - Probe for caregiver 2
    - "We're asking you to choose one response. What number would you use to rate this hospice, a **7 or 8**?"

Phone Only Mode *(cont'd)*

- Example of response probe: Ethnicity (Question 33)

  Was <u>your family member</u> of Hispanic, Latino, or Spanish origin or descent?

  <X> YES

  <1> NO

  <M> MISSING/DK

  IF YES: Would you say <u>your family member</u> was…

  <2> Cuban,

  <3> Mexican, Mexican American, Chicano/a,

  <4> Puerto Rican, or

  <5> Other Spanish/Hispanic/Latino?

  <M> MISSING/DK

Phone Only Mode *(cont'd)*

- Ethnicity Question (Question 33) *(cont'd)*
  - Two-part question
  - A caregiver should provide an initial "Yes" or "No" response
    - When a caregiver responds "Yes," read through the response categories
    - When a caregiver responds "No," move on to Question 34
  - If the caregiver does not provide a response to any ethnicity category or skips the question, enter "M – MISSING/DON'T KNOW"

Phone Only Mode *(cont'd)*

- Race Question (Question 34)

  When I read the following, please tell me if the category describes your family member's race. I am required to read all five categories. Please answer yes or no to each of the categories.

Q34A	Was your family member American Indian or Alaska Native?	
	<1>	YES/AMERICAN INDIAN OR ALASKA NATIVE
	<0>	NO/NOT AMERICAN INDIAN OR ALASKA NATIVE
	<M>	MISSING/DK
Q34B	Was your family member Asian?	
	<1>	YES/ASIAN
	<0>	NO/NOT ASIAN
	<M>	MISSING/DK
Q43C	Was your family member Black or African American?	
	<1>	YES/BLACK OR AFRICAN AMERICAN
	<0>	NO/NOT BLACK OR AFRICAN AMERICAN
	<M>	MISSING/DK
Q34D	Was your family member Native Hawaiian or other Pacific Islander?	
	<1>	YES/NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
	<0>	NO/NOT NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
	<M>	MISSING/DK
Q34E	Was your family member White?	
	<1>	YES/ WHITE
	<0>	NO/NOT WHITE
	<M>	MISSING/DK

Phone Only Mode *(cont'd)*

- Race Question (Question 34) *(cont'd)*
  - Broken into parts A – E
  - Do not stop reading the list when you get a "Yes" answer
  - Enter all of the race categories that the caregiver has answered
    - If the caregiver responds "Yes" to a race category, enter "1"
    - If the caregiver responds "No" to a race category, enter "0"
    - If the caregiver does not provide a response to any race categories or skips the question, enter "M – MISSING/DON'T KNOW"

Mail Phone Mode

Example for Mail Phone Mode

Day -7
Prenotification Letter Sent

Day 1
Mail Survey Sent

Day 21
First Call Made to This Caregiver

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

Day 49
End Survey Field Period for This Caregiver

Mail Phone Mode

- Protocol – Mail with phone follow-up
  - Prenotification letter sent 1 week before start of survey field period
  - Follow guidelines for Mail Only Mode
    - Use one questionnaire mailing instead of two
    - Send questionnaire with cover letter to sampled caregiver two months after the month of patient death within the first seven calendar days of the field period
  - Follow guidelines for Phone Only Mode
    - Initiate first phone attempt for each non-respondent in the first seven days of the phone field period (i.e., from 21 to 28 days) after mailing the questionnaire
      - Complete phone sequence within 49 calendar days of Mail Mode initiation
    - Submit data to the CAHPS Hospice Survey Data Warehouse by the data submission deadline

Mail Phone Mode*(cont'd)*

- 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
  - 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

Example for Web Mail Mode

Day -7	Prenotification Letter Sent
Day 1	Email Invitation Sent
Day 3	Email Reminder Sent
Day 4-7	First Mail Survey Sent
Day 21	Second Mail Survey Sent
Day 49	End Survey Field Period

Web Mail Mode

- 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

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

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 V13.0. Vendors are required to review and follow all requirements.

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

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

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
    - A general signature block that references a specific department or team at the hospice (e.g., "Sincerely, Quality Improvement Team, XYZ Hospice") may be used
  - 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

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 phone number for the survey vendor
    - Email invitations and reminders may include a customer support email address

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."

Web Mail Mode

Email Invitation and Reminder Unsubscribe

- An unsubscribe statement may be added to the email invitation
  - Removes the sampled caregiver from all remaining email invitations
- 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
- Must include following language verbatim:
  - "If you prefer not to receive further emails asking you to take this survey about your family member's hospice stay, please click Unsubscribe."
- Should direct the caregiver to a new web page that must include the following language verbatim:
  - "We will remove you from future emails for this survey about your family member's hospice stay."
- **Must not** remove the sampled caregiver from the mail phase

Web Mail Mode

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

- Use a “No Reply” or ”Do Not Reply” email address for sending the emails
- 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 phone
- Include extraneous titles (e.g. Aunt, Uncle)

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

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

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

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

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

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

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

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

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

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

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 V13.0
  - 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

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

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

Supplemental Questions - All Modes

- May add up to 15 supplemental questions to the CAHPS Hospice Survey
  - Questions may be added after the Core questions or at the end of all the CAHPS Hospice Survey questions
  - When supplemental questions are placed between the Core questions and the "About Your Family Member" questions, the survey heading must still be placed prior to the "About Your Family Member" questions
  - Responses to the supplemental questions will not be included in the data files submitted to the CAHPS Hospice Survey Data Warehouse

Supplemental Questions *(cont'd)*

- Use appropriate phrasing to transition from the CAHPS Hospice Survey to the supplemental question(s)
  - Examples:

    "The following questions focus on additional care your family member may have received from Hospice X."

    [OR]

    "This next set of questions is to provide the hospice additional feedback about your family member's hospice care."

Supplemental Questions *(cont'd)*

- Example of placement and transitional language for supplemental question(s):

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

Supplemental Questions *(cont'd)*

- Avoid the following types of supplemental questions:
  - Lengthy and complex questions
  - Questions that may influence the response to the CAHPS Hospice Survey questions
  - Sensitive medical or personal topics which may cause a person to terminate the survey
  - Questions that may jeopardize a decedent's/caregiver's confidentiality such as a request for a SSN
  - Questions that ask the caregiver to explain why he or she chose their specific response to any of the CAHPS Hospice Survey questions

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

Data Coding and Data File Preparation

File Specifications

- Must use XML file format to submit survey data files
  - We recommend using the most recent version of PGP
- 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

File Specifications *(cont'd)*

- Each XML file will consist of four parts:
  - Vendor Record
  - Hospice Record
  - Decedent/Caregiver Administrative Record
  - Survey Results Record

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

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
    - However, 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
  - 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>
  - Important: Live Discharges are never included when calculating available sample, sampled cases, or sample size

Hospice Record *(cont'd)*

- 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

Hospice Record *(cont'd)*

- 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

Hospice Record *(cont'd)*

- 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

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
  - The "number-survey-attempts-phone" 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 – Phone Only"
    - the "survey-mode" in the Hospice Record is "3 – Mail Phone mode"
  - Calculate "Lag Time"
    - The end of the fielding period (i.e., 49 calendar days after initial contact) should be the date used to calculate a survey that is not returned ("9 – Non-response: Non-response after Maximum Attempts")

Decedent/Caregiver Administrative Record *(cont'd)*

Example: Lag Time Calculation Mail	
Mode of Survey Administration	Mail Only
Decedent Date of Death	March 16
Date of First Mail Attempt	June 1 (77 days after death)
Date of Follow-up Mail Attempt	June 22 (21 days after first mail attempt)
Date Data Collection Activities Ended for this Decedent/Caregiver	July 20 (49 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 119 days (number of days between the patient's death [March 16] and the date data collection activities ended [July 20])

Decedent/Caregiver Administrative Record *(cont'd)*

Example: Lag Time Calculation Phone	
Mode of Survey Administration	Phone
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])

Decedent/Caregiver Administrative Record *(cont'd)*

Example: Lag Time Calculation	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])

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"
  - 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"

Survey Results Record *(cont'd)*

- 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

Decision Rules and Coding

- Decision rules for screener and dependent questions
  - Do not impute a response based on caregiver's answers to dependent questions
  - Dependent questions that are appropriately skipped should be coded as "88 – Not Applicable"
    - Do not clean if caregiver incorrectly responded to dependent question (Mail only and Mail component of Mixed Mode)
  - Screener questions that are not answered or left blank should be coded as "M – Missing"
    - Dependent questions should be coded as "M – Missing"
    - Do not clean if caregiver responded to dependent question (Mail only and Mail component of Mail Phone Mode)

Final Survey Disposition Codes

Final Disposition	Code	Description	Criteria
Completed Survey	**1**	A completed survey includes a response to ≥50% of the applicable to all (ATA) items	A completed survey includes a response to at least 50% of the ATA items. Appropriately skipped questions do not count against the required 50 percent.
Ineligible: Deceased	**2**	Deceased	Caregiver is deceased at the time of survey administration.
Ineligible: Not in Eligible Population	**3**	Decedent/caregiver does not meet the eligibility criteria after survey administration begins	Following initiation of survey data collection, survey vendor determines that decedent/caregiver does not meet one of the survey eligibility criteria. For example: - The caregiver name is completely missing and the vendor is unable to obtain a caregiver name after re-contacting the hospice - 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

Final Survey Disposition Codes *(cont'd)*

Final Disposition	Code	Description	Criteria
Ineligible: Language Barrier	**4**	Caregiver unable to complete the survey in English and any offered optional language	Unable to complete the survey in English and any offered optional language.
Ineligible: Mental or Physical Incapacity	**5**	Caregiver is mentally or physically unable to respond to either mail or phone portion of the survey	Mentally or physically unable to respond either to mail or phone portion of the survey.
Ineligible: Never Involved in Decedent Care	**6**	Caregiver never involved in decedent's hospice care	Answer to Question 3, *"While your family member was in hospice care, how often did you take part in or oversee care for him or her?"* is *"Never"* or when calling the household the sampled caregiver indicates that he/she was not involved in the patient's hospice care and no alternative caregiver resides in the household (coded "NOT INVOLVED IN CARE AND NO PROXY IDENTIFIED" on INTRO of the CATI script).
Non-response: Break-off	**7**	Caregiver provides a response to at least one CAHPS Hospice Survey Core question, but answered too few ATA questions to meet the criteria for a completed survey	Responded to at least one CAHPS Hospice Survey Core question, but answered too few ATA questions to meet the criteria for a completed survey. This non-response disposition code will not be removed from the denominator of the response rate calculation.

Final Survey Disposition Codes *(cont'd)*

Final Disposition	Code	Description	Criteria
Non-response: Refusal	**8**	Caregiver refused to complete the survey	Refused to complete the survey. This non-response disposition code will not be removed from the denominator of the response rate calculation.
Non-response: Non-response after Maximum Attempts	**9**	Non-response after the maximum contact attempts (two mail attempts for Mail Only or Web Mail modes; five phone attempts for Phone Only; and one mail attempt and five phone attempts for Mail Phone mode)	When one of the following is true after the maximum number of attempts: - No evidence to suggest that a caregiver's contact information is bad - The caregiver has not completed the survey by the end of the survey administration time period - If the survey is returned by mail or completed by phone more than 49 days from initial contact This non-response disposition code will not be removed from the denominator of the response rate calculation.

Final Survey Disposition Codes *(cont'd)*

Final Disposition	Code	Description	Criteria
Non-response: Bad/No Address	**10**	Unable to obtain a viable address for the caregiver	Unable to obtain a viable address. This disposition code applies only to the Mail Only mode. This non-response disposition code will not be removed from the denominator of the response rate calculation.
Non-response: Bad/No Phone Number	**11**	Unable to obtain a viable phone number for the caregiver	Phone Only - Unable to obtain a viable phone number. Mail Phone mode - The mail survey is not returned and unable to obtain a viable phone number, or if unable to obtain a viable address and or phone number. This non-response disposition code will not be removed from the denominator of the response rate calculation.
Non-response: Incomplete Caregiver Name	**12**	Unable to obtain the caregiver's complete name	When the full caregiver name is unavailable (completely missing or partial/incomplete name information available). This non-response disposition code will not be removed from the denominator of the response rate calculation.

Final Survey Disposition Codes *(cont'd)*

Final Disposition	Code	Description	Criteria
Non-response: Incomplete Decedent Name	**13**	Unable to obtain the decedent's complete name	When there is evidence that the full decedent name is unavailable. This non-response disposition code will not be removed from the denominator of the response rate calculation.
Ineligible: Institutionalized	**14**	Unable to complete the survey because caregiver is institutionalized	The caregiver is institutionalized. This includes caregivers who are in a psychiatric facility or correctional institution.
Non-response: Hospice Disavowal	**15**	Caregiver disavows hospice care was provided to decedent	When a caregiver indicates that a decedent did not receive care from any hospice or the named hospice.
Sampling Error	**16**	Decedent/caregiver sampled in error	When a decedent/caregiver is incorrectly drawn into the sample, such as being sampled from the incorrect hospice CCN or as a duplicate. NOT to be used for ineligible decedent/caregivers.
No Response Collected	**33**	Decedent/caregiver is correctly drawn into the sample, but a survey is not administered	The caregiver has been sampled but the survey has not been administered. This may include situations where the prenotification letter has been sent but no survey is administered. Also used for interim submissions when the case has not yet been finalized.

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

- If a caregiver is on the vendor's Do Not Call List, they are ineligible for sampling
  - These should be included in the count of the total number of ineligible decedents/caregivers
- 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"

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, 22, and 24 – 38
- A screener question left blank does not trigger a skip so subsequent responses should be included in count of answered survey items

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

Survey Disposition Codes

- Assigning survey status code "3: Ineligible Not in Eligible Population"
  - 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

Survey Disposition Codes *(cont'd)*

- Assigning survey status code "9: Non-response: Non-response after Maximum Attempts"
  - 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 phone number in Phone Only or Mail Phone 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

Survey Disposition Codes *(cont'd)*

- Assigning 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

Survey Disposition Codes *(cont'd)*

- Assigning survey status code "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."

Survey Disposition Codes *(cont'd)*

- Assigning survey status code "13: Non-response Incomplete Decedent Name"
  - Decedent/Caregiver cases with no decedent name or an incomplete decedent name (missing decedent first and/or last name)
    1) are not removed from the sample frame
    2) must not be administered the survey
  - Survey vendors must make every reasonable attempt to obtain a decedent's full name, **including re-contacting the hospice** to inquire about an update
    - Assign a "Final Survey Status" code of "13 – Non-response: Incomplete Decedent Name" when there is evidence that the full decedent name is unavailable

Survey Disposition Codes *(cont'd)*

- Assigning survey status code "16: Sampling Error"
  - Decedent/Caregiver case was sampled in error
    - For example:
      - Sampled from the incorrect hospice CCN
      - Duplicate of a decedent/caregiver that was sampled
  - Not to be used for ineligible cases
    - Such as cases outlined in "Final Survey Status" code of "3 – Ineligible: Not in Eligible Population"

Survey Disposition Codes *(cont'd)*

- Assigning survey status code "33 – No Response Collected"
  - Decedent/caregiver case 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

Data Submission

Data Submission Processes

- CAHPS Hospice Survey Data Coordination Team has developed a secure data warehouse using a web-based application hosted by the RAND Corporation
- The CAHPS Hospice Survey Data Warehouse (Data Warehouse) will operate as a secure file transfer system that survey vendors will use to upload survey data files
- Use of the Data Warehouse does not require installation of special software or licensing fees for survey vendors, except for the purchase of PGP standard compliant software for file encryption

Overview of CAHPS Hospice Survey Data Warehouse

- Available via the Internet
- Hosted on the RAND Corporation's web site
  - 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
- After each data submission, a survey vendor will receive an email if the file is uploaded
  - This does not mean the file was accepted to the Data Warehouse

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 hospice administrator or other authorized staff member must complete the form and an Attestation Statement confirming that they are authorized to complete the form
  - 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
  - If a hospice has not authorized its survey vendor, the entire file with the unauthorized CCN will be rejected by the Data Warehouse

Accessing the Data Warehouse

- Survey vendors and hospices designate their Data Administrators by completing the **CAHPS Hospice Survey Data Warehouse Access Form** (QAG Appendix C)
- The CAHPS Hospice Survey Data Warehouse Access Form must be submitted **online** through the CAHPS Hospice Survey Website
  - The hospice administrator or other authorized staff member must complete the form and an Attestation Statement confirming that they are authorized to complete the form
  - Once the information has been processed by the CAHPS Hospice Survey team, a folder will be created in the data warehouse for each hospice designee
  - Each authorized person will receive an automated email containing a link to the login screen

Data Submission Deadlines

- Interim survey data files may be submitted by survey vendors any time during the quarter
  - 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
- 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 File Submission Naming Convention

- Survey vendors must use the following file naming convention: vendorname.mmddyy.submission#.xml.pgp
  - Vendorname = name of survey vendor
  - mm = month of submission (justify leading zero)
  - dd = day of the month of submission (justify leading zero)
  - yy = 2 digit year of submission
  - submission# = submission number for each date
  - Example: XYZResearch.060126.1.xml.pgp
- Each file **must** have a unique name from all prior files, even if a prior file was not accepted to the Data Warehouse
  - Files with the same name or that do not use this naming convention will be deleted

File Encryption

- Data files **must** be encrypted prior to data submission
  - Survey vendors are required to encrypt data files using a PGP-compliant program
  - Use Public Key encryption
- Data files uploaded by survey vendors that are not encrypted will not be processed and **will be rejected**
  - These files must be resubmitted

File Encryption *(cont'd)*

- CAHPS Hospice Survey Data Coordination Team will provide survey vendors with a Public Key to encrypt survey data files prior to submission to the CAHPS Hospice Survey Data Warehouse
- Public Key will be provided in the survey vendor's folder in the CAHPS Hospice Survey Data Warehouse
  - Contact cahpshospicetechsupport@rand.org if a public key is needed

Data Validation Checks

- CAHPS Hospice Survey Data Coordination Team will audit data files as they are submitted for compliance with file layout specifications
- Submission files must include all required elements as specified in the QAG version corresponding to the quarter of data submission
- If the file does not comply to the naming conventions or file format requirements, the file will be rejected from the warehouse and will need to be resubmitted
- For CCNs that begin with a letter, the letter must be capitalized in the XML file submission (i.e., A10100; B20100)
- The data validation process includes:
  - Checks for presence of required data fields
  - Range and coding checks on all fields
  - Verification of coding of survey disposition codes
  - **Check for authorization of survey vendor**

Data Submission Notification

- CAHPS Hospice Survey Data Submission Reports will be posted by 5:00 PM Eastern Time on the next business day after submission
- 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 1) 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 1) and Hospice Not Authorized
  - If the file can be read *and* does not contain unauthorized CCNs, four reports are posted
  - 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 Notification *(cont'd)*

- If the file fails any edit checks, the Data Submission Detail Report (Part II) will indicate the file has failed
  - Survey vendors must correct and submit the data file again
  - The Data Submission Reports will provide a summary of file contents
  - Survey vendors will need to review their CAHPS Hospice Survey Data Submission Reports to determine what errors were found in the file
- 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

Data Submission Reports

- 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
- 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

Data Submission Reports *(cont'd)*

- 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

Data Submission Reports *(cont'd)*

- Data Submission Detail Report (Part II)

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

- This report checks if all values are within the allowable range
- The 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
111111	G15S0202N-187	painrxtrain (Q20)	9	1, 2, 3, 4, 88, M

Data Submission Reports *(cont'd)*

- 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

- This report contains frequencies for each variable included in the XML file

Data Submission Reports *(cont'd)*

- 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

  - This report contains the <sample-size> variable, the number of administrative records, the number of valid survey status codes, the number of completed surveys (<survey-status>=1), and whether a Hospice Record was accepted, for each CCN/month

Data Submission Reports *(cont'd)*

- Hospices Not Authorized

Vendor
File - TestVendor-Hospice.110125.1.xml

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

Obs	provider_id
1	000000
2	999999

  - This 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

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

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

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

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

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

Data Quality Check Examples *(1 of 3)*

Quarter 2 2026 – Missing Administrative Values					
Hospice ID	Sex	Decedent Hispanic	Decedent Race	Caregiver Relationship	Primary Payer
GHI	5%	3%	60%	80%	0%

- Follow-up should occur during and/or after Quarter 2 2026 to discuss missing values (emphasize **decedent race** and **caregiver relationship**)

Quarter 3 2026 – Missing Administrative Values					
Hospice ID	Sex	Decedent Hispanic	Decedent Race	Caregiver Relationship	Primary Payer
GHI	4%	3%	5%	75%	0%

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

Data Quality Check Examples *(2 of 3)*

March 2026 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?

Data Quality Check Examples *(3 of 3)*

Quarter 2 2026 – Survey Responses					
Hospice ID	Question 7 Never	Question 7 Sometimes	Question 7 Usually	Question 7 Always	Question 7 Missing
JKL	65%	10%	12%	9%	4%

Quarter 3 2026 – Survey Responses					
Hospice ID	Question 7 Never	Question 7 Sometimes	Question 7 Usually	Question 7 Always	Question 7 Missing
JKL	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

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

Public Reporting and Analysis of CAHPS Hospice Survey Data

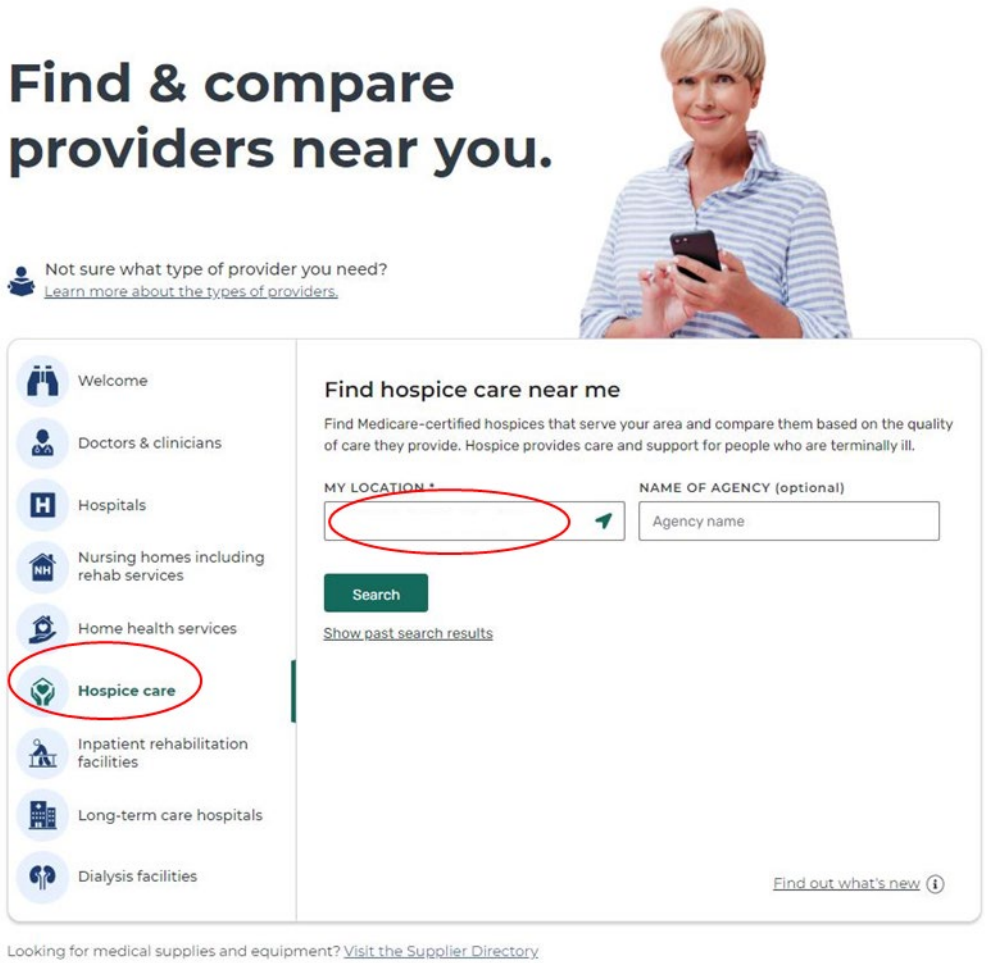
Overview *(1 of 2)*

- 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 2026, scores were reported for 3,204 hospices, based on 681,548 survey responses

Overview *(2 of 2)*

- 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

Care Compare



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

Measures Reported

- Composite Measures
  - Communication with Family (Q6, 8, 9, 15, and 25)
  - Getting Timely Help (Q5 and 7)
  - Treating Patient with Respect (Q10 and 11)
  - Emotional and Spiritual Support (Q27, 28, and 29)
  - Help for Pain and Symptoms (Q17, 19, 21, and 23)
  - Care Preferences (Q12 and 13)
  - Training Family to Care for Patient (Q24)
- Global Measures
  - Rating of this Hospice (Q30)
  - Willingness to Recommend this Hospice (Q31)

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

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

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 individual survey measures
- Hospices must have a minimum of 75 completed surveys over the eight applicable quarters in order to be assigned a Star Rating
  - Hospices that do not meet this minimum will receive a footnote to explain why they do not have a Star Rating

More Information about Star Ratings is Available on the Survey Web Site

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

- Frequently asked questions
- Technical specifications
- National and state distributions

Wrap-up and Next Steps

Wrap-up and Next Steps

- Complete the Introduction to CAHPS Survey Training Attestation Form – one form per survey vendor
- Complete the post-training Survey Vendor Quiz
  - One quiz per survey vendor
  - Available for 24 hours after submission of the Attestation Form
- Provide feedback on the training
  - Follows the post-training quiz
- Notification sent to survey vendors
  - Results of the survey vendor quiz will be provided by **09/28/2026**

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

- CAHPS Hospice Survey Update Training on October 1, 2026 at 11:00 am EDT

  attendance is required for survey vendors

  - Introduction and Overview
  - Important Reminders and Updates
  - Public Reporting and Analysis of CAHPS Hospice Survey Data
  - Sampling Protocol
  - Survey Administration
  - Data Coding and Data File Preparation
  - Data Submission
  - Data Quality Checks
  - Oversight Activities, Exception Request, and Discrepancy Report Process

CAHPS Hospice Survey Expectations

- CMS expects that survey vendors will:
  - Become familiar with and follow all the procedures and protocols in the Quality Assurance Guidelines (QAG)
  - Contact the technical assistance team if you have any questions or concerns

Contact Us

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