

CAHPS® Hospice Survey Update Training

CAHPS Hospice Survey Update Training September 2022

CAHPS[®] Hospice Survey Update Training

Welcome

CAHPS® Hospice Survey Update Training

Training Presentation Overview

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

- Provide an overview of the CAHPS Hospice Survey Program
- Review public reporting and analysis of CAHPS Hospice Survey measure scores
- Present information on Star Ratings
- Provide overview of the 2021 Mode Experiment
- Present CAHPS Hospice Survey Program highlights and updates
- Discuss Oversight Activities, Exception Request, and Discrepancy Report processes
- Discuss data quality checks
- Administer the post-training quiz and evaluation

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Online Question Submission Illustration 1

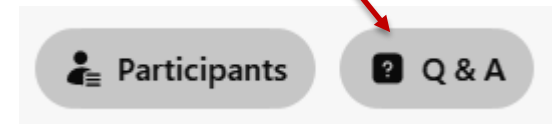
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September 2022

September 2022



Q&A Button



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Online Question Submission (*cont'd*) Illustration 2

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Update Training
September 2022

Participants Q & A

Q & A

All (0)

Ask: All Panelists

Select a panelist in the Ask menu first and then type your question here.
There's a 512-character limit.

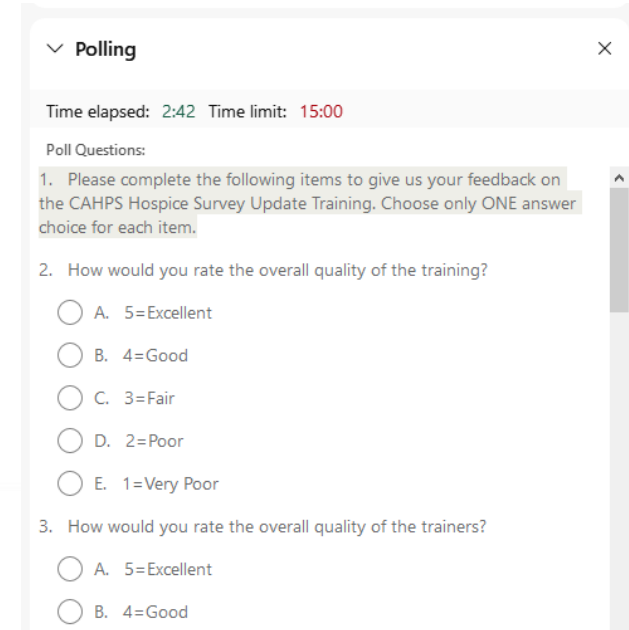
Participants Q & A

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Quiz and Evaluation Submission Illustration 3

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

Quiz and Evaluation

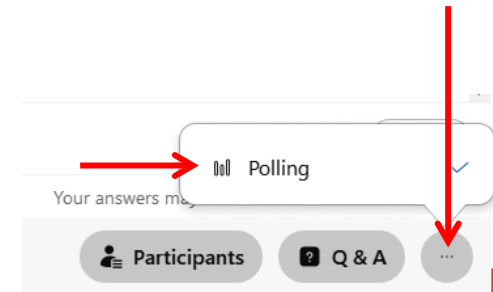


▼ Polling X

Time elapsed: 2:42 Time limit: 15:00

Poll Questions:

1. Please complete the following items to give us your feedback on the CAHPS Hospice Survey Update Training. Choose only ONE answer choice for each item.
2. How would you rate the overall quality of the training?
 - A. 5=Excellent
 - B. 4=Good
 - C. 3=Fair
 - D. 2=Poor
 - E. 1=Very Poor
3. How would you rate the overall quality of the trainers?
 - A. 5=Excellent
 - B. 4=Good

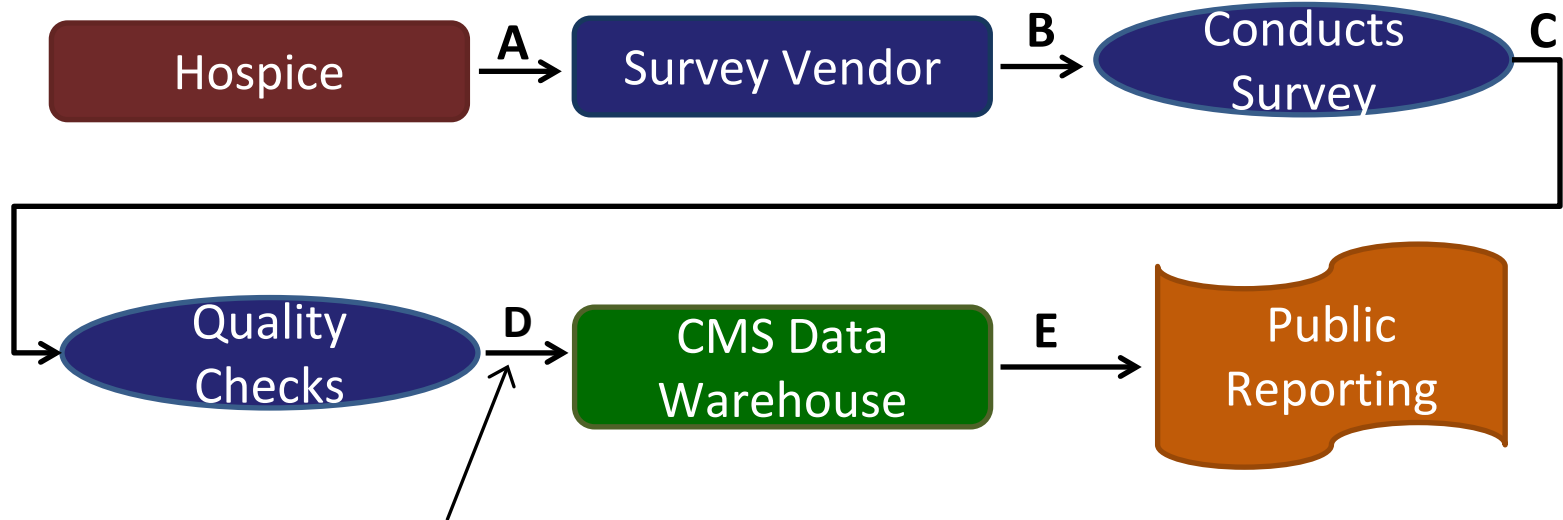


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CAHPS Hospice Survey Introduction and Overview

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CAHPS Hospice Survey Process



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

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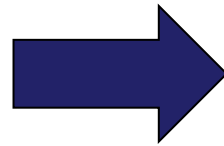
CMS Hospice Quality Reporting Program (HQRP)

- **CAHPS Hospice Survey is a component**
- **HQRP information**
 - www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Hospice-Quality-Reporting/
- **Impacts Medicare payments**
 - FY 2024 annual payment update: 4% reduction
- **Goals**
 - Improve transparency through public reporting on www.medicare.gov
 - Create incentives for quality improvement

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Everybody Take Note!

CAHPS Hospice
Survey compliance
in CY 2023



Affects
FY 2025 APU

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Public Reporting Impacted by COVID-19 Exemptions

Care Compare Tool Refresh Date	Reporting Period (dates of death)
November 2022*	Q3 2019 – Q4 2019 Q3 2020 – Q4 2021
February 2023*	Q4 2019 Q3 2020 – Q1 2022
May 2023	Q3 2020 – Q2 2022
August 2023	Q4 2020 – Q3 2022
November 2023	Q1 2021 – Q4 2022

* Q1 and Q2 2020 were exempted due to COVID -19

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Star Ratings

- Simple, easy to understand method for summarizing CAHPS scores
- Make comparisons between hospices more straightforward
- Use a 1 through 5 star rating system
- Star Ratings are reported on the Care Compare tool on Medicare.gov beginning in August 2022

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Timeline for 2022–2023

Month of Death	Initial Contact with Sampled Decedents/Caregivers	Data Submission to the CAHPS Hospice Survey Data Warehouse
April 2022	July 1, 2022	November 9, 2022
May 2022	August 1, 2022	
June 2022	September 1, 2022	
July 2022	October 1, 2022	February 8, 2023
August 2022	November 1, 2022	
September 2022	December 1, 2022	
October 2022	January 1, 2023	May 10, 2023
November 2022	February 1, 2023	
December 2022	March 1, 2023	
January 2023	April 1, 2023	August 9, 2023
February 2023	May 1, 2023	
March 2023	June 1, 2023	

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Timeline for 2023–2024

Month of Death	Initial Contact with Sampled Decedents/Caregivers	Data Submission to the CAHPS Hospice Survey Data Warehouse
April 2023	July 1, 2023	November 8, 2023
May 2023	August 1, 2023	
June 2023	September 1, 2023	
July 2023	October 1, 2023	February 14, 2024
August 2023	November 1, 2023	
September 2023	December 1, 2023	
October 2023	January 1, 2024	May 8, 2024
November 2023	February 1, 2024	
December 2023	March 1, 2024	
January 2024	April 1, 2024	August 14, 2024
February 2024	May 1, 2024	
March 2024	June 1, 2024	

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Important Points to Remember

- Review QAG V9.0 as it supersedes all previous materials
 - Updates have been made based on questions and feedback
 - Updates must begin with January 2023 decedents
- Data that are submitted must follow the XML File Specification or be rejected from the CAHPS Hospice Survey Data Warehouse
 - XML File Specification V8.0 will be used through Q4 2022
 - XML File Specification V9.0 will be used starting with Q1 2023

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Important Points to Remember *(cont'd)*

- Assure that hospice clients have submitted a Survey Vendor Authorization Form **90 days 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 current form
 - Check your Data Warehouse folder before starting data collection
 - The hospice is added to the survey vendor's excel file in the Data Warehouse folder when the authorization form is received by RAND
 - Email RAND or CAHPS Hospice technical assistance for questions
- Submit data to the CAHPS Hospice Survey Data Warehouse early
- Data cannot be submitted without an authorization form
 - **This may result in an APU failure for the hospice**

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Key URL:

<https://www.hospicecahpssurvey.org>

- Copy of the questionnaire in all available translations
- Copy of the QAG V9.0
- Technical information
- Podcasts for hospices, including:
 - Participation exemption requirements
 - Selecting a survey vendor (available in English and Spanish)
 - Creating the decedents/caregivers list
 - Data submission
 - Public reporting

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Public Reporting and Analysis of CAHPS Hospice Survey Data

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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 2022, scores were reported for 2,996 hospices, based on 645,632 survey responses

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Overview (2 of 2)

- Scores are updated quarterly, reporting:
 - Six composites and two global measures
 - Top-box scores
- CAHPS Hospice Survey 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

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Care Compare

Find & compare nursing homes, hospitals & other providers near you.









[Learn more about the types of providers listed here](#)

MY LOCATION:

PROVIDER TYPE:

NAME OF AGENCY (optional):

Or, select a provider type to learn more:

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

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Public Reporting Periods

Reporting Period (Dates of Death)	Provider Preview Period *	Care Compare Refresh Dates*
Q3 2019 – Q4 2019 Q3 2020 – Q4 2021	August/September	November 2022
Q4 2019 Q3 2020 – Q1 2022	November/December 2022	February 2023
Q3 2020 – Q2 2022	February/March 2023	May 2023
Q4 2020 – Q3 2022	May/June 2023	August 2023

*Exact start dates will be announced by CMS

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Measures Reported

- Composite Measures
 - Communication with Family (Q6, 8, 9, 10, 14, and 35)
 - Getting Timely Help (Q5 and 7)
 - Treating Patient with Respect (Q11 and 12)
 - Emotional and Spiritual Support (Q36, 37 and 38)
 - Help for Pain and Symptoms (Q16, 22, 25, and 27)
 - Training Family to Care for Patient (Q18, 19, 20, 23, and 29)
- Global Measures
 - Rating of this Hospice (Q39)
 - Willingness to Recommend this Hospice (Q40)

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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

* For Question 10, regarding whether the hospice team gave confusing or contradictory information, the top-box response is “Never”

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Footnotes

- Some hospices have footnotes displayed with their measure scores on Care Compare. Footnotes indicate:
 - The reason a hospice does not have measure scores displayed
 - Any issues identified with the hospice’s measure scores
- The footnotes for measure scores are:

Footnote number	Footnote as displayed on Care Compare	Footnote details
6	The number of cases is too small to report	The number of completed questionnaires doesn’t meet the required minimum amount for public reporting for this reporting period
7	Results are based on a shorter time period than required	The results were based on fewer than all possible quarters of data for the reporting period
8	Data suppressed by CMS	The results for these measures were excluded for various reasons, like data inaccuracies
9	There were discrepancies in the data collection process	There were deviations from data collection protocols
10	None of the required data were submitted for this reporting period	The agency didn’t submit any required data for this quality reporting period
11	Results aren’t available for this reporting period.	Agency is too new or too small to be required to participate in the CAHPS® Hospice Survey, or no cases met the criteria for the measures for this reporting period

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Data Adjustment

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

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Adjust for Mode

- Purpose
 - Account for effect of mode of survey administration (mail, telephone, mixed mode) on how caregivers respond to the survey
- Current adjustments are derived from the 2015 mode experiment
 - Summary document of mode experiment results and adjustments is available on CAHPS Hospice Survey Web site <https://www.hospicecahpssurvey.org/en/public-reporting/scoring-and-analysis/>

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Mode Adjustment Example

- Example: Hospice uses Mail Only Mode

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

NOTE: Mode adjustment coefficients for each measure are available on the CAHPS Hospice Survey Web site. Telephone Only is the reference mode.

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Adjust for Case Mix

- Purpose
 - Account for effect of decedent/caregiver characteristics on how caregivers respond to the survey
- Case-Mix Adjuster Variables
 - Decedent age
 - Payer for hospice care
 - Primary diagnosis
 - Length of final episode of hospice care
 - Respondent education
 - Relationship of caregiver to decedent
 - Language
 - Response percentile (calculated by ranking lag time)
- Case-mix adjustments updated with each quarterly data refresh on the CAHPS Hospice Survey Web site
 - <https://www.hospicecahpsurvey.org/en/public-reporting/scoring-and-analysis/>

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Case-Mix Adjustment Equation

- Using data provided by CMS on the Scoring and Analysis page of the survey website, apply the adjustment equation
 - Let **y** be the mode-adjusted hospice mean of an item that composes a CAHPS Hospice Survey measure
 - Let **m1-m54** be the national means for the CMA variables (Table 12)
 - Let **h1-h54** be the CMA variable means for the hospice in question (in the same form as Table 12)
 - Let **a1-a54** be the corresponding adjustments (Tables 1 - 11)

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

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

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Star Ratings Updated Every Other Quarter

- An overall CAHPS Hospice Survey Star Rating, referred to as the Family Caregiver Survey Rating, is calculated for each hospice by averaging the Star Ratings for each of the 8 survey measures
- Hospices must have a minimum of 75 completed surveys over 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

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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

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2021 Mode Experiment

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Mode Experiment Goals

- Examine effects of:
 - Web-based mode of survey administration
 - Email with mail follow-up
 - Revised, shorter survey instrument
 - Simplified wording
 - Removed 12 items
 - Tested new items on requested topics
 - Survey mode on responses

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In mail only mode, the revised survey had a similar response rate to the current survey

	Mail only; revised survey	Telephone only; revised survey	Mail- telephone; revised survey	Web-mail; revised survey	Mail only; current survey
Estimated Response Rate	35.1%	31.5%	45.3%	39.7%	34.2%

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Response rates to web-mail were similar to mail only for those without email addresses, but 13 percentage points higher for those with email addresses

	Mail only; revised survey	Telephone only; revised survey	Mail-telephone; revised survey	Web-mail; revised survey	Mail only; current survey
No Available Email Address	34.3%	31.1%	45.4%	35.2%	33.4%
Available Email Address	36.7%	32.3%	44.9%	49.6%	35.7%

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Hospices, survey vendors, and others can provide input on proposed changes to modes of administration or survey content

- CMS is currently reviewing mode experiment results
- Proposed changes included in rulemaking will allow for public comment and time to prepare for national implementation

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CAHPS Hospice Survey Program Highlights and Updates

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Participation Exemptions

- Participation Exemption for Size
 - Hospices that served fewer than 50 survey-eligible decedents/caregivers in a calendar year can apply for exemption for the following year's data collection and submission requirements
 - The Participation Exemption for Size Form must be submitted every year
- Participation Exemption for Newness
 - The hospice must have received its CCN on or after the first day of the year
 - Hospices that receive the exemption for newness are required to begin participating the first month of the following calendar year
- Hospices that intend to be considered for the Participation Exemption for Size or Newness may unofficially participate in the CAHPS Hospice Survey, however, data collected must not be submitted to the Data Warehouse

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

- Decedents/Caregivers List
 - Hospices must submit all required variables
 - Hospices should submit a value of “N/A” if the Facility Name is not available or does not apply
 - Decedents of all payer types are eligible
 - Decedents with no caregiver are identified by the Caregiver Relationship “8 = No Caregiver of Record” and those with only a paid caregiver are “9 = Paid Caregiver”
 - Hospices must not apply eligibility criteria prior to submitting the list

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Each month, each hospice must submit to its contracted survey vendor (*cont'd*)

- **A count of all decedents**
 - Include all patients who died during the month in this count, including requests for no contact (“no publicity”) cases

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Each month, each hospice must submit to its contracted survey vendor (*cont'd*)

- Counts of cases ineligible due to:
 - Live discharges
 - Requests for no contact (i.e., make a “no publicity” request or initiate or voluntarily request not to be contacted; expected to be rare)
- Count of hospice offices covered under a single CCN
 - This count is the number of administrative or practice offices for the CCN
 - NOT individual facilities or settings in which hospice care is provided (i.e., homes, assisted living facilities, hospitals, hospice facilities, or hospice houses)

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Updates to Sample Frame Layout

- **NEW Payer Codes in QAG V9.0**
 - If no secondary payer use “7 – No Secondary Payer”
 - If no other payer use “7 – No Other Payer”
- Reminder of Payer Codes added in QAG V8.0:
 - A **non-familial paid caregiver** must be identified by the caregiver relationship of “9 – Paid caregiver”
 - Non-familial paid caregivers are not eligible for the CAHPS Hospice Survey
- Reminder to utilize the Caregiver Relationship “8 – No Caregiver of Record” to identify decedents with no caregiver

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Survey vendors must:

- Follow all CAHPS Hospice Survey guidelines
- Meet all CAHPS Hospice Survey due dates
- Complete and sign the CAHPS Hospice Survey Attestation Statement by **December 8, 2022**
- Develop a CAHPS Hospice Survey Quality Assurance Plan
- Request client hospices review CAHPS Hospice Survey Data Submission Reports
- Perform quality checks of all survey administration processes and document the performance of the quality check activities
- Notify CMS of any changes in ownership or key personnel

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Survey vendors must perform checks of the decedents/caregivers lists and follow-up with hospices

- Review “no publicity” count for reasonableness and review definition with 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*)
- Contact hospice clients before data collection begins:
 - If sample frame counts do not reconcile, or
 - If there are missing or incorrectly formatted data in the file provided by the hospice
- Submit a Discrepancy Report if the hospice does not respond to ongoing follow-up regarding counts

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When sampling, survey vendors must:

- Apply eligibility criteria to prepare the sample frame
- Implement a de-duplication process to verify a decedent is included only once
 - Review the decedents/caregivers files for patients that are included in the file more than once for the same service dates and patients with multiple hospice admissions during a given calendar month
- Include cases in the sample frame if the eligibility status is uncertain
 - Records with no caregiver name, an incomplete caregiver name, or missing address are not removed from the sample frame
 - Survey vendors must contact the hospice to inquire about an update for the missing data
- Assign a random, unique, de-identified number to each sampled record

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Confirming Accuracy of Hospice Sample Files

- Survey vendors should check the accuracy of sampled patients' contact information prior to survey fielding
- If a hospice does not submit a monthly sample file to its survey vendor, the survey vendor must not assume that there are zero survey-eligible decedents/caregivers for the month
 - The hospice must confirm in writing that there are zero survey-eligible decedents/caregivers for the month
 - If zero survey-eligible decedents/caregivers are confirmed, survey vendors should submit a Hospice Record to the CAHPS Hospice Survey Data Warehouse, including the sample size, the count of ineligibles due to “no publicity,” and live discharges
- If there is no confirmation of zero survey-eligible decedents/caregivers, then a Hospice Record must not be uploaded. A Discrepancy Report for this hospice must be submitted.

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New CMS guidelines allow vendors to conduct business and/or data collection operations remotely

- CMS approved Exception Requests for remote operations during the Public Health Emergency (PHE)
 - Current approvals extend through December 31, 2022
 - To continue or initiate remote operations after this date, CMS review and approval will be required
 - Approvals will remain in effect for **two years** unless unforeseen changes cause it to void earlier

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***New:* To initiate or continue remote operations...**

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

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Survey vendors must maintain a toll-free customer support line

- Specify on voicemail recording that the caller can leave a message about the CAHPS Hospice Survey
- Offer support in all languages in which the survey vendor administers the survey
- Provide staff during business hours and have sufficient capacity to handle incoming calls
- Document questions received and responses provided via a database or tracking log
- Routinely monitor to assure the guidelines are followed and line is working
- Utilize the Frequently Asked Questions (FAQs) in Appendix G to respond to inquiries
- Telephone Only survey vendors must have a process to address requests to verify the legitimacy of the survey and answer questions about the survey

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Providing customer support via the internet is optional

- Should a vendor choose this option, it must:
 - Provide sampled caregivers an email address to use to submit questions about the survey
 - Respond to email inquiries within two business days
 - Document questions received and responses provided via a database or tracking log
 - Utilize the Frequently Asked Questions (FAQs) in Appendix G to respond to inquiries

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New Response Choice Order for Hispanic Ethnicity and Race Questions

- Response choices for Hispanic ethnicity and race have been placed in alphabetical order
 - Survey vendors **must** update mail surveys (Questions 42 & 43) and telephone survey scripts (Questions 42 & 43A-E) to reflect this change
 - Survey vendors **must** update data coding and XML file to reflect this change

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Mail Only Mode

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

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Mail Only Mode *(cont'd)*

- If survey administration is not initiated within the first seven days
 - Surveys may be initiated 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
 - Documentation must be kept as to why the survey administration was initiated late
 - A Discrepancy Report **must** be submitted if survey administration begins after the seventh day of the month or does not occur for any month

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Mail Only Mode *(cont'd)*

- Mail Materials
 - Optional “reply by date” in Follow-up Cover Letter
 - Recommend using 35 days from the initial mailing to make sure the survey is returned before the data collection closes
 - Use a readable font size, at a minimum of 12-point
 - Placed above the salutation, such as:
 - Please reply by: [DATE (mm/dd/yyyy)]. OR
 - In the fourth paragraph after the sentence, “After you have completed the survey, please return it in the enclosed pre-paid envelope.”
 - Please fill out the enclosed survey and mail it by [DATE (mm/dd/yyyy)] in the pre-paid envelope.

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Mail Only Mode *(cont'd)*

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

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Quality Assurance: Mail

- During mail production, survey vendors must:
 - Quality check at least 10% of printed materials
 - Smearing, fading, folded edges, and misalignment
 - Check a sample of mailings for inclusion of all materials
 - Review mail packets for questionnaire, cover letter, and BRE
 - Ensure all printed materials in the mailing packet are for the same unique identifier
 - Check that entire sample has been printed for each hospice client

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Telephone Only Mode

- Programming telephone scripts
 - All punctuation for the question and answer categories must be programmed (e.g., commas, question marks)
 - Transitional statements and all probes **must** be programmed and read verbatim
 - Default response options may not be programmed
 - Periodically review skip pattern logic and internal disposition codes for accuracy
- Missing/Incorrect telephone numbers
 - Survey vendors **must** follow-up with the hospice and attempt to update missing or incorrect telephone numbers

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Telephone Only Mode *(cont'd)*

- Scheduling calls
 - Telephone attempts should be made at various times of the day, on different days of the week, and in different weeks to maximize the probability that the survey vendor will contact the caregiver
 - Multiple attempts on the same day should only be made for busy signals unless a callback is requested by the caregiver
 - Recommend that vendors use both the primary (Caregiver Telephone Number 1) and secondary (Caregiver Telephone Number 2) numbers if provided by the hospice

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Telephone Only Mode *(cont'd)*

- Scheduling call backs
 - 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 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
- Proxy respondents **within the same household** are permissible

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Telephone Only Mode *(cont'd)*

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

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Telephone Only Mode *(cont'd)*

- Conducting telephone attempts *(cont'd)*
 - If the caregiver is away temporarily, he or she must be contacted upon return, provided that it is within the data collection time period
 - If it is known that the caregiver may be available in the latter part of the 42 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 telephone attempts
 - Code “8 - Non-response: Refusal” if additional calls could be made
 - Code “9 - Non-response: Non-response after Maximum Attempts” if it is the last call

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Telephone Only Mode *(cont'd)*

- If survey administration is not initiated within the first seven days
 - Surveys may be initiated 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
 - Documentation must be kept as to why the survey administration was initiated late
 - A Discrepancy Report **must** be submitted if survey administration begins after the seventh day of the month or does not occur for any month

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Telephone Only Mode *(cont'd)*

- During fielding period, survey vendors must:
 - Conduct telephone monitoring even if using a subcontractor
 - Monitor and provide oversight of staff, subcontractors, and other organizations, if applicable
 - At least 10% of the CAHPS Hospice Survey interviews, interviewer survey response coding, dispositions, and attempts **must be monitored** in all applicable languages through silent monitoring
 - 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
 - Must include the ability to monitor calls live, both on-site and from remote locations
 - Document all monitoring

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Telephone Only Mode *(cont'd)*

- 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
 - Interviewer may accept any alternative positive or negative response from the caregiver
 - Interviewer 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
 - 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

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Telephone Only Mode *(cont'd)*

- Interviewers should be proficient with the following:
(cont'd)
 - Probing
 - Repeat question and answer categories, adjusting pace, and enunciation if necessary
 - Interviewer should use phrases such as:
 - “Take a minute to think about it”
 - “So would you say...”
 - “Which would you say is closer to the answer?”
 - Clarify the caregiver response if accepting alternative positive and/or negative responses (Definitely yes, Probably yes, etc.)
 - Code “MISSING/DON’T KNOW” when caregiver cannot/does not provide complete answer after probing

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Quality Assurance: Telephone

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

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Mixed Mode

- Survey vendors **must** keep track of the mode and attempt in which each survey was completed (i.e., mail or telephone)
- Mailings returned as undeliverable must be sent to the telephone portion
- The first telephone attempt must be made in the first seven days of the telephone field period (i.e., from 21 to 28 calendar days after mailing the questionnaire)

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Data Coding and XML Preparation

- For Telephone Only and Mixed Modes
 - Submit “number survey attempts telephone,” even if “0”
- The XML Hospice Record contains calculated variables:
 - “available-sample” = Total Decedents – (No Publicity + Missing DOD + Ineligible Pre-sample)
 - “sampled-cases” = Available Sample – Any cases not drawn into the sample
 - “sample-size” = Sampled Cases – Any cases with an ineligible “Final Survey Status” code or incorrectly sampled

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Data Coding and XML Preparation *(cont'd)*

- Assign “Final Survey Status” Codes
 - 3-Ineligible: Not in Eligible Population
 - Caregiver name is completely missing after re-contacting the hospice
 - Sampled caregiver is a non-familial legal guardian or non-familial paid caregiver with no other eligible caregiver in the household
 - 10-Non-response: Bad/No Address
 - No address is available after re-contacting the hospice
 - Survey is returned by the post office as undeliverable

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Data Coding and XML Preparation (*cont'd*)

- Assign “Final Survey Status” Codes (*cont'd*)
 - 11-Non-response: Bad/No Telephone Number
 - For Telephone Only – caregiver telephone number is missing or bad
 - For Mixed Mode – mail survey is not returned and the telephone number is missing or bad, or if both the address and telephone number are missing or bad
 - 16-Sampling Error
 - When a decedent/caregiver is incorrectly drawn into the sample

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Data Storage

- Survey vendors **must**:
 - Store paper questionnaires, scanned images of questionnaires, CAHPS Hospice Survey files, and survey administration related data collected through an electronic telephone interviewing system in a secure and environmentally controlled location for a minimum of three years
 - Destroy survey-related data files in a secure and environmentally safe location and obtain a certificate of the destruction of data

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Confidentiality and Data Security

- Survey vendors **must**:
 - Provide HIPAA training to staff prior to providing access to decedent/caregiver PHI and PII
 - Develop confidentiality agreement with language related to HIPAA regulations and protection of PII
 - Obtain signatures from all personnel with access to survey information, including subcontractors involved in survey administration and data collection
 - Notify the CAHPS Hospice Survey Project Team within 24 hours upon discovery of a data breach that potentially affects CAHPS Hospice Survey administration within their organization, subcontractor, or at a client hospice

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Improving Response Rates

- Limit the number of supplemental questions
- Offer official survey translations
- Use accurate patient contact information
- Schedule callback at caregiver's preferred time

Use of Mixed Mode survey administration has been associated with higher response rates

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Sharing and Utilizing 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
- Results are intended to be used for quality improvement purposes
- Any responses that would identify a particular decedent/caregiver case must not be shared with *direct care staff*
- Hospices may not contact the caregiver to discuss survey responses

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Oversight Activities, Exception Request, and Discrepancy Report Processes

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Oversight Activities

- Review of survey materials
 - Only survey vendors with contracted hospice client(s) need to submit survey materials
 - **Due date of 11/03/2022**
 - English mail materials (questionnaires, cover letters, and outgoing/return envelopes)
 - English CATI screenshots (including skip pattern logic)
- Review of Quality Assurance Plan (QAP)
 - Follows the QAP specifications
 - **Notify CMS of any changes in ownership or key personnel**
 - **Reminder:** QAPs must be updated after training and will be requested in advance of a site visit
- Submit via the CAHPS Hospice Survey Technical Assistance email: hospicecahpssurvey@hsag.com

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Exception Request

- For consideration of:
 - Requests for conducting business and data collection operations remotely
 - Alternative strategies not identified in the CAHPS Hospice Survey Quality Assurance Guidelines V9.0 manual
 - The use of survey materials that do not align with the examples provided
 - No alternative modes of survey administration will be permitted other than those prescribed for the survey (Mail Only, Telephone Only, and Mixed [mail with telephone follow-up] Mode)
- Survey vendors must:
 - Submit an Exception Request Form on behalf of hospice client(s)
 - Provide sufficient detail and clearly defined timeframes
 - Not implement prior to receiving approval from the CAHPS Hospice Survey Project Team

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Exception Request (*cont'd*)

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

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Discrepancy Report

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

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Discrepancy Report *(cont'd)*

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

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Discrepancy Report Review Process

- Notification of the outcome of the review may not be forthcoming until all the data for the affected reporting period(s) have been submitted and reviewed
 - Email notification will be distributed to the survey vendor submitting the Discrepancy Report Form once the outcome of the review has been determined
 - A footnote may be applied to publicly reported CAHPS Hospice Survey results to indicate that these results are derived from data whose collection or processing varied from established CAHPS Hospice Survey protocols
 - Hospices are encouraged to contact their survey vendor to inquire about the outcome of the review

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Data Quality Checks

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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

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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

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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

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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

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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

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Data Quality Checks

- Maintain monthly and quarterly documentation for all hospices, including but not limited to:
 - Total counts from hospices, number of eligible and ineligible (pre- and post-sample) cases, sample size, numbers of each “Final Survey Status” code, and response rate
 - Use of the “Final Survey Status” code “16 – Sampling Error”
- 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

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Data Quality Check Examples

Quarter 1 2022 - Missing Administrative Values					
Hospice ID	Sex	Decedent Hispanic	Decedent Race	Caregiver Relationship	Primary Payer
<i>GHI</i>	5%	3%	60%	80%	0%

- Follow-up should occur during and/or after Quarter 1 2022 to discuss missing values (emphasize **decedent race** and **caregiver relationship**)

Quarter 2 2022 - Missing Administrative Values					
Hospice ID	Sex	Decedent Hispanic	Decedent Race	Caregiver Relationship	Primary Payer
<i>GHI</i>	4%	3%	5%	75%	0%

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

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Data Quality Check Examples *(cont'd)*

January 2022 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?

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Data Quality Check Examples (cont'd)

Quarter 1 2022 - 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 2 2022 - 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?

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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

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Questions?

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Wrap-up and Next Steps

- Post-training Survey Vendor Quiz
 - One quiz per survey vendor
 - Immediately upon conclusion of training
 - Accessible via Webinar for 20 minutes
- Feedback on training
 - Follows post-training quiz
 - Accessible via Webinar for 15 minutes
- Survey vendor notification
 - CMS follow-up regarding survey vendor quiz by **10/04/2022**

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

- Upcoming deadlines for survey vendors
 - Samples of CAHPS Hospice Survey materials due by **11/03/2022**
 - Quarter 2 2022 decedent data due by **11:59 PM Eastern Time 11/9/2022**
 - CAHPS Hospice Survey Attestation Statement due by **12/08/2022**

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Contact Us

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

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Quiz and Evaluation