

# Hospice CAHPS Updates: QAG Version 2.0

#### October 20, 2015

Presented by:

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## Agenda

- Hospice CAHPS Survey website
  - Survey Materials
  - Communication Tips
  - Restrictions on Analysis Protecting Confidentiality
  - Survey Administration Timing
  - CCN/Agency-level Counts for CMS
  - Monthly File Data Submission to Deyta
  - Inclusion in Sample Frame
  - Hospice CAHPS Forms
  - Data Warehouse Submission Reports

will highlight new or updated information



← → C 🗋 www.hospicecahpssurvey.org/content/homepage.aspx

#### CAHPS<sup>®</sup> HOSPICE Survey



	Home Page Search					
Home Page	Quick Links: Current News   About the Survey   Fact Sheet   Hospice Quality Reporting Program   Hospice					
What's New	Experience of Care Survey: Development and Field Report   FY 2016 Hospice Final Rule   Contact Us   Internet Citation Current News					
FAQs						
Hospice-specific FAQs	<ul> <li>CAHPS Hospice Survey XML File Specification V1.3 has been Released</li> <li>CAHPS Hospice Survey Quality Assurance Guidelines Version 2.0 is Now Available</li> </ul>					
Participation Exemption for Size	<ul> <li><u>CAHPS Hospice Survey Training Materials are Now Available</u></li> <li><u>Fiscal Year 2016 Hospice Final Rule</u></li> <li><u>Updated: Approved Vendor List</u></li> <li><u>Authorization Form for Changing Survey Vendors Now Available</u></li> <li><u>Frequently Asked Questions (FAQs) Page Updated</u></li> </ul>					
Approved Vendor List						
Minimum Business Requirements	Hospice-specific FAQs Page Updated  (Return to top)					
Survey Instruments	About the Survey www.hospicecahpssurvey.org					
Quality Assurance Guidelines	The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey was designed to					
Training Materials	<ul> <li>measure and assess the experiences of patients who died while receiving hospice care, as well as the experiences of their informal primary caregivers. The Centers for Medicare &amp; Medicaid Services (CMS) developed the CAHPS Hospice Survey with input from many stakeholders, including other government agencies, industry stakeholders, consumer groups, and other key individuals and organizations involved in hospice care.</li> <li>Since the CAHPS Hospice Survey focuses on experiences of care, implementation of the survey supports the following national priorities for improving care: involving patients and families in care and promoting effective communication and coordination.</li> </ul>					
Technical Specifications						
Exception Request						

Discrepancy Report

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## **Official Results & Benchmarks**

- Only CMS-published results are official.
  - No public reporting of results until CMS can assess validity and reliability or results with at least 4 quarters of data
  - NO BENCHMARKS from CMS at this time
    - Q3 2016 at the EARLIEST, *but probably later*.
    - Quality Measure methodology/calculations not available.
  - Vendor reports are considered *interim*, but still valuable!
    - Use for quality improvement activities.
    - Comparative results (i.e. Deyta National, Deyta State)
    - Internal comparisons (Team, Location or Regions)
    - Trends over time
    - Analyze results from both CMS Complete and CMS ineligible surveys

## Survey Materials: Questionnaire

- Survey Language
  - CMS has provided survey and cover letter translations for 4 languages other than English:
    - Spanish
    - Russian
    - Chinese
    - Portuguese
    - Deyta will continue to offer the survey in English & Spanish at this time



# Survey Materials: Supplemental Questions 🙎

- In addition to previously outlined restrictions \*, supplemental questions may NOT:
  - Request the name and/or contact information of the caregiver
  - Request the use of caregiver comments and/or responses as testimonials or for marketing purposes

A hospice cannot use any comments – anonymous or identified – as testimonials for marketing purposes. – QAG p. 44



\* For more info, see the Survey and Cover Letter Requirements guide in the Resource Library on Deyta's Hospice CAHPS portal.

In addition to previously outlined restrictions and guidelines: \*

 <u>Required</u>: Deyta will be automatically update all cover letters to include this newly required text:

CMS pays for most of the hospice care in the U.S. It is CMS' responsibility to ensure that hospice patients and their family members and friends get high quality care. One of the ways CMS can fulfill this responsibility is to find out directly from you about the hospice care your family member or friend received.

- <u>Option</u>: Hospices may include a bereavement contact number within the cover letter.
  - Customization fee applies
  - Important to review all required protocols for handling survey-related questions from survey respondents before adding bereavement support number



\* For more info, see the Survey and Cover Letter Requirements guide in the Resource Library on Deyta's Hospice CAHPS portal.

## **Replacement Surveys**



- Replacement surveys may be sent
  - If requested by either the hospice or the survey respondent/caregiver
  - Must be before close of 42-day data collection period
  - Data collection period does not restart
  - May include a change in English/Spanish survey language
  - May NOT be used to change the caregiver

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- Inform all caregivers that they <u>MAY</u> receive the Hospice CAHPS survey.
- Encourage caregivers to complete the survey if they receive one.
- Reinforce the importance of their feedback as you strive to improve caregiver satisfaction and quality of hospice care provided.
- Provide bereavement support and care to the family after the patient's death



### Statements that comply with survey protocols

- We are looking for ways to improve your family member's stay. Please share your comments with us.
- What can we do to improve your family member's care?
- We want to hear from you please share your experience with us.
- Please let us know when you have any questions about your family member's treatment plan.
- Let us know if your family member's room is not comfortable.

## 

- Do not show or provide a copy of the survey or cover letters.
  - Do not discuss the types of questions they may be asked.
- Do not ask questions that are the same as or very close to questions in the survey.
- Do not attempt to bias, influence or encourage caregivers to answer questions in a particular way:
  - Do not emphasize specific response options in any media.
  - Do not wear buttons, stickers, etc. that state "Always" or "10".
  - Do not send a letter or reminder card about the survey.
  - Do not offer incentives of any kind for participation in the survey.
  - Do not ask caregivers if they want to participate in the survey.





Statements that DO NOT comply with survey protocols

- We expect to be the best hospice possible.
- Our goal is to always address your needs.
- Let us know if we are not listening carefully to you.
- We treat our patients with dignity and respect.
- In order to provide the best possible care, please tell us how we can always...
- Our doctors and nurses always listen carefully to you.
- We want to always explain things to you in a way you can understand.
- We want you to recommend us to family and friends.

## Use of Other Surveys



- Hospice CAHPS survey must be the 1<sup>st</sup> survey about the patient's experience of hospice care
- *Concurrent* patient survey is OK if the focus is clinical care
- CANNOT conduct a *formal* Hospice CAHPS Survey-like, experience of care or satisfaction survey



## **Questions Asked During Hospice Stay**



#### • <u>SHOULD</u>:

- Be worded in a neutral tone and not be slanted toward a particular outcome.
- Help the hospice focus on overall quality of care

### • SHOULD NOT:

- Resemble survey questions or their response categories:
  - On a scale of 0 to 10, how would you rate your family member's care?
  - Is there a way we could always...?
  - Did the hospice team explain things in a way you could easily understand?
  - Overall how would you rate the care you received from the hospice?
- Use the same response categories as the survey
  - Always/Usually/Sometimes/Never
  - Yes, definitely/Yes, somewhat/No
- MUST NOT influence how caregivers will answer the survey

## Protecting Patient/Caregiver Confidentiality

#### **Consent to Share Responses**

- If response = 'Yes'
  - OK to link survey results with individual patient/caregiver
- If response = 'No' or question not answered
  - Only de-identified results for Q3-31 and 35-40
  - Unable to share results for Q1-2, 32-34 and 41-47



# Protecting Patient/Caregiver Confidentiality

## Relationship, Location of Care & Demographics

- Specific Questions:
  - Q1 (Caregiver relationship)
  - Q2 and 32-34 (Location(s) of hospice care)
  - Q41-47 (Patient/Caregiver demographics)
- Restrictions\*:

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- No survey-level drilldown
- Results only provided as an aggregate total
- Results CANNOT be shared <u>at all</u> if there are 1-10 survey responses for any of the response options.\*

\*Deyta's Demographics Report (patient and caregiver demographics and characteristics) is no longer available due to these new restrictions.

# Survey Administration Timing

Sample Month	Data File	Initial Mailing	2nd	End of Data	Real Time	CLOSED Sample
Month	to Deyta	Mailing	Wave	Collection	Results	Month Results
January	February	1st week in	4th week in	Middle of	Whether reporting by	June 1st
	15th	April	April	Мау		
February	March	1st week in	4th week in	Middle of	Survey Return Date or Sample Month, results will be available as surveys are received and processed.	July 1st
	15th	Мау	Мау	June		
March	April	1st week in	4th week in	Middle of		August 1st
	15th	June	June	July		
April	Мау	1st week in	4th week in	Middle of		September 1st
	15th	July	July	August		
Мау	June	1st week in	4th week in	Middle of		October 1st
	15th	August	August	September		
June	July	1st week in	4th week in	Middle of		November 1st
	15th	September	September	October		
July	August	1st week in	4th week in	Middle of		
	15th	October	October	November		December 1st
August	September	1st week in	4th week in	Middle of		January 1st
	15th	November	November	December		
September	October	1st week in	4th week in	Middle of		
	15th	December	December	January		February 1st
October	November	1st week in	4th week in	Middle of		
	15th	January	January	February		March 1st
November	December	1st week in	4th week in	Middle of		April 1st
	15th	February	February	March		
December	January	1st week in	4th week in	Middle of		May 1st
	15th	March	March	April		



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## Timing of Submission to CMS



Quarter	Sample Months	To CMS
Q2 2015	Apr, May, Jun	Nov 11, 2015
Q3 2015	Jul, Aug, Sep	Feb 10, 2016
Q4 2015	Oct, Nov, Dec	May 11, 2016
Q1 2016	Jan, Feb, Mar	Aug 10, 2016
Q2 2016	Apr, May, Jun	Nov 09, 2016
Q3 2016	Jul, Aug, Sep	Feb 08, 2017
Q4 2016	Oct, Nov, Dec	May 10, 2017

## **Deyta's Data Submission Process**

- Final month of quarter surveys are administered (June deaths mailed 1<sup>st</sup> week in September)
  - Data collection window closes 42-days after surveys were administered (*Mid-October*)
  - Surveys received within data collection period are scanned and processed (*through end of October*)
  - Follow-up with clients missing CCN counts required for submission to CMS (*Ongoing...*)
  - Single XML file required with data for ALL clients is prepared, QC'd and submitted to CAHPS Hospice Survey Data Warehouse (*throughout the 1<sup>st</sup> week in November*)
    - Vendors and hospices notified of successful submission by RAND (*By 5pm on the day after submission*)

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**Q2** Submission Deadline: November 11, 2015

# **CCN** Counts Required for CMS Submission

- Aggregate counts provided by Hospice
  - Decedents served (including any No Publicity records)
  - Live discharges
  - No Publicity records
    - Caregiver must <u>voluntarily</u> request to no further contact
  - Hospice offices covered by a single CCN
    - Separate administrative or practice offices for the CCN
    - NOT a count of the total number of different locations or settings of care where hospice is provided
  - Counts calculated by Deyta

- Records missing part of all of the Date of Death
  - Total ineligible decedent/caregivers

## Monthly Decedent/Caregiver List

- Hospice is responsible for ensuring monthly decedent/ caregiver file is complete and accurate
  - Includes data for EVERY patient who died during the month (ONLY exclusion: *No Publicity*)
  - ICD-10 codes for October deaths (due in November)
    - ONE caregiver identified for each decedent
      - Person most knowledgeable about the patient's hospice care
      - NOT hospice staff members or facility/setting of care staff members
      - If 2 or more caregivers are provided, Deyta will use:
        - $\circ$  the one with the most complete caregiver contact data.
        - $\circ\,$  If 2 or more names have the same amount of contact data, the  $\underline{1^{st}\ record\ listed}$  in the file will be used.

## **Creating the Sample Frame**

- No changes for survey-eligibility criteria
  - Records missing data must be considered survey-eligible unless there is proof of ineligibility.
  - <u>Exception</u>: Records missing any part of Date of Death will be:
    - Excluded from sample frame
    - Included in new CCN-level count submitted to CMS
  - Incomplete records or those with incorrect information can negatively impact your results and return rate!
    - Records are sampled, but may never be mailed
    - Still included in denominator of return rate calculation
    - Record sampled that are identified as ineligible with data received after sampling may require a Discrepancy Report.

## **Missing Information**

- Deyta will notify your agency that your file is missing:
  - Mailing address information
  - All or part of the patient name
  - All or part of the caregiver name
  - All or part of the date of death
  - Deyta **<u>CANNOT</u>** specify which record(s) are incomplete.
  - Deyta will process file *without* updated information if not received in time to ensure compliance with survey administration protocols.
    - HOWEVER, it is unlikely that surveys missing information will reach the caregiver and therefore would not be returned.

## Hospice CAHPS Forms

- Data Warehouse Access Form
  - Must be received by RAND before the beginning of the month PRIOR to the first time data will be submitted:
    - Q3 data submission: Feb 10, 2016
    - Form must be to RAND by Jan 1, 2016
  - Participation Exemption For Size Form
    - Exemption is granted for the calendar year.
    - Exemption for CY 2016 will be based on volume of surveyeligible caregivers in CY 2015 (form due Aug 11, 2016)
      - CMS will acknowledge RECEIPT of the request, but not if the exception has been GRANTED.
        - CMS reviews it at the end of the process and compares with your BILLING volumes.

## **Discrepancy Reports**



- Deyta must notify CMS as soon as a discrepancy from survey protocol is identified. Example/reasons:
  - File missing survey-eligible records
  - No data file received by 1<sup>st</sup> set of records sent to fulfillment center
    - Report filed even though a file may still be received
    - If file is received and surveys can be administered, an update will be to CMS and it will not count against the hospice
  - Computer programming caused survey-eligible records to be excluded
  - Ineligible record identified after surveys were sampled
    - Most often due to inaccurate or incomplete monthly decedent/caregiver file

## Data Warehouse Submission Reports

- <u>Survey Status Summary Report</u>
  - # Administrative records (surveys sampled)
  - # Survey results records
  - Data Submission Detail Report
    - Upload date and status of files (accepted or rejected) for each Batch ID
  - <u>Review & Correction Report</u>
    - Frequency of valid values submitted each month





# Contact us if we can help you with questions about the latest Hospice CAHPS Survey updates!

For the latest Regulatory News & Updates, visit HEALTHCARE*first's* Blog at www.healthcarefirst.com/blog



## **Deyta Contact Information**

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