

# CAHPS<sup>®</sup> Hospice Survey

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## Introduction to CAHPS Hospice Survey Training

October 2014



# Introduction to CAHPS Hospice Survey Training

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## Welcome

*October 2014*



# Introduction to CAHPS Hospice Survey Training

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In today's Introduction to CAHPS Hospice Survey training, we will:

- Review key concepts and protocols
- Provide an overview of survey administration
- Review timeline for data collection
- Administer the post training quiz

# Introduction to CAHPS Hospice Survey Training

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## Introduction and Overview

*October 2014*



## Training Presentation Overview

The CAHPS Hospice Survey training session will

- Explain purpose and use of the CAHPS Hospice Survey
- Provide instruction on managing the survey
- Discuss modes of survey administration
- Instruct on sampling, data preparation, and data submission
- Review oversight and quality checks activities

# Introduction to CAHPS Hospice Survey Training

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## Key URL:

<http://www.hospicecahpssurvey.org>

- Background on the survey
- Copy of the questionnaire
- Copy of the *CAHPS Hospice Survey Quality Assurance Guidelines (QAG) V1.0*
- Technical information

## CMS Hospice Quality Reporting Requirements

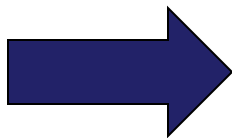
- CAHPS Hospice Survey is a component
- Impact Medicare payments
  - (FY 2017 Annual Payment Update)
- Goals:
  - Improve transparency through public reporting on [www.medicare.gov](http://www.medicare.gov) (Timeline TBD)
  - Create incentives for quality improvement

# Introduction to CAHPS Hospice Survey Training

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## Everybody take note!

Your CAHPS  
Hospice  
Survey  
compliance in  
CY 2015


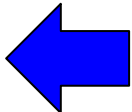


Affects your  
FY 2017 APU



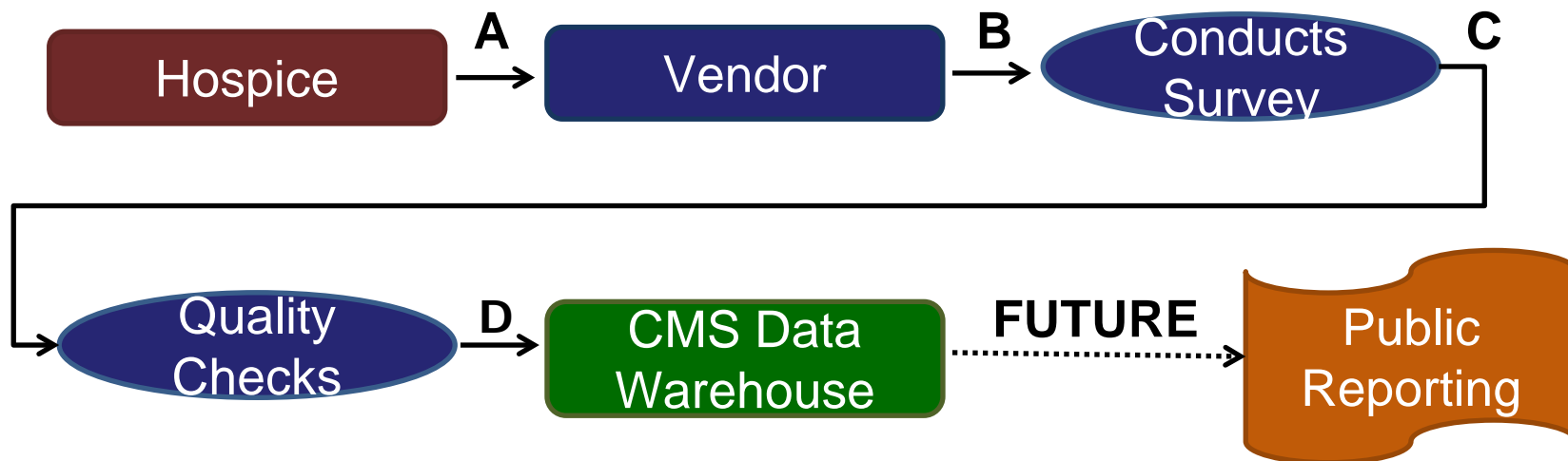
## Components of Compliance

*For hospice quality reporting:*

1. *Hospice Item Set (HIS) – not today* 
2. **CAHPS Hospice Survey** 

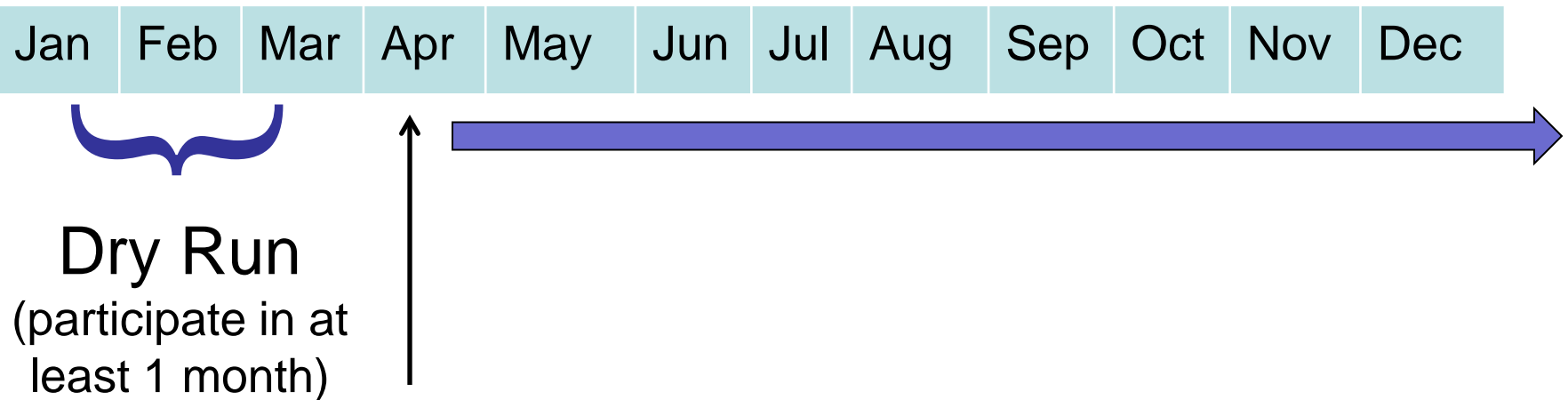
# Introduction to CAHPS Hospice Survey Training

## CAHPS Hospice Survey Process



# Introduction to CAHPS Hospice Survey Training

## Timeline for 2015



Monthly Participation

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## Timeline for 2015 (*cont'd*)

Month of Death	Initial Contact with Sampled Decedents/Caregivers	Data Submission to the CAHPS Hospice Survey Data Warehouse
January 2015	April 1, 2015	August 12, 2015
February 2015	May 1, 2015	
March 2015	June 1, 2015	
April 2015	July 1, 2015	November 1, 2015
May 2015	August 1, 2015	
June 2015	September 1, 2015	
July 2015	October 1, 2015	February 10, 2016
August 2015	November 1, 2015	
September 2015	December 1, 2015	
October 2015	January 1, 2016	May 11, 2016
November 2015	February 1, 2016	
December 2015	March 1, 2016	

## Vendor: Key Things to Do

- Make sure you are authorized by your client hospice(s)
- Administer the survey in accordance with CAHPS Hospice Survey protocols
- Register to submit data to the CAHPS Hospice Survey Data Warehouse
- Submit data on time
- Cooperate with oversight activities
- Don't hesitate – contact Technical Assistance
  - [cahpshospicesurvey@HCQIS.org](mailto:cahpshospicesurvey@HCQIS.org)

## Program Requirements

## Overview

- Roles and Responsibilities
  - CMS
  - Hospices
  - Survey Vendors
- Participation Exemption for Size
- Minimum Business Requirements
- Technical Assistance and Communication

## Roles and Responsibilities *CMS*

- CMS provides:
  - QAG
  - Training of survey vendors
  - Survey instruments
  - Tools, format and procedures for submitting the collected data
  - Quality oversight
  - Technical assistance



## Roles and Responsibilities *Hospices*

- Participate in the CAHPS Hospice Survey
- Authorize a survey vendor
- Provide decedent/caregiver lists and required counts to the survey vendor
  - Understand survey due dates
- Participate in a dry run month
- Review data submission reports
- Avoid influencing caregivers as to how to answer the survey questions

## **Roles and Responsibilities** ***Survey Vendors***

- Follow the Rules of Participation to administer the CAHPS Hospice Survey
- Conditionally approved survey vendors must participate in CAHPS Hospice Survey vendor training
- Ensure that all survey vendor staff who work on the CAHPS Hospice Survey are trained
- Work with the client hospice's staff to create monthly decedent/caregiver lists and required counts, including data elements needed

## Roles and Responsibilities *Survey Vendors (cont'd)*

- Designate a date each month by which the hospice must provide each monthly decedent/caregiver lists
  - Perform checks of the monthly decedent/caregiver lists
  - When updated decedent/caregiver lists are received prior to data submission
    - Update all decedent/caregiver administrative information available
    - Perform quality checks to track and verify changes from the original decedent/caregiver lists
- Meet all CAHPS Hospice Survey due dates

## Roles and Responsibilities *Survey Vendors (cont'd)*

- Prepare sample frame
- Draw sample of decedents/caregivers according to the sampling protocols
- Administer the CAHPS Hospice Survey and oversee the quality of work of staff and subcontractors, if applicable
- Verify that each contracted hospice has authorized the survey vendor to submit data on the hospice's behalf

## Roles and Responsibilities *Survey Vendors (cont'd)*

- Submit data files to the CAHPS Hospice Survey Data Warehouse in accordance with the survey file layouts
- Review CAHPS Hospice Survey Data Submission Reports
- Perform quality checks of all survey administration processes and document the performance of the quality check activities
- Assign and train organizational staff with appropriate back-up responsibilities for coverage of key staff
- Maintain active contract(s) with hospice(s) in order to retain approval status

## Participation Exemption for Size

- Some hospices may be exempted for size from participation for a given APU period
  - For the CY 2015 data collection period, Medicare-certified hospices that have served fewer than 50 survey-eligible decedents/caregivers in the period from January 1, 2014 through December 31, 2014 can apply for an exemption from CAHPS Hospice Survey CY 2015 data collection and reporting requirements
  - *The Participation Exemption for Size Form* must be submitted online at [www.hospicecahpssurvey.org](http://www.hospicecahpssurvey.org)
  - *The Participation Exemption for Size Form* **must be received by August 12, 2015**

*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 2015, hospices who received their CCN on or after January 1, 2015 are eligible for the **one-time** exemption for newness
- Hospices eligible for this exemption will be identified by CMS

## Minimum Business Requirements

- Relevant Survey Experience
- Survey Capability and Capacity
- Participation in Quality Control Activities and Documentation Requirements
- Adhere to all Protocols, Specifications
- Agree to Participate in Training Sessions



## Technical Assistance and Communication

- For additional information and technical assistance:
  - Via email at [hospicecahpssurvey@HCQIS.org](mailto:hospicecahpssurvey@HCQIS.org)
  - Via telephone 1-844-472-4621
- For CAHPS Hospice Survey Data Warehouse or data submission issues:
  - Via email at [cahpshospicetechsupport@rand.org](mailto:cahpshospicetechsupport@rand.org)
- To communicate with CMS:
  - Via email at [hospicesurvey@cms.hhs.gov](mailto:hospicesurvey@cms.hhs.gov)

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*Questions?*

## Sampling Protocol

## Overview of Sampling Process

- Hospices supply a monthly list of decedents/caregivers to their contracted survey vendors
- Survey vendors will draw monthly a random sample from all decedents/caregivers who meet survey eligibility criteria for each contracted hospice

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

- Decedent/Caregiver List
- Counts of cases ineligible due to:
  - Live discharge
  - Requests for no contact (i.e., sign “no publicity” requests or otherwise directly request not to be contacted)
    - Voluntarily requested by caregivers

# Introduction to CAHPS Hospice Survey Training

## 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 (formerly known as Medicare Provider Number)	Yes
NPI	10	National Provider Identifier (optional)	No
Facility Name	100	Name of hospice, inpatient or nursing home facility, if applicable (optional)	No
Total Number of Live Discharges	10	Number of patients who were discharged alive during the month	Yes
Total Number of Decedents/Caregivers	10	Number of decedents/caregivers during the month	Yes
“No-Publicity” decedents/caregivers	10	Number of “no-publicity” decedents/caregivers during the month who were excluded from the file	Yes
Decedent/Caregiver Unique ID	16	Hospice/Survey vendor generated, random, unique, de-identified Decedent/Caregiver ID used to de-duplicate the file, and to track the decedent/caregiver’s survey status through the survey administration process	Yes

# Introduction to CAHPS Hospice Survey Training

## Sample File Layout (cont'd)

Sample File Layout			
Data Element	Length	Value Labels and Use	Required for Data Submission
<i>Caregiver First Name</i>	30	Name information used to personalize materials to caregiver	No
<i>Caregiver Middle Initial</i>	1		
<i>Caregiver Last Name</i>	30		
<i>Caregiver Prefix Name</i>	6		
<i>Caregiver Suffix Name</i>	10		
<i>Decedent First Name</i>	30	Name information used to personalize materials to caregiver	No
<i>Decedent Middle Initial</i>	1		
<i>Decedent Last Name</i>	30		

# Introduction to CAHPS Hospice Survey Training

## Sample File Layout (cont'd)

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



# Introduction to CAHPS Hospice Survey Training

## 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 hospice/survey vendor to calculate patient age to confirm patient meets eligibility criteria	Yes
Decedent Date of Death	8	MMDDYYYY Used by hospice/survey vendor to calculate patient age to confirm patient meets eligibility criteria	Yes
Decedent Hospice Admission Date	8	MMDDYYYY Decedent admission date for his/her final episode of hospice care. Used by hospice/survey vendor to confirm caregiver/decedent meets eligibility criteria	Yes

# Introduction to CAHPS Hospice Survey Training

## 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 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 8 = Inpatient psychiatric facility 9 = Location not otherwise specified 10 = Hospice facility M = Unknown/Missing	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 = Unknown/Missing	Yes

# Introduction to CAHPS Hospice Survey Training

## 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 M = Unknown/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 M = Unknown/Missing	Yes

# Introduction to CAHPS Hospice Survey Training

## Sample File Layout (cont'd)

Sample File Layout			
Data Element	Length	Value Labels and Use	Required for Data Submission
Decedent Primary Diagnosis	10	ICD-9 codes (ICD-10 codes anticipated to be implemented October 1, 2015)	Yes
<i>Caregiver Mailing Address 1</i>	50	Street address or post office box Address information used in protocols that have a mail mode of survey administration	No
<i>Caregiver Mailing Address 2</i>	50	Mailing address 2 <sup>nd</sup> line (if needed)	No
<i>Caregiver Mailing State</i>	2	2-character state abbreviation	No
<i>Caregiver Mailing Zip Code</i>	9	9-digit zip code; no hyphen, separators or de-limiters (i.e., 5 digit zip code followed by 4 digit extension)	No

# Introduction to CAHPS Hospice Survey Training

## Sample File Layout (cont'd)

Sample File Layout			
Data Element	Length	Value Labels and Use	Required for Data Submission
<i>Caregiver Telephone Number 1</i>	10	3-digit area code plus 7-digit telephone number; no dashes, separators or de-limiters Telephone information used in protocols that involve a telephone component as part of the mode of administration	No
<i>Caregiver Telephone Number 2</i>	10	3-digit area code plus 7-digit telephone number; no dashes, separators or de-limiters Telephone information used in protocols that involve a telephone component as part of the mode of administration	No
<i>Caregiver Telephone Number 3</i>	10	3-digit area code plus 7-digit telephone number; no dashes, separators or de-limiters Telephone information used in protocols that involve a telephone component as part of the mode of administration	No
<i>Caregiver Email Address</i>	30	Email address of caregiver	No

# Introduction to CAHPS Hospice Survey Training

## Sample File Layout (cont'd)

Sample File Layout			
Data Element	Length	Value Labels and Use	Required for Data Submission
Caregiver relationship to the decedent	1	1 = Spouse/partner 2 = Parent 3 = Child 4 = Other family member 5 = Friend 6 = Legal guardian 7 = Other M = Missing	Yes

## Eligibility for the CAHPS Hospice Survey

The CAHPS Hospice Survey is conducted with a sample of decedents/caregivers meeting the following criteria:

- Decedent is age 18 and over at time of death
- Decedent's death at least 48 hours following last admission to hospice care
- Decedent has a caregiver of record
- Caregiver is not a non-familial legal guardian
- Caregiver has a U.S. or U.S. Territory home address

## Exclusions from the Sample Frame

- Decedents/caregivers who request that they not be contacted (i.e., sign “no publicity” requests or otherwise directly request not to be contacted)
- Patients whose last admission to hospice resulted in a live discharge



## Sample Frame Development

- Survey vendors must:
  - Apply the eligibility criteria and remove ineligible decedents/caregivers
  - Include all survey-eligible decedents/caregivers from the first through the last day of the month
  - Include decedents with missing or incomplete caregiver addresses and/or telephone numbers
- If eligibility status is uncertain, must include in the sample frame

## Computing Ineligible Counts

- Survey vendors are required to provide and document counts of:
  - Patients discharged alive (provided by the hospice)
  - No publicity patients (provided by the hospice)
  - Total number of vendor-designated ineligible decedents/caregivers for all other ineligibility criteria
- Survey vendors must document and retain counts for each category of ineligibility
  - e.g., age; address outside of the U.S.

## Reporting Ineligible Counts

- Survey vendors must:
  - Report ineligible decedent/caregiver counts in the data submitted
  - Document and retain the sample frame and ineligibility counts for three years

## CCN is the Sampling and Reporting Unit

- The CCN identifies the hospice program for the purpose of determining:
  - Exemption from the survey for size
  - Sampling unit

## Sample Selection

- Hospices with <50 survey-eligible decedents/caregivers during the prior calendar year are **exempt**
- Hospices with 50-699 eligible decedents/caregivers **must survey all cases** (conduct a census) and attempt to obtain as many completes as possible
- Hospices with 700+ eligible decedents/caregivers **must survey at least 700** using a simple random sampling procedure (all cases have equal probability)
  - A census or any number greater than or equal to 700 is allowed

## 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
- Telephone Only Mode
- Mixed Mode
- Supplemental Questions



## Survey Administration

- Data collection begins two months after the month of patient death within the first seven days of the field period and it must be completed no later than six weeks (42 calendar days) after initial contact
- No communication to caregivers that is intended to influence survey results
- No incentives of any kind
- If a decedent/caregiver is found to be ineligible, discontinue survey administration for that caregiver

## 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 days of the field period
  - Send second questionnaire with follow-up cover letter to non-respondents approximately 21 calendar days after the first questionnaire mailing
  - Complete data collection within 42 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
  - Language explaining what the unique identifier is
  - Name and address of sampled caregiver
    - "To Whom It May Concern" is not acceptable
  - Name of the decedent
  - Name of the hospice to make certain the caregiver completes the survey based on the care received from that hospice only
  - Explanation that participation in survey is voluntary

## Mail Only Mode (*cont'd*)

- Cover letter requirements (*cont'd*)
  - Customization is acceptable; cannot add content that would introduce bias
  - Toll-free customer support number
    - Customer support must be offered in all languages in which the survey vendor administers the survey
  - If applicable, add language that answers will be shared with hospices for purposes of quality improvement
  - The OMB language must appear on either the questionnaire or cover letter, and may appear on both

## 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 [\_\_\_\_\_]. The time required to complete this information collection is estimated to average 11 minutes for questions 1 – 47 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
  - Offer incentives of any kind for participation in the survey
  - Include any content that attempts to advertise or market the hospice's mission
  - Include extraneous titles for caregiver (e.g., Aunt, Uncle)

## Mail Only Mode (*cont'd*)

- Cover letter options
  - Spanish and Chinese version of the cover letter
  - Information may be added to the English cover letter indicating that the caregiver may request a mail survey in Spanish or Chinese
  - Cover letters may be double sided (English/Spanish or English/Chinese)
  - English should be the default language in the continental U.S. and Spanish should be the default language in Puerto Rico
  - 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

## Mail Only Mode (*cont'd*)

- Questionnaire guidelines and formatting requirements
  - Question and answer category wording must not be changed
  - No changes are permitted in the order of the Core questions (Q1-Q40)
  - No changes are permitted in the order of the “About Your Family Member” (Q41-Q43) and “About You” (Q44-Q47) questions
  - No changes are permitted in the order of the response categories for the Core, “About Your Family Member,” or “About You” questions
  - The Core questions must remain together



## Mail Only Mode (*cont'd*)

- Questionnaire guidelines and formatting requirements (*cont'd*)
  - The “About Your Family Member” and “About You” questions must remain together
  - 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

## Mail Only Mode (*cont'd*)

- Questionnaire guidelines and formatting requirements (*cont'd*)
  - The hospice name must be placed on the cover of the survey
  - All survey instructions written at the top of the questionnaire must be printed verbatim
  - The OMB control number must appear on the front page of the survey or on the cover letter
  - Randomly generated, unique identifiers must be placed on the first or last page of the questionnaire
  - 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 underlined in the CAHPS Hospice Survey questionnaire must be **bolded** or underlined in the survey vendor's questionnaire

## 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 capitalized
  - Survey materials must be in a readable font (i.e., Arial) with a font size of 10 point at a minimum

## Mail Only Mode (*cont'd*)

- Questionnaire guidelines and formatting options acceptable
  - Questionnaire cover may include the name of the facility in which decedent received care
  - Small coding numbers next to response choices
  - Hospice name can be placed in the introduction to Questions 2, 4 and 39
  - Hospice logos may be included on the questionnaire; however, other images and tag lines are not permitted

## Mail Only Mode (*cont'd*)

- Questionnaire guidelines and formatting options acceptable (*cont'd*)
  - The phrase “Use only blue or black ink” may be printed on the questionnaire
  - Page numbers may be included on the questionnaire
  - Color may be incorporated on the questionnaire
  - It is strongly suggested that survey vendors incorporate the following in formatting the questionnaire
    - Two-column format
    - Wide margins (at least  $\frac{3}{4}$  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
      - Questionnaire
      - Self-addressed, stamped business reply envelope
- Mail Out - options
  - First Class Postage or Indicia

## Mail Only Mode (*cont'd*)

- Caregivers without mailing addresses
  - Survey vendors must make every reasonable attempt to obtain a caregiver's address, including re-contacting the hospice
    - Attempts to obtain caregiver's address must be documented
    - Survey vendor must use commercial software or other means to obtain addresses
    - Survey vendors must make every reasonable attempt to obtain a caregiver's address including re-contacting the hospice client to inquire about an address update for caregivers with no mailing address



## 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), 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
    - Programs verify that record is unique and has not been returned already
    - Programs identify invalid or out-of-range responses
  - Survey receipt is recorded in a timely manner
  - Surveys are date stamped

## Mail Only Mode (*cont'd*)

- Data receipt and entry (*cont'd*)
  - 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 and are easily retrievable

## Mail Only Mode (*cont'd*)

- Quality control guidelines
  - Survey vendors must:
    - Update address information
      - National Change of Address (NCOA)
      - USPS CASS Certified Zip+4 software
      - Other commercial software/search engines
    - Check quality of printed materials
    - Check survey packet contents

## Mail Only Mode (*cont'd*)

- Quality control guidelines (*cont'd*)
  - Survey vendors must:
    - Check a sample of mailings for inclusion of all sampled decedents/caregivers
    - Check for timeliness of manual or automated date stamping
    - Provide ongoing oversight of staff and subcontractors
    - Check for accuracy of mailing contents

## Mail Only Mode (*cont'd*)

- Quality control guidelines (*cont'd*)
  - Survey vendors must:
    - 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
    - Document results of all oversight activities

## Telephone Only Mode

- Protocol
  - Initiate first telephone attempt with sampled caregiver two months after the month of patient death within the first seven days of the field period
  - Complete data collection within 42 calendar days after the first telephone attempt
    - A maximum of 5 telephone attempts are made at different times of day, on different days of the week in more than one week (eight days or more), between 9AM and 9PM respondent time
  - Submit data to the CAHPS Hospice Survey Data Warehouse by the data submission deadline



## Telephone Only Mode (*cont'd*)

- Telephone script(s)
  - Standardized CAHPS Hospice Survey telephone script(s)
    - Entire telephone script must be read verbatim
  - Question and answer category wording must not be changed nor the order of questions and answer categories
  - Core survey questions (Q1–Q40) are at the beginning of the survey

## Telephone Only Mode (*cont'd*)

- Telephone script(s) (*cont'd*)
  - “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
  - Only one language (English or Spanish) may appear on the interviewing screen at one time

## Telephone Only Mode (*cont'd*)

- Interviewing systems
  - Telephone data collection must be computer-assisted using live interviewers
    - Paper surveys administered by phone and use of Touch-tone or Speech-enabled 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

## Telephone Only Mode (*cont'd*)

- Interviewing systems (*cont'd*)
  - Monitoring and recording of telephone calls
    - Follow state regulations
  - Every question should have a “MISSING/DON'T KNOW” option available
  - All underlined content must be emphasized
  - Skip patterns and conventions should be programmed into the system

## Telephone Only Mode (*cont'd*)

- Obtaining telephone numbers
  - Main source of telephone numbers is hospice decedent/caregiver list
  - Survey vendors must follow up with the hospice regarding missing telephone numbers
  - Make attempts to update missing or incorrect telephone numbers using
    - Commercial software
    - Internet directories
    - Directory assistance
    - Other tested methods

## Telephone Only Mode (*cont'd*)

- Definition of a telephone attempt
  - Telephone rings six times with no answer
  - Interviewer reaches a wrong number
  - An answering machine or voicemail is reached (do not leave messages as this violates privacy)
  - Busy signal—interviewer gets a busy signal on each of 3 consecutive attempts (counts as one attempt)
  - Interviewer reaches the household and is told that the caregiver is not available to come the telephone or has a new number
  - 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

## Telephone Only Mode (*cont'd*)

- Scheduling calls
  - If the caregiver is temporarily away, re-contact the caregiver upon return
  - If the caregiver does not speak the language the survey is being administered in, thank the caregiver for his or her time and terminate the interview
  - If the caregiver is temporarily ill, re-contact the caregiver to see if there has been a recovery before the end of data collection
  - Attempt to correct wrong telephone numbers

## Telephone Only Mode (*cont'd*)

- Scheduling calls (*cont'd*)
  - If a caregiver requests to complete a telephone 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 the call is inadvertently dropped and the interview is interrupted, the caregiver should be re-contacted immediately to complete the survey



## Telephone 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 telephone attempt in which the final disposition of the survey is determined
  - Calculate lag time

## Telephone Only Mode (*cont'd*)

- Data retention and storage guidelines
  - Data collected through electronic telephone interviewing systems must be maintained in a secure manner for a minimum of three years

## Telephone 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 FAQs
    - Interviewers should be knowledgeable about the survey vendor's Distressed Respondent Procedures

## Telephone Only Mode (*cont'd*)

- Quality control guidelines (*cont'd*)
  - Telephone monitoring and oversight of staff and subcontractors
    - At least 10% of the CAHPS Hospice Survey attempts and interviews must be monitored by survey vendor and its subcontractor (if applicable)
    - All interviewers conducting the CAHPS Hospice Survey must be monitored

## Telephone Only Mode (*cont'd*)

- Interviewer training
  - Survey introduction
  - Interviewing guidelines and conventions
    - System conventions
    - Interviewer tone
    - Asking questions and probing
    - Avoiding refusals

## Telephone Only Mode (*cont'd*)

- Survey introduction
  - Critical to gaining cooperation
  - Provides survey purpose
  - Confirms respondent eligibility
  - Informs respondent that survey will take approximately 11 minutes or [SURVEY VENDOR SPECIFY]
  - Introduction script provided
  - Speak professionally and with confidence

## Telephone Only Mode (*cont'd*)

- Survey introduction (*cont'd*)
  - After gaining agreement to participate, interviewers should move swiftly into first question without rushing
  - Maintain pace and avoid long pauses
  - Identifying possible ineligible respondents

## Telephone Only Mode (*cont'd*)

- Interviewing guidelines and conventions
  - System conventions
    - Text that appears in lower case letters must be read out loud
    - Text in UPPER CASE 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
    - Skip patterns should be programmed into the electronic telephone interviewing system



## Telephone Only Mode (*cont'd*)

- Interviewing guidelines and conventions (*cont'd*)
  - Interviewer tone
    - Speak in an upbeat and 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

## Telephone Only Mode (*cont'd*)

- Interviewing guidelines and conventions (*cont'd*)
  - Asking questions and probing
    - Questions, transitions and response choices are read ***exactly*** as worded in the script
    - Do not provide extra information or lengthy explanations to respondent questions
    - End the survey by thanking the respondent for his or her time

## Telephone Only Mode (*cont'd*)

- Interviewing guidelines and conventions (*cont'd*)
  - Avoiding refusals
    - Be prepared to convert a soft refusal into a completed survey
    - Emphasize importance of participation
    - Never argue with or antagonize a respondent
    - Remember, first moments of the interview are most critical for gaining participation

## Telephone 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 11 minutes. Perhaps we could get started, and see what the questions are like. We can stop any time you wish.*

## Telephone Only Mode (*cont'd*)

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

## Telephone 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?”

## Telephone Only Mode (*cont'd*)

- Example of response probe: Overall Rating (Question 39)
  - 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?

## Telephone Only Mode (*cont'd*)

- Example of response probe: Overall Rating (Question 39) (*cont'd*)
  - Patient 1 Answers
    - “The hospice is fine.”
  - Probe for Patient 1
    - “Please pick a number from 0 to 10, where 0 is the worst hospice possible and 10 is the best hospice possible. What number would you use to rate your family member’s hospice care?”
  - Patient 2 Answers
    - “I would give the hospice a rating of 7.5”
  - Probe for Patient 2
    - “We’re asking you to choose one response. What number would you use to rate this hospice, a **7 or 8?**”



## Telephone Only Mode (*cont'd*)

- Example of response probe: Ethnicity (Question 42)  
Was your family member of Hispanic, Latino, or Spanish origin or descent?
  - <X> YES
  - <1> NO
  - <M> MISSING/DK

IF YES: Would you say you are...

  - <2> Puerto Rican,
  - <3> Mexican, Mexican American, Chicano/a,
  - <4> Cuban, or
  - <5> Other Spanish/Hispanic/Latino?
  - <M> MISSING/DK

## Telephone Only Mode (*cont'd*)

- Ethnicity Question (Question 42) (*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 43
  - If the caregiver does not provide a response to any ethnicity category or skips the question, enter “M – MISSING/DON’T KNOW”

## Telephone Only Mode (cont'd)

### Race Question (Question 43)

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.

- Q43A Was your family member White?  
<1> YES/WHITE  
<0> NO/NOT WHITE  
<M> MISSING/DK
- Q43B Was your family member Black or African American?  
<1> YES/BLACK OR AFRICAN AMERICAN  
<0> NO/NOT BLACK OR AFRICAN AMERICAN  
<M> MISSING/DK
- Q43C Was your family member Asian?  
<1> YES/ASIAN  
<0> NO/NOT ASIAN  
<M> MISSING/DK
- Q43D 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
- Q43E 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

## Telephone Only Mode (*cont'd*)

- Race Question (Question 43) (*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”

## Mixed Mode

- Protocol – mail followed by telephone
  - Mixed mode survey administration
    - Follow guidelines for Mail Only Mode
      - Use one questionnaire mailing instead of two
      - Send questionnaire with cover letter to sampled caregiver(s) two months after the month of patient death within the first seven days of the field period
    - Follow guidelines for Telephone Only Mode
      - Initiate first telephone attempt for all non-respondent(s) approximately 21 calendar days after mailing the questionnaire
      - Complete telephone sequence within 42 calendar days of Mixed Mode initiation
    - Submit data to the CAHPS Hospice Survey Data Warehouse by the data submission deadline

## Mixed Mode (*cont'd*)

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

## Supplemental Questions

- 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

## Supplemental Questions (*cont'd*)

- Example:

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

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

**This next set of questions 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*)

- Use appropriate phrasing to transition from the CAHPS Hospice Survey to the supplemental items

– 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*)

- 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 SSN
  - Questions that ask the caregiver to explain why he or she chose their specific response to any of the CAHPS Hospice Survey questions

## Supplemental Questions (*cont'd*)

- If the vendor includes the Consent to Share Responses question in the mail survey questionnaire or telephone interview
  - Responses to the Consent to Share question will not be included in the data files submitted to the CAHPS Hospice Survey Data Warehouse

# Introduction to CAHPS Hospice Survey Training

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***Questions?***

## Data Coding and Data File Preparation

## Objectives

- File Specifications
- Decision Rules and Coding Guidelines
- Survey Completion Guidelines
- Survey Disposition Codes

## File Specifications

- Survey vendors must use XML file format to submit survey data files
- Survey vendors will submit all hospice's sampled decedent/caregiver records in one file, regardless of which survey version was administered
- No substitutions for valid data elements are acceptable

## File Specifications (*cont'd*)

- Each XML file will consist of three parts:
  - Header Record
  - Decedent/Caregiver Administrative Record
  - Survey Results Record



# Introduction to CAHPS Hospice Survey Training

## File Specifications (cont'd)

- XML File - Header Record (Appendix E)

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;header&gt;</b> Opening Tag, defines the header record of monthly survey data	This is the opening element of the header record. The closing tag for this element will be at the end of the header record. <b>Note:</b> This tag is required in the XML document, however, it contains no data. This header element should only occur once per file.					
	None	N/A	N/A	NA	N/A	Yes
<b>&lt;provider-name&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element should only occur once per file. <b>Example:</b> <provider-name>Sample Hospice</provider-name>					
	None	Name of the hospice represented by the survey.	N/A	Alphanumeric Character	100	Yes
<b>&lt;provider-id&gt;</b> Sub-element of header	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This header element will occur again as an administration data element in the patient level data record. <b>Example:</b> <provider-id>123456</provider-id>					
	None	ID number of the hospice represented by the survey.	Valid 6 digit CMS Certification Number (formerly known as Medicare Provider Number).	Alphanumeric Character	10	Yes

## File Specifications (*cont'd*)

- XML File - Header Record (Appendix E) (*cont'd*)
  - Contains identification and sampling information that is applicable to every survey record in the month
  - Each field requires an entry for a valid submission
    - Exception is the optional “NPI” field

## File Specifications (*cont'd*)

- XML File - Header Record (Appendix E) (*cont'd*)
  - Survey vendor must submit a Header Record for all hospices, even those with zero survey-eligible decedents/caregivers in a month
    - Survey vendor must confirm that a hospice has zero survey-eligible decedents/caregivers
  - In calculating the “Eligible Sample” field, the number of survey-eligible decedents/caregivers in the sample frame in the month must not include decedents/caregivers who are determined to be ineligible or excluded

## File Specifications (*cont'd*)

- XML File - Header Record (Appendix E) (*cont'd*)
  - When 100% of the survey-eligible decedents/caregivers are sampled the “Type of Sampling” must be coded as “2 – Census Sample”

# Introduction to CAHPS Hospice Survey Training

## File Specifications (cont'd)

- XML File - Decedent/Caregiver Administrative Record (Appendix E)

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;decedentleveldata&gt;</b>  Opening Tag, defines the patient level data record of monthly survey data		This is the opening element of the decedent/caregiver level data record. The closing tag for this element will be at the end of the decedent/caregiver level data record. <b>Note:</b> The <decedentleveldata> section includes the opening and closing <decedentleveldata> tags and all the tags between these two tags. The <decedentleveldata> section is required in the XML file, if at least one decedent/caregiver is being submitted. If the <sample-size> is 0, and no decedent/caregiver data is being submitted, the <decedentleveldata> section should not be included in the XML file. This decedent/caregiver level data element should only occur once per decedent/caregiver.				
	None	N/A	N/A	NA	N/A	Yes
<b>&lt;provider-id&gt;</b>  Sub-element of decedentleveldata		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata element also occurs in the previous header record. <b>Example:</b> <provider-id>123456</provider-id>				
	None	ID number of the hospice represented by the survey.	Valid 6 digit CMS Certification Number (formerly known as Medicare Provider Number).	Alphanumeric Character	10	Yes
<b>&lt;decedent-id&gt;</b>  Sub-element of decedentleveldata		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata element will occur again as a data element in the caregiver response record. <b>Example:</b> <decedent-id>12345</decedent-id>				
	None	Unique de-identified decedent/caregiver id assigned by the hospice to uniquely identify the survey.	N/A	Alphanumeric Character	16	Yes
<b>&lt;birth-yr&gt;</b>  Sub-element of decedentleveldata		Each element must have a closing tag that is the same as the opening tag but with a forward slash. This decedentleveldata data element should only occur once per decedent/caregiver. <b>Example:</b> <birth-yr>2006</birth-yr>				
	None	Year decedent was born provided by the hospice	YYYY YYYY = (1996 or earlier) (cannot be 9999)	Numeric	4	Yes

## File Specifications (*cont'd*)

- Decedent/Caregiver Administrative Record
  - Contains de-identified information on each sampled decedent/caregiver in the file
  - Required for each decedent/caregiver sampled for the CAHPS Hospice Survey, whether or not the caregiver responded to the survey
  - Each field requires a valid value for submission
    - Exception is the optional “facility-name” field

## File Specifications (*cont'd*)

- Decedent/Caregiver Administrative Record (*cont'd*)
  - “Number Survey Attempts – Telephone” is required when “Survey Mode” in the Header Record is:
    - “2 – Telephone Only” or if
    - “Survey Mode” is “3 – Mixed mode” **and** “Survey Completion Mode” is “2 – Mixed mode-phone”
  - “Number Survey Attempts – Mail” is required when “Survey Mode” in the Header Record is:
    - “1 – Mail Only”

## File Specifications (*cont'd*)

- Decedent/Caregiver Administrative Record (*cont'd*)
  - “Language” field must be completed with the appropriate valid value indicating the survey language in which the survey was administered, even if a caregiver does not complete the survey
  - Must be submitted for all decedents/caregivers selected for the survey sample, including those found to be ineligible prior to survey administration



## File Specifications (*cont'd*)

- Decedent/Caregiver Administrative Record (*cont'd*)
  - “Lag Time” is calculated for each decedent/caregiver in the sample and is defined as the number of days between the decedent’s date of death and the date that data collection activities ended for the decedent/caregiver

# Introduction to CAHPS Hospice Survey Training

## File Specifications (cont'd)

Example: Lag Time Calculation Mail	
Mode of Survey Administration	Mail Only
Decedent Date of Death	January 15
Date of First Mail Attempt	April 1 (75 days after death)
Date of Response	April 15
CAHPS Hospice Survey Final Status	Code as "1 – Completed survey"
Lag Time	Calculated as 90 Days (number of days between the patient's death [January 15] to the date response was received [April 15])

# Introduction to CAHPS Hospice Survey Training

## File Specifications (cont'd)

### Example: Lag Time Calculation Mail

Mode of Survey Administration	Mail Only
Decedent Date of Death	January 15
Date of First Mail Attempt	April 1 (75 days after death)
Date of Follow-up Mail Attempt	April 22 (21 days after first mail attempt)
Date Data Collection Activities Ended for this Decedent/Caregiver	May 12 (42 days after first mail attempt) Caregiver never returned the CAHPS Hospice Survey
CAHPS Hospice Survey Final Status	Code as "9 – Non-response: non-response after maximum attempts" because the data collection protocol of 42 days has been reached and the caregiver has not returned the CAHPS Hospice Survey
Lag Time	Calculated as 117 Days (number of days between the patient's death [January 15] to the date data collection activities ended [May 12])

# Introduction to CAHPS Hospice Survey Training

## File Specifications (cont'd)

- XML File - Survey Results Record (Appendix E)

XML Element	Attributes	Description	Valid Values	Data Type	Max Field Size	Data Element Required
<b>&lt;caregiverresponse&gt;</b> Opening Tag, defines the patient response data record within the caregiver level data record of monthly survey data	This is the opening element of the caregiver response record. The closing tag for this element will be at the end of the caregiver response record. <b>Note:</b> There will be one <caregiverresponse> section for each caregiver if survey results are being submitted for the caregiver. The <caregiverresponse> section includes the opening and closing <caregiverresponse> tags and all the tags between these two tags. This <caregiverresponse> section is required in the XML file only if survey results are being submitted for the caregiver. If survey results are not being submitted for the caregiver the <caregiverresponse> section should not be submitted. This caregiver response element should only occur once per patient.					
	None	N/A	N/A	NA	N/A	Yes
<b>&lt;decident-id&gt;</b> Sub-element of caregiverresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This element also occurs in the previous decident level data record. <b>Example: &lt;decident-id&gt;12345&lt;/decident-id&gt;</b>					
	None	Unique de-identified decident/caregiver id assigned by the hospice to uniquely identify the survey.	N/A	Alphanumeric Character	16	Yes
<b>&lt;related&gt;</b> Sub-element of caregiverresponse	Each element must have a closing tag that is the same as the opening tag but with a forward slash. This caregiver response data element should only occur once per caregiver <b>Example: &lt;related&gt;4&lt;/related&gt;</b>					
	None	Question 1: Related.	1 - My spouse or partner	Alphanumeric Character	1	Yes
			2 - My parent			
			3 - My mother-in-law or father-in-law			
			4 - My grandparent			
			5 - My aunt or uncle			
			6 - My sister or brother			
			7 - My child			
			8 - My friend			
			9 - Other			
		M - Missing/Don't know				

## File Specifications (*cont'd*)

- XML File - Survey Results Record
  - Contains survey responses from every decedent/caregiver who has a final disposition of “Completed” (1), “Ineligible: Never Involved in Decedent Care” (6) or “Non-response: Break-off” (7)
    - Omit survey data section for all other dispositions
  - Each field requires a valid value for submission
    - May include “M – Missing/Don’t Know” and “88 – Not Applicable.”

## File Specifications (*cont'd*)

- XML File - Survey Results Record (*cont'd*)
  - Vendors are not required to key and include responses to open-ended survey items on the data files submitted to the CAHPS Hospice Survey Data Warehouse

## File Specifications (cont'd)

- XML File - Survey Results Record (cont'd)
  - Code missing answers as “M – Missing” or “88 – Not Applicable”
    - Exception: For Question 41 in the telephone interview, *“What is the highest grade or level of school that your family member completed?”*
      - If a caregiver indicates that he or she does not know the decedent’s education, the interviewer should code *“7 - Respondent indicates that he or she does not know family member’s level of education”* and not recode to “M – Missing/Don’t Know” in the data file

## File Specifications (cont'd)

- XML File - Survey Results Record (cont'd)
  - Patients 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 43, *“What was your family member’s race? Please choose one or more.”*
    - Enter **all** of the categories that the caregiver has selected
  - If the same caregiver completes two surveys for the same decedent, the survey vendor uses the first CAHPS Hospice Survey received



## Decision Rules and Coding

- Decision rules for data capture
  - If a mark falls between two choices and is obviously closer to one choice than another, select the choice to which the mark is closest

### Example 1 (Mail)

- Never
- Sometimes
- Usually
- Always

Code as:  
“Sometimes”

## Decision Rules and Coding (*cont'd*)

- Decision rules for data capture
  - If a mark falls equidistant between two choices, code the value of the item as “M – Missing”
  - Do not impute

### Example 2 (Mail)

- Never
- X
- Sometimes
- Usually
- Always



Code as:  
“M – Missing”

## Decision Rules and Coding (*cont'd*)

- Mail Surveys
  - When more than one response option is marked, code the value as “M – Missing/Don’t Know”
    - Exception: Question 2, *“In what locations did your family member receive care from this hospice? Please choose one or more.”*
      - Enter responses for ALL of the categories that the respondent has selected
    - Exception: Question 43, *“What was your family member’s race? Please choose one or more.”*
      - Enter responses for ALL of the categories that the respondent has selected

## Decision Rules and Coding (cont'd)

- Decision rules for data capture
  - When more than one response choice is marked, code the value as “M – Missing”
  - Do not impute

**Exceptions:** Q2 and Q43

### Example 3 (Mail)

- Never**
- Sometimes**
- Usually**
- Always**



Code as:  
“M – Missing”

## Decision Rules and Coding (*cont'd*)

- Mail surveys (*cont'd*)
  - In instances where there are multiple marks but the caregiver's intent is clear, survey vendors should code the survey with the caregiver's clearly identified intended response

## Decision Rules and Coding (cont'd)

- Decision rules for data capture
  - When more than one response choice is marked, and the caregiver's intent is obvious

### Example 4 (Mail)

**Never** ←

**Sometimes**

**Usually**

**Always**

Code as:  
"Never"

## Decision Rules and Coding (*cont'd*)

- Decision rules for screener and dependent questions
  - Some items can and should be skipped by certain caregivers
  - Dependent questions that are appropriately skipped should be coded as “88 – Not Applicable”
  - Screener questions that are left blank should be coded as “M – Missing”

## Decision Rules and Coding (*cont'd*)

- Decision rules for data capture
  - If a value is missing, code it as “M – Missing”
  - Do not impute

**Note:** Dependent questions appropriately skipped should be coded as “88 – Not Applicable”

### Example 5 (Mail)

- Never
- Sometimes
- Usually
- Always

Code as:  
“M – Missing”



## Decision Rules and Coding (*cont'd*)

- Decision rules for screener and dependent questions (*cont'd*)
  - If respondent made an error in the skip pattern, survey vendors must not “clean” or correct skip pattern errors
    - Enter the value provided by caregiver
  - Do not impute a response based on caregiver’s answers to dependent questions

## Decision Rules and Coding (*cont'd*)

- Telephone surveys
  - When a caregiver breaks off the interview and subsequent questions aren't asked, then use "M – Missing" to code the unanswered questions

## Survey Completion Guidelines

- Surveys are considered complete (Survey Disposition Code 1) when
  - At least 50 percent of the questions “applicable to all” (ATA) decedents/caregivers (questions 1-4, 6-13, 15, 17, 21, 24, 26, 28, 30-32, and 35-47) are answered
  - Appropriately skipped questions don’t count against the required 50 percent
  - Dependent questions answered in violation of skip patterns are not counted toward the number of ATA items in calculation
  - A screener question left blank does not trigger a skip so subsequent responses to dependent questions should be included in count of answered survey items

## Survey Break-Off Guidelines

- Surveys are considered a Break-Off (Survey Disposition Code 7) when
  - Caregivers provide 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

## Survey Disposition Codes

- Survey disposition codes are used to track and report whether a caregiver has completed a questionnaire or requires follow-up
- Survey vendors are required to assign and maintain up-to-date survey disposition codes for each decedent/caregiver in the sample

## Survey Disposition Codes (*cont'd*)

- Vendor's interim disposition codes are for internal purposes only and should not be reported
- Only final status codes are reported
  - Exception: Use code “33 - No response collected” only for cases not yet finalized in interim data file submissions
- Submitted data files must contain a final status code for each decedent/caregiver in the file
- Final survey status disposition codes that require submission of Survey Results Record
  - Completed survey (Code 1)
  - Ineligible: Never Involved in Decedent Care (Code 6)
  - Non-response: Break-off (Code 7)

# Introduction to CAHPS Hospice Survey Training

## Survey Disposition Codes (cont'd)

Final Disposition	Code	Description	Criteria
Completed survey	1	A completed survey includes a response to $\geq 50\%$ of the ATA items	A completed survey includes a response to at least 50% of the ATA items. Appropriately skipped questions don't 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	Eligibility criteria: <ul style="list-style-type: none"><li>- Decedents age 18 and over</li><li>- Decedents with death at least 48 hours following <u>last admission</u> to hospice care</li><li>- Decedents for whom there is a caregiver of record</li><li>- Decedents whose caregiver is someone other than a non-familial legal guardian</li><li>- Decedents for whom the caregiver has a U.S. or U.S. Territory home address</li></ul>
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.

# Introduction to CAHPS Hospice Survey Training

## Survey Disposition Codes (cont'd)

Final Disposition	Code	Description	Criteria
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, " <i>While your family member was in hospice care, how often did you take part in or oversee care for him or her?</i> " 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 respondent 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.
Non-response: Refusal	8	Caregiver refused to complete the survey	Refused to complete the survey.



# Introduction to CAHPS Hospice Survey Training

## Survey Disposition Codes (*cont'd*)

Final Disposition	Code	Description	Criteria
Non-response: Non-response after Maximum Attempts	9	Non-response after the maximum contact attempts (two mail attempts for Mail Only; five telephone attempts for Telephone Only; and one mail attempt and five telephone attempts for Mixed mode)	When one of the following is true after the maximum number of attempts: <ul style="list-style-type: none"><li>- No evidence to suggest that a caregiver's contact information is bad</li><li>- The caregiver has not completed the survey by the end of the survey administration time period</li><li>- If the survey is returned by mail or completed by telephone more than 42 days from initial contact</li></ul>
Non-response: Bad 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.
Non-response: Bad/No Telephone Number	11	Unable to obtain a viable phone number for the caregiver	Unable to obtain a viable address and/or phone number. This disposition code applies to the Telephone Only and Mixed modes of administration.

## Survey Disposition Codes (*cont'd*)

- Assigning bad address and/or bad telephone number Disposition Codes
  - Attempts must be made to contact every survey-eligible decedent/caregiver drawn into the sample, whether or not they have a complete mailing address and/or telephone number
  - Survey vendors must first make every reasonable attempt to obtain a caregiver's address including re-contacting the hospice client to inquire about an address update for decedent/caregivers with no mailing address

## Survey Disposition Codes (*cont'd*)

- Assigning bad address and/or bad telephone number Disposition Codes (*cont'd*)
  - Survey vendors must use commercial software or other means to update addresses and/or telephone numbers provided by the hospice for sampled decedent/caregivers
  - If the survey vendor is unsuccessful in obtaining a viable mailing address and/or telephone number, they must retain a record of their attempts to acquire the missing information
  - Survey vendors must track the viability of the mailing address and telephone number for each caregiver during survey administration

## Survey Disposition Codes (*cont'd*)

- Final survey status disposition codes that do not require submission of Survey Results Record
  - Ineligible: Deceased (Code 2)
  - Ineligible: Not in Eligible Population (Code 3)
  - Ineligible: Language Barrier (Code 4)
  - Ineligible: Mental or Physical Incapacity (Code 5)
  - Non-response: Refusal (Code 8)
  - Non-response: Non-response after Maximum Attempts (Code 9)
  - Non-response: Bad Address (Code 10)
  - Non-response: Bad/No Telephone Number (Code 11)

# Introduction to CAHPS Hospice Survey Training

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***Break***

## Data Submission

# Introduction to CAHPS Hospice Survey Training

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## Objectives

- Data Submission Process
- Data File Submission Dates
- Survey Vendor Authorization Process
- Preparation for Data Submission
- Overview of CAHPS Hospice Survey Data Warehouse
- File Encryption
- Guide to Data Submission Process
- Data Auditing and Validation Checks
- Data Submission Notification

## 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
- CAHPS Hospice Survey Data Warehouse will operate as a secure file transfer system that survey vendors will use to submit survey data files
- Use of the CAHPS Hospice Survey Data Warehouse does not require installation or special software or licensing fees for survey vendors with the exception of PGP



## Data Submission Deadlines

- Interim survey data file may be submitted by survey vendors anytime during the quarter
  - Survey vendors must submit files early to allow them enough time to resubmit if they have to and still meet the deadline
  - If vendors submit more than once, files must include all records in the re-submission
- Final survey data file must be submitted by survey vendors by 11:59 p.m. Eastern Time on the required submission date
- It is the responsibility of the survey vendor to ensure that data are submitted on time

## Survey Vendor Authorization Process

- Hospices must have authorized a vendor to collect and submit data on their behalf
- Completed 2015 CAHPS Hospice Survey Vendor Authorization Form (Appendix B) on file with CAHPS Hospice Survey Data Coordination Team

## Preparation for Data Submission

- Completed 2015 Vendor Access to CAHPS Hospice Survey Data Warehouse Form (Appendix C) on file with CAHPS Hospice Survey Data Coordination Team
- Survey vendors must have designated a Data Administrator and a Back-up Data Administrator

## Survey File Submission Naming Convention

- Survey vendors must use the following file naming convention:

Vendorname.submissionN.mmddyy.txt.pgp

- N = number of the submissions sent in that day
- mm = number of month of submission (justify leading zero)
- dd = day of the month of submission (justify leading zero)
- yy = 2 digit year of submission
- Example: XYZResearch.submission1.121214.txt.pgp

## File Encryption

- Data files must be encrypted prior to data submission
  - Survey vendors are required to use PGP software ([www.PGP.com](http://www.PGP.com))
  - Use Public Key encryption
- Data files submitted by survey vendors that are not encrypted will be rejected and must be resubmitted

## File Encryption (*cont'd*)

- CAHPS Hospice Survey Data Coordination Team will provide the survey vendors with a Public Key to encrypt survey data files prior to submission to the Data Warehouse
- Public Key will be provided in the vendor's folder in the Data Warehouse

## Overview of CAHPS Hospice Survey Data Warehouse

- Available via the Internet
- Hosted on RAND Corporation's website
- Survey vendor's folder will contain controls for submitting survey data files as well as for receiving reports and other project documentation
- Submitted data files that are not encrypted (don't have .pgp extension) or don't otherwise comply with the established naming standards are quarantined
- Quarantined files are deleted automatically
- After each data submission, survey vendor receives email letting them know that file was/was not successfully submitted

# Introduction to CAHPS Hospice Survey Training

## Guide to Data Submission Process

- Once you have completed the 2015 Vendor Access to CAHPS Hospice Survey Data Warehouse Form, you will receive an email from a member of the RAND Corporation Data Team with an invitation to the CAHPS Hospice Survey Data Warehouse

**You have been invited to collaborate securely.**  
Secure Workspace: [CAHPS Hospice Survey](#)

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You have been authorized for the CAHPS Hospice Survey Secure Data Warehouse. You will use your e-mail address to login to the Warehouse. Please follow the link below to choose a password and complete the authorization process.

Thank you,

Data Coordination Team

To access it, please log in using the following details:

User id: [adhoc.secure@gmail.com](mailto:adhoc.secure@gmail.com)

First time password: huH5wf

For help, please contact RAND Information Services at [\(310\) 393-0411 x6000](tel:(310)393-0411x6000).



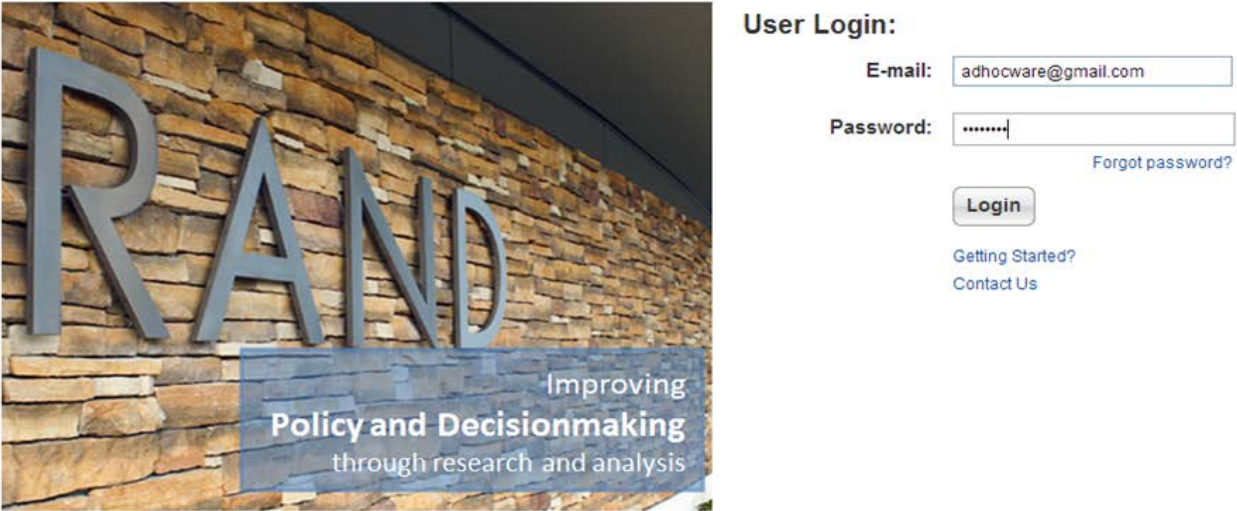
## Guide to Data Submission Process (*cont'd*)

- **Step-1** Click on the CAHPS Hospice Survey Secure File Sharing link
  - You will be directed to the CAHPS Hospice Survey Data Warehouse login page
- **Step-2** Enter your email address and temporary password from your invitation email

# Introduction to CAHPS Hospice Survey Training

## Guide to Data Submission Process (cont'd)

- **Step-3** Click the Login button




**User Login:**

E-mail:

Password:  [Forgot password?](#)

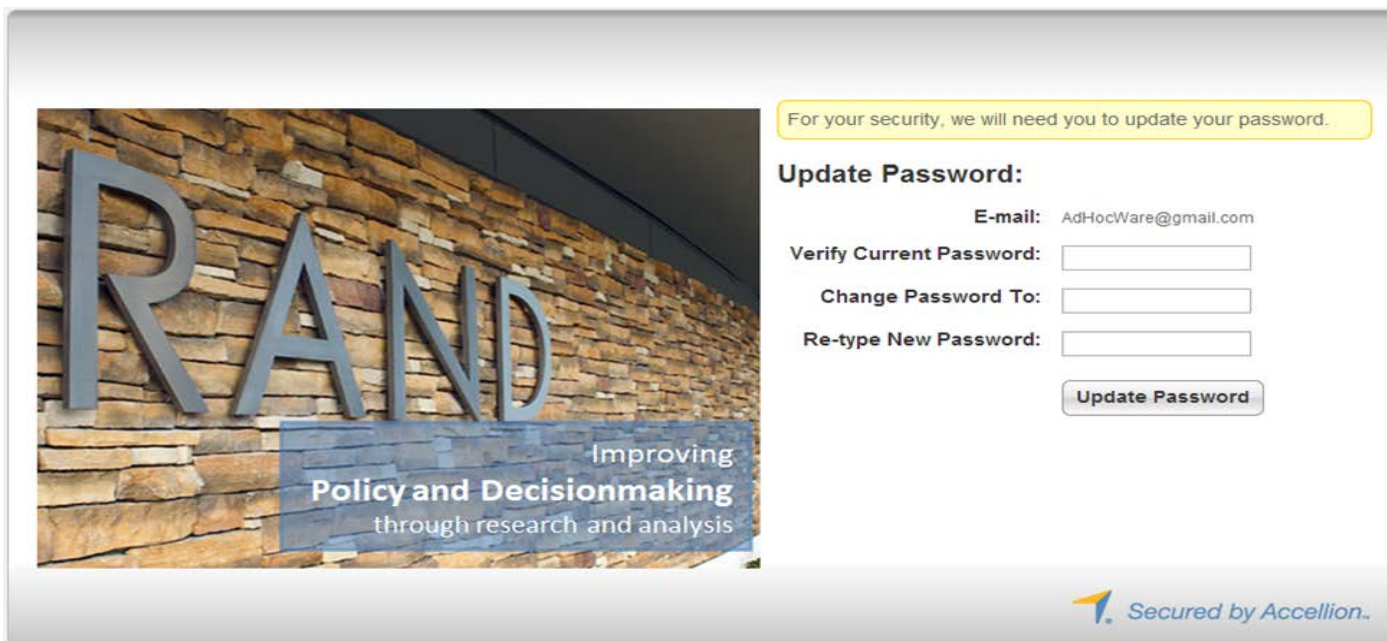
[Getting Started?](#)  
[Contact Us](#)



# Introduction to CAHPS Hospice Survey Training

## Guide to Data Submission Process (cont'd)

- **Step-4** The first time you login, you will be prompted to choose a new password



For your security, we will need you to update your password.

**Update Password:**

E-mail: AdHocWare@gmail.com

Verify Current Password:

Change Password To:

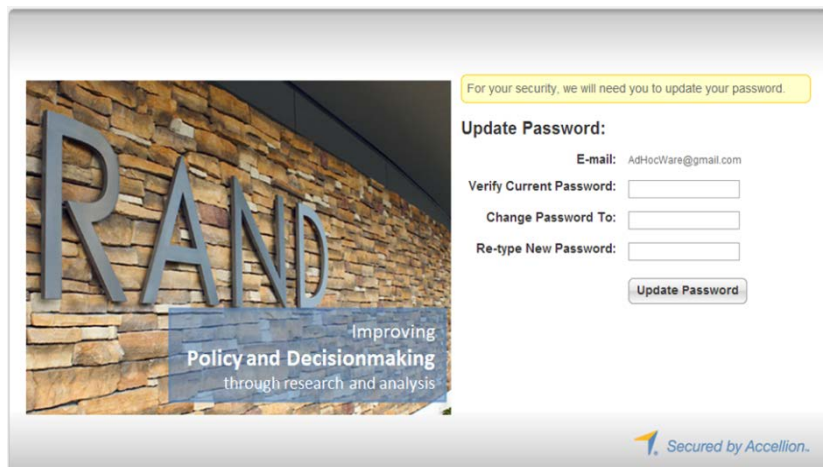
Re-type New Password:

Secured by Accellion.

# Introduction to CAHPS Hospice Survey Training

## Guide to Data Submission Process (cont'd)

- **Step-5** Re-enter your temporary password in the Verify Current Password box
  - Enter your new password in both the Change Password To and Re-type New Password boxes
  - Click Update Password
  - You will see the confirmation screen



For your security, we will need you to update your password.

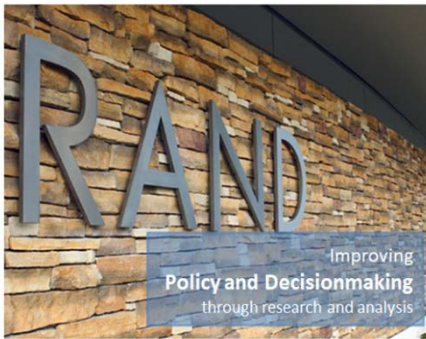
**Update Password:**


E-mail: AdHocWare@gmail.com


Verify Current Password:

Change Password To:

Re-type New Password:







**Update Password**

Thank you.  
Your password has been updated successfully.

# Introduction to CAHPS Hospice Survey Training

## Guide to Data Submission Process (cont'd)

- **Step-6** Click OK, you will be transferred to the File Manager from where you can access your secure folder within the CAHPS Hospice Survey Data Warehouse. When you login, you will have access to the File Manager tab.

The screenshot shows a web-based File Manager interface. At the top right, the user is identified as 'adhoc.secure@gmail.com (Guest)' with links for 'Settings', 'Help', and 'Sign out'. The main header area contains the text 'RAND. OBJECTIVE ANALYSIS. EFFECTIVE SOLUTIONS.' and two tabs: 'File Manager' (selected) and 'Send File'. The interface is divided into two main sections: 'Transfers' on the left and 'Workspaces' on the right. The 'Transfers' section lists 'Inbox', 'Sent Items', 'My Files', and 'workspaces'. Under 'workspaces', there is a 'View:' dropdown set to 'All' and a link to 'Managed | Favorites'. Below this is a folder icon and the text 'CAHPS Hospice Survey'. The 'Workspaces' section features a search bar with a magnifying glass icon. Below the search bar, a table lists workspaces. The first entry is a folder icon followed by 'CAHPS Hospice Survey' and the details 'Aug 05, 2014 15:00:15 - 0KB / 1 Workspace, 0 Files'. At the bottom of the workspace list, there is a 'View per page:' dropdown set to '20' and a 'Showing 1-1 of 1' indicator with left and right navigation arrows.

# Introduction to CAHPS Hospice Survey Training

## Guide to Data Submission Process (cont'd)

- **Step-7** Click your folder name to open the folder and enable action buttons

The screenshot shows a web-based file manager interface. At the top right, the user is identified as 'adhoc.secure@gmail.com (Guest)' with links for 'Settings', 'Help', and 'Sign out'. Below this is a header with the text 'RAND. OBJECTIVE ANALYSIS. EFFECTIVE SOLUTIONS.' and two buttons: 'File Manager' and 'Send File'. The left sidebar contains a navigation menu with 'Transfers' (Inbox, Sent Items, My Files) and 'workspaces' (View: All | Managed | Favorites). Under 'workspaces', the 'CAHPS Hospice Survey' folder is expanded, and the 'AH-Secure' sub-folder is selected. The main content area shows the 'AH-Secure' folder details, including a search bar, the breadcrumb 'CAHPS Hospice Survey > AH-Secure', and selection options 'Select: All, None [0]'. Action buttons for 'Delete', 'Download', and 'Add File' are visible, along with an 'Options' dropdown. Below these is a 'Sort By: Date' dropdown and a message: 'No matching Workspaces or files found.'

# Introduction to CAHPS Hospice Survey Training

## Guide to Data Submission Process (cont'd)

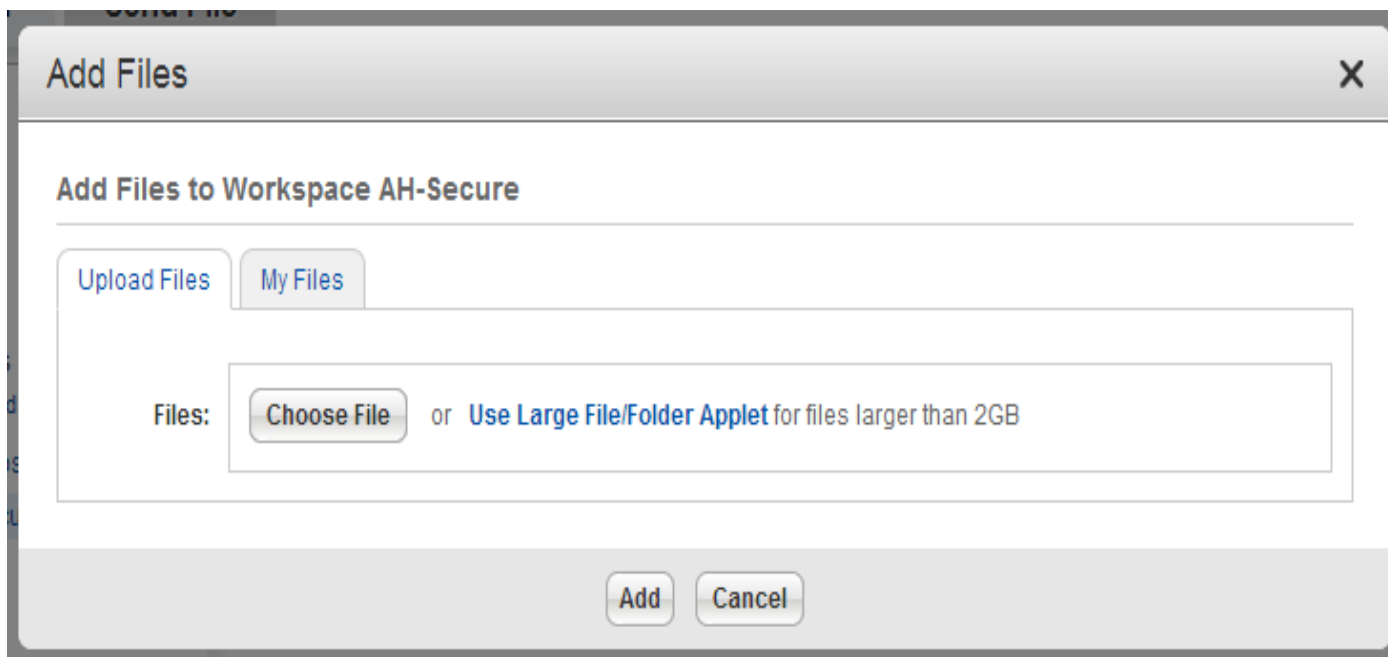
- **Step-8** To send a file to your workspace within the CAHPS Hospice Survey Data Warehouse, click the Add File button to start the Add Files dialog

The screenshot shows the File Manager interface for the CAHPS Hospice Survey Data Warehouse. At the top right, the user is identified as 'adhoc.secure@gmail.com (Guest)' with links for 'Settings', 'Help', and 'Sign out'. The interface includes a navigation pane on the left with sections for 'Transfers' (Inbox, Sent Items, My Files) and 'workspaces' (CAHPS Hospice Survey > AH-Secure). The main area displays the 'AH-Secure' workspace with a search bar, a breadcrumb path 'CAHPS Hospice Survey > AH-Secure', and a status 'Select: All, None [0]'. Action buttons for 'Delete', 'Download', and 'Add File' are visible, along with an 'Options' dropdown. Below these buttons, a 'Sort By: Date' dropdown is shown, and a message states 'No matching Workspaces or files found.' The top of the interface features the text 'RAND. OBJECTIVE ANALYSIS. EFFECTIVE SOLUTIONS.' and tabs for 'File Manager' and 'Send File'.

# Introduction to CAHPS Hospice Survey Training

## Guide to Data Submission Process (cont'd)

- **Step-9** Click Choose File, navigate to the folder on your local system where your file is located

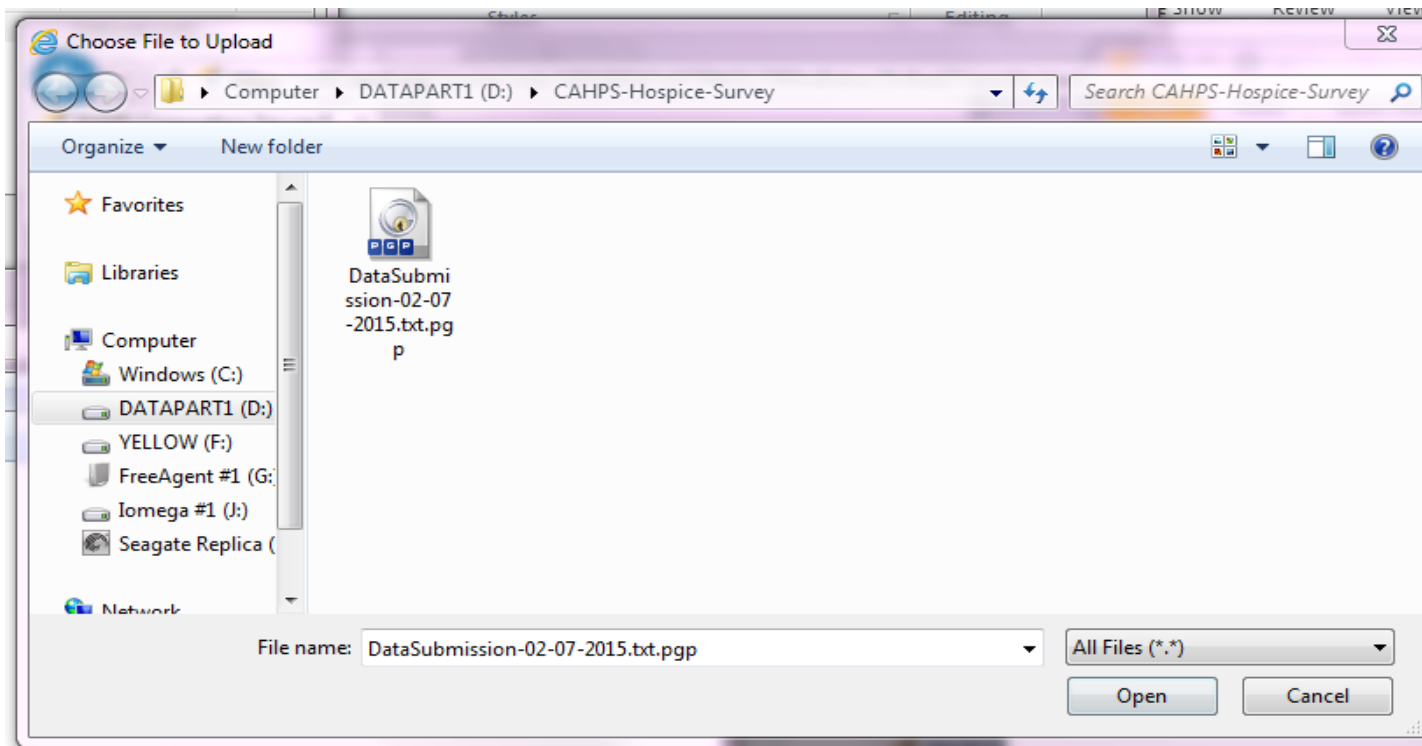




# Introduction to CAHPS Hospice Survey Training

## Guide to Data Submission Process (cont'd)

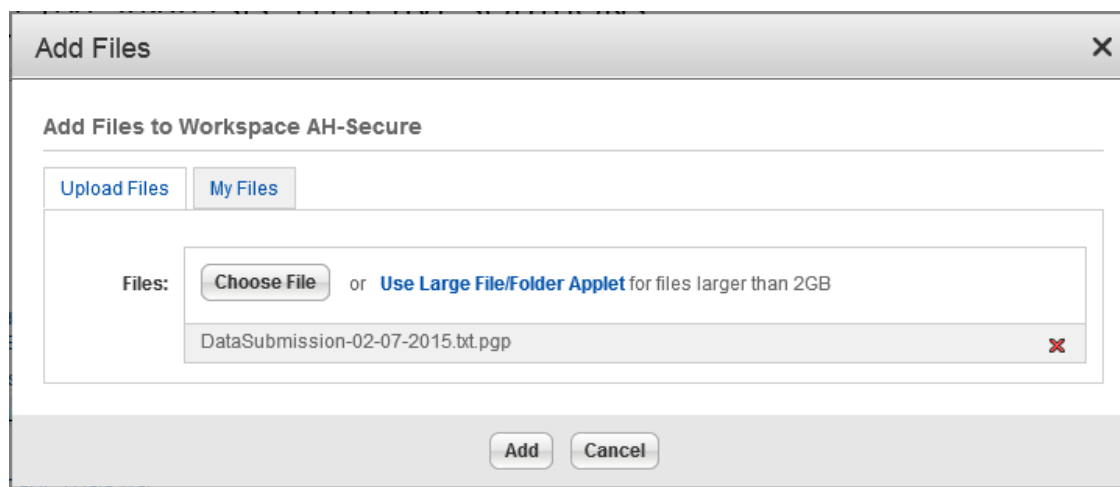
- **Step-10** Select the file then click Open



# Introduction to CAHPS Hospice Survey Training

## Guide to Data Submission Process (cont'd)

- **Step-11** The file name will appear in the Add Files window

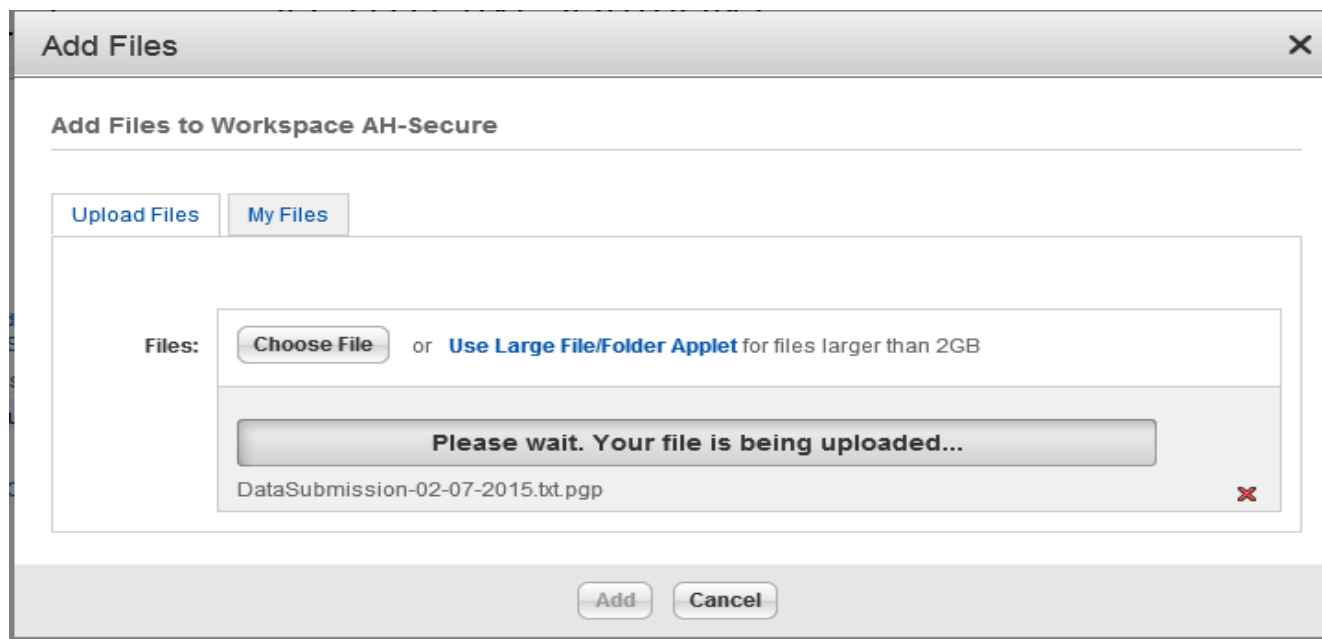


- **Step-12** Click Add to submit the file to the Secure Workspace of the CAHPS Hospice Survey Data Warehouse. To remove the file without submitting, click the red X.

# Introduction to CAHPS Hospice Survey Training

## Guide to Data Submission Process (cont'd)

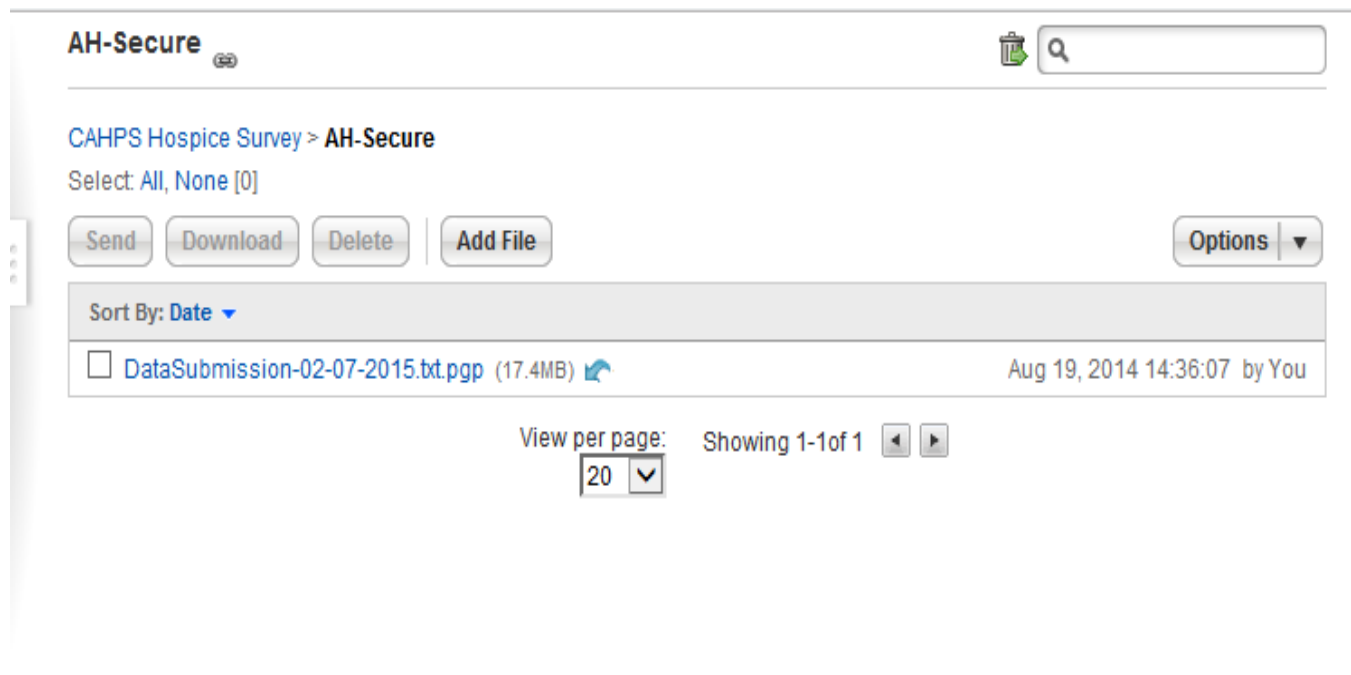
- **Step-13** During the secure transfer you will see a progress bar



# Introduction to CAHPS Hospice Survey Training

## Guide to Data Submission Process (cont'd)

- **Step-14** When the upload is complete, the file will be listed in the vendor's secure workspace folder



The screenshot displays a web interface for a secure workspace. At the top, the folder name "AH-Secure" is shown with a lock icon and a search bar. Below this, the breadcrumb "CAHPS Hospice Survey > AH-Secure" is visible, along with a selection status "Select: All, None [0]". A row of action buttons includes "Send", "Download", "Delete", "Add File", and "Options". A "Sort By: Date" dropdown menu is set to "Date". A single file entry is listed: "DataSubmission-02-07-2015.txt.pgp (17.4MB)" with a lock icon, dated "Aug 19, 2014 14:36:07 by You". At the bottom, there are pagination controls: "View per page:" with a dropdown set to "20", and "Showing 1-1of 1" with left and right arrow buttons.

## Data Auditing and Validation Checks

- CAHPS Hospice Survey Data Coordination Team will audit data files as they are submitted for compliance with file layout specifications
- Data audit includes:
  - Checking for .pgp file extension
  - Logical record lengths, appropriate character set, naming conventions
  - Presence of required data fields
  - Range checks
  - Verification of coding of Survey Disposition Code

## Data Submission Notification

- Survey vendor (Data Administrator and Back-up Data Administrator)
  - receive two email notifications for each data submission
- First (automated) email from [RANDManagedFileXferSvc@rand.org](mailto:RANDManagedFileXferSvc@rand.org)
  - Contains notification that file was received
  - Sent after encryption check
- Second email, from RAND Data Team, is sent after edit checks
  - Indicates if file successfully passed checks
  - Will go out by 8:00 p.m. Eastern Time on the next business day after submission
  - Hospices will also receive the second email

## Data Submission Notification (*cont'd*)

- If file fails any edit checks, email will
  - Instruct survey vendors that they must submit data files again
  - Contain full detail of the edit check report including a list of involved records
- If file passes checks, email will say that no further action is necessary, and provide a summary of file contents for verification by the vendor

## Data Submission Reports

- Three CAHPS Hospice Survey Data Submission Reports are accessible by hospices and survey vendors
  - Survey Status Summary Report
  - Data Submission Detail Report
  - Review and Correction Report



## Data Submission Technical Support

- Contact the CAHPS Hospice Survey Data Coordination Team for technical support and/or assistance related to data submission at:

[cahpshospicetechsupport@rand.org](mailto:cahpshospicetechsupport@rand.org)

# Introduction to CAHPS Hospice Survey Training

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*Questions?*

## Oversight Activities

## Objectives

- Overview of Oversight Activities
  - Model Quality Assurance Plan (QAP)
  - Analysis of Submitted Data
  - Site Visits/Conference Calls
  - Non-compliance and Sanctions

## Oversight Activities

- FY 2015 HQRP Final Rule codifies that:
  - *Approved CAHPS Hospice Survey vendors are required to participate in CAHPS Hospice Survey oversight activities to ensure compliance with CAHPS Hospice Survey requirements*

## Oversight Activities (*cont'd*)

- Ensure:
  - Compliance with the CAHPS Hospice Survey protocols
  - Survey data collected and submitted are complete, valid and timely
  - Standardization and transparency of the CAHPS Hospice Survey results
  - Data Security

## Oversight Activities (*cont'd*)

- Oversight activities include:
  - Review of Quality Assurance Plan (QAP) and survey materials
  - Analysis of submitted data
  - Conduct Site Visits/Conference Calls

## Oversight Activities (*cont'd*)

- Review of QAP
  - Documents understanding, application and compliance with survey protocols
  - Follows the Model QAP specifications
  - Provides a guide for the site visit
  - Submitted each year of survey administration
  - Submit via the CAHPS Hospice Survey Technical Assistance email: [hospicecahpssurvey@HCQIS.org](mailto:hospicecahpssurvey@HCQIS.org)
  - **Due date of 11/7/2014**



## Oversight Activities (*cont'd*)

- Review of survey materials
  - Review for compliance with CAHPS Hospice Survey protocols and guidelines
  - Submitted each year of survey administration
  - Only survey vendors with contracted hospice client(s) need to submit survey materials
  - Submit via the CAHPS Hospice Survey Technical Assistance email: [hospicecahpssurvey@HCQIS.org](mailto:hospicecahpssurvey@HCQIS.org)
  - **Survey Vendor Authorization Form due 5/1/2015**

## Oversight Activities (*cont'd*)

- Analysis of submitted data
  - Intended to detect errors in data submission
  - Includes review of outliers, anomalies, unusual patterns, etc.
  - Follow-up as appropriate

## Oversight Activities (*cont'd*)

- Site visits/conference calls
  - Review and observe systems, procedures, facilities, and resources
  - Discussions with project staff
    - Including subcontractors, if applicable
  - All materials related to survey administration are subject to review
  - Feedback report includes action items for follow-up
  - Conference calls as needed

## Oversight Activities (*cont'd*)

- Non-compliance and Sanctions
  - If survey vendor fails to adhere to CAHPS Hospice Survey protocols, they will be required to develop and implement corrective actions
  - If survey vendor does not fix persistent problems, they may lose “approved” status for conducting the CAHPS Hospice Survey
  - Other sanctions may also be applied

## Exception Request & Discrepancy Report Processes

## Objectives

- Exception Request Process
- Discrepancy Report Process

## Exception Request

- For consideration of alternative strategies not identified in the *CAHPS Hospice Survey Quality Assurance Guidelines V1.0* manual, survey vendors may submit an Exception Request Form
  - 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] Modes)

## Exception Request (*cont'd*)

- Exception request process
  - Survey vendor must submit Exception Request Form online at [www.hospicecahpssurvey.org](http://www.hospicecahpssurvey.org) on behalf of hospice client
    - One Exception Request Form for multiple hospices with the same exception
    - Survey vendor must provide sufficient detail and clearly defined timeframes
    - Exception Request protocol must not be implemented prior to receiving approval from the CAHPS Hospice Survey Project Team
    - Proposed alternative methodology(ies)



## Exception Request (*cont'd*)

- Exception review process
  - Requests are reviewed by the CAHPS Hospice Survey Project Team
  - Assessment of the methodological soundness of the proposed alternative
  - Review of related procedures
  - Survey vendors will be notified as to the outcome of the review
  - Exceptions are limited to a two year approval timeline

## Exception Request (*cont'd*)

- Appeal process
  - Survey vendors have the option to appeal the denial of Exception Request
  - Survey vendors have five business days to submit an appeal
  - Resubmit Exception Form checking the box marked “Appeal of Exception Denial”
  - Provide further information that addresses the explanation for the denial
  - Second review may take approximately 10 business days

## Discrepancy Report

- Survey vendors are required to notify CAHPS Hospice Survey Project Team of any discrepancy or variation in following standard protocols during survey administration
- Complete and submit online report at [www.hospicecahpssurvey.org](http://www.hospicecahpssurvey.org) immediately upon discovery of issue
  - Provide sufficient detail
    - CCN of hospice(s)
    - How issue was identified
    - Number of eligible decedents/caregivers
    - Timeframe of discrepancy
    - Corrective action plan
    - Other details and information

## Discrepancy Report (*cont'd*)

- Review process
  - Acknowledgment of receipt
  - Assessment of actual or potential impact on data
  - Additional information may be requested
  - Notification of review outcome

## Data Quality Checks

## Objectives

- Overview
- Traceable Data File Trail
- Review of Data Files

# Introduction to CAHPS Hospice Survey Training

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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)
- Must be operationalized for all of the key components or steps of survey administration and data processing

## Traceable Data File Trail

- Survey vendors should save original and processed CAHPS Hospice Survey data files
- Suggestions for vendors:
  - Preserve a copy of every file received in original form and leave unchanged
  - Institute version controls for datasets, reports, and 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
- Suggestions for vendors:
  - Investigate data for notable changes in the counts of decedents/caregivers
  - Prior to preparing data files for submission to the CAHPS Hospice Survey 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 CAHPS Hospice Survey sample frame are submitted to the CAHPS Hospice Data Warehouse

# Introduction to CAHPS Hospice Survey Training

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***Questions?***

## Wrap Up and Next Steps

- Post Training Survey Vendor Quiz
  - Immediately upon conclusion of training
  - Accessible via webinar for 20 minutes
- Feedback on training
  - Follows Post Training Quiz
  - Accessible via webinar for 10 minutes
- Survey vendor notification
  - CMS follow-up regarding Survey Vendor Quiz by **10/17/2014**

## Contact Us

### CAHPS Hospice Survey Information and Technical Assistance

- Web site: [www.hospicecahpssurvey.org](http://www.hospicecahpssurvey.org)
- Email: [hospicecahpssurvey@HCQIS.org](mailto:hospicecahpssurvey@HCQIS.org)
- Telephone: 1-844-472-4621

# Introduction to CAHPS Hospice Survey Training

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## *Quiz and Evaluation*