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COMMUNICATIONS AND TECHNICAL SUPPORT FOR THE HOME HEALTH CARE CAHPS SURVEY

Home health agencies and survey vendors may use the following resources to obtain information or technical support with any aspect of the Home Health Care CAHPS Survey.

• For general information, important news, updates, and all materials to support implementation of the Home Health Care CAHPS Survey:

    https://homehealthcahps.org

    or

    http://www.homehealthcahps.org

• For technical assistance, contact the Home Health Care CAHPS Survey Coordination Team as noted below.

    By e-mail: hhcahps@rti.org
    By telephone: (866) 354-0985
    By FAX transmission (919) 541-7400

• Home health agencies (HHAs) and Home Health Care CAHPS (HHCAHPS) Survey vendors must provide the HHA’s name and six-digit CMS Certification Number (CCN) when contacting the HHCAHPS Coordination Team by e-mail or telephone for technical assistance.
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# List of Abbreviations and Acronyms

**Home Health Care CAHPS Survey Protocols and Guidelines Manual**

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<th>Term/Phrase</th>
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<tr>
<td>AAPOR</td>
<td>American Association for Public Opinion Research</td>
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<tr>
<td>ADL</td>
<td>Activities of Daily Living</td>
</tr>
<tr>
<td>AHRQ</td>
<td>Agency for Healthcare Research and Quality</td>
</tr>
<tr>
<td>APU</td>
<td>Annual Payment Update</td>
</tr>
<tr>
<td>CAHPS</td>
<td>Consumer Assessment of Healthcare Providers and Systems</td>
</tr>
<tr>
<td>CATI</td>
<td>Computer-assisted telephone interview</td>
</tr>
<tr>
<td>CCN</td>
<td>CMS Certification Number (formerly known as the Medicare Provider Number)</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>DC</td>
<td>Discharge Assessment (OASIS Assessment)</td>
</tr>
<tr>
<td>DHHS</td>
<td>Department of Health and Human Services</td>
</tr>
<tr>
<td>DSRS</td>
<td>Disproportionate stratified random sampling</td>
</tr>
<tr>
<td>ESRD</td>
<td>End-stage renal disease</td>
</tr>
<tr>
<td>FAQ</td>
<td>Frequently Asked Questions (a list of frequently asked questions and suggested responses)</td>
</tr>
<tr>
<td>FU</td>
<td>Follow-up Assessment (OASIS follow-up assessment)</td>
</tr>
<tr>
<td>HHA</td>
<td>Home health agency</td>
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<tr>
<td>HHCAHPS</td>
<td>Home Health Care CAHPS Survey</td>
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<tr>
<td>HHPPS</td>
<td>Home Health Prospective Payment System</td>
</tr>
<tr>
<td>HMO</td>
<td>Health Maintenance Organization</td>
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<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>ICD-9-CM</td>
<td>International Classification of Diseases, 9th Revision, Clinical Modification</td>
</tr>
<tr>
<td>ICD-10</td>
<td>International Classification of Diseases, 10th Revision</td>
</tr>
<tr>
<td>IRB</td>
<td>Institutional Review Board</td>
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<tr>
<td>MA</td>
<td>Medicare Advantage</td>
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<tr>
<td>MRN</td>
<td>Medicare Record Number or Medical Remittance Notice</td>
</tr>
<tr>
<td>NCOA</td>
<td>National Change of Address</td>
</tr>
<tr>
<td>NPI</td>
<td>National Provider ID Number</td>
</tr>
<tr>
<td>NQF</td>
<td>National Quality Forum</td>
</tr>
<tr>
<td>OASIS</td>
<td>Outcome and Assessment Information Set</td>
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<tr>
<td>OMB</td>
<td>Office of Management and Budget</td>
</tr>
<tr>
<td>PER</td>
<td>Participation Exemption Request</td>
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<tr>
<td>PHI</td>
<td>Private health information</td>
</tr>
<tr>
<td>PII</td>
<td>Personally identifiable information</td>
</tr>
<tr>
<td>Abbreviation/ Acronym</td>
<td>Term/Phrase</td>
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<td>----------------------</td>
<td>----------------------------------------------------------------</td>
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<tr>
<td>PSRS</td>
<td>Proportionate stratified random sampling</td>
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<tr>
<td>QAP</td>
<td>Quality Assurance Plan</td>
</tr>
<tr>
<td>RAT-STATS</td>
<td>Regional Advanced Techniques Staff Statistics Program</td>
</tr>
<tr>
<td>ROC</td>
<td>Resumption of Care (OASIS Assessment)</td>
</tr>
<tr>
<td>SAS</td>
<td>Statistical Analysis System</td>
</tr>
<tr>
<td>SID</td>
<td>Sample identification (number)</td>
</tr>
<tr>
<td>SOC</td>
<td>Start of Care (OASIS Assessment)</td>
</tr>
<tr>
<td>SRS</td>
<td>Simple random sampling</td>
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<tr>
<td>XML</td>
<td>Extensible Markup Language</td>
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- Data Receipt and Data Entry Requirements
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- Telephone Interview Development Process
- Telephone Interviewing Requirements
- Interviewer Training
- Distressed Respondent Procedures
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I. OVERVIEW OF THE CONTENTS OF THE PROTOCOL AND GUIDELINES MANUAL

Overview

The Home Health Care CAHPS Survey Protocols and Guidelines Manual has been developed by the Centers for Medicare & Medicaid Services (CMS) to provide guidance and standard protocols for conducting the Home Health Care CAHPS® Survey. The Home Health Care CAHPS Survey, also referred to as HHCAHPS, is part of a family of Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey instruments developed by the Agency for Healthcare Research and Quality (AHRQ) in conjunction with CMS. This section provides survey vendors and home health agencies (HHAs) with a top-level view of the contents of this manual. Each section is briefly described below, along with an explanation of the contents of the appendices.

Section-by-Section Contents of the Home Health Care CAHPS Survey Protocols and Guidelines Manual

Introduction and Overview

This chapter provides information about the purpose of the HHCAHPS Survey and history of the HHCAHPS Survey initiative, including a discussion of the instrument development and field test activities. It also includes information about the public reporting timeline and sources for more information about the HHCAHPS Survey.

HHCAHPS Survey Participation Requirements

This chapter describes the roles and responsibilities of CMS, the HHCAHPS Survey Coordination Team, HHAs, and approved survey vendors on the national implementation of the HHCAHPS Survey. It also includes information on the vendor rules of participation and business requirements for becoming an approved survey vendor. Information about how to communicate with and obtain technical assistance from the HHCAHPS Survey Coordination Team is also provided in this chapter.

1 CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality, a U.S. Government agency.
Sampling Procedures

Information on the sampling process, requirements for developing the sample frame, and selection of a sample of patients for the HHCAHPS Survey is provided in this chapter.

Mail-Only Administration Procedures

This chapter contains the protocols and guidelines for administering the HHCAHPS Survey as a mail-only survey. The data collection schedule, production and mailing requirements, data receipt and processing requirements, and quality control and data storage guidelines associated with conducting a mail-only mode survey are covered in detail.

Telephone-Only Administration Procedures

Procedures and guidelines for administering the HHCAHPS Survey as a telephone-only survey are provided in this chapter. The data collection schedule, the electronic data collection and tracking system, telephone interviewing requirements, and quality control and data storage guidelines associated with conducting a telephone-only mode survey are covered in detail.

Mixed-Mode Administration Procedures

This chapter contains the protocols and guidelines for administering the HHCAHPS Survey as a mixed-mode survey—that is, mail survey with telephone follow-up of nonrespondents. The data collection schedule, production and mailing requirements, electronic data collection and tracking system, telephone interviewing requirements, data receipt and processing requirements, and quality control and data storage guidelines for conducting a mixed-mode survey are covered in detail.

Data Processing and Coding

Data processing procedures, including the assignment of a unique sample identification number to each sampled case, decision rules for assigning survey disposition codes, and the definition of a completed survey are described in this chapter.

File Preparation and Submission

This chapter provides an overview of the purpose and functions of the HHCAHPS Survey website and a summary description of how to prepare and submit data files following HHCAHPS Survey data file preparation and submission guidelines. More detailed information about the HHCAHPS Survey website and the data submission process, including screen shots of the data submission tool and instructions for data submission, is included in the Home Health Care CAHPS Survey Website User and Data Submission Manual, Version 3.0.
I. Overview of the Contents of the Protocol and Guidelines Manual

HHCAHPS Survey Website Reports

This chapter provides an overview of the reports available to vendors and HHAs through the HHCAHPS Survey website. The reports are described briefly, with an emphasis on the intended audience for each report and how the reports should be used.

Oversight Activities

This chapter provides information about the quality assurance activities that the HHCAHPS Survey Coordination Team and CMS will undertake to ensure the successful administration of the HHCAHPS Survey by survey vendors. The chapter begins with a discussion of the vendor Quality Assurance Plan and reviews the various activities that the Coordination Team will conduct to ensure compliance with HHCAHPS Survey protocols and guidelines.

Public Reporting

This chapter presents an overview of the public reporting of HHCAHPS Survey results, including the information that is publicly reported.

Exceptions Request Process and Discrepancy Notification Report

This chapter describes the process to be used to request an exception to the HHCAHPS Survey Protocols, including guidelines for submitting an Exceptions Request Form. This section also covers the process for alerting the HHCAHPS Survey Coordination Team of an unplanned discrepancy in data collection procedures.

Appendices

The appendices contain copies of the HHCAHPS Survey Questionnaire, mail survey cover letters, the required Office of Management and Budget disclosure language, and the HHCAHPS Survey supplemental questions—in English, Spanish, Traditional and Simplified Chinese, Russian, and Vietnamese. Telephone interview scripts are provided in all of the aforementioned languages except Chinese. Also included are general guidelines for telephone interviewer training and monitoring, a list of frequently asked questions and answers for telephone interviewers, sample frame specifications, data file structure and XML file layout specifications, the Vendor Participation Form, and the Exceptions Request and Discrepancy Notification Forms.


An electronic file of the Home Health Care CAHPS Survey Protocols and Guidelines Manual and its appendices is provided on the project website at https://homehealthcahps.org in both Microsoft Word and .pdf formats. To conserve paper, the HHCAHPS Survey Coordination Team is printing a limited number of hardcopy versions of this manual. Organizations can request a hardcopy manual by sending an e-mail to the HHCAHPS Survey Coordination Team at hhcahps@rti.org.
II. INTRODUCTION AND BACKGROUND

Overview of CAHPS Survey

The Centers for Medicare & Medicaid Services (CMS) has partnered with the Agency for Healthcare Research and Quality (AHRQ), another agency within the United States Department of Health and Human Services (DHHS), to develop surveys measuring patient perspectives of care. Beginning in 1995 as part of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) initiative, AHRQ and its CAHPS grantees began to develop survey and reporting products focusing on health plans. Since 1995, the initiative has expanded to cover a range of surveys of health care services at multiple levels of the delivery system, including patients receiving care from both ambulatory and institutional settings. The intent of the CAHPS initiative is to provide a standardized survey instrument and data collection methodology for measuring patients’ perspectives on patient care. CAHPS is meant to complement the data that providers collect to support improvements in internal customer services and quality-related activities.

The Home Health Care CAHPS Survey (HHCAHPS) Quality Initiative

In November 2002, the Quality Initiative was launched to ensure quality health care for all Americans through accountability and public disclosure. The initiative aims to (a) empower consumers with quality of care information to help them make more informed decisions about their health care, and (b) stimulate and support providers and clinicians to improve the quality of health care. The Quality Initiative was launched nationally in November 2002 for nursing homes (the Nursing Home Quality Initiative), and expanded in 2003 to the nation’s home health care agencies (the Home Health Quality Initiative) and hospitals (the Hospital Quality Initiative). Consumers can view the home health measures on Home Health Compare at http://www.medicare.gov.

Development of the HHCAHPS Survey

In addition to providing information about clinical measures to consumers and to the public, the Home Health Quality Initiative seeks to provide information to consumers about patients’

perception of the care they receive from Medicare-certified home health agencies (HHAs). To that end, CMS partnered with AHRQ to develop a standard instrument, called the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Home Health Care Survey, or the HHCAHPS Survey. On September 25, 2006, AHRQ published a call for measures in the Federal Register and initiated an exhaustive review of existing literature in the area. AHRQ developed a draft of the HHCAHPS Survey to measure the experiences of those receiving home health care with the following three goals in mind:

- To produce comparable data on patients’ perspectives on care that allow objective and meaningful comparisons between HHAs on domains that are important to consumers;
- To create incentives for agencies to improve their quality of care through public reporting of survey results; and
- To enhance public accountability in health care by increasing the transparency of the quality of the care provided in return for the public investment.

AHRQ conducted several rounds of cognitive testing with a sample of home health patients in 2007. In 2008 AHRQ conducted a field test with a sample of current and recently discharged patients from 34 HHAs to test the psychometric properties of the survey and to finalize its contents. The final HHCAHPS Survey Questionnaire includes the two types of questions contained on all CAHPS instruments—those dealing with reports of specific experiences and those asking for opinions and ratings.

**Mode Experiment**

The primary focus of the HHCAHPS Survey field test was to assess the draft survey instrument. In addition to the field test, CMS conducted a mode experiment in 2009 to test the effect on survey responses of using three data collection modes: mail only, telephone only, and mixed mode (mail with telephone follow-up of nonrespondents). CMS also used data from the mode experiment to determine whether and to what extent characteristics of patients participating in the HHCAHPS Survey statistically affect survey results. Statistical models were developed to adjust or control for these patient characteristics once the survey results were publicly reported. Data from the mode experiment were also analyzed to detect potential nonresponse bias; the results of these analyses determined whether applicable nonresponse statistical adjustments must be made on the HHCAHPS Survey data.

**National Quality Forum Review**

CMS submitted the final HHCAHPS Survey instrument to the National Quality Forum (NQF) for review and endorsement in October 2008. The NQF is a not-for-profit membership organization created to develop and implement a national strategy for health care quality...
measurement and reporting. The NQF has broad participation from all parts of the health care system, including national, state, regional, and local groups representing consumers, public and private purchasers, employers, health care professionals, provider organizations, health plans, accrediting bodies, labor unions, supporting industries, and organizations involved in health care research or quality improvement. The HHCAHPS Survey was endorsed by NQF on March 31, 2009.

Office of Management and Budget and Public Comment Process

CMS received approval of the HHCAHPS Survey from the United States Office of Management and Budget (OMB) in July 2009. OMB renewed approval of HHCAHPS on May 16, 2014, under OMB Control Number 0938-1066. This approval is in effect through May 31, 2017.

HHCAHPS Survey Instrument

The HHCAHPS Survey instrument contains 34 items that cover topics such as access to care, communications, and interactions with the agency and with agency staff. There are two global items: one asks the patient to rate the care provided by the HHA, and the second asks the patient about his or her willingness to recommend the HHA to family and friends. The survey also contains items that ask for self-reported health status and basic demographic information (race/ethnicity, education attainment level, language spoken in the home, etc.).

The HHCAHPS Survey is currently available in English, Spanish, Simplified and Traditional Chinese, Russian, and Vietnamese. A version is provided for both mail and telephone survey administration modes in each language except for Chinese. The Chinese-language version of the instrument will only be administered by mail survey. HHAs and their survey vendors will not be permitted to translate the HHCAHPS Survey into any other languages. However, CMS will provide additional translations of the survey over time. Please check the HHCAHPS Survey website, https://homehealthcahps.org, for announcements about additional translations.

HHCAHPS Survey Data Collection and Public Reporting

The HHCAHPS Survey is being conducted by multiple survey vendors under contract with Medicare-certified HHAs. Survey vendors interested in administering the HHCAHPS Survey must complete and submit an application, attend HHCAHPS Survey training sessions, complete a Training Certification Form, and participate in periodic update trainings sponsored by CMS.

Survey vendors cannot collect and submit data to CMS until they receive approval to conduct the survey.

Starting in October 2009, HHAs were invited to participate voluntarily in the HHCAHPS Survey. The Final Rule for the Home Health Prospective Payment System (HH PPS) Rate Update for Calendar Year 2010 published in the Federal Register on November 10, 2009 (Federal Register/Vol. 74, No. 216/Tuesday November 10, 2009/ Pages 58099–58104) required all Medicare-certified HHAs that served 60 or more patients between April 1, 2009, and March 31, 2010, who met survey eligibility criteria to conduct a dry run of the HHCAHPS Survey for at least 1 month in the third calendar year (CY) quarter (July, August, and September) in 2010, with ongoing monthly participation starting in October 2010. To receive the annual payment update (APU) each year, Medicare-certified HHAs that are not eligible for an exemption must administer the HHCAHPS Survey on an ongoing (monthly) basis beginning with the April sample month.

Medicare-certified HHAs that serve 59 or fewer patients who meet survey eligibility criteria during a specified 12-month period may request an exemption from participating in the HHCAHPS Survey. These agencies must count the number of patients who meet survey eligibility criteria that they served during each annual specified 12-month period and report the count to CMS by completing a Participation Exemption Request form available on the HHCAHPS Survey website at https://homehealthcahps.org. Public reporting of HHCAHPS Survey results includes four rolling quarters of data, with survey vendors submitting data on behalf of their HHAs for each quarter using the data submission tool function on the HHCAHPS Survey website (https://homehealthcahps.org/). The data submitted are reviewed, cleaned, scored, and adjusted by the HHCAHPS Survey Coordination Team. Survey results are compiled for each HHA; a “preview” report containing the results is made available to each HHA for review before the results are publicly reported on the Home Health Compare website at http://www.medicare.gov.

Sources of Information About the HHCAHPS Survey

More information about the HHCAHPS Survey and home health care is available at the two websites described below.

The HHCAHPS Survey Website (https://homehealthcahps.org/)

The HHCAHPS Survey Coordination Team maintains a website, which is available at https://homehealthcahps.org and hereafter in this chapter referred to as the HHCAHPS website or simply as the website, for the HHCAHPS Survey. This website provides general information about the HHCAHPS Survey, contains the protocols and materials needed for survey implementation, and is one of the main vehicles for communicating information about the survey to HHAs and to survey vendors. The website has both public and secure pages.
The public access pages contain the following:

- General information about the HHCAHPS Survey;
- Announcements about updates or changes in the survey protocols or materials and participation requirements;
- Requirements for becoming an HHCAHPS Survey vendor;
- Data collection materials, protocols, and guidelines for administration of the HHCAHPS Survey;
- A list of approved HHCAHPS Survey vendors;
- Quality assurance plan requirements;
- Oversight activities;
- Data submission requirements; and
- Information about how to obtain technical assistance.

The *Home Health Care CAHPS Survey Protocols and Guidelines Manual* is updated annually to reflect changes to participation requirements and changes in survey protocols, materials, and procedures; however, CMS and the Coordination Team use the HHCAHPS website to disseminate important interim updates and news about the HHCAHPS Survey, including information related to participation requirements, updates and changes to survey protocols or survey materials, information about upcoming events (e.g., data submission deadlines, vendor training sessions), and public reporting. Announcements posted on the HHCAHPS Survey website may clarify or supersede existing protocols.

Therefore, it is critically important that survey vendors and HHAs check the HHCAHPS Survey website frequently for updates. To view announcements, go to the website at [https://homehealthcahps.org](https://homehealthcahps.org) and click on the “Announcement” link in the Quick Links box on the left side of the home page (see *Exhibit 2.1*). The announcements are listed in chronological order, with the most recent announcement listed first. The Quick Links box on the home page also has a “News” icon followed by a date, which is the date that the most recent announcement was posted.
The secure or restricted-access sections of the HHCAHPS Survey website are accessible only to HHCAHPS Survey vendors and HHAs that have registered for and been provided credentials to access the links on the private sections of the website. After successfully logging in, users will see a personalized dashboard. The links provided within this section of the website will enable HHAs to:

- Authorize a survey vendor to submit HHCAHPS Survey data on their behalf, switch vendors, or view the agency’s authorization history;
- View data submission reports for data submitted by their respective survey vendors; and
- “Preview” their HHCAHPS Survey results before the results are publicly reported.

Additional secured links on the HHCAHPS Survey website are accessible to survey vendors who have been given access credentials. These private secured links allow survey vendors to:

- View the current list of HHAs that have authorized the vendor to submit data on their behalf; and
- Access the HHCAHPS Survey data submission tool and reports containing information about submitted data.

More detailed information about the HHCAHPS Survey website is included in Chapter XI of this manual and in the *Home Health Care CAHPS Survey Website User and Data Submissions Manual, Version 3.0* located on the HHCAHPS Survey website.
The Medicare Website ([http://www.medicare.gov](http://www.medicare.gov))

This website is maintained by CMS and contains information on the services Medicare provides. Of particular interest to HHCAHPS Survey users is the section called Home Health Compare, which can be accessed via a link on the home page of the link above. Home Health Compare provides information to the public on various quality measures. Viewers can obtain comparative information about HHAs by state, ZIP code, and county.

This website also displays clinical measures compiled from the Outcome and Assessment Information Set (OASIS) about home health care and the results from the HHCAHPS Survey. HHCAHPS Survey results are based on survey response data from the four quarters for which HHCAHPS Survey data are available, and are “refreshed” or updated each calendar year quarter.
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III. HOME HEALTH CARE CAHPS SURVEY PARTICIPATION REQUIREMENTS

Overview
This chapter describes participation requirements for the Home Health Care CAHPS (HHCAHPS) Survey, including the roles and responsibilities of the Centers for Medicare & Medicaid Services (CMS) and its HHCAHPS Survey Coordination Team, home health agencies (HHAs), and survey vendors that administer the HHCAHPS Survey for HHAs. This chapter also discusses the rules of participation and outlines the business requirements that survey vendors must meet to be approved to administer the HHCAHPS Survey. Information about obtaining technical assistance from the Coordination Team is also provided in this chapter.

Roles and Responsibilities
CMS is responsible for ensuring that the HHCAHPS Survey is administered using standardized survey protocols and data collection and processing methods. CMS works very closely with its HHCAHPS Survey Coordination Team to provide training, technical assistance, and oversight to approved survey vendors. Technical assistance is also provided to HHAs. HHAs are responsible for contracting with an approved survey vendor to conduct the HHCAHPS Survey on their behalf and for providing a patient information file containing data about patients served during the sample month to their survey vendor each month. Survey vendors are responsible for conducting the HHCAHPS Survey on behalf of their client HHAs following the standard protocols and guidelines described in this manual.

The roles and responsibilities of each of these participating organizations are described below.

Roles and Responsibilities of CMS and the HHCAHPS Survey Coordination Team
CMS and the HHCAHPS Survey Coordination Team are responsible for the following activities on the HHCAHPS Survey:

- Disseminate information about HHCAHPS Survey administration;
- Train survey vendors on HHCAHPS Survey protocols and requirements;
- Monitor data integrity of HHCAHPS Survey administration to ensure the quality and comparability of the data;
III. Home Health Care CAHPS Survey Participation Requirements  January 2015

- Provide technical assistance to HHAs and approved HHCAHPS Survey vendors via a toll-free telephone number, e-mails, and the HHCAHPS website at https://homehealthcahps.org/;

- Conduct oversight and quality assurance of survey vendors;

- Receive and conduct final processing of HHCAHPS Survey data submitted by all approved survey vendors;

- Calculate and adjust HHCAHPS Survey data for mode and patient-mix effects prior to publicly reporting survey results; and

- Generate preview reports containing HHCAHPS Survey results for participating HHAs to review prior to public reporting.

Home Health Agencies’ Roles and Responsibilities

It is the responsibility of Medicare-certified HHAs to participate every month in the HHCAHPS Survey to obtain the annual payment update (APU) from CMS. The majority of HHAs are eligible to participate; however, some may be exempted from participation for a given APU period. The only two scenarios under which a Medicare-certified HHA can be exempted from participation in the HHCAHPS Survey are described below:

- If an HHA received Medicare certification from CMS after the cutoff date for a given APU period, it is considered too new to participate in the upcoming APU. This is a one-time exemption only, and HHAs do not need to apply for it. Medicare Certification eligibility cutoff dates and the period that each APU covers are provided in the Home Health Prospective Payment System (HH PPS) Final Rule for each calendar year. As of the date of this version of the Protocols and Guidelines Manual, the most recently published Rule is the Home Health Prospective Payment System (HH PPS) Final Rule for Calendar Year 2015, which was published in the Federal Register on November 6, 2014. A link to the Final Rule is available on the HHCAHPS website.

- If an HHA was certified before the cutoff date specified in the HH PPS Rule, that HHA may only receive an exemption if it served 59 or fewer survey eligible patients during the 12-month period that the APU covers. To request an exemption, an HHA must submit a Participation Exemption Request (PER) form for that APU period through the HHCAHPS website. HHAs must submit a PER for every APU year that they believe they qualify for and wish to seek an exemption from participating in the HHCAHPS Survey.

- Each APU has an associated reference count period and participation period that runs from April of one year to March of the following year. The reference count period (which HHAs should use to determine eligibility for the APU) is the year prior to the current APU participation period. More information on participation requirements for the APU is available
If an HHA is eligible to participate, it must:

- Contract with an approved HHCAHPS survey vendor to conduct its survey;
- Authorize the contracted survey vendor to collect and submit HHCAHPS Survey data to the HHCAHPS Survey Data Center on the agency’s behalf;
- Work with its approved vendor to determine a date each month by which the vendor will need the monthly patient information file for sampling and fielding the survey;
- By the agreed-upon date each month, compile and deliver to the survey vendor a complete and accurate list of patients (i.e., the monthly patient information file) and information that will enable the vendor to administer the survey;
- Use a secure method to transmit monthly patient information files to the survey vendor, ensuring that data are encrypted prior to sending to the vendor;
- Review data submission reports to ensure that its survey vendor has submitted data on time and without data problems;
- Review HHCAHPS Survey results prior to public reporting;
- Avoid influencing patients in any way about how to answer the HHCAHPS Survey; for example, HHAs may not hand out any information to patients about how to answer the survey (please refer to the section in this chapter titled Communications with Patients About the HHCAHPS Survey); and
- Understand the APUs, including key date ranges and deadline dates; again, information about APU Periods and Medicare Certification eligibility cutoff dates are provided in the Home Health Prospective Payment System (HH PPS) Final Rule for each calendar year.

**Communications With Patients About the HHCAHPS Survey**

Because home health patients may be sicker and more vulnerable than other patient populations and they receive care from the home health provider in their homes, they may be more susceptible to actions that may influence their responses to the HHCAHPS Survey. Any information or communication about the survey from HHAs may introduce bias to the survey. It is acceptable for HHAs to inform patients during their next scheduled assessment that they may be asked to respond to a patient experience survey. It is not acceptable, however, for an HHA to do the following:
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- Send or provide information to patients in advance alerting them about the survey;
- Provide a copy of the HHCAHPS Survey questionnaire or cover letters to the patients;
- Include words or phrases verbatim from the Home Health CAHPS (HHCAHPS) Survey in its marketing or promotional materials (CMS is encouraging HHAs not to use text from HHCAHPS questions in their marketing and promotional materials);
- Attempt to influence their patients’ answers to the HHCAHPS Survey questions;
- Tell the patients that the agency hopes or expects that its patients will give it the best or highest rating or to respond in a certain way to the survey questions;
- Offer incentives of any kind to the patients for participating (or not) in the survey;
- Help the patient answer the survey questions, even if the patient asks for the home care provider’s help;
- Ask patients why they gave a certain response or rating to any of the HHCAHPS Survey questions; and
- Include any messages or materials promoting the HHA or the services it provides in survey materials, including mail survey cover letters and questionnaires and telephone interview scripts.

HHAs should never ask their patients if they would like to be included in the survey. All patients selected to participate in the HHCAHPS Survey must be able to decide on their own whether they wish to participate and will be provided an opportunity to do so as part of the survey process.

Administering HHCAHPS in Conjunction With Other Surveys

Some HHAs may wish to conduct other patient surveys to support internal quality improvement activities. A “survey,” for purposes of this project, is defined as a formal, HHCAHPS-like, patient experience/satisfaction survey. A formal survey, regardless of the data collection mode employed, is one in which the primary goal is to ask standardized questions of a sample of the HHA’s patient population. Contacting patients to assess their care at any time or calling a patient to check on services received are both considered to be routine patient contacts, not surveys.

To ensure that valid data are collected on the HHCAHPS Survey and that the data collected represent patients’ perspectives of the home health care they receive, HHAs should use the following guidelines when administering other surveys in conjunction with HHCAHPS:
For each sample month, the HHCAHPS Survey sample must be selected prior to selecting the samples for any other HHA survey.

In other surveys that an HHA conducts, the agency can include questions that ask for more in-depth information about HHCAHPS issues, but should not repeat the HHCAHPS questions or include questions that are very similar.

Guidelines for selecting the HHCAHPS Survey sample in conjunction with other surveys are provided in Chapter IV of this manual. More detailed information about questions included in other surveys the agency conducts is provided in Chapters V, VI, and VII of this manual.

**Survey Vendor Roles and Responsibilities**

The list below provides a synopsis of the roles and responsibilities of survey vendors on the HHCAHPS Survey.

- Complete the Vendor Participation Form (application), which will be available on the HHCAHPS Survey website approximately 6 weeks prior to the next scheduled Introduction to the HHCAHPS Survey Webinar training session;

- Participate in and successfully complete the Introduction to the HHCAHPS Survey Webinar training session and in all update training sessions;

- The survey vendor’s designated CAHPS project manager must also complete a Training Certification Form after participating in the Introduction to the HHCAHPS Survey Webinar training session;

- Ensure that all survey vendor staff who work on the HHCAHPS Survey are trained and follow the standard HHCAHPS Survey protocols and guidelines;

- Follow the participation requirements listed in Section VI of the Vendor Participation Form and also repeated in the following chapters in this manual;

- Work with appropriate HHA staff to create monthly patient information files, including data elements needed and file format specifications, and decide on a date each month by which the HHA must provide each monthly patient information file;

- Receive and perform checks of the monthly patient information files provided by HHAs to ensure that they include the entire eligible population and all required data elements;

- Sample patients, following the sampling protocols described in this manual (see Chapter IV);
• Administer the HHCAHPS Survey in accordance with the protocols specified in Chapters V–VII of this manual and oversee the quality of work performed by staff and any subcontractors, if applicable;

• Verify that each client HHA has authorized the vendor to submit data on the agency’s behalf;

• Prepare and submit data files to the HHCAHPS Survey Data Center following the guidelines specified in Chapters IX and X of this manual and in the Home Health Care CAHPS Survey Website User and Data Submission Manual, Version 3.0; and

• Review all data submission reports for client agencies to ensure that data have been successfully uploaded and received.

Survey Vendor Participation Requirements
Survey organizations interested in becoming an approved survey vendor for the HHCAHPS Survey must agree to the following requirements of participation, as specified in Section VI of the Vendor Participation Form (Appendix A) and noted below.

• Participate in both the Introduction to the HHCAHPS Survey Training Session and in any subsequent update trainings. The vendor’s staff member designated as the Project Manager for the HHCAHPS Survey must attend these trainings; we strongly advise that the vendor’s sampling and data managers also attend. All training sessions will be conducted via Webinar and require that the survey vendor register in advance for the session and attend the session. The survey vendor’s designated HHCAHPS Project Manager must complete a post-training certification exercise, also referred to as a Training Certification Form, after attending the Introduction to the HHCAHPS Survey training session. The Introduction to the HHCAHPS Survey training session will be provided in two 4-hour sessions. Each Update training session, when offered, will usually consist of one 2- to 3-hour session.

• Review the Home Health Care CAHPS Survey Protocols and Guidelines Manual and follow the protocols and procedures described in this manual during survey administration. This manual is the main resource for survey vendors to use in implementing all stages of the HHCAHPS Survey—from sampling and data collection to file development and submission. It is expected that vendors will refer to this manual frequently and adhere to all protocols contained within it. Protocol and policy updates will be posted on the HHCAHPS Survey website, so vendors are expected to check the website frequently for such notifications.

• Check the HHCAHPS website frequently to review announcements and protocol updates, and review and respond as appropriate to e-mails from the HHCAHPS Coordination Team (e-mails will be from hhcahps@rti.org).
Develop and submit a Quality Assurance Plan (QAP), following guidelines described in Chapter XII of this manual and the model QAP provided in Appendix P. Survey vendors must complete and submit a QAP within 6 weeks after the vendor’s first quarterly HHCAHPS Survey data submission. The QAP must be updated annually or as needed whenever changes are made to key personnel, survey modes being administered, or protocols. The QAP must include the following elements:

- Organizational background and staff experience;
- Work plan;
- Sampling protocols and quality assurance procedures;
- Survey administration protocols and quality assurance procedures;
- Data security, confidentiality, and privacy protocols; and
- Copies of the survey instrument (questionnaire or CATI script) and cover letters.

Participate and cooperate in all oversight activities conducted by the HHCAHPS Survey Coordination Team, including but not limited to conference calls and site visits, as deemed necessary. Additionally, the Coordination Team may request teleconference calls with vendors to review sampling protocols, file submissions, or any other aspect of the data collection process. Documentation and requirements that vendors are expected to follow in light of these oversight activities are described in the Vendor Participation Form (Appendix A) and in Chapter XII of this manual.

Acknowledgement that review of and agreement with these participation requirements is necessary for participation and public reporting of results through the CMS Home Health Compare website. As noted on the Vendor Participation Form, all survey vendors seeking approval to conduct the HHCAHPS Survey must review and agree to the participation requirements listed in Section VI of the Vendor Participation Form and described in the bullets above. Vendors who fail to adhere to or comply with the participation requirements risk losing their status as an approved HHCAHPS Survey vendor.

Vendor Business Requirements

Survey vendors must have proven experience in conducting mail-only, telephone-only, and mixed-mode surveys. According to the Home Health Prospective Payment System Update Final Rule for Calendar Year 2011, any organization that owns, operates, or provides staffing for an HHA is not permitted to administer its own HHCAHPS Survey or administer the survey on behalf of any other HHAs. CMS believes that an independent third party (survey vendor) will be
better able to solicit unbiased responses to the HHCAHPS Survey; therefore, CMS requires that HHAs contract with an independent, approved HHCAHPS Survey vendor to administer the HHCAHPS Survey on their behalf.

The following types of organizations will not be eligible to administer the HHCAHPS Survey (as an approved HHCAHPS Survey vendor):

- Organizations or divisions within organizations that own or operate an HHA or provide home health services, even if the division is run as a separate entity to the HHA;

- Organizations that provide telehealth, monitoring of home health patients, or teleprompting services for HHAs; and

- Organizations that provide staffing to HHAs for providing care to home health patients, whether personal care aides or skilled services staff.

Survey vendors seeking approval as an HHCAHPS Survey vendor must have the capability and capacity to collect and process all survey-related data for the survey administration mode they intend to use on the HHCAHPS Survey following standardized procedures and guidelines. The business requirements that survey vendors must meet are described in the following sections.

**Relevant Business Experience**

A vendor must have relevant business experience, including a minimum of 3 years in business, a minimum of 2 years conducting surveys with person-level samples, and a minimum of 2 years conducting surveys in the selected data collection mode. A “survey of individuals” is defined as the collection of data from individuals selected by statistical sampling methods and the data collected are used for statistical purposes. An applicant organization must:

- Have conducted surveys of individuals responding about their own experiences, not of individuals responding on behalf of a business or organization (establishment or institution surveys).

- Be able to demonstrate that a statistical sampling process (e.g., simple random sampling [SRS], proportionate stratified random sampling [PSRS], or disproportionate stratified random sampling [DSRS]) was used in the conduct of previously or currently conducted survey(s). This means that the organization has to have conducted surveys where a sample of individuals was selected.

- Be able to demonstrate that it has conducted surveys of individuals as an organization for at least 2 years. If someone within the applicant organization has relevant experience obtained while in the employment of a different organization, that experience will not count toward the 2-year minimum of survey experience.
Currently possess all required facilities and systems to implement the HHCAHPS Survey. CMS and its HHCAHPS Survey Coordination Team reserve the right to request photographs of the applicant organization’s telephone call center for organizations applying for the telephone-only and mixed modes, scanning and data processing systems if applying for the mail-only or mixed modes, and other relevant equipment and facilities.

The following are examples of data collection activities that do not satisfy the requirement of experience conducting surveys of individuals, as defined for the HHCAHPS Survey, and will not be considered as part of the experience that HHCAHPS requires:

- Polling questions administered to trainees or participants of training sessions or educational courses, seminars, or workshops;
- Focus groups, cognitive interviews, or any other qualitative data collection activities;
- Surveys of fewer than 600 individuals;
- Surveys conducted that did not involve using statistical sampling methods;
- Internet or Web-based surveys; and
- Interactive Voice Recognition surveys.

Survey Capabilities and Capacity

Personnel

Vendors must have selected types of personnel; they must be able to designate a Project Manager with survey experience, designate a Sampling Manager with sample frame development and sample selection experience, and have a programmer capable of processing data and preparing data files for electronic submission.

Facilities and Systems

Vendors must currently have the following facilities and systems:

- Physical facilities for processing and storing all data collection materials;
- Computers and any other equipment needed for survey implementation (e.g., scanners, printers, computer-assisted telephone interviewing [CATI] or alternative electronic data collection system, data entry system);
- Electronic survey management system to track fielded surveys throughout the data collection period;
• Call center or telephone bank facilities for telephone survey implementation;

• Toll-free telephone customer support line to receive and address telephone calls from survey participants for all languages offered by the vendor; and

• A secure commercial work environment for receiving, processing, and storing hardcopy questionnaires or hardcopy monthly patient information files provided by HHAs that protects the confidentiality of patient response data and personally identifying information.

Sample Frame Development and Sample Selection

Applicant organizations must be able to demonstrate statistical experience and capability as applied in a data collection context, including:

• Demonstrated experience using SRS, DSRS, or PSRS; and

• Demonstrated experience using these sampling methods with previously or currently conducted surveys of individuals.

Vendors must have the following capabilities:

• Ability to construct a sample frame that includes all patients who meet survey eligibility criteria;

• Secure commercial work environment for receiving, processing, and storing files from HHAs and hardcopy questionnaires from respondents, and ability to protect the confidentiality of patient response data;

• Ability to work with individual HHAs to obtain patient data for sampling (must be able to accept the data electronically or on hard copy, depending on how the HHA provides it); and

• Ability to convert information on monthly patient information files from paper to electronic file format so that quality control checks can be performed on both the sample frame and the selected sample by the HHCAHPS Survey Coordination Team.

Mail-Only Survey Administration

Vendors must have the capability to:

• Obtain and verify addresses of sampled patients;

• Print professional-quality survey instruments and materials;

• Assign a unique sample identification (SID) number to each sampled patient and match the SID to the status/outcome for each sample member;
Assemble and mail survey materials;

Receive and process (key entry or scanning) completed questionnaires received;

Track and identify nonrespondents for follow-up mailing;

Provide a toll-free telephone customer support line and respond to calls from sample members within 1 to 2 business days after each call; and

Assign final status codes to describe the final result of work on each sampled case.

**Telephone-Only Survey Administration**

Vendors must have the capability to:

- Obtain and verify telephone numbers of sampled patients;
- Develop computer programs for CATI or alternative electronic system instruments;
- Assign a unique SID to each sampled patient and match SIDs to the status/outcome for each sample member;
- Collect data using CATI or an alternative electronic system;
- Schedule callbacks to nonrespondents at varying times of the day and week; and
- Assign final status codes to reflect the results of attempts to obtain a completed interview with sampled cases.

**Mixed-Mode Survey Administration**

Vendors that apply for administering the HHCAHPS Survey as a mixed-mode survey (mail with telephone follow-up of nonrespondents) must have the capability to adhere to all mail-only and telephone-only survey administration requirements described above. In addition, they must have an electronic tracking system that can track cases from the mail survey through telephone follow-up activities.

**Data Processing and File Submission**

Vendors must have the capability to:

- Scan or key enter survey data and develop data files and edit and clean data according to standard protocols;
- Submit data electronically in the specified format (XML) via the HHCAHPS Survey secured website; and
• Follow all data cleaning and data submission rules, including:
  ◦ verification that data are de-identified and contain no duplicate cases; and
  ◦ verification that the XML file is correctly formatted and contains the proper data headers and data records.

Vendors must also have the ability to work with the HHCAHPS Survey Coordination Team to resolve data and data file submission problems.

**Adherence to Quality Assurance Guidelines**

Survey vendors must have demonstrated experience incorporating quality assurance guidelines into all sampling, data collection, and data processing activities. They must have the ability to incorporate well-documented quality control procedures (as applicable) for:

• In-house training of staff involved in survey operations;

• Receipt and processing of monthly patient information files, sample frame construction, and sample selection;

• Printing and mailing survey cover letters and questionnaires;

• Telephone administration of the survey;

• Coding and editing of survey data and survey-related materials;

• Scanning or keying survey data;

• Preparation of final person-level data files for submission; and

• All other functions and processes that affect the administration of the HHCAHPS Survey.

Survey vendors must also have the ability to maintain:

• Electronic or hardcopy files of individuals trained and training dates;

• Electronic or hardcopy records of interviewers monitored (for telephone administration);

• Electronic or hardcopy records of mailing dates;

• Other documentation necessary to allow the HHCAHPS Survey Coordination Team to review procedures implemented; and
• Documentation of actions required (and taken) as a result of any decisions made during site visits by the HHCAHPS Coordination Team.

### Participation in Training and Quality Assurance Activities

Survey vendors must agree to participate in all required training and quality assurance activities necessary to ensure the successful implementation of the HHCAHPS Survey. This includes the following requirements:

• Reviewing and following all relevant procedures described in this manual for their approved survey modes;

• Attending all CMS Introduction and Update training sessions (failure to complete all of the required vendor training will result in withdrawal of approved vendor status); and

• Participating in any conference calls and site visits requested by the HHCAHPS Survey Coordination Team as part of overall quality monitoring activities. Site visits will be conducted with all approved vendors. Vendors must provide documentation as requested for site visits and conference calls, including but not limited to staff training records, telephone interviewer monitoring records, sample frame development documentation, and file construction documentation.

### Subcontractor Requirements

Any survey vendor using a subcontractor in any capacity on the HHCAHPS Survey is required to complete the relevant sections of the Vendor Participation Form (Appendix A) about each of its subcontractors. Information requested on the Vendor Participation Form about subcontractor capabilities is similar to that requested for vendors. Details must be provided about the capabilities and capacity of the subcontractor to handle mail survey activities, telephone survey activities, and mixed-mode survey activities. Further, specific information must also be provided about the subcontractor’s quality assurance practices, data security policies, and facilities and systems.

If a vendor applicant organization’s subcontractor will conduct substantive work to support the implementation of the HHCAHPS Survey, that subcontractor is strongly encouraged to attend the Introduction to HHCAHPS Webinar Training Session and all HHCAHPS Update Training Sessions. For purposes of this survey, “substantive work” is defined as follows:

• ANY statistical function, including sample selection;

• Telephone survey data collection (i.e., if an approved vendor is subcontracting telephone data collection activities); and

• Construction or submission of XML data files.
If an applicant vendor will be using a subcontractor to conduct any substantive work as defined above, the subcontractor organization will be subject to the same or similar requirements as the applicant vendor.

**Additional Requirements**

CMS and its HHCAHPS Survey Coordination Team reserve the right to request additional information from applicant organizations to help in the determination of whether approval status should be granted. Information requested may include the following:

- Taxpayer Identification Number;
- Website address;
- Detailed description of surveys conducted that demonstrate statistical sampling and data collection capabilities;
- Photographs of applicant organization’s facilities and systems;
- Resumes of key staff, demonstrating experience with data collection, sampling, and computer programming; and
- Additional descriptions of processes, including treatment of confidential data, control or tracking systems, quality assurance practices, and XML file construction.
IV. HOME HEALTH CARE CAHPS SURVEY
SAMPLING PROCEDURES

Overview
This chapter describes the procedures survey vendors should use to request a file of patients from the home health agency (HHA), identify patients eligible for the survey, construct a sampling frame, and select a patient sample each month. The sampling procedures described in this chapter were developed to ensure standardized administration of the Home Health Care CAHPS (HHCAHPS) Survey by all survey vendors and to ensure comparability of the data and survey results that are publicly reported. Each of the following activities is described in detail in the sections that follow. These sections are organized in the general chronological order in which the corresponding tasks will take place.

Step 1: Obtain a monthly patient information file each month from each client HHA.

Step 2: Examine the HHA file for completeness and work with the HHA to obtain missing data elements. Process and check the file for duplicate information.

Step 3: Identify eligible patients and construct a sample frame.

Step 4: Determine sample size and select the sample for each HHA.

Step 5: Verify or update patient contact information.

Step 6: Assign a unique sample identification number to each selected sample member.

Step 7: Finalize the monthly sample file and initiate data collection activities.

Step 1: Obtain a Monthly Patient Information File From Each Home Health Agency Client

Patient Eligibility Requirements
All patients 18 years old and older who are covered by Medicare or Medicaid who meet other survey criteria are eligible to be included in the HHCAHPS Survey. This includes patients who are enrolled in Medicare fee-for-service plans and those enrolled in Medicare Advantage (MA) plans or Medicaid managed care health plans.
Survey vendors must work with each client HHA to (1) obtain all required data elements for every patient served during the sample month whose home care was paid for by Medicare or Medicaid and (2) ensure that their client HHA provides these data by an agreed-upon date each month. Survey vendors should request from each of their client HHAs a file, referred to as a monthly patient information file, containing specific information about all patients served at any time during the sample month, including those who were discharged during the sample month. This file should include patients served by all branches in all states falling under the same HHA CMS Certification Number (CCN).

HHAs should include in the files submitted to survey vendors all of the following types of patients:

- Patients whose home care was paid for by Medicare or Medicaid;
- Patients who are at least 18 years of age by the end of the sample month;
- Patients who had at least one home health visit for skilled nursing care, physical therapy, occupational therapy, or speech therapy during the sample month;
- Patients who had at least two home health visits for skilled nursing care, physical therapy, occupational therapy, or speech therapy during the lookback period (includes the sample month and the preceding month);
- Patients who are not deceased;
- Patients who are not currently receiving hospice care; and
- Patients who received home visits for services other than routine maternity care in the sample month.

HHAs should exclude from the file any patient who meets one of these criteria:

- Patients who received home visits ONLY for routine maternity care in the sample month.
- Patients who have harmed or endangered the health or well-being of a home health provider or attempted to harm or endanger the health or well-being of a home health provider;
- State-regulated patients; and
- Patients who requested that the HHA not release their name and contact information to anyone other than agency personnel, hereafter referred to in this manual as “no publicity” patients.

In the paragraphs that follow, we further explain some of the eligibility definitions.
For purposes of this survey, the basis for determination of a skilled visit is the classification of the agency employee who visited the patient and not the reason for the home health visit, with the exception of patients who are receiving only routine maternity care or those who are discharged to hospice care. For a visit to be considered a “skilled visit” the agency employee must be classified as one of the following: registered nurse (RN), licensed practical nurse (LPN), physical therapist, physical therapist assistant, occupational therapist, occupational therapist assistant, speech therapist, or speech therapist assistant. Skilled visits do not include visits made by any category of social worker, home health or personal care aide, or nursing aide.

Patients must have had at least one skilled home care visit during the sample month and at least two skilled visits during the “lookback” period. The lookback period is defined as the sample month and the month immediately preceding the sample month.

Note that patients who receive home health care only for routine maternity care are not eligible to be included in the survey. For purposes of this survey, routine maternity care is receiving a few visits for a normal delivery and would include, but is not limited to, assistance in breastfeeding and other educational services.

CMS will permit HHAs to exclude from the monthly patient information files information about patients who have harmed or endangered the health or well-being of a home health provider or attempted to harm or endanger the health or well-being of a home health provider. For an HHA to use this exclusion criterion, the agency must document the reason for the exclusion and provide the reason to the HHCAHPS Survey vendor when the monthly patient information file is submitted to the vendor. The vendor will be requested to provide the reason for the exclusion during HHCAHPS oversight visits.

Some states have regulations and laws governing the release of patient information for patients with specific illnesses or conditions, and for other special patient populations, including patients with HIV/AIDS. It is the HHA’s responsibility to identify any applicable state laws and regulations and exclude state-regulated patients from the survey as required by law or regulation.

HHAs should also exclude information about no publicity patients from the monthly patient information files.

**Surveying Non-Medicare/Medicaid Patients**

Note that only patients whose care is paid for by either Medicare or Medicaid are eligible to be included in the HHCAHPS Survey. However, HHAs may want to survey their non-Medicare and non-Medicaid patients. If this is the case, the HHA should include information about non-Medicare and non-Medicaid patients on the patient information files that are submitted to the survey vendor. Survey vendors, however, will not include data collected from non-Medicare and
non-Medicaid patients on the data files submitted to the HHCAHPS Survey Data Center. More information about this process is provided later in this chapter.

**Sampling More Frequently Than Monthly**

Note that HHAs and their vendors may choose to sample patients more frequently than monthly (e.g., weekly, biweekly); however, survey vendors must complete and submit an Exceptions Request Form and receive approval from CMS for more frequent sampling. Information about the Exceptions Request Form and process is provided in *Chapter XIV* of this manual.

**Fielding the Survey**

Survey vendors select samples each month of all HHCAHPS Survey patients who meet survey eligibility criteria for each HHA with which they are contracted to collect data, and then collect data on a monthly basis. For each monthly set of sampled patients, the survey must be initiated within 21 days after the sample month ends. CMS recognizes that on rare occasions an HHA may have a situation that may prevent it from providing the monthly patient information in time for the vendor to initiate the survey within 21 days after the sample month ends; therefore, the vendor can initiate the survey within 26 days after the sample month ends. However, the survey vendor must submit a Discrepancy Notification Report, described in *Chapter XIV* of this manual, for each HHA for which the survey is initiated from the 22nd through the 26th day after the sample month ends.

If the survey cannot be initiated within 26 days after the sample month ends because of a natural disaster (earthquake, tornado, etc.), snow or severe weather emergencies, fires, extreme computer problems, or for some other reason, CMS may allow a survey vendor to initiate the survey more than 26 days after the sample month ends. *The HHA’s survey vendor, however, must request (via e-mail to hhcahps@rti.org) and obtain approval from CMS before initiating the survey more than 26 days after the sample month ends.*

**Monthly Patient Information Files**

**HHAs administering the HHCAHPS Survey must submit a monthly patient information file to their contracted HHCAHPS Survey vendor each month.** Those monthly HHA files must contain information that is at both the *agency* level and the *patient* level.

Some HHAs may want to provide their contracted vendor with a monthly patient information file that contains information about only patients who meet the survey eligibility criteria. If the HHA is making the exclusions, it is the vendor’s responsibility to make sure that the HHA understands and correctly applies the patient eligibility criteria. If the HHA is making the exclusions, the survey vendor must still examine the file for completeness and to make sure that all patients on the file are 18 years old or older by the end of the sample month, had at least one skilled visit
during the sample month and two skilled visits during the lookback period, and whose care was paid for by Medicare or Medicaid.

Some HHAs may opt to provide a file containing information about all patients served during the sample month so that the vendor can make the exclusions. If the survey vendor is making the exclusions, it is the survey vendor’s responsibility to stress to its HHA clients that all eligible patients must be represented in the file the HHA submits. The HHA must provide the vendor with sufficient information for the vendor to identify and exclude patients who do not meet eligibility requirements. And, even if the survey vendor is making the exclusions, the HHA must still exclude from the file information about harmful/dangerous, state-regulated, or no publicity patients.

**Information Needed From Each HHA at the Agency Level**

HHAs are required to submit several Agency-level data elements, including the HHA’s “Provider Name,” “Provider Number” (CCN), National Provider Number (NPI), the “Sample Month,” “Sample Year,” and the “Number of Patients Served.” The “No. of Patients Served” is the total number of patients the HHA served during the sample month. This total should include patients who had at least one visit for skilled care at any point during the sample month, regardless of whether they are eligible for the HHCAHPS Survey. In other words, this number should include both patients who are eligible for the survey and those who are not.

**Information Needed From HHAs for Each Patient Served**

HHAs are required to provide all of the information shown in Table 4.1 for each patient they served during the sample month except for the exclusions. The information that the HHA provides will be used by the survey vendor to survey sampled patients and will be used by the HHCAHPS Survey Coordination Team for data analysis. Further explanation of some of the elements listed in the table is provided in Table 4.1.

Many of the data elements from Table 4.1 that the HHA will include on the monthly patient files are on the patient’s Outcome and Assessment Information Set (OASIS) Assessment. The data elements needed may be found on the OASIS Start of Care (SOC) assessment, in the Resumption of Care (ROC) assessment, the Follow-up (FU) assessment, or the Discharge (DC) assessment. The HHA should provide the data for the activities of daily living (ADLs) from the most recent OASIS assessment.
### Table 4.1
Information Needed From HHAs for Each Medicare or Medicaid Patient Served During Sample Month

<table>
<thead>
<tr>
<th>Data Element Required</th>
<th>Reason Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s full name (First Name, Middle Initial, and Last Name as separate fields)</td>
<td>Survey administration</td>
</tr>
<tr>
<td>Gender</td>
<td>Survey administration and analysis</td>
</tr>
<tr>
<td>Patient’s date of birth (MMDDYYYY)</td>
<td>Survey eligibility and quality assurance</td>
</tr>
<tr>
<td>Mailing address (Patient Mailing Address 1, Patient Mailing Address 2, Address City, Address State, and Address Zip Code as separate data fields)</td>
<td>Survey administration</td>
</tr>
<tr>
<td>Patient’s telephone number including area code</td>
<td>Survey administration</td>
</tr>
<tr>
<td>Medical Record Number (Patient’s HHA medical record number)</td>
<td>Survey quality assurance</td>
</tr>
<tr>
<td>Number of skilled home health visits in sample month</td>
<td>Survey eligibility and quality assurance</td>
</tr>
<tr>
<td>Number of home health visits in lookback period</td>
<td>Survey eligibility and quality assurance</td>
</tr>
<tr>
<td>Payer(s) (Medicare, Medicaid, private health insurance, other)</td>
<td>Survey eligibility and analysis</td>
</tr>
<tr>
<td>Source of admission (prior inpatient or community setting)</td>
<td>Survey analysis</td>
</tr>
<tr>
<td>HMO indicator</td>
<td>Survey analysis</td>
</tr>
<tr>
<td>Whether dually eligible for Medicare and Medicaid</td>
<td>Survey analysis</td>
</tr>
<tr>
<td>Primary diagnosis (ICD-9-CM for underlying condition)</td>
<td>Survey analysis</td>
</tr>
<tr>
<td>Other diagnosis</td>
<td>Survey analysis</td>
</tr>
<tr>
<td>Care related to surgical discharge indicator</td>
<td>Survey analysis</td>
</tr>
<tr>
<td>Whether patient has end-stage renal disease (ESRD)</td>
<td>Survey analysis</td>
</tr>
<tr>
<td>ADL levels (5-items) OR</td>
<td>Survey analysis</td>
</tr>
<tr>
<td>Number of ADLs for which patient is not independent (0–5)</td>
<td>Survey analysis</td>
</tr>
</tbody>
</table>

**Definition and Explanation of Some of the Data Elements Required From HHAs**

- **Patient’s date of birth.** Patients must be 18 years of age by the end of the sample month in which they are sampled to be eligible for participation in the HHCAHPS Survey.

- **Vendors should ensure that their client HHAs include each patient’s mailing address,** even if a telephone survey is planned for that HHA. For client HHAs planning telephone surveys, the mailing address for each patient is needed so that the vendor can obtain or verify the sample patient’s telephone number. The HHA provides the initial contact information; however, survey vendors are strongly encouraged to use address verification or telephone number look-up services to obtain updated contact information.
The patient’s medical record number is the unique identifier that the HHA assigns to the patient that allows the HHA to track and document the care provided to the patient. This number, along with other data elements, will allow the vendor to keep track of whether each patient has been recently sampled.

Number of skilled home health visits in the sample month should include only visits for skilled nursing care, physical therapy, occupational therapy, and speech therapy. The patient must have had at least one skilled care visit during the sample month.

Number of skilled visits in the lookback period. The lookback period is the sample month and the month immediately preceding the sample month. The patient must have had at least one skilled care visit during the sample month and two such visits during the lookback period.

For example, if a patient had only one skilled visit for the sample month of February, he or she must have at least one skilled visit in January to meet the two-visit requirement. If the patient had two skilled visits in the sample month or one in each month, the requirement of having two such visits during the lookback period has been met. If the patient did not have any skilled visits during the sample month but two during the lookback period, the patient is not eligible to be included in the survey because he or she did not have at least one skilled visit during the sample month.

Vendors should make sure that they are defining the lookback period correctly in all communications with their HHA clients, including in written specifications for providing the monthly patient information files and in marketing materials. The lookback period must be defined in terms of months, not days. Use of terms such as “previous 60 days” or “60-day lookback period” is not correct because some lookback periods contain more than 60 days while the lookback period for the March sample month will contain fewer than 60 days.

Note that HHCAHPS Survey vendors must include on the file submitted to the HHCAHPS Survey Data Center the number of skilled visits the patient had in the lookback period that is provided on the monthly patient information file submitted by the HHA. This means that the survey vendor cannot calculate the number of visits in the lookback period for a patient by adding the number of skilled visits reported for the current sample month with the number of visits included on the monthly patient information file submitted by the HHA for the preceding sample month. However, if an HHA or its IT vendor provides the dates of all visits in the lookback period instead of the total number of visits, it is acceptable for the vendor to calculate the total number of visits in the lookback period. Note that this is the only reason that a vendor should calculate the number of lookback visits.

If the HHA does not include the number of lookback period visits on the monthly patient information file, the survey vendor should contact the HHA to obtain the number of visits in
the lookback period. If the HHA cannot provide the number of skilled visits the patient had in the lookback period, the vendor should include the patient on the sample frame if the patient had at least one skilled visit in the sample month. If the HHA cannot provide the number of visits in the lookback period, the vendor should enter “M” (for Missing) for the lookback data element for this patient on the data file submitted to the HHCAHPS Survey Data Center.

- **Source of admission** is the place of residence or medical care setting from which the patient was admitted. The equivalent data element in OASIS may be used as the response. The OASIS data element has a 14-day lookback period for inpatient care settings. This item is M1000 on the OASIS Start of Care and the Resumption of Care.

If the HHA did not receive any information about the source of admission or regarding an inpatient stay prior to the patient being admitted for home health care, the HHA should indicate that the patient was admitted from the “community.” The term “community setting” refers to facilities that do not provide medical care, thus facilities such as hospitals, skilled nursing facilities, and nursing homes are not considered “community.” The code “community” is used if the patient was admitted from a private residence, an independent living facility, or an assisted living facility. Also, the HHA should report the source of admission as “community” if the patient was referred for home health care by a physician but lives in a private residence, an independent living facility, or an assisted living facility.

Also note that the HHA can provide multiple sources of admission; the survey vendor will include all sources of admission on the data files submitted to the HHCAHPS Survey Data Center. If the admission source is missing from the HHA’s monthly file, the vendor should enter the missing code on the data file that will be submitted to the HHCAHPS Survey Data Center.

- **Payment source.** Enter the source(s) of payment for the patient’s home health care. Note that multiple sources may apply. The HHA should provide the vendor with all applicable sources of payment for the care. The survey vendor, in turn, will include all sources of payment for the patient’s care on the HHCAHPS Survey data files that are submitted to the Data Center.

The source of payment is Item M0150 on the OASIS Start of Care assessment. If the payment source is missing for a patient, the survey vendor must enter the missing code for this data element for the patient on the file submitted to the Data Center.

If the HHA does not include the source of payment on the monthly patient information file, the vendor should contact the HHA to obtain the source of payment. If the HHA cannot provide the source of payment, the vendor should assume that the patient’s care is covered by Medicare or Medicaid and include the patient on the sampling frame if the patient meets all other survey eligibility criteria.
The HMO Indicator is an indication of whether the patient is enrolled in a health maintenance organization (HMO), which coordinates patient care and has a network of providers to which patients can go for care. This indicator should be coded “yes” if the patient is enrolled in a Medicare Advantage plan or a Medicaid managed care plan.

Primary Diagnosis is the ICD-9-CM code for the underlying reason for the home health care such as the principal diagnosis if the patient was admitted from a hospital. The source of diagnosis codes may be the plan of care, OASIS assessment, record of hospital stay, or other record documenting the patient admission. Vendors should note that all HHAs (and vendors) will be required to begin using ICD-10 codes effective October 2015. Until that time, however, HHAs should continue to provide ICD-9 codes on the monthly patient information files they submit to vendors. CMS and the Coordination Team will keep vendors and HHAs informed of the transition to ICD-10 codes via announcements posted on the HHCAHPS website.

The primary diagnosis may come from OASIS-C for recently hospitalized patients, Item M1010 (SOC and ROC) or Item M1020, M1022, or M1024 from the SOC, ROC, and FU assessments.

Survey vendors should encourage their client HHAs to provide the numeric ICD-9-CM code instead of V-codes as the primary diagnosis. However, V-codes as the primary diagnosis are allowed and will be accepted. Note that E-codes are not allowed as the primary diagnosis but are allowed for the other diagnoses.

Other Diagnoses are comorbid conditions that are relevant for the care of the patient. The relevant comorbidities are ICD-9-CM diagnosis codes. The numeric ICD-9-CM code is preferred; however, if it is not available, V-codes and E-codes will be accepted. The sources may be the same as for the primary diagnosis. HHAs can provide up to five other diagnoses for each patient included on the file.

Activities of Daily Living. Note that HHAs can provide on the monthly patient information file that they submit to the survey vendor either the code for each of the five individual ADL data elements or the total count of ADLs for which the patient is not fully independent, the “ADL Deficits” XML data element. The HHA should report the five individual ADL codes as taken from the list in the patient’s OASIS assessment. They are Ability to Dress Upper Body (M1810), Ability to Dress Lower Body (M1820), Bathing (M1830), Toilet Transferring (M1840), and Transferring (M1850). When reporting these ADL codes, the HHA must use the most current code on file for those data elements.

HHAs can provide ADL information in one of two ways: the value for each individual ADL data element, or the total count of ADLs for which the sample member is NOT fully independent.
If the HHA provides the OASIS values for the five individual ADL data elements on its file, the vendor should enter the code provided for each of the five ADLs that were assessed for that patient on the XML file it submits to the HHCAHPS Survey Data Center. The only acceptable range of codes for each of the five ADL Deficits is 0-5 and M (missing).

If the HHA provides the total count of ADL data elements (“ADL Deficits”), that count would be the total number of the five ADL data elements not coded as a “0” as taken from OASIS. Note that if an HHA submits a value for the ADL deficits total count data element that exceeds 5, vendors should recode this data element to 5.

HHCAHPS Survey vendors must enter on the XML file that they submit to the HHCAHPS Survey Data Center the same information that is provided by the HHA. That is, the vendor should provide in its XML file the five individual ADL counts, or the total count of ADL deficits, or both if provided by the HHA. HHCAHPS Survey vendors are not allowed to calculate the total count of ADLs for which the sample patient is not fully independent.

**Option to Submit Separate Files to Vendor**

If an HHA cannot provide all of the patient information needed in time for the vendor to select the sample and field the survey within 21 days after the sample month ends, the HHA should submit two separate files. The first file should be submitted as soon as possible after the sample month ends, and should include all data elements that the vendor will need to determine whether patients on the file are eligible for the survey and for fielding the survey. This includes the following data elements:

- Patient contact information (name, address, and phone number);
- The patient’s date of birth and gender;
- The number of skilled visits the patient had in the sample month;
- The number of skilled visits the patient had during the lookback period; and
- The payer source data element, which is needed both to determine patient eligibility for the survey and for patient mix analysis.

The HHA should submit all of the other data elements (Medical Record Number, HMO indicator, diagnoses, admission source, ADLs, surgical discharge, end-stage renal disease, and Medicare/Medicaid dual eligibility indicators) in a second or appended file, which should be submitted to the vendor no later than 6 weeks after the sample month ends.

Although HHCAHPS Survey vendors are urged to make a good faith effort to obtain accurate payer source information for each patient from their client HHAs, in some instances the HHA
may not provide all data elements needed for the survey. If the HHA cannot provide the missing information when the vendor follows up with the HHA or cannot provide it in time for the sample to be selected and the survey initiated within 21 days after the sample month ends, the vendor should consider the patient eligible, include him or her on the sampling frame, and include that patient in the survey if he or she is sampled. More information about the data elements that the survey vendor should include on data files submitted to the HHCAHPS Survey Data Center and how those data elements should be coded is provided in Chapters IX and X.

Protocol for No Eligible Patients Served in the Sample Month

If the HHA did not provide home care to any patients or did not serve any patients who met survey eligibility criteria during the sample month, the HHA must still submit a monthly patient information file or an e-mail notification to its HHCAHPS vendor indicating that no survey-eligible patients were served during that sample month. HHCAHPS Survey vendors must retain the monthly patient information file or e-mail notification provided for a minimum of 18 months, as this information is subject to review during the site visits. If a vendor has to request this information from its client HHA, the vendor should make sure to request the information for all of the patients from the HHA’s original file, not just for those patients who were sampled that month.

If none of the patients on the monthly patient information file are eligible for the HHCAHPS Survey or the HHA sent an e-mail notification that no survey eligible patients were served during a particular sample month, the vendor must still prepare and submit an XML file for that sample month. The vendor must indicate on the file that there were 0 eligible cases in the number eligible data element (“Eligible Patients”) and enter all other information required in the Header Record Section of the XML file (refer to Chapter X in this manual for more information about data file preparation and submission). If the vendor does not submit a 0 eligible file in this case, CMS and the Coordination Team will view the HHA as having “missed” a sample month. HHAs for which an HHCAHPS Survey data file is not submitted for each month in the reporting period may be considered as being noncompliant with HHCAHPS Survey participation requirements.

Protocol for Administering Other Surveys in Conjunction With the HHCAHPS Survey

Some HHAs may wish to administer other surveys of their patients. The following guidelines should be used if the HHA is planning to administer other surveys in conjunction with the HHCAHPS Survey.

If an HHA will be fielding another survey of its patients, it must provide a file of all eligible patients to its survey vendor for the HHCAHPS Survey first, prior to selecting patients for any other survey. That is, each agency participating in HHCAHPS must provide a monthly patient
information file to its HHCAHPS vendor prior to selecting the sample for any other survey the agency conducts.

The HHCAHPS vendor will select the sample for HHCAHPS for the sample month. Patients who were not randomly selected into the HHCAHPS Survey sample for the sample month may be included in a sample for a separate survey that the HHA conducts in that month. This secondary survey sample must be selected after the HHCAHPS Survey sample has been drawn.

Patients for agency secondary surveys may be chosen from:

- Those patients who are not part of the survey sample selected by the vendor from the monthly patient information file for HHCAHPS; and

- all non-Medicare and non-Medicaid patients who are not eligible to be included in the HHCAHPS Survey.

Approved HHCAHPS Survey vendors are expected to work closely with their client HHAs to identify patients who are eligible for inclusion in other surveys the agencies conduct.

**Step 2: Examine the Monthly Patient Information File for Completeness**

Survey vendors should examine each monthly patient information file provided by their client HHAs to ensure that information they need for determining survey eligibility for all patients on the file has been provided. These include data such as the number of visits the patient had during the sample month and the lookback period and patient contact information. If patient information needed for sample selection is missing, the vendor should work with the HHA to obtain the missing data.

Survey vendors should also check each monthly patient information file received to make sure that it does not include duplicate information—that is, to make sure that a patient does not appear more than once on the file. If duplicate information is included on the file received, the vendor should make a copy of the monthly patient information file and delete the duplicate information on the file. Note that vendors are required to retain the original monthly patient information files submitted by their client HHAs for possible audits by CMS and the HHCAHPS Coordination Team; therefore, if the monthly patient information file is used as the basis for constructing the sampling frame, the vendor should make a copy of the monthly patient information file and “de-duplicate” the file using the copy of the monthly patient information file.

When checking the monthly patient information files to identify “duplicate” patients or patients who may have been listed on the file more than once, vendors should use the patient’s Medical Record Number (MRN) and at least one other patient data element to check for duplicate cases,
such as the patient’s name, date of birth, telephone number, etc. Although most HHAs will assign the same MRN to a patient if a patient is discharged from home care and receives home care at some later point in time—that is, has multiple enrollments at the same HHA—some HHAs may assign a different MRN. For this reason, vendors should use the MRN and other patient information data elements to identify patients for whom the HHA listed information about the patient more than once on the monthly patient information file. Using the MRN in conjunction with other patient data elements will help ensure that patients identified as duplicate patients on the file are indeed “duplicate” patients.

After receiving a list or file with information needed for sampling, the survey vendor will then identify all patients eligible for participation in the HHCAHPS Survey from the file of patients served or discharged, creating the sample frame, making certain to have a different staff member conduct a QC check for this process.

**Step 3: Identify Eligible Patients and Construct a Sampling Frame**

After receiving the file of all patients served or discharged from their HHA, vendors must identify all patients eligible for participation in the HHCAHPS Survey. The sample frame that the vendor constructs for each HHA must include all patients the HHA served during the sample month who meet all of the eligibility criteria listed below.

Patients eligible to be included on the sample frame must:

- Have a payer source for home care of either Medicare or Medicaid;
- Be at least 18 years of age by the end of the sample month and presumed alive;
- Be a current or discharged patient who had at least one skilled home health visit in the sample month;
- Have received at least two skilled visits from HHA personnel during the lookback period; and
- Not have been included in the sample during any month in the current quarter or during the 5 months prior to the sample month.

As indicated in the preceding steps, the HHA and its HHCAHPS Survey vendor will determine whether the HHA will identify and exclude from the monthly patient information file patients who do not meet survey eligibility criteria, or whether the vendor will make those exclusions. If the HHA provides information about all patients served during the sample month, the vendor must identify patients who do not meet survey eligibility criteria and exclude those patients from the sample frame.
To reduce respondent burden, home health patients who meet survey eligibility criteria can only be sampled once in a 6-month period. Therefore, the survey vendor must also exclude from the sample frame patients who were included in the HHCAHPS Survey sample during the 5 months preceding the sample month.

An example of a vendor sample frame file layout is included in Appendix B. For purposes of audit and quality assurance, survey vendors must keep the monthly patient information files submitted by all HHAs for 18 months. The survey vendor must also keep the sampling frame created for each sample month for 18 months. Vendors must also record and retain documentation showing the reasons patients were excluded from the sample frame created for each HHA for each sample month, and provide documentation of all staff quality control checks that were completed during the sampling process. This documentation will be subject to review by the HHCAHPS Survey Coordination Team during site visits.

Step 4: Determine a Sample Size and Select a Sample for Each HHA

Survey vendors must determine a sampling rate and use that rate to ensure that an even distribution of patients is sampled over a 12-month period. Vendors will need to have a good estimate of the size of the sample frame before they can determine a sampling rate. The typical frame size will depend on the number of patients served by the client HHA, the proportion of short- and long-stay patients, and the rate at which the sample exclusions (listed above) apply to the list of patients the HHA provides to the survey vendor.

For HHAs with patients having a relatively short period of home health care service (such as a month or less), there will be a proportionally large sample frame from month to month as new patients are accepted by the HHA. Vendors should expect that there will be variability in the number of patients the HHA serves and the number eligible for the survey because these characteristics vary over time. In some cases there could be seasonality to admissions, depending on the mix of patients served by different HHAs.

The first month that an HHA participates in the HHCAHPS Survey, the agency will have a larger number of patients eligible for the survey because none of the patients will have been sampled in the preceding sample months. Therefore, no patients will be ineligible to be sampled because they were sampled in a prior month. A sampling rate should, therefore, not be based on the frame for the first month that the HHA conducts the HHCAHPS Survey. Instead, the survey vendor should estimate a sampling rate as described below.

Estimate a Sampling Rate

To develop a sampling rate for an HHA, the vendor should work with the HHA prior to the first sample month that the HHA begins its participation in the HHCAHPS Survey to estimate the sample frame size for each of the preceding 3 to 6 months. The more months the survey vendor
includes in this sampling rate analysis, the better the estimate of the sample frame size and its
variability; any single month can be nonrepresentative of an HHA’s patient size and mix, so
considering a range of months will guard against estimating sampling rates that will yield a
sampling frame that is either too large or too small. For each of the 3 to 6 months prior to the
first sample month the HHA implements the HHCAHPS Survey, the HHA should provide the
survey vendor with a file of potentially eligible patients who received home health care,
including current and discharged patients. In addition, the HHA should provide all of the
required data elements for every patient in the file, just as the HHA will be required to provide
after it begins its participation in the HHCAHPS Survey implementation.

In looking at the sample frame information for the 3 to 6 months that precede the first sample
month the HHA participates in the HHCAHPS Survey, the vendor should apply the same sample
frame construction criteria for each month that it would apply for the first sample month. Note
that in the first month’s sample file, the rule that a patient cannot be sampled more than once in
the current or the following quarter will not be a constraint. In the second month of the 3- to 6-
month test period, all patients sampled in the first month will be excluded from the frame. Only
new admissions and patients not sampled the previous sample month can be included on the
sample frame for the second (and subsequent) month(s). Some very long-stay patients may
reenter the frame in the sixth month. This number will be significant only if long-stay patients,
such as many Medicaid patients, are a significant proportion of the HHA’s patient mix. The
proportion of short-stay patients—that is, those who receive care for 30 days or fewer—will be
an important driver of the sample frame size.

Selecting an Appropriate Sample Size Each Month

The target for the statistical precision of HHCAHPS Survey results that will be publicly reported
is based on a reliability criterion. The reliability target for the HHCAHPS Survey ratings and
most of the composites is 0.8 or higher. For reasons of statistical precision, a target minimum of
300 completed HHCAHPS Surveys has been set for each HHA over each 12-month reporting
period. This is equivalent to an average of 25 completed surveys per HHA per month.

The number of patients to be selected each month to yield a minimum of 300 completed surveys
will ultimately be determined by trial and error by the vendor and will differ by HHA. The value
of the sampling rate or fraction applied to a sample frame is not itself a target; it may be varied
over time to achieve the target number of usable returned surveys. The sampling rate must be
approximately the same for each month in each quarter. The sample for an HHA during the first
sample month that the HHA participates in the HHCAHPS Survey will likely have an atypically
high number of eligible patients; therefore, the vendor should adjust the rate for the first sample
month to make the sample for that month about equal to subsequent sample months. The rate
may be increased in subsequent months to achieve the target of 300 completed surveys, but
should not be decreased simply to avoid exceeding 300 completed surveys for a particular year.
A sample must be selected for each sample month. The rate may be adjusted if there is a sustained change in the size of the typical sample frame.

The mode of administration of the survey will be an important factor in determining sample size and response rates. Table 4.2 shows response rates by mode from the HHCAHPS Survey for all sample months in the HHCAHPS participation period for the 2015 annual payment update (APU)—that is, from April 2013 through March 2014.

<table>
<thead>
<tr>
<th>Mode</th>
<th>Response Rate</th>
<th>Sample Size for 25 Responses/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail only</td>
<td>31.9%</td>
<td>79</td>
</tr>
<tr>
<td>Phone only</td>
<td>33.6%</td>
<td>75</td>
</tr>
<tr>
<td>Mixed</td>
<td>41.3%</td>
<td>61</td>
</tr>
</tbody>
</table>

The sample size estimates above were derived using the following formula:

\[
\text{Sample size} = \frac{\text{number of responses needed}}{\text{response rate}} = \frac{25}{(\text{response rate})}
\]

where the value used for the number of responses needed is 25. These sample size estimates have been rounded up to the nearest integer. Each vendor should use its experience on the HHCAHPS and other surveys with home health patients or similar populations and work with its client HHA to determine the appropriate data collection mode and expected response rate to use as a guide for calculating monthly sample sizes.

Developing and using a sampling rate based on the number of survey-eligible patients an HHA serves over a 3- to 6-month period and with an expected response rate works well for an HHA that serves more than 650 survey-eligible patients over a given 12-month period. Consider, for example, to obtain the sample sizes in Table 4.2 above, during a 12-month period an HHA would need to have provided home care to 948 survey-eligible patients for the mail-only mode, 900 patients for the phone-only mode, and 732 survey-eligible patients for the mixed mode. Some very small HHAs will not have a sufficient number of patients to yield 300 completed surveys over a 12-month period. In this case the “full census” of eligible patients should be surveyed. Surveying a full census means that the sampling rate would be such that over the course of a 12-month period the vendor would have sampled the same number of patients as the HHA would have served during a 12-month period. It does not mean that the vendor selects and samples all patients the HHA served during the sample month who meet survey-eligibility criteria.
The survey vendor should determine a sampling rate for all agencies, including small agencies, and select the sample so that there is an even distribution of patients over a 12-month period. For some very small HHAs, in some sample months the number of survey-eligible patients served may be less than the number required by the sampling rate. In this case, it is acceptable to survey a census of the total number of survey-eligible patients served during that sample month.

Although the targeted number of completed surveys is 300 over a 12-month period, some HHAs may want to survey more of their patients. There is no upper limit to the number of patients who may be surveyed. However, for large HHAs, the vendor should still use a sampling rate and select a sample (rather than surveying all eligible patients each month) so that the sample is evenly distributed across a 12-month period.

**Selecting the HHA Sample**

To select the sample for each HHA, survey vendors should use a random number generator that is generally accepted as having satisfied criteria of randomness. The random numbers should be generated from the uniform distribution—each number having an equal probability of selection. Most random number generators are pseudo-random number generators that repeat numbers after some specified period. An acceptable random number generator will repeat only after many billions of numbers are produced. An important feature of the random number generator is the “seed” number used to start the cycle. The seed number must be known and retained as part of the documentation vendors keep so that the sampling process can be reproduced for HHCAHPS Coordination Team site visits. The selection of the seed number should be such that it cannot be manipulated.

Survey vendors should use a reputable statistical program like SAS v9 either to select a sample from a frame using its procedures for survey sample selection or to generate random numbers that can be applied as described above. An appropriate seed often used is the clock time as measured by the computer. This seed varies each fraction of a second but the value used is documented by the program and is part of the output that can be retained.

Another reliable program, which runs under Windows, is RAT-STATS, developed by the Department of Health and Human Service (DHHS) Inspector General’s Office. Survey vendors can download this program at no cost from [https://oig.hhs.gov/compliance/rat-stats/index.asp](https://oig.hhs.gov/compliance/rat-stats/index.asp).

In addition to the RAT-STATS program, survey vendors may download a detailed user’s guide and comprehensive manual describing how this program operates. There are many sampling tools in the program. One module can simply produce a sample size, \( n \), random integers between 1 and the frame size, using the computer clock to generate the seed, which is retained and reported.
Both SAS and RAT-STATS are examples of readily available, high-quality, rigorously tested tools for selecting samples randomly. Commonly available spreadsheet programs also have random number generators; however, do not use these random number generators when selecting monthly samples for the HHCAHPS Survey because they do not generate a report of the seed used. Note, however, that a spreadsheet is an acceptable way to present and manipulate the sample frame.

It is also especially critical to document how the random start number was generated and how the sample frame was sorted for survey oversight purposes. That is, the HHCAHPS Coordination Team will check each vendor’s sampling procedures and documentation during oversight telephone calls or visits, including documentation of all quality control checks conducted by vendor staff.

The following are examples of ways to sort the sample frame for the HHCAHPS Survey.

**Method 1**

Sort the sample frame of \( N \) eligible patients by any method.

- Generate the \( N \) random numbers.
- Assign the random numbers in the order generated to each element in the frame.
- Re-sort the elements as ordered by the random numbers.
- Select the first \( n \), the sample size required for the mode used.

In this way, the initial sort of the data does not affect the result, although a standard sort order should always be used so that it does not appear that a frame has been altered. This method requires generating as many random numbers as there are patients on the frame.

**Method 2**

If the random number generator is able to produce integers from a range of values, given that \( N \) is the size of the sample frame of eligible patients, we can use the following steps to select our sample.

- Generate \( n \) distinct random integers whose values range from 1 to \( N \), where \( n \) is the sample size required for the mode used.
- Select the element of the frame that corresponds to the random number generated. For example, if the random number 10 is generated then select the 10th element on the frame for the sample.
• Continue selection of elements according to the random numbers generated until all \( n \) distinct elements have been selected.

The steps for selecting the sample can be summarized as follows:

1. Using 300 as the target number of responses and an estimate of a final response rate, calculate the target sample for a year and \( 1/12 \) of that per month. An effective response rate of 30 percent, for example, would yield an annual sample of 1,000 \((300/0.3)\), which is a target of 84 per month.

2. Acquire from each HHA a test frame for at least 3 months prior to the start of the actual survey. This should be a census of patients each month and should contain the information about each patient to determine whether he or she meets survey eligibility requirements.

3. Apply exclusions for each month—that is, remove from the sample frame all patients who do not meet the survey eligibility criteria. Because the first month will not have any people excluded for reasons of prior sampling, the frame for that month will be larger than that for the subsequent months.

4. Using the second and third months as typical of what the frame size will be, determine whether the sample required in Step 1 above will require sampling the entire frame each month or what the typical sampling rate would be. Remember that the first month may be different from subsequent months.

5. Simulate creation of random numbers to select the target sample size each month. The proportion sampled each month or quarter may vary to meet the required sample size. We recommend that the rate not be varied to accommodate short-term random variation. The first month will generally be sampled at a lower rate than subsequent months. In practice, adjustments may be needed over time to reach the annual goal of the lesser of (a) 300 over each of the rolling four quarters, yielding about 300 completed surveys over 12 months; or (b) a full census of eligible patients. Remember in this case a “full census” does not mean surveying every eligible patient each sample month, but using a sampling rate that, during a 12-month period, would yield the same number of sampled patients as the expected number of survey-eligible patients the HHA would serve over a 12-month period.

**Sampling With Other Than Simple Random Sampling**

The method of sampling described above is simple random sampling (SRS), which is a standard method of sampling. Two other sampling methods may be used to sample patients for the HHCAHPS Survey—proportionate stratified random sampling (PSRS) and disproportionate stratified random sampling (DSRS). HHAs may opt to use PSRS and DSRS sampling methods if there is a way to divide their patient population into logical units (referred to as strata), the units are large enough, and there is a logical reason for doing so. The strata created may represent
patients cared for by different branches of an HHA or geographic divisions, for example. For each month that stratification is used, the minimum number of eligible patients allowable in a stratum frame is 10, and the same stratification must be used for all months in a quarter.

**Proportionate Stratified Random Sampling**

In PSRS, the same sampling rate must be applied to each stratum included in the sample. A stratum is defined as a subset of the total sample frame. For the HHCAHPS Survey, an HHA with multiple branches may want to select a sample for each branch. In this example, each branch location would be considered a stratum.

HHAs may want to use PSRS for the following reasons:

- The HHA would like to keep track of samples and results from the HHCAHPS Survey for each stratum; or

- The HHA may want to designate other aggregates of operating units for tracking, while using the same sampling rate for each.

When using PSRS for units of an HHA (under the same CCN), the strata created must be large enough to support the same sampling rate in each stratum. All the patients in the HHA may be sampled as one unit, or a separate sample may be made of each branch. Under PSRS the sampling rate would be the same for each branch and the samples combined.

For example, if an HHA had 200 patients to sample, divided into 3 strata consisting of 100, 50, and 50 patients, respectively, a sample of 90 would be drawn at about a 45 percent rate (90/200). A sample of 45 would be drawn from the large stratum because the large stratum used in this example should have half of the sampled patients. The selection would be \(0.45 \times 50 = 23\) for the other strata. With a lower limit of 10 for a stratum size, small strata might have to be combined for a PSRS to be used in practice. The statistical precision of survey results at the stratum level may not be very good unless the stratum sample size is about the size of the overall sample requirements. The total sample size must also be taken into account when considering stratification options.

**Disproportionate Stratified Random Sampling**

DSRS is another appropriate sampling option if an HHA wishes to achieve statistically precise numbers for operating subunits (e.g., branches). To achieve as good a level of precision for the separate units as required for the HHA as a whole, each unit would have to have a sample size as large as if it were a separate HHA. In this case, the sampling rate may be different for each stratum. To allow the separate strata to be recombined to represent the HHA as a whole the sampling rate for each stratum must be reported in the data submitted to the HHCAHPS Survey.
Coordination Team. This will permit appropriate weighting of the respondents in computing results. Different sampling rates in strata with particularly high or low ratings could otherwise distort the ratings.

If an HHA chooses to use DSRS, its survey vendor must do the following:

- Complete and submit an Exceptions Request Form—the process for identifying the different strata must be provided on the Exceptions Request Form;
- Use the same name for each stratum in each month in the quarter;
- Make sure that each stratum has a minimum of 10 patients eligible to be included in the survey during the sample month; and
- Provide to the HHCAHPS Survey Data Center additional information about each stratum, including the following:
  - The name of the stratum;
  - The total number of patients sampled in each stratum during the sample month;
  - The total number of patients on the file submitted by the HHA for that stratum;
  - The number of patients in the stratum who were eligible for the survey during the sample month; and
  - The total number of patients sampled during each sample month.

An example of the use of DSRS is as follows. The ABC Best Care Agency selects a sample each month, creating three distinct strata—one each for Branch A, Branch B, and Branch C.

- The survey vendor first uses data from 3 or more preceding months prior to the HHA beginning its participation in the HHCAHPS Survey to determine a sampling rate for each of the three strata.
- Assume that the target for each stratum is the same as for the HHA as a whole, that 25 is the target number of responses, and that the expected response rate is 50 percent. The sample size required is 50 for the HHA as a whole. Therefore, to get the same precision for each stratum the sample size would be 50 for each of the three strata in this example.
- Assume that Branch A has 120 eligible patients, Branch B has 100, and Branch C has 40 (these are the numbers that would be reported on the XML template for DSRS sampling).
Based on these numbers, the number sampled is 50 for Branch A, 50 for Branch B, and 40 for Branch C. Because Branch C only had 40 patients, the sample for it would be a census.

When analyzing the data, the HHCAHPS Survey analysts will use the sampling rates in the weighting calculation when the strata are combined at the HHA level as follows:

- Branch A, \( \frac{50}{120} = 41.6\% \).
- Branch B, \( \frac{50}{100} = 50.0\% \).
- Branch C, \( \frac{40}{40} = 100.0\% \).

Note that the survey vendor will report the number of patients eligible for the survey and the number sampled to the HHCAHPS Survey Data Center for use in computing weights for the HHA when the data are combined. Patients in Branch A had a lower probability of selection than those in Branch B and C, and that will be accounted for when the data from sample members in the strata are combined. Survey vendors should keep in mind that a minimum of 10 eligible patients must be in each stratum for DSRS sampling to be used.

**Step 5: Verify or Update Sample Contact Information**

We strongly recommend that survey vendors send all HHA-provided patient mailing addresses through an outside address service, such as the National Change of Address (NCOA) or a similar provider, to confirm or update patient contact information. In addition, vendors conducting either a telephone-only or mixed-mode data collection are urged to send the most updated mailing addresses through a telephone number–provider service to attempt to obtain an updated telephone number. Performing these quality control activities prior to the start of data collection will result in fewer surveys returned as undeliverable and fewer unproductive telephone call attempts.

Note that if an HHA does not provide an address or telephone number for a patient on the monthly patient information file, the vendor should recontact the HHA for the missing information for all patients contained on the HHA’s original data file. Because patients received skilled care in their homes, the HHA must have an address at which that care is provided. Similarly, for surveys being administered by telephone or mixed mode, in most cases an HHA will have the patient’s telephone number to schedule or confirm the provider’s home care visits. Vendors should also note that even if an address or telephone number cannot be obtained for a patient, the patient is still eligible for inclusion on the sample frame (and in the survey if sampled) if he or she meets all other survey eligibility criteria. That is, patients with missing or foreign mailing addresses are considered eligible for the survey.
Step 6: Assign Unique Sample Identification Numbers

Survey vendors are responsible for assigning a unique alphanumeric sample identification (SID) number to every sample member selected into each monthly sample. Procedures for assigning unique SID numbers are described in Chapter IX and are repeated here in summary form only. Vendors will track the status of a sampled patient/case throughout the data collection process using the SID. Note that this number is different from the medical record number that HHAs will provide to the survey vendor with other information needed to construct the sample frame. The SID number cannot contain any combination of letters, numbers, or any information that could link it with a particular sampled patient. For example, no part of the patient’s name, address, date of birth, telephone number, Social Security number, visit dates, or Medicare Number can be used or included in the SID number under any circumstances. The SID number also cannot include any information that would identify the HHA that served the patient (i.e., HHA’s name, address, CCN). Each month, vendors must use a new set of unique SID numbers for the new set of patients sampled that month. Vendors must not reuse the same SID numbers—that is, once a SID number is assigned, it should never be assigned again to any sampled patient, either in the current quarter or in subsequent quarters.

Step 7: Finalize the Monthly Sample File and Initiate Data Collection Activities

Although HHCAHPS Survey data will be analyzed on a quarterly basis, sample frame construction, sample selection, and data collection are conducted monthly. Survey vendors must initiate the survey for each monthly sample within 3 weeks (21 days) after the end of the sample month. As soon as the sampling activities described above have been completed, data collection for the sample month should begin.

All data collection for each monthly sample must be completed within 6 weeks (42 days) after data collection begins. For mail-only and mixed-mode surveys, data collection for a monthly sample must end 6 weeks after the first questionnaire is mailed. For telephone-only surveys, data collection must end 6 weeks following the first telephone attempt.

As noted earlier in this chapter, HHAs must provide the patient information file for each sample month in time for the survey vendor to initiate the survey within 21 days after the sample month closes. The HHA can choose to submit the data needed on two separate files. The first file should contain patient information that the vendor will need to determine the patients’ eligibility for the survey and for fielding the survey (contact information). The second file, which will include the data needed for analysis, must be submitted to the vendor no later than the end of the second month after the sample month ends. The survey vendor must receive the second file in time to add the data needed for analysis to the data file that will be submitted to the HHCAHPS Data Center.
Sampling Issues and Errors

Since the national implementation of the HHCAHPS Survey began in October 2009, CMS and the HHCAHPS Coordination Team have observed some common misconceptions and problems with the sampling process. The following is a list of some of these common misconceptions, paired with the proper implementation method that survey vendors should use to avoid these issues during the sampling process.

Patient Eligibility Criteria

1. Misconception: Patients with missing or incomplete mailing addresses or telephone numbers were considered as ineligible for the HHCAHPS Survey.

Correct Implementation: Patients with missing or incomplete mailing addresses or telephone numbers are eligible to be included in the HHCAHPS Survey if they meet all other survey eligibility criteria. HHCAHPS Survey vendors should keep in mind that home health care patients receive care in their homes; therefore, the HHA must have an address at which the home care is provided. HHCAHPS Survey vendors should follow up with the HHA to obtain an address if the address is missing or incomplete. We also recommend that HHCAHPS Survey vendors use address or telephone-lookup services to confirm or obtain sample patients’ mailing address or telephone number.

2. Misconception: If two or more home health patients are in the same household, only one patient in the household or at the same address is eligible to participate in the HHCAHPS Survey.

Correct Implementation: This is not an eligibility criterion for HHCAHPS.

3. Misconception: If the HHA did not serve any patients who met survey eligibility criteria, the HHA does not need to submit a sample file to its HHCAHPS Survey vendor for that sample month or notify them in any way.

Correct Implementation: To be compliant with HHCAHPS Survey participation requirements, all Medicare-certified HHAs participating in the HHCAHPS Survey must submit a monthly patient information file to their survey vendors for each sample month or send an e-mail notification if no survey eligible patients were served in a particular sample month. The HHCAHPS Survey vendor must, in turn, submit an HHCAHPS data file to the HHCAHPS Survey Data Center for each sample month. Otherwise the HHA will be considered to have “missed” a month of survey participation and may be deemed noncompliant with HHCAHPS Survey participation requirements.

4. Misconception: The HHCAHPS Survey vendor should treat patients as ineligible for the survey if the source of payment is missing.
Correct Implementation: If the source of payment is missing on the monthly patient information file, the vendor should recontact the HHA to obtain the source of payment. If the HHA cannot provide the source of payment, the vendor should consider the patient as eligible for the survey if he or she meets all other survey eligibility criteria.

5. Misconception: Vendors should remove patients from the number of eligible patients entered on the XML file if those patients were identified as deceased or reported during the survey that they did not receive care from the HHA.

Correct Implementation: The number of eligible patients variable on the XML file must reflect the number of eligible patients who were included on the monthly patient information file and must include patients who were later identified as ineligible for the survey during the data collection period. Do not take these ineligible patients out of the total number eligible count.

Skilled Visits and Lookback Period

6. Misconception: The lookback period is defined as a 60-day lookback period.

Correct Implementation: The lookback period is the sample month and the month that immediately precedes the sample month. The lookback period is defined in terms of months, not days. HHCAHPS Survey vendors should make sure that their HHA clients understand the definition of the lookback period, and not refer to it as a “60-day” lookback period.

7. Misconception: An HHCAHPS Survey vendor can calculate and use the total number of skilled visits a patient had in the lookback period, rather than use the number of skilled visits reported by the HHA.

Correct Implementation: It is not acceptable for a vendor to calculate the number of skilled visits in the lookback period. HHCAHPS Survey vendors are required to use the number of skilled visits included on the monthly patient information file submitted by the HHA. However, if an HHA or its IT vendor provides the dates of all visits in the lookback period instead of the total number of visits, it is acceptable for the vendor to calculate the total number of visits in the lookback period. If the number of skilled visits the patient had during the lookback period is missing, the vendor should follow up with the HHA to retrieve the missing information. If the HHA cannot provide the total number of visits in the lookback period, then the vendor should consider the patient as eligible if he or she meets all other survey eligibility criteria.

Sampling Procedures and Documentation Requirements

8. Misconception: It is acceptable for a survey vendor to use only the patient’s medical record number to identify patients who may have been listed more than once on a
monthly patient information file or to identify patients who have been sampled in the last 5 months.

**Correct Implementation:** HHCAHPS Survey vendors are urged to use more than one variable to identify patients for whom duplicate information is provided on the monthly patient information file and to identify patients who have been sampled in the last 5 months. Using the medical record number together with another variable, including patient name, date of birth, telephone number, or address will ensure that the correct patient is identified. Vendors may choose to perform the de-duplication process in multiple steps. However, the MRN should never be applied as the sole variable in any of the steps; that is, it should always be combined with another patient variable.

9. **Misconception:** SID number can be assigned more than once.

**Correct Implementation:** Once a SID number is assigned, it must never be used again. If a patient is sampled more than once, a new SID number must be assigned to that patient each time he or she is sampled. During the sampling process, all vendors should check the sample file to make sure that the same SID number is not assigned to two different patients and that the SID has not been assigned in a preceding sample month.

10. **Misconception:** An HHCAHPS Survey vendor can conduct a census survey of all eligible patients during the first sample month that an HHA administers the HHCAHPS Survey; therefore, the survey vendor does not have to conduct the survey for the next 5 months unless the HHA has served new patients in those 5 months.

**Correct Implementation:** As described in this chapter, HHCAHPS Survey vendors must select and survey a sample of patients each sample month, including for very small HHAs. Using a sampling rate and selecting a sample of patients each sample month will ensure that an even distribution of patients is surveyed across a 12-month period.

11. **Misconception:** The sampling rate should be adjusted each month.

**Correct Implementation:** HHCAHPS Survey vendors should adjust the sampling rate at the beginning of a quarter unless the number of patients served is dramatically different (either lower or higher) than for the preceding months in the quarter. The sampling rate should remain constant during a quarter. If there is a huge difference in the number of patients served in a month within a quarter, the HHCAHPS Survey vendor should follow up with the HHA to make sure that the information on the file is correct and determine the reason for the difference.
12. **Misconception:** Vendors are not retaining documentation of seed number (or random numbers used).

**Correct Implementation:** Documentation of the seed number and the random number generation and application process is a critical component of the HHCAHPS sampling protocols, as samples must be replicable for HHCAHPS site visit team review.

13. **Misconception:** Vendors are not retaining documentation of ineligible sample members.

**Correct Implementation:** Vendors should retain a separate file or list of each patient deemed ineligible and the reason that the patient did not meet the eligibility criteria. This information allows someone other than the person who selected the sample to conduct quality control of the sample, as a second person can easily check to make sure that the right patients were excluded. This information is also subject to review during site visits.

**Processing Patient Administrative Data**

14. **Misconception:** HHCAHPS Survey vendors can use the ADL deficit count for individual ADLs to calculate and include on the XML file the total ADL deficit count.

**Correct Implementation:** It is not acceptable for HHCAHPS Survey vendors to calculate and include on the XML file the total number of ADL deficits. An HHCAHPS Survey vendor must report the same ADL information that the HHA provides on the monthly patient information file. If the HHA provides both a total ADL deficit count and the number of deficits for each individual ADL, the vendor must include both on the XML file.

15. **Misconception:** Vendors should enter a value of 0 (zero) on the XML file for the ADL deficit count if the HHA does not provide either the total ADL count or the number of deficits for each individual ADL.

**Correct Implementation:** If an HHA does not provide the number of ADL deficits in the monthly patient information file, vendors must code the value on the XML as “M” for missing, rather than zero. If the ADL for which the value is missing is incorrectly coded as 0, it will incorrectly indicate that the sample patient was fully independent for that ADL.

16. **Misconception:** Vendors are not calculating age as of the end of the sample month.

**Correct Implementation:** Vendors need to compute the patient’s age as of the end of the sample month in which the patient is being considered for eligibility. Some vendors were using other variations in how age was being computed (such as the date the sample was being processed, or date patient received the home health visit). Vendors should check their age algorithm to ensure that the patient’s age is being computed properly.
17. **Misconception**: If an HHA changes/switches vendors, the current HHCAHPS Survey vendor must provide a file containing patient information about all patients sampled in the preceding sample months so that the new vendor can exclude those patients from the sample frame.

**Correct Implementation**: HHCAHPS vendors are not required to provide the new vendor with a file containing information about patients sampled in the last 5 months.

**Sampling Quality Control Procedures**

18. **Misconception**: It is acceptable for HHAs not to provide all of the patient information required for administering the survey and for data analysis.

**Correct Implementation**: HHAs vary in the completeness of the patient information that they include on the monthly patient information files they submit to their HHCAHPS Survey vendor. HHAs are encouraged to provide complete information for all patients included on each monthly patient information file. Providing as much patient data as possible will increase the potential for an HHA’s patients’ characteristics to contribute to the calculation of the patient-mix adjustment factors that will be used in calculating an HHA’s adjusted HHCAHPS Survey scores that will be publicly reported.

19. **Misconception**: HHCAHPS Survey vendors who have automated the receipt and processing of monthly patient information files and the sample selection process do not need to implement any quality control procedures, since the programs and algorithms used for these processes were fully tested after they were developed.

**Correct Implementation**: All HHCAHPS vendors must have in place and implement quality control procedures on the entire sampling process, including receipt and processing of the monthly patient information files and sample selection for each sample month for each HHA client, including vendors who use automated systems/procedures for sampling. One way to identify problems with the receipt or processing of a monthly patient information file for a given sample month is to look at the history of the numbers of patients served and who met survey eligibility requirements in preceding sample months.

If the numbers of patients served or eligible on the monthly patient information file is very different from the numbers provided on files submitted in preceding months, this may be a good indication that there may be a problem with the monthly patient information file received. If there is an extreme variation in the number of patients served/eligible from one month to the next, vendors are encouraged to contact the HHA to determine the reason for the extreme difference in numbers.
20. **Misconception:** HHCAHPS Survey vendors are using the same staff who conduct the sampling process to conduct quality control checks of the sample.

**Correct Implementation:** The quality control of each sample file should be performed by someone other than the person who performed each task associated with the sample selection process. Vendors are also encouraged to apply appropriate quality control checks on and test all of the computer programs/systems the vendor uses to receive and process monthly files.
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V. Mail-Only Administration Procedures

Overview

This chapter describes the requirements and guidelines for implementing the mail-only mode of survey administration for the Home Health Care CAHPS (HHCAHPS) Survey. The chapter begins with a discussion of the mail survey protocol and schedule, followed by a discussion of the requirements for producing all mailing materials, including questionnaires, cover letters, and envelopes. Guidelines on how the questionnaire packages should be mailed and data processing guidelines, including optical scanning and data entry, are provided in this chapter. This chapter also provides suggestions for incorporating quality control activities into the mail-only mode of survey administration. Note that in most cases in this and subsequent chapters of this manual, patients included in the sample are referred to as “sample members,” “sample patients,” or “sampled cases.”

Data Collection Schedule

Data collection for each sample member must be initiated no later than 3 weeks (21 days) after the close of the sample month. The timing of a mail-only administration process is shown in Table 5.1.

Questionnaires returned after the 6-week data collection period has ended should be considered nonresponses and coded as such.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail initial questionnaire with cover letter to sample members</td>
<td>No later than 3 weeks (21 days) after the close of the sample month</td>
</tr>
<tr>
<td>Mail second questionnaire with cover letter to all sample members who do not respond to first questionnaire mailing</td>
<td>Approximately 3 weeks (21 days) after the first questionnaire is mailed</td>
</tr>
<tr>
<td>Complete data collection</td>
<td>Six weeks (42 days) after the first questionnaire is mailed</td>
</tr>
<tr>
<td>Submit data files to the Centers for Medicare &amp; Medicaid Services (CMS) via the HHCAHPS Survey website</td>
<td>See the quarterly data submission deadlines on the HHCAHPS Survey website</td>
</tr>
</tbody>
</table>
If the 21st day of the month falls on a weekend or holiday, vendors should make every attempt to begin the survey on the business day prior to that weekend or holiday. However, it is acceptable to mail the questionnaire on the first business day following the weekend or holiday if necessary.

As indicated in Chapter IV of this manual, HHCAHPS Survey vendors must make a concerted effort to initiate the survey for each sample month within 21 days after the sample month ends. If for some reason the survey cannot be initiated within 21 days after the sample month ends, the vendor can initiate the survey within 26 days after the sample month ends. The vendors must complete and submit a Discrepancy Notification Report to the HHCAHPS Coordination Team if the survey is initiated within 26 days after the sample month closes. If the survey cannot be initiated within 26 days after the close of the sample month, CMS may allow the survey to be initiated more than 26 days after the sample month ended. However, survey vendors must submit a request via e-mail for approval from CMS to initiate the survey more than 26 days after the sample month ends.

**Production of Questionnaires, Letters, and Envelopes**

The requirements for producing all materials needed for the mail-only survey packets are described below. Note that the mail survey version of the instrument is available in English, Spanish, Simplified and Traditional Chinese, Russian, and Vietnamese. All of these versions of the survey materials are available on the HHCAHPS Survey website at [https://homehealthcahps.org/](https://homehealthcahps.org/).

Copies of the mail survey instrument and sample mail survey cover letters in English, Spanish, Simplified and Traditional Chinese, Russian, and Vietnamese are also included in the appendices to this manual:

- Sample mail survey cover letters, questionnaire and questionnaire in scannable format in English, *Appendix C*;
- Sample mail survey cover letters, questionnaire and questionnaire in scannable format in Spanish, *Appendix D*;
- Sample mail survey cover letters, questionnaire and questionnaire in scannable format in Simplified Chinese, *Appendix E*;
- Sample mail survey cover letters, questionnaire and questionnaire in scannable format in Traditional Chinese, *Appendix F*;
- Sample mail survey cover letters, questionnaire and questionnaire in scannable format in Russian, *Appendix G*;
Sample mail survey cover letters, questionnaire and questionnaire in scannable format in Vietnamese, Appendix H; and

OMB Disclosure Notice in English, Spanish, Simplified and Traditional Chinese, Russian, and Vietnamese in Appendix I.

Specific requirements and guidelines associated with the questionnaire and cover letters are discussed below. In addition, general guidelines for the production of envelopes to be used with the mailings are provided.

**Home Health Care CAHPS Survey Questionnaire**

The HHCAHPS Survey questionnaire contains 34 questions. The survey can be administered as a standalone survey or can be combined with agency-specific questions. Questions 1 to 25 are considered the “core” HHCAHPS Survey questions and must be placed at the beginning of the questionnaire. Questions 26 to 34 are the “About You” HHCAHPS Survey questions and must be administered as a unit, although they may be placed either before or after any specific or supplemental questions that the home health agency (HHA) plans to add to the HHCAHPS Survey, if any. If no agency-specific questions are to be added to the HHCAHPS Survey questionnaire, the “About You” questions should follow the core HHCAHPS Survey questions. In addition, 10 CAHPS supplemental questions are available for HHAs (and vendors) to use, if an HHA desires. An HHA can choose to use one or more of these supplemental questions; they do not need to be administered as a group. The HHCAHPS Survey questionnaire and supplemental questions are available in both Microsoft Word and PDF formats on the HHCAHPS Survey website at [https://homehealthcahps.org/](https://homehealthcahps.org/).

The following are formatting and content requirements and recommendations for the HHCAHPS Survey Questionnaire. Note that survey vendors cannot deviate from questionnaire requirements.

**HHCAHPS Survey Questionnaire Requirements**

- Every questionnaire must begin with the core HHCAHPS Survey questions.

- HHAs may add their own or the HHCAHPS Survey supplemental questions or open-ended questions, following the guidelines (listed below) about adding supplemental questions.

- The “About You” questions must be administered as a unit (i.e., they must be kept together and may not be split into multiple questions and placed throughout the questionnaire) but may be placed before or after any agency-specific questions.

- No changes in wording are allowed to either the HHCAHPS Survey questions or to the response (answer) choices.

- Questions and associated responses choices may not be split across pages.
V. Mail-Only Administration Procedures

- Vendors must be consistent throughout the questionnaire in formatting response options either vertically or horizontally. If a vendor elects to list the response options vertically, this must be done for every question in the questionnaire. Vendors may not format some response options vertically and some horizontally.

- A unique, randomly generated sample identification (SID) number must be assigned and appear on at least the first page of the survey, for tracking purposes. Additional identifiers are permitted; however, the sample member’s name or other identifying information must not be printed anywhere on the survey.

- Only CMS-approved translations of the instrument are permitted; however, if agencies choose to add their own supplemental questions, vendors will be responsible for translating these questions if needed.

- The HHA name or logo should appear on the survey or the cover letter. Note that survey vendors cannot include any promotional messages or materials, including indications that either the HHA or the survey vendor has been approved by the Better Business Bureau, on the HHCAHPS cover letter, questionnaire, or outgoing or incoming mailing envelopes.

- The vendor’s name and mailing address must be printed at the bottom of the last page of the HHCAHPS Survey questionnaire, in case the respondent does not use the enclosed business reply envelope.

- No matrix formatting of the questions is allowed; a two-column format is strongly recommended. Matrix formatting means formatting a set of questions as a table, with responses listed across the top of a page and individual questions listed in a column on the left.

- Font size should be no smaller than size 10; we strongly recommend that size 12 or larger be used.

- The Office of Management and Budget (OMB) number shown in Appendix I must be printed on the questionnaire cover. If there is no cover, then the OMB number must be printed on the first page of the questionnaire.

- The OMB disclosure notice (see Appendix I) must be printed either on the questionnaire or in the cover letter.

Recommendations for Printing the HHCAHPS Survey Questionnaire

- Vendors should use best survey practices when formatting the instrument, such as maximizing the use of white space and using simple fonts like Arial.
• Use a two-column format.

• Use a font size of 12 or larger.

• If data entry keying is being used as the data entry method, small coding numbers next to the response choices may be used.

**Adding Supplemental Questions to the HHCAHPS Survey**

The Agency for Healthcare Research and Quality (AHRQ) developed 10 supplemental questions about home health care, which are included in *Appendix J* and available on the HHCAHPS Survey website ([https://homehealthcahps.org/](https://homehealthcahps.org/)); HHAs may wish to use these questions or add their own agency-specific questions to the HHCAHPS Survey Questionnaire. In addition, one supplemental question must be included in the mail survey questionnaire if the HHA wishes to view the survey responses linked to respondents’ name and other identifying information. The survey question, referred to as the Consent to Share Responses, must be printed in the mail survey questionnaire, and the respondent must check the “Yes” response option for the vendor to provide the HHA with the respondent’s answers linked to the respondent’s name and identifying information. The Consent to Share Responses question is available in all five languages on the HHCAHPS Survey website.

Guidance for adding the HHCAHPS Survey supplemental questions and the Consent to Share Responses question is as follows:

• All supplemental questions must be placed after the core HHCAHPS Survey questions. Supplemental questions may be placed either before or after the HHCAHPS Survey “About You” questions.

• We strongly recommend that agencies/vendors avoid sensitive questions or lengthy additions, because these will likely reduce expected response.

• Supplemental questions do not need to be approved by or reported to CMS. However, survey vendors should review the appropriateness of supplemental questions added to the HHCAHPS Survey and share any concerns they have directly with the HHA or the HHCAHPS Coordination Team. Survey vendors must not include responses to the supplemental questions on the data files that will be submitted to the HHCAHPS Survey Data Center.

• HHAs cannot add questions that repeat any of the survey items in the core HHCAHPS Survey verbatim, even if the response scale is different.

• Supplemental questions cannot be used with the intention of marketing or promoting services provided by the HHA or any other organization.
Supplemental questions cannot ask sample patients to identify other individuals who may need home health care services because of privacy and confidentiality issues they raise if personally identifiable information (PII) were shared with the HHA without that person’s knowledge and permission.

The HHCAHPS Survey supplemental questions are available in English, Spanish, Simplified and Traditional Chinese, Russian, and Vietnamese. Vendors are responsible for translating non-CAHPS supplemental questions added to the questionnaire; however, only CMS-approved translations may be used for HHCAHPS Survey questions.

The Consent to Share Responses question, available on the HHCAHPS Survey website, must be added to all questionnaires where an HHA requests that the survey vendor provide the survey responses linked to a sample member’s name and other identifying information. This question is typically placed at the end of the questionnaire, as the last question.

Mail Survey Cover Letters (First and Second Questionnaire Mailings)

Examples of cover letters in English, Spanish, Simplified and Traditional Chinese, Russian, and Vietnamese are provided in the appendices with the survey instruments (see Appendices C–H). Vendors may choose to develop their own cover letters as well, provided that the following requirements are met:

Requirement for Cover Letters

• Cover letters must be personalized with the name and address of the sample member.

• Cover letters must be separate from the questionnaire, so that no PII is returned with the questionnaire when the respondent sends it back to the vendor.

• The OMB disclosure notice (see Appendix I) must be printed either on the questionnaire or in the cover letter.

• Vendors may not offer sample members the opportunity to complete the survey over the telephone if a mail-only mode is being implemented.

The following elements must be included in both the initial and follow-up cover letters:

• Language describing the purpose of the survey;

• Language indicating that all responses will be grouped together and may be shared with the HHA, for purposes of quality improvement;

• Language stating that if help is needed, the sample member should ask a family member or friend for help to complete the survey rather than HHA personnel;
• A statement that participation is voluntary and will not affect any benefits the sample member receives or expects to receive;

• The HHA name (or logo); and

• A toll-free customer support telephone number, which will be staffed by the survey vendor.

**Recommendations for Cover Letters**

• Survey vendors offering a Spanish, Simplified and Traditional Chinese, Russian, or Vietnamese version of the questionnaire may add language to the English cover letter indicating that a version of the questionnaire is available in those languages, or vice versa.

• We recommend that the signature of an appropriate official from the HHA be printed on each cover letter.

**Mail Survey Mailing Envelopes**

Vendors are responsible for supplying both the outgoing envelopes for the questionnaire mailings and business-reply envelopes that sample members will use to return their completed surveys. The specific requirement for mail survey envelopes is as follows.

**Mail Survey Envelope Requirement**

A specific requirement for mail survey envelopes is that a postage-paid business reply envelope must be included with each questionnaire mailing, pre-addressed to the survey vendor.

**Mailing Requirements**

Mailing requirements and recommendations for the HHCAHPS Survey Questionnaire mailings are described below. Vendors are expected to follow these requirements to maximize response rates and ensure consistency in how the mail-only mode of administration is implemented.

**Mail Survey Mailing Requirements**

• Each questionnaire mailing must contain a personalized cover letter, questionnaire, and postage-paid business reply envelope.

• The first questionnaire package must be mailed to all sampled cases, regardless of whether the mailing address is determined to be complete.

• Mailings must follow the schedule specified for the mail-only mode of administration—the first questionnaire package must be mailed no later than 3 weeks after the close of the sample month; the second questionnaire to sample members who do not respond to the first
questionnaire mailing must be mailed approximately 3 weeks after the first questionnaire mailing.

• Data collection must end 6 weeks after the first questionnaire has been mailed.

• The use of incentives is not permitted.

• The use of proxy respondents is permitted. Other individuals may assist the sample member in reading the survey, marking response options, translating the survey, or answering questions for the sample member. However, the sample member should be advised in the letter not to ask for help with completing the survey from home health aides or other agency personnel. Using a proxy respondent in an interview with a sample patient who is deceased is NOT permitted.

• An employee of a group home may serve as a proxy respondent for a sample patient who lives in the group home and who is physically or mentally incapable of responding to the survey. However, the HHCAHPS survey vendor should ensure that the patient is physically or mentally incapable of responding for him- or herself, the proxy respondent is an employee of the group home and not the HHA, and the proxy respondent is knowledgeable about the sample patient’s home health care. Provided these conditions are met, employees of the group home may serve as a proxy for the sample patient.

• Sample members with foreign addresses are considered eligible to participate in the HHCAHPS Survey if they meet all other eligibility criteria. Vendors should contact the HHA for the address where the home care was provided, but if no such address can be provided, vendors must mail to the foreign address.

• If the sample member’s address is missing or incomplete, the vendor must follow up with the HHA to obtain the address. Because home health patients receive skilled care in their homes, the HHA must have an address at which the care is delivered. If the HHA cannot provide an address and the patient is sampled, the vendor should treat the patient as eligible and assign the applicable final disposition code to the case.

Recommendations

• We recommend that vendors verify mailing addresses obtained from the agencies using commercial address update services, such as the National Change of Address (NCOA) or the U.S. Postal Service Zip+4 software.

• We recommend that vendors attempt to identify a new or updated address using commercial address vendors or the Internet for any mail returned as undeliverable in time to include the sample member in the second mailing.
• We recommend that questionnaires be sent with either first-class postage or indicia, to ensure timely delivery and maximize response rates.

• We recommend that vendors “seed” each mailing. Seeding means including the name and address of designated vendor staff in each mailing file to assess the completeness of the questionnaire package and timeliness of package delivery.

Data Receipt and Data Entry Requirements

The following guidelines are provided for receiving and tracking returned questionnaires and entering the data using either data entry or optical scanning.

Data Receipt Requirements

• The date the questionnaire was received from each sample member must be entered into the data record created for each case on the data file.

• Questionnaires should be visually reviewed prior to scanning for notes/comments. Vendors should have more than one person who can code or review comments and attach notes for proper disposition code assignment.

• Completed questionnaires received should be logged into the tracking system in a timely manner to ensure that sample members who respond to the first mailing are excluded from the second questionnaire mailing.

• If two questionnaires are received from the same sample member, vendors should keep and use the questionnaire that has the more complete data, regardless of which questionnaire is received first. If the two questionnaires received contain the same amount of data (are equally complete), the vendor should retain and use the first one received.

• If a completed mail survey questionnaire is returned and the vendor learns that a sampled patient is deceased and the questionnaire was completed by someone else, it is not acceptable to scan a questionnaire for that patient, even if it was completed by a proxy respondent. If the vendor learns that a sample patient is deceased (via a telephone call from a relative or friend or through a note or comment marked on the completed questionnaire), the vendor should not process (scan) data from the questionnaire, but instead assign the applicable final disposition code to the case to indicate that the sample member is deceased.

• A final Home HHCAHPS Survey status code (see Table 9.1 in Chapter IX) must be assigned to each case.
Optical Scanning Requirements

- The scanning program should not permit scanning of duplicate questionnaires.
- The scanning program should not permit out-of-range or invalid responses.
- A sample of questionnaires (minimum of 10 percent) should be rescanned and compared with the original as a quality control measure. Any discrepancies should be reconciled by a supervisor.
- The survey responses marked in a sample of questionnaires (minimum of 10 percent) should be compared to the entries scanned for that case to make sure that the scanning program scanned the marked responses correctly.
- If a response mark falls between two answer choices but is clearly closer to one answer choice than to another, select the response that is closest to the marked response.
- If two responses are checked for the same question, select the one that appears darkest. If it is not possible to make a determination, leave the response blank and code as “missing” rather than guessing.
- If a mark is between two answer choices but is not clearly closer to one answer choice, code as “missing.”
- If a response is missing, leave the response blank and code as “missing.”
- The decision on whether to key the responses to open-ended survey items, specifically, the “Some other language” (response option 3) in Q32 and the “Helped in some other way” (response option 5) in Q34, is up to each individual HHA. Vendors will not be required to key and include responses to open-ended survey items on the data files submitted to the HHCAHPS Survey Data Center. CMS, however, encourages survey vendors to review the open-ended entries so that they can provide feedback to the Coordination Team about adding additional preprinted response options to these survey items if needed.
- If the vendor includes the Consent to Share Responses question in the mail survey questionnaire, we recommend that the vendor scan the response to that question. However, responses to the Consent to Share question will not be included on the data files submitted to the HHCAHPS Survey Data Center.

Data Entry Requirements

- The key entry process should not permit keying of duplicate questionnaires.
- The key entry program should not permit out-of-range or invalid responses.
• All questionnaires should be 100 percent rekeyed for quality control purposes. That is, for every questionnaire, a different keyer should rekey the questionnaire to ensure that all entries are accurate. If any discrepancies are observed, a supervisor should resolve the discrepancy and ensure that the correct value is keyed.

• If a response mark falls between two answer choices but is clearly closer to one answer choice than to another, select the answer choice that is closest to the marked response.

• If two responses are checked for the same question, select the one that appears darkest. If it is not possible to make a determination, leave the response blank and code as “missing” rather than guessing.

• If a mark is between two answer choices but is not clearly closer to one answer choice, code as “missing.”

• If a response is missing, leave the response blank and code as “missing.”

• The decision on whether to key the responses to open-ended survey items, specifically, the “Some other language” (response option 3) in Q32 and the “Helped in some other way” (response option 5) in Q34, is up to each individual HHA. Vendors will not be required to key and include responses to open-ended survey items on the data files submitted to the HHCAHPS Survey Data Center. CMS, however, encourages survey vendors to review the open-ended entries so that they can provide feedback to the Coordination Team about adding additional preprinted response options to these survey items if needed.

• If the vendor includes the Consent to Share Responses question in the mail survey questionnaire, we recommend that the vendor key the response to that question. However, responses to the Consent to Share question will not be included on the data files submitted to the HHCAHPS Survey Data Center.

**Staff Training**

All staff involved in the mail survey implementation, including support staff, must be thoroughly trained on the survey specifications and protocols. A copy of relevant chapters of this manual should be made available to all staff as needed. In particular, staff involved in questionnaire assembly and mailout, data receipt, and data entry must be trained on:

• Use of relevant equipment (case management systems for entering questionnaire receipts, scanning equipment, data entry programs);

• HHCAHPS Survey protocol specific to their role (for example, contents of questionnaire package, how to document or enter returned questionnaires into the tracking system);
• Decision rules and coding guidelines for returned questionnaires (see Chapter IX); and

• Proper handling of hardcopy and electronic data, including data storage requirements (see Chapter VIII).

Staff involved in providing customer support via the toll-free telephone number should also be trained on the accurate responses to commonly asked questions, how to respond to questions when customer support does not know the answer, and the rights of survey respondents. If the HHCAHPS Survey is being offered in a language other than English, customer support staff should also be able to handle questions via the toll-free telephone number in that language. Telephone interviewer training requirements are described in more detail in Chapter VI of this manual. Please refer to that chapter for more information on training customer support staff.

**Mail-Only Quality Control Guidelines**

The following steps are required or recommended as a means of incorporating quality control into the mail-only survey administration procedures. Quality control checks should be conducted by a different staff person than the one who completed the task. Some of these are mentioned earlier in the chapter.

**Required**

• Check a minimum of 10 percent of all printed materials to ensure the quality of the printing—that is, make sure that there is no smearing, misaligned pages, duplicate pages, or stray marks on pages.

• Check a minimum of 10 percent of all outgoing questionnaire packages to ensure that all package contents are included and that the same unique SID number appears on both the cover letter and the questionnaire.

• A sample of questionnaires (minimum of 10 percent) should be rescanned and compared with the original as a quality control measure. Any discrepancies should be reconciled by a supervisor.

• All questionnaires should be 100 percent rekeyed for quality control purposes. That is, for every questionnaire, a different keyer should rekey the questionnaire to ensure that all entries are accurate. If any discrepancies are observed, a supervisor should resolve the discrepancy and ensure that the correct value is keyed.
Recommended

- Verify that sample members’ mailing addresses provided by the HHA are correct by using commercial address update services, such as NCOA or the U.S. Postal Service Zip+4 software. Note that cases with incomplete mailing addresses must remain in the sample.

- “Seed” each mailing. That is, include the name and address of designated vendor staff in each mailing file to assess the completeness of the questionnaire package and timeliness of package delivery.

- We highly recommend that before submitting data to the HHCAHPS Data Center, vendors compare the responses coded on the hardcopy questionnaire for a sample of cases with the responses that were actually scanned with the response codes that appear on the XML file that will be submitted to the HHCAHPS Data Center. This quality control step will ensure that the responses included in the XML files accurately reflect the sample patients’ responses to the survey questions.

- Vendors are urged to develop a way to measure error rates for their data receipt staff (in terms of recognizing marginal notes and passing these on to someone for review), for data entry or scanning operators, and for coders. Vendors should then work with their staff to minimize error rates. The Coordination Team will request information about data receipt and processing error rates during site visits to survey vendors.

Conducting the HHCAHPS Survey With Other Home Health Agency Surveys

Some HHAs may wish to conduct other patient surveys in addition to the HHCAHPS Survey to support internal quality improvement activities. An announcement providing guidance for conducting other surveys in conjunction with the HHCAHPS Survey was posted on the HHCAHPS website on May 28, 2010, and is presented below.

- HHAs can include questions that ask for more in-depth information about HHCAHPS issues but should not repeat the HHCAHPS questions or include questions that are very similar.

- HHAs may not ask their patients why they gave a certain response or rating to any of the HHCAHPS Survey questions.

The following are some examples of the types of questions that should not be included in any other surveys the agency conducts:

- “Did the home health agency office answer all of your questions?” (This question is similar to Q22 in the HHCAHPS Survey Questionnaire.)
• “On a scale of 0 to 10, how would you rate the home health care you received?” (This question is the same as Q20 in the HHCAHPS Survey Questionnaire.)

• “Would you recommend this agency to your family or friends?” and “Would you recommend our services or call us in the future?” (These questions are similar to Q25 in the HHCAHPS Survey Questionnaire.)

• “Was our staff friendly, professional, and courteous?” (This question is similar to Q19 in the HHCAHPS Survey Questionnaire.)
VI. TELEPHONE-ONLY ADMINISTRATION PROCEDURES

Overview

This chapter describes the requirements and guidelines for implementing the telephone-only mode of survey administration for the Home Health Care CAHPS (HHCAHPS) Survey. The chapter begins with a discussion of the telephone-only data collection schedule, followed by a discussion of the requirements for producing all telephone interviewing materials and systems. It includes guidelines on how the telephone interview should be developed and administered, including general interviewing guidelines and frequently asked questions that interviewers may encounter. This chapter also provides suggestions for data processing procedures and incorporating quality control activities into the telephone-only mode of survey administration.

Data Collection Schedule

If the HHCAHPS Survey is being administered as a telephone-only survey, data collection for each sample member must be initiated no later than 3 weeks (21 days) after the close of the sample month.

*Table 6.1* shows the prescribed order of activities and timing for an all-telephone HHCAHPS Survey.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin telephone contact with sample members</td>
<td>No later than 3 weeks (21 days) after the close of the sample month</td>
</tr>
<tr>
<td>Complete telephone data collection</td>
<td>Six weeks (42 days) after initial telephone contact begins</td>
</tr>
<tr>
<td>Submit data files to the Centers for Medicare &amp; Medicaid Services (CMS) via the HHCAHPS Survey website</td>
<td>See quarterly data submission deadlines on the HHCAHPS Survey website</td>
</tr>
</tbody>
</table>

If the 21st day of the month falls on a weekend or holiday, vendors should make every attempt to begin the survey on the business day prior to that weekend or holiday. However, it is acceptable to begin telephone calls on the first business day following the weekend or holiday if necessary.

As indicated in *Chapter IV* of this manual, HHCAHPS Survey vendors must make a concerted effort to initiate the survey for each sample month within 21 days after the sample month ends. If for some reason the survey cannot be initiated within 21 days after the sample month ends, the
vendor can initiate the survey within 26 days after the sample month ends. The vendors must complete and submit a Discrepancy Notification Report to the HHCAHPS Coordination Team if the survey is initiated within 26 days after the sample month closes. If the survey cannot be initiated within 26 days after the close of the sample month, CMS may allow the survey to be initiated more than 26 days after the sample month ended. However, survey vendors must submit a request via e-mail for approval from CMS to initiate the survey more than 26 days after the sample month ends.

**Telephone Interview Development Process**

The following paragraphs describe the requirements for producing all materials and systems needed for the telephone-only survey. The telephone interview script and the telephone script for interviews with proxy respondents in English, Spanish, Russian, and Vietnamese in both Microsoft Word and PDF formats are available on the HHCAHPS Survey website at [https://homehealthcahps.org/](https://homehealthcahps.org/). Note that although Chinese-language versions of the mail survey instrument are available, the HHCAHPS Survey will not be administered in Chinese by telephone survey.

Copies of the telephone interview script and the script for use with proxy respondents can also be found in Appendix C (in English), Appendix D (in Spanish), Appendix G (in Russian), and Appendix H (in Vietnamese). A list of questions that are frequently asked by sample members and suggested answers to those questions are included in Appendix K. Some general guidelines for telephone interviewer training and monitoring are provided in Appendix L.

Specific requirements and guidelines associated with the telephone survey administration are discussed below.

**Telephone Interviewing Systems**

An electronic telephone interviewing system means that the interviewer reads from and enters responses into a computer program. Using an electronic system encourages standardized interviewing and monitoring of interviewers. Survey vendors using a telephone-only survey mode must use an electronic system to administer the HHCAHPS Survey. *Paper-and-pencil administration is not permitted for telephone surveys.* To ensure that sample members are called at different times of the day and across multiple days of the week, vendors must also have a survey management system. Ideally, the electronic system will be linked to the survey management system so that cases can be tracked, appointments set and called back at appropriate times, and pending and final case status easily accessed for any case.

Predictive or automatic dialers are permitted, as long as they are compliant with Federal Trade Commission and Federal Communications Commission regulations, and as long as respondents can easily interact with a live interviewer.
Telephone Interview Script

Survey vendors will be provided with standardized telephone scripts. These scripts include the introductory screens, in addition to the survey questions. The survey can be administered as a standalone survey or can be combined with agency-specific questions. The HHCAHPS Survey telephone interview contains 32 questions. Questions 1 to 25 are considered the “core” HHCAHPS Survey questions and must be placed at the beginning of the interview. Questions 26 to 32 are the “About You” HHCAHPS Survey questions. Note that the HHCAHPS telephone interview script contains only 32 questions and the mail survey contains 34 questions, because the mail survey questionnaire contains questions that ask if anyone helped the sample member to complete the survey (Questions 33 and 34). These two questions are not applicable if the survey is administered by telephone. However, the survey vendor must indicate on the data file submitted to the HHCAHPS Survey Data Center whether the phone interview was completed by a proxy respondent.

The “About You” questions must be administered as a unit, although they may be placed either before or after supplemental questions that the home health agency (HHA) plans to add to the questionnaire, if any. If the HHA does not plan to add supplemental questions to the questionnaire, the questions in the “About You” section should follow the core set of questions.

Programming requirements for the HHCAHPS Survey telephone interview are listed below:

- The core HHCAHPS Survey questions must be administered first and in the order in which they appear—vendors cannot change the ordering of these core questions.
- No changes in wording are allowed for either the HHCAHPS Survey questions or to the response choices.
- HHAs may add their own or the HHCAHPS Survey supplemental questions, following the guidance below about adding supplemental questions.
- The “About You” questions must be administered as a unit, but may come before or after any HHA-specific questions.
- Only CMS-approved translations of the HHCAHPS Survey interview are permitted, although if agencies choose to add supplemental questions, vendors are responsible for translating these questions.
- A proxy telephone interview script is provided in English, Spanish, Russian, and Vietnamese in *Appendices C (English), D (Spanish), G (Russian),* and *H (Vietnamese).* Vendors are required to administer this script when conducting proxy interviews; therefore, this script must be programmed for electronic administration in each language the vendor offers.
• Once the data files are submitted to the Data Center, survey vendors must indicate whether the interview was completed by a proxy respondent; therefore, the electronic interview should be programmed to indicate whether the interview was completed by the sample member or a proxy respondent.

Adding Supplemental Questions

The Agency for Healthcare Research and Quality (AHRQ) developed 10 supplemental questions about home health care, which are included in Appendix J and available on the HHCAHPS Survey website (https://homehealthcahps.org/); HHAs may wish to use these questions or add their own agency-specific questions to the HHCAHPS Survey Questionnaire. In addition, one supplemental question must be included in the questionnaire if the HHA wishes to view the survey responses linked to the respondents’ name and other identifying information. The survey question, referred to as the Consent to Share Responses, must be included in the telephone survey questionnaire and the respondent must answer “Yes” in response to this question for the vendor to provide the HHA with the respondent’s answers linked to his or her name and other identifying information. The Consent to Share Responses question is available in all five languages on the HHCAHPS Survey website.

Guidance for adding the HHCAHPS Survey supplemental questions and the Consent to Share Responses question is as follows:

• All supplemental questions must be placed after the core HHCAHPS Survey questions. Supplemental questions may be placed either before or after the HHCAHPS Survey “About You” questions.

• We strongly recommend that agencies/vendors avoid sensitive questions or lengthy additions, because these will likely reduce expected response.

• Supplemental questions do not need to be approved by or reported to CMS. However, survey vendors should review the appropriateness of supplemental questions added to the HHCAHPS Survey and share any concerns they have directly with the HHA or the HHCAHPS Coordination team. Supplemental question responses will not be reported to CMS.

• HHAs cannot add questions that repeat any of the survey items in the core HHCAHPS Survey verbatim, even if the response scale is different.

• Supplemental questions cannot be used with the intention of marketing or promoting services provided by the HHA or any other organization.

• Supplemental questions cannot ask sample patients to identify other individuals who may need home health care services because of privacy and confidentiality issues they raise if
personally identifiable information (PII) were shared with the HHA without that person’s knowledge and permission.

- Vendors are responsible for translating any non-CAHPS supplemental questions; only CMS-approved translations may be used for HHCAHPS Survey questions, however.

- The Consent to Share question, available on the HHCAHPS Survey website, must be added to all questionnaires if the HHA requests that the survey vendor provide survey responses linked to the respondent’s name and other identifying information. This question is typically placed at the end of the interview.

### Telephone Interviewing Requirements

Telephone interviewing requirements and recommendations for the HHCAHPS Survey interview are described below. Vendors are expected to follow these requirements to maximize response rates and to ensure consistency in how the telephone-only mode of administration is implemented.

#### Telephone Contact

- Vendors must attempt to contact every patient in the sample. Vendors must make a minimum of five telephone contact attempts for each sampled case, unless the sample member refuses or the vendor learns that the sample member is ineligible to participate in the survey.

- A telephone contact attempt is defined as one of the following:
  
  - the telephone rings six times with no answer;
  
  - the interviewer reaches a household member and is told that the sample member is not available to take the call;
  
  - the interviewer reaches the sample member and is asked to schedule a call-back at a later date; or
  
  - the interviewer gets a busy signal on each of three consecutive phone call attempts, spaced at least 20 minutes apart.

- Vendors may make more than one phone call in one 7-day period but cannot make all five attempts in one 7-day period. Vendors should keep in mind that some home health patients may be sicker than some other patient populations, and may be hospitalized when some of the initial calls are made. Scheduling calls to take place over a longer period of time could reach patients who may be unavailable the first week of the data collection period.
• Contact with a sample member may be continued after five attempts if the fifth attempt results in a scheduled appointment with the sample member, as long as the appointment is within the data collection period.

• Phone calls must be made at different times of the day (i.e., morning, afternoon, and evening) and different days of the week throughout the data collection period.

• Interviewers **may not** leave voicemail messages on answering machines or leave messages with household members.

• Vendors must be able to provide a phone call log that keeps track of the date and time phone calls were made for each sample member.

• If the vendor finds out that a sample member is ineligible for the HHCAHPS Survey, the vendor must immediately stop further contact attempts with that sample member.

• Telephone survey data collection for each monthly sample must begin no later than 3 weeks from the close of the sample month and must be completed within 6 weeks from the initial telephone attempt.

• The use of incentives is not permitted.

• The use of proxy respondents is permitted. Other individuals may assist the sample member in answering questions or answer questions on the sample member’s behalf, as long as the sample member is physically or mentally incapable of completing an interview. Proxy respondents may not be used for sample members who simply “do not want” to participate. Further, the sample member should be advised not to ask for help from HHA personnel, nor should interviewers conduct proxy interviews with HHA personnel. Proxy responses are NOT permitted for deceased sample members.

• An employee of a group home may serve as a proxy respondent for a sample patient who lives in the group home and who is physically or mentally incapable of responding to the survey. However, the HHCAHPS survey vendor should ensure that the patient is physically or mentally incapable of responding for him- or herself, the proxy respondent is an employee of the group home and not the HHA, and the proxy respondent is knowledgeable about the sample patient’s home health care. Provided these conditions are met, employees of the group home may serve as a proxy for the sample patient.

• If a respondent begins the interview but cannot complete it during the call for a reason other than a refusal, the vendor should follow up with the respondent to complete the entire interview. The interviewer should follow up even if the respondent answered enough questions in the interview for the case to pass the completeness criteria. It is especially
important to complete the questions in the “About You” section of the questionnaire, because data from some of those questions will be used in patient-mix adjustment.

• The vendor must be able to offer the interview in any of the languages for which an HHA has contracted, even if the language is different from the language that the HHA believes the sample member will require. That is, the vendor must be able to toggle back and forth between available languages.

• Sample members are still eligible even if they have missing, incomplete, or foreign phone numbers. The vendor should contact the HHA to obtain the telephone number for the address where home care was delivered. If the HHA cannot provide this number, the vendor should attempt to obtain a telephone number for the sample patient from other sources (directory assistance, Internet directories, etc.). If the vendor still cannot obtain a telephone number, the vendor should code the case as code 340—wrong, disconnected, no telephone number.

• If a respondent decides after he or she has answered some of the questions in the telephone interview that he or she does not wish to participate in the survey any longer, the vendor should code the case as a refusal. The vendor should not use the partial data that were obtained before the interview was terminated. This protocol applies even if the respondent answered enough questions in the interview for the case to pass the completeness criteria. Note that this situation is different from the respondent saying that he or she does not wish to continue an interview. If the respondent breaks off the interview but does not state that he or she does not wish to participate in the survey, the data may be used as long as the interview meets the completeness criteria. The vendor may then code the case as a completed interview if the case passes the completeness criteria; otherwise it should be coded as a breakoff/partial data.

Contacting Difficult-to-Reach Sample Members

• Although not required, we strongly recommend that survey vendors verify telephone numbers obtained from the HHA, using a commercial address/telephone database service or directory assistance.

• We recommend that vendors attempt to identify a new or updated telephone number for any sample member whose telephone number is no longer in service when called and for any sample members who have moved so that the sample members can be contacted prior to the end of the data collection period.

• If the sample member’s telephone number is incorrect, the interviewer may ask the person who answers the phone for the sample member’s phone number.
• If the sample member is temporarily ill, on vacation, or unavailable during initial contact, the interviewer should attempt to recontact the sample member before the data collection period ends.

• If the sample member does not speak the language in which the interview is being conducted, the interviewer should thank the sample member for his or her time, terminate the interview, and code the case as 230, “Ineligible: Language Barrier.”

• If a sample member is physically or mentally incapable of responding by telephone, a family member or friend can serve as a proxy respondent. Under no circumstances should an interviewer use a home health provider or aide from an HHA as a proxy respondent.

• For sample members who are living in institutions (nursing homes, assisted living, etc.), HHCAHPS Survey vendors should contact the HHA to obtain a direct-dial telephone number. Because health care is delivered in the patient’s home, the HHA should have a direct-dial number for the patient to reach him or her to arrange and schedule home care. If the HHA cannot provide a direct dial telephone number for the sample patient, try to obtain the sample member’s telephone number using other sources, such as a telephone number lookup service, directory assistance, or Internet telephone survey directories. If vendors cannot obtain a telephone number for the sample patient, they should assign a disposition code of Missing/Disconnected Number to the sample case.

**Telephone Interviewer Training**

Vendors must provide training to all telephone interviewing and customer support staff prior to starting telephone survey data collection activities. Telephone interviewer and customer support staff training must include the following:

• Teaching interviewers how to establish rapport with the respondent;

• Teaching interviewers the content and purpose of the interview so that they can effectively communicate this information to the sampled patients;

• Teaching interviewers to administer the interview in a standardized format, which includes reading the questions as they are worded, not providing the respondent with additional information that is not scripted, maintaining a professional manner, and adhering to all quality control standards;

• Teaching interviewers how to administer the proxy script;

• Teaching interviewers how to use effective neutral probing techniques;

• Teaching interviewers to use the FAQs document so that they can answer questions in a standardized format; and
• Teaching multilingual customer support staff how to handle questions in English and the other language(s) in which the survey is being offered.

Survey vendors should also provide telephone survey supervisors with an understanding of effective quality control procedures to monitor and supervise interviewers.

Vendors must conduct an interviewer certification process of some kind—either oral, written, or both—for each interviewer and customer service staff member prior to permitting that person to make or take calls on the HHCAHPS Survey. The certification should be designed to assess the interviewer’s level of knowledge and comfort with the HHCAHPS Survey instrument and ability to respond to sample members’ questions about the survey. Documentation of training and certification of all telephone interviewers and customer support staff and outcomes will be subject to review during oversight visits by the HHCAHPS Coordination Team.

Distressed Respondent Procedures

Of critical importance is the need for survey vendors to develop a “distressed respondent protocol,” to be incorporated into all interviewer and help desk training. Handling distressed respondent situations requires balancing keeping PII and private health information (PHI) confidential and helping a person who needs assistance. For survey research organizations, best interviewing practices recommend having a distressed respondent protocol in place for handling distressed respondents, which balances the respondent’s right to confidentiality and privacy and providing assistance, if the situation indicates that the respondent’s health and safety are in jeopardy.

Each approved HHCAHPS Survey vendor is expected to have procedures in place for handling distressed respondent situations and to follow those procedures. CMS and the HHCAHPS Coordination Team cannot provide guidelines on how to evaluate or handle distressed respondents. However, survey vendors are urged to consult with their organization’s Committee for the Protection of Human Subjects Institutional Review Board (IRB) for guidance. In addition, professional associations for researchers, such as the American Association of Public Opinion Researchers (AAPOR), may be able to provide guidance regarding this issue. The following is an excerpt from AAPOR’s website that lists resources for the protection of human subjects. More information about protection of human subjects is available at AAPOR’s website at http://www.aapor.org.4

The Belmont Report (guidelines and recommendations that gave rise to current federal regulations)

Federal Regulations Regarding Protection of Human Research Subjects (45 CFR 46) (also known as the Common Rule)

Federal Office for Human Research Protections (OHRP)

NIH Human Participant Investigator Training (although the site appears to be for cancer researchers, it is the site for the general investigator training used by many institutions)

University of Minnesota Web-Based Instruction on Informed Consent

**Telephone Data Processing Procedures**

The following guidelines are provided for ensuring that the telephone interview data are properly processed and managed.

**Telephone Data Processing Requirements**

- A unique sample identification (SID) number must be assigned to each sample case and included in the case management system and on the final data file for each sample member.

- Vendors must enter the date of the interview with each sample member in the survey management system or in the interview data. Vendors must be able to link each telephone interview to their survey management system, so that appropriate variables, such as the language in which the survey was conducted, can be pulled into the final data file.

- Vendors must de-identify all telephone interview data when the data are transferred into the final data file for delivery. Identifiable data include respondent names and contact information.

- Vendors must assign a final HHCAHPS Survey status or disposition code to each case (see *Chapter IX* for a list of these codes) and include a final disposition code for each sampled case in the final data file. It is up to the vendor to develop and use a set of pending disposition codes to track actions on a case before it is finalized appropriately—pending disposition codes are not specified in the HHCAHPS Survey protocol.

**Telephone-Only Quality Control Guidelines**

The following activities are required as methods to incorporate quality control into the telephone-only survey administration procedures. Quality control of telephone interviewers and customer support staff should include the following activities:
VI. Telephone-Only Administration Procedures

- Written documentation that all telephone interviewing and customer support staff have been properly trained prior to interviewing. Copies of interviewer certification exam scores should be retained as well. Documentation should be maintained for any retraining required and will be subject to review during oversight visits.

- Although not required, we recommend that vendors conduct regular Quality Circle meetings with telephone interviewing and customer support staff to obtain feedback on issues related to telephone survey administration or handling inbound calls.

- Survey vendors must establish and communicate clear telephone interviewing quality control guidelines for their staff to follow. These guidelines should be used to conduct the monitoring and feedback process, and should include clear explanations of the consequences of not following protocols, including actions such as removal from the project or termination of employment.

- Vendors must silently monitor a minimum of 10 percent of all telephone interviews to ensure that correct administration procedures are being followed.

- Supervisory staff monitoring telephone interviewers should use the electronic system to observe the interviewer conducting the interview while listening to the audio of the call at the same time.

- Monitoring staff or supervisors should provide performance feedback to interviewers as soon as possible after the monitoring session has been completed.

- Interviewers should be given the opportunity to correct deficiencies in their administration through additional practice or retraining; however, interviewers who receive consistently poor monitoring scores should be removed from the project.

- There are federal and state laws and regulations relating to the monitoring/recording of telephone calls. In certain states, consent must be obtained from every party or conversation if it involves more than two people (“two-party consent”). When calling sample members who reside in these states, survey vendors should not begin either monitoring or recording the telephone calls until after the interviewer has read the following statement: “This call may be monitored or recorded for quality improvement purposes.”

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5 The following states currently require two-party or all-party consent when telephone calls are monitored or audiotaped: California, Connecticut, Delaware, Florida, Illinois, Maryland, Massachusetts, Michigan, Montana, New Hampshire, Pennsylvania, and Washington.
• All HHCAHPS Survey vendors are responsible for identifying and adhering to federal and state laws and regulations in the states in which they will be administering the HHCAHPS Survey.

• Vendors should conduct periodic reviews of their XML data files by comparing at least 50 completed telephone interview responses directly from their computer-assisted telephone interviewing (CATI) system to the values output in the XML file. Doing this monthly review will ensure that the responses are being accurately captured and output to the XML file.

**Conducting the HHCAHPS Survey With Other Home Health Agency Surveys**

Some HHAs may wish to conduct other patient surveys in addition to the HHCAHPS Survey to support internal quality improvement activities. An announcement providing guidance for conducting other surveys in conjunction with the HHCAHPS Survey was posted on the HHCAHPS Survey website on May 28, 2010, and is presented below.

• HHAs can include questions that ask for more in-depth information about HHCAHPS issues but should not repeat the HHCAHPS questions or include questions that are very similar.

• HHAs may not ask their patients why they gave a certain response or rating to any of the HHCAHPS survey questions.

The following are some examples of the types of questions that should not be included in any other surveys the agency conducts:

• “Did the home health agency office answer all of your questions?” (This question is similar to Q22 in the HHCAHPS Survey Questionnaire.)

• “On a scale of 0 to 10, how would you rate the home health care you received?” (This question is the same as Q20 in the HHCAHPS Survey Questionnaire.)

• “Would you recommend this agency to your family or friends?” and “Would you recommend our services or call us in the future?” (These questions are similar to Q25 in the HHCAHPS Survey Questionnaire.)

• “Was our staff friendly, professional, and courteous?” (This question is similar to Q19 in the HHCAHPS Survey Questionnaire.)
VII. MAIL WITH TELEPHONE FOLLOW-UP (MIXED-MODE) 
SURVEY ADMINISTRATION PROCEDURES

Overview

This chapter describes the requirements and guidelines for implementing a mixed-mode survey administration for the Home Health Care CAHPS (HHCAHPS) Survey. For the HHCAHPS Survey, “mixed mode” is defined as a mail survey followed by a telephone survey of nonrespondents.

This chapter begins with a discussion of the data collection schedule that should be followed when a mixed-mode design is used. The mail survey protocols are described next, followed by a discussion of the protocols for implementing the telephone follow-up of nonrespondents. The chapter ends with quality control guidelines that should be implemented throughout the mixed-mode data collection process and describes data storage requirements.

Data Collection Schedule

Survey vendors using mail with telephone follow-up of nonrespondents must initiate the mail survey for each monthly sample no later than 3 weeks (21 days) after the close of the sample month. Table 7.1 shows the basic tasks and timing of activities when conducting the HHCAHPS Survey using a mixed-mode survey administration.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail questionnaire with cover letter to sample members</td>
<td>No later than 3 weeks (21 days) after the close of the sample month</td>
</tr>
<tr>
<td>Initiate telephone follow-up contact for all mail survey nonrespondents</td>
<td>Approximately 3 weeks (21 days) after the questionnaire is mailed</td>
</tr>
<tr>
<td>Complete data collection</td>
<td>Six weeks (42 days) after the questionnaire is mailed</td>
</tr>
<tr>
<td>Submit data files to the Centers for Medicare &amp; Medicaid Services (CMS) via the HHCAHPS Survey website</td>
<td>See quarterly data submission deadlines on the HHCAHPS Survey website</td>
</tr>
</tbody>
</table>

If the 21st day of the month falls on a weekend or holiday, vendors should make every attempt to begin the survey on the business day prior to that weekend or holiday. However, it is acceptable to mail the questionnaires on the first business day following the weekend or holiday if necessary.
As indicated in Chapter IV of this manual, HHCAHPS Survey vendors must make a concerted effort to initiate the survey for each sample month within 21 days after the sample month ends. If for some reason the survey cannot be initiated within 21 days after the sample month ends, the vendor can initiate the survey within 26 days after the sample month ends. The vendors must complete and submit a Discrepancy Notification Report to the HHCAHPS Coordination Team if the survey is initiated within 26 days after the sample month closes. If the survey cannot be initiated within 26 days after the close of the sample month, CMS may allow the survey to be initiated more than 26 days after the sample month ended. However, survey vendors must submit a request via e-mail for approval from CMS to initiate the survey more than 26 days after the sample month ends.

Questionnaires returned after the 6-week data collection period has ended should be considered nonresponses and coded as such. All telephone contact should be initiated and completed within the specified 3-week period noted above.

Production of Questionnaires, Letters, and Envelopes

The requirements for producing all materials needed for the mail-only survey packets are described below. Vendors who will be using a mixed-mode design must be able to offer the mail and telephone versions of the instrument in each language in which the survey is being administered. Vendors may not offer a mail questionnaire in one of the non-English languages and conduct the telephone follow-up only in English. For this reason, the mixed-mode design cannot be used in conjunction with the Chinese versions of the mail questionnaire, because there is no corresponding HHCAHPS-approved telephone interview in Chinese. All versions of these survey materials in the approved languages are available on the HHCAHPS Survey website at https://homehealthcahps.org/.

Copies of the mail survey instrument and sample mail survey cover letters in English, Spanish, Russian, and Vietnamese are also included in the appendices to this manual:

- Sample mail survey cover letters, questionnaire, and questionnaire in scannable format in English, Appendix C;
- Sample mail survey cover letters, questionnaire, and questionnaire in scannable format in Spanish, Appendix D;
- Sample mail survey cover letters, questionnaire, and questionnaire in scannable format in Russian, Appendix G;
- Sample mail survey cover letters, questionnaire, and questionnaire in scannable format in Vietnamese, Appendix H; and
- OMB Disclosure Notice in English, Spanish, Russian, and Vietnamese in Appendix I.
Specific requirements and guidelines associated with the questionnaire and cover letter are discussed below. In addition, general guidelines for the production of envelopes to be used with the mailing are provided.

**Questionnaires**

The HHCAHPS Survey Questionnaire contains 34 questions. The survey can be administered as a standalone survey or can be combined with agency-specific questions. Questions 1 to 25 are considered the core HHCAHPS Survey questions and must be placed at the beginning of the questionnaire. Questions 26 to 34 are the “About You” HHCAHPS Survey questions and must be administered as a unit, although they may be placed either before or after any agency-specific supplemental questions that the home health agency (HHA) plans to add to the HHCAHPS Survey, if any. If no agency-specific questions are to be added to the HHCAHPS Survey Questionnaire, the “About You” questions should follow the core HHCAHPS Survey questions. In addition, 10 HHCAHPS supplemental questions are available for HHAs (and vendors) to use, if an HHA desires. An HHA can choose to use one or more of these supplemental questions; they do not need to be administered as a group. The HHCAHPS Survey Questionnaire and supplemental questions are available in both Microsoft Word and PDF formats on the HHCAHPS Survey website at [https://homehealthcahps.org/](https://homehealthcahps.org/).

**HHCAHPS Survey Questionnaire Requirements**

The following are formatting and content requirements and recommendations for the HHCAHPS Survey Questionnaire. Note that survey vendors cannot deviate from questionnaire requirements.

- Every questionnaire must begin with the core HHCAHPS Survey questions.
- HHAs may add their own or the HHCAHPS Survey supplemental questions, following the guidelines listed below about adding supplemental questions.
- The “About You” questions must be administered as a unit (i.e., they must be kept together and may not be split into multiple questions and placed throughout the questionnaire) but may be placed before or after any agency-specific questions.
- No changes in wording are allowed to either the HHCAHPS Survey questions or to the response (answer) choices.
- Questions and associated response choices may not be split across pages.
- Vendors must be consistent throughout the questionnaire in formatting response options either vertically or horizontally. If a vendor elects to list the response options vertically, this must be done for every question in the questionnaire. Vendors may not format some response options vertically and some horizontally.
• A unique, randomly generated sample identification (SID) number must be assigned and appear on at least the first page of the survey, for tracking purposes. Additional identifiers are permitted; however, the sample member’s name or other identifying information must not be printed anywhere on the survey.

• Only CMS-approved translations of the instrument are permitted, although if agencies choose to add supplemental questions, vendors will be responsible for translating these questions if needed.

• The HHA name or logo should appear on the survey or the cover letter. Note that survey vendors cannot include any promotional messages or materials, including indications that either the HHA or the survey vendor has been approved by the Better Business Bureau, on the HHCAHPS cover letter, questionnaire, or outgoing or incoming mailing envelopes.

• The vendor’s name and mailing address must be printed at the bottom of the last page of the survey questionnaire, in case the respondent does not use the enclosed business reply envelope.

• No matrix formatting of the questions is allowed; a two-column format is strongly recommended. Matrix formatting means formatting a set of questions as a table, with responses listed across the top of a page and individual questions listed in a column on the left.

• Font size should be no smaller than size 10; we strongly recommend that size 12 or larger be used.

• The Office of Management and Budget (OMB) number shown in Appendix I must be printed on the questionnaire cover. If there is no cover, then the OMB number must be printed on the first page of the questionnaire.

• The OMB disclosure notice (see Appendix I) must be printed on either the questionnaire or in the cover letter.

Recommendations for Printing the HHCAHPS Survey Questionnaire

• Vendors should use best survey practices when formatting the instrument, such as maximizing the use of white space and using simple fonts like Arial.

• Use a two-column format.

• Use a font size of 12 or larger.

• If data entry keying is being used as the data entry method, small coding numbers next to the response choices may be used.
Adding Supplemental Questions to the HHCAHPS Survey

The Agency for Healthcare Research and Quality (AHRQ) developed 10 supplemental questions about home health care, which are included in Appendix J and available on the HHCAHPS Survey website (https://homehealthcahps.org); HHAs may wish to use these questions or add their own agency-specific questions to the HHCAHPS Survey Questionnaire. In addition, one supplemental question must be used if an HHA wishes to request of respondents that their responses may be shared with the HHA. This question is referred to as the “Consent to Share Responses” question and is available in all five languages on the HHCAHPS Survey website. For mixed-mode implementations, however, no Chinese translations are permitted because there is no Chinese translation of the telephone interview.

Guidance for adding the HHCAHPS supplemental questions and the Consent to Share Responses question is as follows:

• All supplemental questions must be placed after the core HHCAHPS Survey questions. Supplemental questions may be placed either before or after the HHCAHPS Survey “About You” questions.

• We strongly recommend that agencies/vendors avoid sensitive questions or lengthy additions, because these will likely reduce expected response.

• Supplemental questions do not need to be approved by or reported to CMS. However, survey vendors should review the appropriateness of supplemental questions added to the HHCAHPS Survey and share any concerns they have directly with the HHA or the HHCAHPS Coordination team. Survey vendors must not include responses to the supplemental questions on the data files that will be submitted to the HHCAHPS Survey Data Center.

• HHAs cannot add questions that repeat any of the survey items in the core HHCAHPS Survey verbatim, even if the response scale is different.

• Supplemental questions cannot be used with the intention of marketing or promoting services provided by the HHA or any other organization.

• Supplemental questions cannot ask sample patients to identify other individuals who may need home health care services because of privacy and confidentiality issues they raise if personally identifiable information (PII) were shared with the HHA without that person’s knowledge and permission.

• Vendors are responsible for translating supplemental questions added to the questionnaire; however, only CMS-approved translations may be used for HHCAHPS Survey questions.
The Consent to Share Responses question, available on the HHCAHPS Survey website, must be added to all questionnaires where an HHA requests that the vendor provide survey responses linked to the respondents’ name and other identifying information. This question is typically placed at the end of the questionnaire, as the last question.

Cover Letter

Examples of cover letters in English, Spanish, Russian, and Vietnamese are provided in the appendices to this manual (see Appendices C–H). Vendors may choose to develop their own cover letter as well, provided that the following requirements are met.

Requirements for Cover Letter

- Cover letters must be personalized with the name and address of the sample member.
- Cover letters must be separate from the questionnaire so that no PII is returned with the questionnaire when the respondent sends it back to the vendor.
- The OMB disclosure notice (see Appendix I) must be printed either on the questionnaire or in the cover letter.
- Vendors may not offer sample members the opportunity to complete the survey over the telephone while the mail survey protocol is being implemented—telephone interviews may only be conducted as part of the nonresponse follow-up.

The following elements must be included in the cover letter:

- Language indicating the purpose of the survey;
- Language indicating that all responses will be grouped together and may be shared with the HHA, for purposes of quality improvement;
- Language requesting the sample member to ask a family member or friend to complete the survey rather than HHA personnel, if help is needed;
- A statement that participation is voluntary and will not affect any benefits the sample member receives or expects to receive;
- The HHA name (or logo); and
- A toll-free customer support telephone number, which will be staffed by the survey vendor.
Recommendations for Cover Letter

- Vendors offering a Spanish, Russian, or Vietnamese version of the questionnaire may add language to the English cover letter indicating that a version of the questionnaire is available in Spanish, Russian, or Vietnamese, or vice versa.

- We recommend that the signature of an appropriate official from the HHA be printed on each cover letter.

Mail Survey Mailing Envelope Requirements

Vendors are required to supply both the outgoing envelopes for the questionnaire mailings and business-reply envelopes that sample members will use to return their completed surveys.

Survey Mailing Requirements

Mailing requirements and recommendations for the HHCAHPS Survey Questionnaire mailings are described below. Vendors are expected to follow these requirements to maximize response rates and ensure consistency in how the mail survey portion of the mixed-mode administration is implemented.

Mail Survey Mailing Requirements

- A specific requirement for mail survey envelopes is that a postage-paid business reply envelope must be included with each questionnaire mailing, pre-addressed to the vendor.

- The questionnaire must be mailed to all sampled cases, regardless of whether the mailing address appears to be complete.

- The mailing must follow the schedule specified for the mixed mode of administration—the questionnaire must be mailed within 3 weeks after the close of the sample month.

- The use of incentives is not permitted.

- Data collection must end 6 weeks after the questionnaire has been mailed.

- The use of proxy respondents is permitted. Other individuals may assist the sample member in reading the survey, marking response options, translating the survey, or answering questions for the sample member. However, the sample member should be advised in the letter not to ask home health care providers or agency personnel to help them complete the survey. Proxy responses are NOT permitted for deceased sample members.

- An employee of a group home may serve as a proxy respondent for a sample patient who lives in the group home and who is physically or mentally incapable of responding to the survey. However, the HHCAHPS survey vendor should ensure that the patient is physically
or mentally incapable of responding for him- or herself, the proxy respondent is an employee of the group home and not the HHA, and the proxy respondent is knowledgeable about the sample patient’s home health care. Provided these conditions are met, employees of the group home may serve as a proxy for the sample patient.

- Sample members with foreign addresses are considered eligible to participate in the HHCAHPS Survey if they meet all other eligibility criteria. Vendors should contact the HHA for the address where the home care was provided, but if no such address can be provided, vendors must mail to the foreign address.

- If the sample member’s address is missing or incomplete, the vendor must follow up with the HHA to obtain the address. Because home health patients receive skilled care in their homes, the HHA must have an address at which the care is delivered. If the HHA cannot provide an address and the patient is sampled, the vendor should treat the patient as eligible and assign the applicable final disposition code to the case.

**Recommendations**

- We recommend that vendors verify mailing addresses obtained from the agencies, using commercial address update services, such as the National Change of Address (NCOA) or the U.S. Postal Service Zip+4 software.

- We recommend that vendors “seed” the mailing. Seeding means including the name and address of designated vendor staff in each mailing file to assess completeness of questionnaire package and timeliness of package delivery.

- We recommend that questionnaires be sent with either first-class postage or indicia, to ensure timely delivery and maximize response rates.

**Data Receipt and Data Entry Requirements**

The following guidelines are provided for receiving and tracking returned questionnaires and entering the data, using either data entry or optical scanning.

**Data Receipt Requirements**

- The date the questionnaire was received from each sample member must be entered into the data record created for each case on the data file.

- Questionnaires should be visually reviewed prior to scanning for notes/comments. Vendors should have more than one person who can code or review comments and attached notes for proper disposition code assignment.
Questionnaires should be logged into the tracking system in a timely manner to ensure that they are taken out of the cases being rolled over to the telephone follow-up activity.

If a completed questionnaire is received from the sample member after telephone follow-up begins and a telephone interview with that sample member has already been completed, retain the questionnaire/interview with the more complete data. If both surveys are equally complete, the vendor should use the first one received/completed.

If a completed mail survey questionnaire is returned and the vendor learns that a sampled patient is deceased and the questionnaire was completed by someone else, it is not acceptable to scan a questionnaire for that patient, even if it was completed by a proxy respondent. If the vendor learns that a sample patient is deceased (via a telephone call from a relative or friend or through a note or comment marked on the completed questionnaire), the vendor should not process (scan) data from the questionnaire, but instead assign the applicable final disposition code to the case to indicate that the sample member is deceased.

A final HHCAHPS Survey status code (see the list in Table 9.1 in Chapter IX) must be assigned to each case.

Optical Scanning Requirements

The scanning program should not permit scanning of duplicate questionnaires.

The scanning program should not permit out-of-range or invalid responses.

A sample of questionnaires (minimum of 10 percent) should be rescanned and compared with the original as a quality control measure. Any discrepancies should be reconciled by a supervisor.

The survey responses marked in a sample of questionnaires (minimum of 10 percent) should be compared to the entries scanned for that case to make sure that the scanning program scanned the marked responses correctly.

If a response mark falls between two answer choices but is clearly closer to one answer choice than to another, select the response that is closest to the marked response.

If two responses are checked for the same question, select the one that appears darkest. If it is not possible to make a determination, leave the response blank and code as “missing” rather than guessing.

If a mark is between two answer choices but is not clearly closer to one answer choice, code as “missing.”
• If a response is missing, leave the response blank and code as “missing.”

• The decision on whether to key the responses to open-ended survey items, specifically the “Some other language” (response option 3) in Q32 and the “Helped in some other way” (response option 5) in Q34, is up to each individual HHA. Vendors will not be required to key and include responses to open-ended survey items on the data files submitted to the HHCAHPS Survey Data Center. CMS, however, encourages survey vendors to review the open-ended entries so that they can provide feedback to the Coordination Team about adding additional preprinted response options to these survey items if needed.

• If the vendor includes the Consent to Share Responses question in the mail survey questionnaire, we recommend that the vendor scan the response to that question. However, responses to the Consent to Share question will not be included on the data files submitted to the HHCAHPS Data Center.

Data Entry Requirements

• The key entry process should not permit keying of duplicate questionnaires.

• The key entry program should not permit out-of-range or invalid responses.

• All questionnaires should be 100 percent rekeyed for quality control purposes. That is, for every questionnaire, a different keyer should rekey the questionnaire to ensure that all entries are accurate. If any discrepancies are observed, a supervisor should resolve the discrepancy and ensure that the correct value is keyed.

• If a response mark falls between two answer choices but is clearly closer to one answer choice than to another, select the answer choice that is closest to the marked response.

• If two responses are marked for the same question, select the one that appears darkest. If it is not possible to make a determination, leave the response blank and code as “missing” rather than guessing.

• If a mark is between two answer choices but is not clearly closer to one answer choice, code as “missing.”

• If a response is missing, leave the response blank and code as “missing.”

• The decision on whether to key the responses to open-ended survey items, specifically the “Some other language” (response option 3) in Q32 and the “Helped in some other way” (response option 5) in Q34, is up to each individual HHA. Vendors will not be required to key and include responses to open-ended survey items on the data files submitted to the HHCAHPS Survey Data Center. CMS, however, encourages survey vendors to review the
open-ended entries so that they can provide feedback to the Coordination Team about adding additional preprinted response options to these survey items if needed.

- If the vendor includes the Consent to Share Responses question in the mail survey questionnaire, we recommend that the vendor key the response to that question. However, responses to the Consent to Share question will not be included on the data files submitted to the HHCAHPS Data Center.

**Staff Training**

All staff involved in the mail survey implementation, including support staff, must be thoroughly trained on the survey specifications and protocols. A copy of relevant chapters of this manual should be made available to all staff as needed.

In particular, staff involved in questionnaire assembly and mailout, data receipt, and data entry must be trained on:

- Use of relevant equipment (case management systems for entering questionnaire receipts, scanning equipment, data entry programs);

- The HHCAHPS Survey protocol specific to their role (for example, contents of questionnaire package, how to document or enter returned questionnaires into the tracking system);

- Decision rules and coding guidelines for returned questionnaires (see *Chapter IX*);

- Proper handling of hardcopy and electronic data, including data storage requirements (see *Chapter VIII*).

Staff involved in providing customer support via the toll-free telephone number should also be trained on the accurate responses to common respondent questions, how to respond to questions when customer support does not know the answer, and the rights of survey respondents. If the HHCAHPS Survey is being offered in a language other than English, customer support staff should also be able to handle questions via the toll-free telephone number in that language. Telephone interviewer training requirements are described in more detail in *Chapter VI* of this manual. Please refer to that chapter for more information on training customer support staff.

**Telephone Interview Development Process**

The following paragraphs describe the requirements for producing all materials and systems needed for the telephone survey. The telephone interview script and the script for telephone interviews with proxy respondents in English, Spanish, Russian, and Vietnamese are available on the HHCAHPS Survey website at [https://homehealthcahps.org/](https://homehealthcahps.org/).
Copies of the telephone interview script and the script for use with proxy respondents can also be found in Appendix C (in English), Appendix D (in Spanish), Appendix G (in Russian), and Appendix H (in Vietnamese). A list of frequently asked interview questions is included in Appendix K. Some general guidelines for telephone interviewer training and monitoring are provided in Appendix L.

Specific requirements and guidelines associated with the telephone interview administration are discussed below.

**Telephone Interviewing Systems**

In electronic interviewing systems, the interviewer reads from and enters responses into a computer program. Using an electronic interviewing system or some other type of electronic data collection system encourages standardized interviewing and monitoring of interviewers. The HHCAHPS Survey mixed-mode administration requires that vendors use an electronic interviewing system to administer the follow-up telephone HHCAHPS Survey. **Paper-and-pencil administration of the HHCAHPS Survey is not permitted.** To ensure that sample members are called at different times of the day and across multiple days of the week, vendors must also have a survey management system. Ideally, the electronic interviewing system will be linked to the survey management system so that cases can be tracked, appointments set and called back at appropriate times, and pending and final case status easily accessed for any case.

Predictive or automatic dialers are permitted, as long as they are compliant with Federal Trade Commission and Federal Communications Commission regulations, and as long as respondents can easily interact with a live interviewer.

**Telephone Interview Script**

Survey vendors will be provided with standardized telephone scripts. These scripts include the introductory screens, in addition to the survey questions. The HHCAHPS Survey Questionnaire script (and telephone interview) contains 32 questions. Questions 1 to 25 are considered the “core” HHCAHPS Survey questions and must be placed at the beginning of the interview. Questions 26 to 32 are the “About You” HHCAHPS Survey questions. Note that the HHCAHPS telephone interview does not include questions 33 and 34 of the mail survey because these questions ask whether someone helped the respondent complete the questionnaire and how that person helped—these are not applicable if the survey is being administered by telephone. However, the survey vendor must indicate on the data file submitted to the HHCAHPS Survey Data Center whether the phone interview was completed by the sample member or a proxy respondent.

The “About You” questions must be administered as a unit, although they may be placed either before or after supplemental questions that the HHA plans to add to the questionnaire, if any. If
the HHA does not plan to add supplemental questions to the questionnaire, the questions in the “About You” section should follow the core set of questions.

Programming requirements for the HHCAHPS Survey telephone follow-up interview are listed below:

- The core HHCAHPS Survey questions must be administered first and in the order in which they appear—vendors cannot change the ordering of these core questions.

- No changes in wording are allowed for either the core questions or core answer choices.

- Agencies may add their own or HHCAHPS Survey supplemental questions, following the guidance below about adding supplemental questions.

- The “About You” questions must be administered as a unit, but may come before or after any agency-specific questions.

- Only CMS-approved translations of the HHCAHPS Survey interview are permitted, although if agencies choose to add supplemental questions, vendors are responsible for translating these questions.

- A proxy telephone interview script is provided in English, Spanish, Russian, and Vietnamese in Appendixes C (in English), D (in Spanish), G (in Russian), and H (in Vietnamese). Vendors are required to administer this script when conducting proxy interviews; therefore, vendors must program the script for electronic administration for each language the vendor offers.

- On the data files submitted to the Data Center, survey vendors must indicate whether the interview was completed by a proxy respondent; therefore, the electronic interview should be programmed to indicate whether the interview was completed by the sample member or a proxy respondent.

### Adding Supplemental Questions

- Agencies/vendors may add their own or the HHCAHPS supplemental questions to the HHCAHPS Survey telephone interview.

- All supplemental questions must be placed after the core HHCAHPS Survey questions. Supplemental questions may be placed either before or after the HHCAHPS Survey “About You” questions.

- It is strongly recommended that agencies/vendors avoid sensitive questions or lengthy additions, because these will likely reduce expected response.
• Supplemental questions do not need to be approved by or reported to CMS. However, survey vendors should review the appropriateness of supplemental questions added to the HHCAHPS Survey and share any concerns they have directly with the HHA or the HHCAHPS Coordination team.

• HHAs cannot add questions that repeat any of the survey items in the core HHCAHPS Survey verbatim, even if the response scale is different.

• Supplemental questions cannot be used with the intention of marketing or promoting services provided by the HHA or any other organization.

• Supplemental questions cannot ask sample patients to identify other individuals who may need home health care services because of privacy and confidentiality issues they raise if personally identifiable information (PII) were shared with the HHA without that person’s knowledge and permission.

• Vendors are responsible for translating any non-CAHPS supplemental questions; only CMS-approved translations may be used for HHCAHPS Survey questions, however.

• As noted above in the section on the mail survey questionnaire, one supplemental question must be used if an HHA wishes to request of respondents that their responses may be shared with the HHA. This question is referred to as the “Consent to Share Responses” question and is available in all five languages on the HHCAHPS Survey website. It is typically placed at the end of the interview.

**Telephone Interviewing Requirements**

Telephone interviewing requirements and recommendations for the HHCAHPS Survey interview are described below. Vendors are expected to follow these requirements to maximize response rates and ensure consistency in how the telephone follow-up is implemented in the mixed mode of administration.

**Telephone Contact**

• Vendors must attempt to contact every sample member included in the sample. Vendors must make a minimum of five contact attempts for each nonrespondent to the mail survey, unless the sample member refuses or the vendor learns that the sample member is ineligible for the survey.

• A telephone contact attempt is defined as one of the following:
  - the telephone rings six times with no answer;
• the interviewer reaches a household member and is told that the sample member is not available to take the call;

• the interviewer reaches the sample member and is asked to schedule a call-back at a later date; or

• the interviewer gets a busy signal on each of three consecutive phone call attempts, spaced at least 20 minutes apart.

• Vendors may make more than one phone call in one 7-day period but cannot make all five attempts in one 7-day period. Vendors should keep in mind that some home health patients may be sicker than some other patient populations, and may be hospitalized when some of the initial calls are made. Scheduling calls to take place over a longer period of time may reach patients who may be unavailable the first week of the data collection period.

• Contact with a sample member may be continued after five attempts if the fifth attempt results in a scheduled appointment with the sample member, as long as the appointment is within the data collection period.

• Phone calls must be made at different times of the day (i.e., morning, afternoon, and evening) and different days of the week throughout the data collection period.

• Interviewers may not leave voicemail messages on answering machines or leave messages with household members.

• Vendors must be able to provide a phone call log that keeps track of the date and time phone calls were made for each sample member.

• If the vendor finds out that a sample member is ineligible for the HHCAHPS Survey, the vendor must immediately stop further contact attempts with that sample member.

• Telephone interviewing must follow the schedule specified for the mixed mode of administration, with the first phone contact initiated approximately 3 weeks after the questionnaire is mailed and all phone contacts ending 3 weeks after phone contact begins.

• The use of incentives is not permitted in the telephone follow-up portion of the mixed-mode survey administration.

• The use of proxy respondents is permitted. Other individuals may assist the sample member in answering questions or answer questions on the sample member’s behalf as long as the sample member is physically or mentally incapable of completing an interview. Proxy respondents may not be used for sample members who simply “do not want” to participate. Further, the sample member should be advised not to ask for help from HHA providers or
home health aides, nor should interviewers conduct proxy interviews with HHA personnel. Proxy responses are NOT permitted for deceased sample members.

- An employee of a group home may serve as a proxy respondent for a sample patient who lives in the group home and who is physically or mentally incapable of responding to the survey. However, the HHCAHPS survey vendor should ensure that the patient is physically or mentally incapable of responding for him- or herself, the proxy respondent is an employee of the group home and not the HHA, and the proxy respondent is knowledgeable about the sample patient’s home health care. Provided these conditions are met, employees of the group home may serve as a proxy for the sample patient.

- If a respondent begins the interview but cannot complete it during the call for a reason other than a refusal, the vendor should follow up with the respondent to complete the entire interview. This follow-up should be done even if the respondent answered enough questions in the interview for the case to pass the completeness criteria. It is especially important to complete the questions in the “About You” section of the questionnaire, because data from some of those questions will be used in patient-mix adjustment.

- The vendor must be able to offer the interview in any of the languages for which an HHA has contracted, even if the language is different from the language that the HHA believes the sample member will require. That is, the vendor must be able to toggle back and forth between available languages.

- Sample members are still eligible even if they have missing, incomplete, or foreign phone numbers. The vendor should contact the HHA to obtain the telephone number for the address where home care was delivered. If the HHA cannot provide this number, the vendor should attempt to obtain a telephone number for the sample patient from other sources (directory assistance, Internet directories, etc.). If the vendor still cannot obtain a telephone number, the vendor should code the case as code 340—wrong, disconnected, no telephone number.

- If a respondent decides after he or she has answered some of the questions in the telephone interview that he or she does not wish to participate in the survey any longer, the vendor should code the case as a refusal. The interviewer should not use the partial data that were obtained before the interview was terminated. This protocol applies even if the respondent answered enough questions in the interview for the case to pass the completeness criteria. Note that this is different from the respondent saying that he or she does not wish to continue an interview. If the respondent breaks off the interview but does not state that he or she does not wish to participate in the survey, the data may be used as long as the interview meets the completeness criteria. The vendor may then code the case as a completed interview if the case passes the completeness criteria; otherwise it should be coded as a breakoff/partial data.
Contacting Difficult-to-Reach Sample Members

- Although not required, we strongly recommend that survey vendors verify telephone numbers obtained from the HHA, using a commercial address/telephone database service or directory assistance.

- We recommend that vendors attempt to identify a new or updated telephone number for any sample member whose telephone number is no longer in service when called and for sample patients who have moved so that the sample members can be contacted prior to the end of the data collection period.

- If the sample member’s telephone number is incorrect, the interviewer may ask the person who answers the phone for the sample member’s phone number.

- If the sample member is temporarily ill, on vacation, or unavailable during initial contact, the interviewer should attempt to recontact the sample member before the data collection period ends.

- If the sample member does not speak the language in which the interview is being conducted, the interviewer should thank the sample member for his or her time, terminate the interview, and code the case as 230, “Ineligible: Language Barrier.”

- If a sample member is physically or mentally incapable of responding by telephone, a proxy interview may be conducted with a family member or friend. Under no circumstances should an interviewer conduct the interview with an HHA provider or home health aide.

- For sample members who are living in institutions (nursing homes, assisted living, etc.), HHCAHPS Survey vendors should contact the HHA to obtain a direct-dial telephone number for the patients who live in those facilities. Because health care is delivered in the patient’s home, the HHA should have a direct-dial number for the patient to reach the patients to arrange and schedule home care. If the HHA cannot provide a direct-dial telephone number for the sample patient, try to obtain the sample member’s telephone number using other sources, such as a telephone number lookup service, directory assistance, or Internet telephone survey directories. If vendors cannot obtain a telephone number for the sample patient, they should assign a disposition code of “Missing/Disconnected Number” to the sample case.

Interviewer Training

Vendors must provide training to all telephone interviewing and customer support staff prior to starting telephone survey data collection activities. The telephone interview training must include the following:
• Teaching interviewers how to establish rapport with the respondent;

• Teaching interviewers the content and purpose of the interview so that they can effectively communicate this information to the sample members;

• Teaching interviewers to administer the interview in a standardized format (reading the questions as they are worded, not providing the respondent with additional information that is not scripted, maintaining a professional manner, and adhering to all quality control standards);

• Teaching interviewers how to administer the script for use with proxy respondents;

• Teaching interviewers how to use effective neutral probing techniques;

• Teaching interviewers to use the FAQs document so that they can answer questions in a standardized format; and

• Teaching multilingual customer support staff how to handle questions in English and the other language(s) in which the survey is being offered.

Survey vendors should also provide telephone survey supervisors with an understanding of effective quality control procedures to monitor and supervise interviewers.

Vendors must conduct an interviewer certification process of some kind—either oral, written, or both—for each interviewer and customer service staff member prior to permitting that person to make or take calls on the HHCAHPS Survey. The certification should be designed to assess the interviewer’s level of knowledge and comfort with the HHCAHPS Survey instrument and ability to respond to sample members’ questions about the survey. Documentation of training and certification of all telephone interviewers and customer support staff and outcomes will be subject to review during oversight visits by the HHCAHPS Coordination Team.

**Distressed Respondent Procedures**

Of critical importance is the need for survey vendors to develop a “distressed respondent protocol,” to be incorporated into all interviewer and help desk training. Handling distressed respondent situations requires balancing keeping PII and private health information (PHI) confidential and helping a person who needs assistance. For survey research organizations, best interviewing practices recommend having a distressed respondent protocol in place for handling distressed respondents, which balances the respondent’s right to confidentiality and privacy and providing assistance, if the situation indicates that the respondent’s health and safety are in jeopardy.
Each approved HHCAHPS Survey vendor is expected to have procedures in place for handling distressed respondent situations and to follow those procedures. CMS and the HHCAHPS Coordination Team cannot provide guidelines on how to evaluate or handle distressed respondents. However, survey vendors are urged to consult with their organization’s Committee for the Protection of Human Subjects Institutional Review Board (IRB) for guidance. In addition, professional associations for researchers, such as the American Association of Public Opinion Researchers (AAPOR), may be able to provide guidance regarding this issue. The following is an excerpt from AAPOR’s website that list resources for the protection of human subjects. More information about protection of human subjects is available at AAPOR’s website at http://www.aapor.org.6

- The Belmont Report (guidelines and recommendations that gave rise to current federal regulations)
- Federal Regulations Regarding Protection of Human Research Subjects (45 CFR 46) (also known as the Common Rule)
- Federal Office for Human Research Protections (OHRP)
- NIH Human Participant Investigator Training (although the site appears to be for cancer researchers, it is the site for the general investigator training used by many institutions)
- University of Minnesota Web-Based Instruction on Informed Consent

**Telephone Data Processing Procedures**

The following guidelines are provided for ensuring that the telephone interview data are properly processed and managed.

**Telephone Data Processing Requirements**

- A unique SID number must be assigned to each sampled case and included in the case management system and on the final data file for each sample member.
- Vendors must enter the date the interview was conducted with each sample member in the survey management system or in the interview data.

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• Vendors must be able to link each telephone interview to their survey management system, so that appropriate variables, such as the language in which the survey was conducted, can be pulled into the final data file.

• Vendors must de-identify all telephone interview data when the data are transferred into the final data file for delivery. Identifiable data include respondent name and contact information.

• Vendors must assign a final HHCAHPS Survey status or disposition code to each case (see Chapter IX for a list of these codes) and include a final disposition code for each sampled case in the final data file. It is up to the vendor to develop and use a set of pending disposition codes to track actions on a case before it is finalized appropriately—pending disposition codes are not specified in the HHCAHPS Survey protocol.

**Mixed Mode Quality Control Guidelines**

The following steps are required or recommended as a means of incorporating quality control into the mixed-mode survey administration procedures. Quality control checks should be conducted by a different staff person than the one who completed the task. Some of these are mentioned earlier in the chapter.

**Mail Protocol (required)**

• Check a minimum of 10 percent of all printed materials to ensure the quality of the printing—that is, make sure that there is no smearing, misaligned pages, duplicate pages, or stray marks on pages.

• Check a minimum of 10 percent of all outgoing questionnaire packages to ensure that all package contents are included and that the same unique SID number appears on both the cover letter and the questionnaire.

• A sample of questionnaires (minimum of 10 percent) should be rescanned and compared with the original as a quality control measure. Any discrepancies should be reconciled by a supervisor.

• All questionnaires should be 100 percent rekeyed for quality control purposes. That is, for every questionnaire, a different keyer should rekey the questionnaire to ensure that all entries are accurate. If any discrepancies are observed, a supervisor should resolve the discrepancy and ensure that the correct value is keyed.
Mail Protocol (recommended)

- Verify that sample members’ mailing addresses provided by the HHA are correct by using commercial address update services, such as the NCOA or the U.S. Postal Service Zip+4 software. Note that cases with incomplete mailing addresses must remain in the sample.

- “Seed” the mailing. That is, include the name and address of designated vendor staff in the mailing file to assess completeness of questionnaire package and timeliness of package delivery.

- We highly recommend that before submitting data to the HHCAHPS Survey Data Center, vendors compare the responses coded on the hardcopy questionnaire for a sample of cases with the responses that were actually scanned with the response codes that appear on the XML file that will be submitted to the Data Center. This quality control step will ensure that the responses included in the XML files accurately reflect the sample patients’ responses to the survey questions.

Vendors are urged to develop a way to measure error rates for their data receipt staff (in terms of recognizing marginal notes and passing these on to someone for review), for data entry or scanning operators, and for coders. Vendors should then work with their staff to minimize error rates. The Coordination Team will request information about data receipt and processing error rates during site visits to survey vendors.

Telephone Protocol

The following activities are required as methods to incorporate quality control into the survey administration procedures for the telephone follow-up portion of the mixed-mode survey administration. Quality control of telephone interviewers and customer support staff should include the following activities:

- Written documentation that all telephone interviewing and customer support staff have been properly trained prior to interviewing. Copies of interviewer certification exam scores should be retained as well. Documentation should be maintained for any retraining required and will be subject to review during oversight visits.

- Although not required, we recommend that vendors conduct regular Quality Circle meetings with telephone interviewing and customer support staff to obtain feedback on issues relating to telephone survey administration or handling inbound calls.

- Survey vendors must establish and communicate clear telephone interviewing quality control guidelines for their staff to follow. These guidelines should be used to conduct the monitoring and feedback process and should include clear explanations of the consequences
of not following protocols, including actions such as removal from the project or termination of employment.

- Vendors must silently monitor a minimum of 10 percent of all telephone interviews to ensure that correct administration procedures are being followed.

- Supervisory staff monitoring telephone interviewers should use the computer-assisted telephone interviewing (CATI) or alternative electronic system to observe the interviewer conducting the interview while listening to the audio of the call at the same time.

- Monitoring staff or supervisors should provide performance feedback to interviewers as soon as possible after the monitoring session has been completed.

- Interviewers should be given the opportunity to correct deficiencies in their administration through additional practice or retraining; however, interviewers who receive consistently poor monitoring scores should be removed from the project.

- There are federal and state laws and regulations relating to the monitoring/recording of telephone calls. In certain states, consent must be obtained from every party or conversation if it involves more than two people (“two-party consent”). When calling sample members who reside in these states, survey vendors should not begin either monitoring or recording the telephone calls until after the interviewer has read the following statement:

  “This call may be monitored or recorded for quality improvement purposes.”

- All HHCAHPS Survey vendors are responsible for identifying and adhering to federal and state laws and regulations in the states in which it will be administering the HHCAHPS.

- Vendors should conduct periodic reviews of their XML data files by comparing at least 50 completed telephone interview responses directly from their CATI system to the values output in the XML file. Doing this monthly review will ensure that the responses are being accurately captured and output to the XML file.

**Conducting the HHCAHPS Survey With Other HHA Surveys**

Some HHAs may wish to conduct other patient surveys in addition to the HHCAHPS Survey to support internal quality improvement activities. An announcement providing guidance for

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7 The following states currently require two-party or all-party consent when telephone calls are monitored or audiotaped: California, Connecticut, Delaware, Florida, Illinois, Maryland, Massachusetts, Michigan, Montana, New Hampshire, Pennsylvania, and Washington.
conducting other surveys in conjunction with the HHCAHPS Survey was posted on the HHCAHPS Survey website on May 28, 2010, and is presented below.

- HHAs can include questions that ask for more in-depth information about HHCAHPS issues but should not repeat the HHCAHPS questions or include questions that are very similar.

- HHAs may not ask their patients why they gave a certain response or rating to any of the HHCAHPS Survey questions.

The following are some examples of the types of questions that should not be included in any other surveys the agency conducts.

- “Did the home health agency office answer all of your questions?” (This question is similar to Q22 in the HHCAHPS Survey Questionnaire.)

- “On a scale of 0 to 10, how would you rate the home health care you received?” (This question is the same as Q20 in the HHCAHPS Survey Questionnaire.)

- “Would you recommend this agency to your family or friends?” and “Would you recommend our services or call us in the future?” (These questions are similar to Q25 in the HHCAHPS Survey Questionnaire.)

- “Was our staff friendly, professional, and courteous?” (This question is similar to Q19 in the HHCAHPS Survey Questionnaire.)
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VIII. CONFIDENTIALITY AND DATA SECURITY

Overview

This chapter describes the requirements and guidelines for protecting the identity of sample members included in the survey sample, confidentiality of respondent data, and ensuring data security. The chapter begins with a discussion of how confidential data should be handled and the importance of confidentiality agreements. The last section in this chapter provides information about the importance of establishing and maintaining physical and electronic data security.

Safeguarding Patient Data

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is legislation intended to protect private medical information and to improve the efficiency of the health care system. This law went into effect April 14, 2003.

The type of information protected under HIPAA is called “protected health information,” or PHI. PHI is defined as personally identifiable information that relates to a person’s past, present, or future health or medical treatment. If the health information is completely de-identified, it is no longer PHI and can be released. HIPAA also applies to electronic records, whether they are being stored or transmitted. All vendors approved to implement the Home Health Care CAHPS (HHCAHPS) Survey must adhere to HIPAA requirements. That is, vendors must safeguard any and all data collected from sample members as required by HIPAA. Vendors should therefore stress to their home health agency (HHA) clients the importance of sending the monthly patient information files in a manner which adheres to HIPAA guidelines, at a minimum encrypting the patient information files prior to sending them to their vendor.

Vendors must adhere to the following requirements when conducting the HHCAHPS Survey. Each of these is discussed in more detail in the paragraphs that follow.

• Confidential data must be kept secure as described in this chapter.

• Access to confidential data must be limited to authorized staff members.

• Vendors must develop procedures for identifying and handling breaches of confidential data.
• No data that can identify a sample member can be included on HHCAHPS Survey data files submitted to the HHCAHPS Data Center. That is, all file submissions must contain de-identified data.

State Regulations and Laws Protecting Patients With Specific Conditions/Ilnesses

As indicated in Chapter IV of this manual, some states have additional regulations and laws governing the release of patient information for patients with specific illnesses or conditions, and for other special patient populations, including patients with HIV. It is the HHA’s responsibility to identify any applicable state laws and regulations and exclude patients from the survey as required by the law or regulation.

Confidential Data Must Be Kept Secure

Any identifying information associated with a patient should be considered private and must be protected. When the sample frame information is received from an HHA, it will contain private information, such as the name and address or telephone number of the patient, and other information such as diagnoses or reason for the home health care. From the moment the vendor receives sample frame information, the data must be handled in a way to ensure that the patient information is kept confidential and that only authorized personnel have access to it.

Examples of ways to keep confidential data secure include storing the data electronically in password-protected locations and limiting the number of staff with access to the password. For confidential information that is obtained on hard copy, data should be kept in a locked room or file cabinet, with access restricted to authorized staff. Confidential data should not, under any circumstances, be removed from the survey vendor’s place of business, either in electronic or hardcopy form, even by survey vendor staff. Confidential data should not be stored on laptop computers unless those laptops have data encryption software to protect the information should the laptop be lost or stolen.

Limit Access to Confidential Data to Authorized Staff

Survey vendors should consider carefully who needs access to confidential HHCAHPS Survey data and then ensure that only those staff have access to the data. For example, the sampling manager will need access to the agency sample frame to select the sample. However, information on the frame does not need to be included in every data file—although names and addresses need to be provided in the file used to create cover letters, other PHI does not have to be on that file.

Any staff who will be working with data about home health patients should sign a confidentiality agreement specific to the HHCAHPS Survey implementation (see the paragraph on Confidentiality Agreements for more information).
Develop Procedures for Identifying and Handling Breaches of Confidential Data

Survey vendors are required to develop protocols for identifying when there has been a breach of security with HHCAHPS Survey data, including when an unauthorized individual has gained access to confidential information and when an authorized individual has distributed confidential data in an unauthorized manner. The vendor’s plans must include a system to notify the vendor’s HHCAHPS Survey Project Manager in a timely manner of a security breach, a means to detect the level of risk represented by the breach in security, and a means to take corrective action against the individual who created the breach and any persons affected by the breach, including sample members.

Provide Only De-identified Data Files to the HHCAHPS Survey Data Center

Although vendors will have access to confidential information about home health patients, none of the data files submitted to the HHCAHPS Survey Data Center may contain any confidential information (i.e., any information that would identify a sample member). All files submitted to the HHCAHPS Survey Data Center must contain de-identified data only. Therefore, only the unique patient sample identification (SID) number that the survey vendor assigns to each sample member should be included on the file for each data record. (There will be a data record for each patient sampled.)

Providing De-Identified HHCAHPS Response Data to Home Health Agencies

HHCAHPS Survey approved vendors can provide responses linked to a sample patient’s name and other identifying information only if the sample patient gives his or her consent on the “Consent to Share Identifying Information” question. Although it is acceptable to provide de-identified survey responses to the core HHCAHPS questions (Questions 1–25) without the patient’s consent to share his or her survey responses, providing survey responses to the questions that ask for health status and demographic information (Questions 26–32) may enable HHAs with small sample sizes to link survey responses to a specific patient. Therefore, it is acceptable for vendors to provide their client HHAs responses to the “About You” questions (Questions 26–32) in aggregate form only if there are a minimum of 10 patients who responded to the question. For example, if nine or fewer patients provided a response to Q31, it is not acceptable to provide de-identified results (even aggregated) for Q31 to the HHA. Similarly, if 10 or more respondents provided an answer to Q27, it is acceptable to provide de-identified results for Q27 to the HHA.

Confidentiality Agreements

Survey vendors are required to obtain a signed affidavit of confidentiality from all staff, including subcontractors, who will work on the HHCAHPS Survey implementation. This
includes individuals who will be working as telephone interviewers or staffing the customer support line and individuals working in data receipt or data entry positions. Copies of the signed agreements should be retained by the project manager as documentation of compliance with this requirement, because vendors will be asked to provide this documentation during site visits by the HHCAHPS Survey Coordination Team.

Physical and Electronic Data Security

Vendors must take appropriate actions to safeguard both the hardcopy and electronic data obtained during the course of implementing the HHCAHPS Survey, including data obtained from agencies and data provided by survey respondents.

The following are measures vendors should take to ensure physical and electronic data security:

- Paper copies of questionnaires or sample frame information must be stored in a secure location, such as a locked file cabinet or within a locked room. **At no time should paper copies be removed from the vendor’s premises, even temporarily.**

- Electronic data must be protected. Electronic security measures may include firewalls, restricted access levels, or password-protected access.

- Data stored electronically must be backed up nightly or more frequently to minimize data loss.

- Electronic images of paper questionnaires or keyed data, including computer-assisted telephone interview or alternative electronic system data, should be retained for 3 years, also in a secure location at the vendor’s facility.

- Paper copies of questionnaires must be stored in a secure location at the vendor’s facility, such as a locked room or file cabinet, for 3 years. Paper copies of questionnaires do not need to be kept if electronic images of the questionnaires are being kept instead.
IX. DATA PROCESSING AND CODING

Overview
This chapter describes the requirements and guidelines for creating and assigning a unique sample identification (SID) number to each sample member, decision rules related to processing returned mail survey questionnaires, assignment of survey disposition codes, and quality control measures. In addition, procedures and steps for determining whether a returned survey meets the definition of a completed survey and information about how survey response rates are calculated are provided in this chapter.

Sample Identification Numbers
A unique numeric or alphanumeric SID number must be assigned to each patient included in the Home Health Care CAHPS (HHCAHPS) Survey sample. Vendors will use the SID to track efforts to complete the survey with each sample member throughout the data collection period. When creating and assigning SID numbers to sampled cases, follow the guidelines listed below.

- The SID number assigned to a sample member cannot contain any combination of letters or numbers that could link the SID with a particular sample member or a particular home health agency (HHA). For example, no part of the sample member’s name, address, date of birth, telephone number, Social Security number, or dates of home health care visits or an HHA CMS Certification Number (CCN) can be included in the unique SID created and assigned to the sample member.

- The SID can be a numeric or alphanumeric variable; however, it must have a minimum length of 6 and a maximum length of 16 characters.

- Vendors must assign new SID numbers to the new set of patients sampled each month. Vendors must not reuse the same SID number.

- If a patient is sampled more than once in a calendar year or across multiple calendar years, the vendor must assign a new SID number to that patient each time he or she is sampled.
Data Processing Decision Rules and Coding Guidelines

Guidelines and procedures for handling ambiguous, missing, or inconsistent survey responses from returned mail survey questionnaires are provided below. Note that these guidelines should be followed regardless of whether the vendor is using optical scanning or data entry to enter data from completed questionnaires.

Mail Surveys

In mail surveys some respondents may choose not to answer particular questions, and others may not clearly mark their answer choices. Use the following rules to handle missing or ambiguous responses when processing completed questionnaires from HHCAHPS Survey mail survey respondents.

- If a response mark falls between two answer choices but is clearly closer to one answer choice than to another, select the response that is closest to the marked response.

- If two responses are checked for the same question, select the one that appears darkest. If it is not possible to make a determination, leave the response blank and code as “missing” rather than guess.

- If a mark is between two answer choices but is not clearly closer to one answer choice, code as “missing.”

- Note that the only survey items in the HHCAHPS Survey where two or more answers are acceptable are Questions 31 and 34, which ask the sample member to check all answer choices that are applicable to him or her. Note that these questions instruct the respondent to “Please select one or more” (for Question 31) or to “Please check all that apply” (for Question 34). For both of these questions, enter responses for all of the categories that the respondent marked.

- If a response is missing, leave the response blank and code it as “Missing.”

Skip Patterns

Some of the questions included in the HHCAHPS Survey instrument are “screening” questions—that is, they are designed to determine whether one or more follow-up questions about the same topic are applicable to the respondent. The respondent is directed to the next applicable question by a “skip” instruction printed beside the answer choice that he or she marks.

In mail surveys, some respondents may answer the screening question but leave applicable follow-up questions blank. In other cases, some respondents will mark an answer to follow-up questions that are not applicable to them (based on the answer to the screening question). Yet in other cases, some respondents will answer both the screening and follow-up questions with
responses that contradict each other. Use the following rules for completed HHCAHPS Survey Questionnaires.

**Decision Rules for Coding Screening Questions (Qs. 1, 11, 21, 22, and 33)**

- Key or scan the response provided by the respondent.

- If the screener question is left blank, code it as “Missing.”

- If the answer to Q1 on the mail survey is “No,” which implies that the respondent is ineligible, but some or all of the rest of the questions in the survey have been answered, key or scan all responses given, including the “no” response to Q1. If the questionnaire meets the completeness criteria, code the questionnaire as a completed survey, regardless of the “No” response provided in Q1.

- If the answer to Q1 on the mail survey is missing, but some or all of the rest of the questions in the survey have been answered, key or scan all of the responses marked, including the “M” response to Q1. If the questionnaire meets the completeness criteria, code the questionnaire as a completed survey, regardless of the fact that no response was provided in Q1.

- If the answer to Q1 on the telephone survey is “No,” the code assigned should be 220- Ineligible: Does Not Meet Eligible Population Criteria. These cases should not be assigned a partial interview or breakoff code, as answering “No” indicates that the sample member is not eligible.

**Decision Rules for Coding Follow-Up Questions (Qs. 12–14, 22, 23, and 33)**

- Enter the response provided by the respondent whenever one is given, regardless of whether the response agrees with the screener question. For example, if the respondent answers “No” to the screener question and then gives a value to the follow-up question instead of skipping it, that is acceptable—the response must still be keyed or scanned.

- If the follow-up question is left blank (correctly) because the respondent answered the screener question as “No,” code the follow-up question as “Not Applicable.”

- If the follow-up question is left blank (incorrectly) because the respondent skipped it rather than answering it, enter “Missing” for the follow-up response.

To summarize, when follow-up questions are appropriately skipped, the follow-up question response should be coded as “Not Applicable,” which is Code 8. When follow-up questions are incorrectly answered, enter the response that the respondent provides.
**Decision Rules for Coding Survey Responses Marked Outside of the Response Box**

Although HHCAHPS Survey mail questionnaires use response bubbles or boxes, vendors may receive surveys where a response is marked outside the response box. CMS and the HHCAHPS Coordination Team acknowledge that there are some instances where it is acceptable to consider a response “marked,” even if the response box itself is not marked. However, to minimize the opportunity for coding interpretation errors among vendors, HHCAHPS requests that all responses or response boxes that are not circled, checked, underlined, or in some other way clearly designated by the respondent (i.e., the respondent writes the exact wording of a response to the right of the response options) be coded as “Missing.”

Although some text or marks to the right of the response options may seem to point to a particular response, many times the respondent’s intent is not clear. This opens the door to nonstandardized interpretations from vendor to vendor. To provide some visual guidance on what is expected, we have offered three examples below of when it is acceptable to code a response and two examples of when it is not acceptable to code a response.

---

**When it is Acceptable to Code a Response**

**Example 1:**

In this first example, the respondent has circled a response. The respondent’s intention is clear.

13. In the last 2 months of care, did home health providers from this agency talk with you about **when** to take these medicines?

- [ ] Yes
- [ ] No
- [ ] I did not take any new prescription medicines or change any medicines

**Example 2:**

In this second example, the respondent has underlined a response. The respondent’s intention is clear.

14. In the last 2 months of care, did home health providers from this agency talk with you about the **side effects** of these medicines?

- [ ] Yes
- [ ] No
- [ ] I did not take any new prescription medicines or change any medicines
Example 3:

In this third example, the respondent has placed a check mark very close to a response. Again, the respondent’s intention is clear.

15. In the last 2 months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home?
   - Never
   - Sometimes
   - Usually ✓
   - Always

When it is NOT Acceptable to Code a Response

Example 1:

In this example, the respondent has placed a check mark to the right of the response boxes. It is not clear which response was intended.

18. In the last 2 months of care, how often did home health providers from this agency listen carefully to you?
   - Never ✓
   - Sometimes
   - Usually
   - Always

Example 2:

In this example, the respondent has placed a check mark to the right of the response boxes. It is not clear which response was intended.

19. In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect?
   - Never ✓
   - Sometimes
   - Usually
   - Always
Survey Disposition Codes

Understanding and appropriately using the HHCAHPS Survey disposition codes is required for successful administration and completion of the HHCAHPS Survey. Survey disposition codes, which are also referred to as status codes, are used to track the current status of a sampled case as it moves through the survey process. For example, a status code is used to designate that the first questionnaire has been mailed, and another status code is used to indicate that the questionnaire has been received. Status codes can be interim (meaning that they are expected to change as the case moves through the rest of the survey process) or final (meaning that no further action will be taken with that case).

This section provides a list and description of the final disposition codes that are to be used on the HHCAHPS Survey, for mail-only, telephone-only, and mixed-mode surveys. It is up to the vendor to designate interim status codes to use to track the pending status of a case. However, the vendor must select and assign the applicable code from the disposition codes shown in Table 9.1 for each sampled case included on the data file submitted to the HHCAHPS Survey Data Center.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
</table>
| 110  | Completed Mail Survey<sup>8</sup>  
The respondent answered at least 50 percent of the questions based on the specific completeness criteria. Assign this code for mail-only cases if the sample member responded to the questionnaire mailing and for mixed-mode cases if the sample member responded by mail. |
| 120  | Completed Phone Interview  
The respondent answered at least 50 percent of the questions based on the specific completeness criteria. Assign this code if the interview was completed by phone and for mixed-mode cases if the sample member responded by phone. |
| 210  | Ineligible: Deceased  
Assign this code if the sample member is reported as deceased during the course of the survey period. |

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<sup>8</sup> Refers to the definition of a completed survey, which is discussed later in this chapter.
### Table 9.1
HHCAHPS Survey Disposition Codes (continued)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
</table>
| 220  | **Ineligible: Does Not Meet Eligible Population Criteria**<sup>9</sup>  
Assign this code if it is determined during the data collection period that the sample member does not meet all of the required eligibility criteria for being included in the survey sample. This includes the following:  
- The sample member is under age 18.  
- The sample member's home health care was not paid for by either Medicare or Medicaid.  
- The sample member reports that he or she did not have at least one skilled care visit by the sample HHA during the sample month.  
- The sample member reports that the home health visits she received were for routine maternity care only.  
- It is reported that the sample member was discharged to hospice care during the sample month.  
- The sample member answers “No” to Q1 and no additional questions in the survey instrument are answered.  
A full listing of eligibility criteria is provided in **Chapter IV** of this manual. |
| 230  | **Ineligible: Language Barrier**  
Assign this code to sample members who do not speak one of the approved HHCAHPS Survey language(s). |
| 240  | **Ineligible: Mentally or Physically Incapacitated/No Proxy Available**  
Assign this code if it is determined that the sample member is unable to complete the survey because he or she is mentally or physically incapable and no proxy is available to complete the survey on his or her behalf. This includes sample members who are visually impaired (for mail surveys only) or hearing impaired (for telephone surveys only). |
| 310  | **Break-Off**  
This code should be assigned if the sample member completes some responses but not enough to meet the completeness criteria. |
| 320  | **Refusal**  
This code should be assigned if the sample member indicates either in writing or verbally (for telephone administration) that he or she does not wish to participate in the survey. |
| 330  | **Bad Address/Undeliverable Mail**  
*This code should be assigned only when using the mail-only mode.* It should be assigned if it is determined that the sample member’s address is bad (e.g., the questionnaire is returned by the Post Office as undeliverable with no forwarding address). |

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<sup>9</sup> See **Chapter IV** for eligibility rules for the HHCAHPS Survey.
Table 9.1
HHCAHPS Survey Disposition Codes (continued)

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>340</td>
<td>Wrong, Disconnected, or No Telephone Number</td>
</tr>
<tr>
<td></td>
<td>This code will be used in telephone-only or mixed-mode survey administration. Because the telephone follow-up represents the last attempt to reach the sample member for mixed-mode survey administration, this code should be used even if it is determined that the mailing address is also bad. This code should be assigned if it is determined that the telephone number is bad (disconnected, no telephone number available, etc.).</td>
</tr>
<tr>
<td>350</td>
<td>No Response After Maximum Attempts</td>
</tr>
<tr>
<td></td>
<td>This code can be used in all three approved data collection modes. It should be assigned when the contact information for the sample member is assumed to be viable, but the sample member does not respond to the survey/cannot be reached during the data collection period. This code should be assigned to completed surveys received after the data collection period for the sample month ends.</td>
</tr>
<tr>
<td></td>
<td>Mail-Only Mode</td>
</tr>
<tr>
<td></td>
<td>• This code should be assigned if the sample member’s address is viable but he or she does not respond to either the first or second questionnaire mailing during the data collection period. Assign this code only if work on the case has not resulted in a completed survey or other final disposition code.</td>
</tr>
<tr>
<td></td>
<td>• This code should be assigned if the initial questionnaire is returned blank and the second questionnaire is never returned.</td>
</tr>
<tr>
<td></td>
<td>Telephone-Only Mode</td>
</tr>
<tr>
<td></td>
<td>• This code should be assigned if it is determined that the telephone number is viable but the minimum number of telephone attempts (five) did not result in a completed interview or other final disposition code.</td>
</tr>
<tr>
<td></td>
<td>Mixed Mode</td>
</tr>
<tr>
<td></td>
<td>• This code should be assigned if it is determined that the address and telephone number are viable but the maximum number of contact attempts (i.e., the questionnaire mailing and five telephone attempts) did not result in a completed survey or another final disposition code.</td>
</tr>
</tbody>
</table>

Differentiating Between Disposition Codes 330 (Nonresponse: Bad Address), 340 (Bad/No Telephone Number), and 350 (No Response After Maximum Attempts)

**Code 330: Nonresponse: Bad Address** should be assigned only if there is evidence that the patient’s address is not viable. Evidence that the address is not viable includes the following:

- The HHA does not provide an address for the sample member and the vendor has attempted but failed to obtain an address;
- The questionnaire is returned as “undeliverable, no forwarding address”; and
- The questionnaire is returned as “address or addressee unknown” or some other reason the mail was not delivered.
The vendor is strongly encouraged to use an outside address update service prior to mailing questionnaires to ensure that the most accurate mailing address is used. Similarly, if a questionnaire is returned as undeliverable, the vendor is strongly encouraged to attempt to locate a new address prior to the second questionnaire mailing.

**Code 340: Nonresponse: Bad or No Telephone Number** should be assigned only if there is evidence that the sample member’s telephone number is not viable. This applies to both phone-only and mixed-mode administration. Evidence that the phone number is not viable includes the following:

- The HHA does not provide a telephone number for the sample member and the vendor has attempted and failed to obtain a telephone number;
- On calling, the telephone interviewer learns that the telephone number on file is disconnected, nonworking, or out of order, and no new telephone number is provided; and
- On calling, the telephone interviewer reaches a person and learns that the telephone number is the wrong number for the sample member and no new number is provided.

To ensure that the most accurate telephone number is used, the vendor is strongly encouraged to use an outside telephone number update service prior to initiating telephone contact. Similarly, if the vendor learns that a telephone number is not viable, the vendor is strongly encouraged to attempt to locate a new telephone number for the sample member prior to the end of the data collection period.

**Code 350: Nonresponse: No Response After Maximum Attempts** should be assigned if there is evidence that the sample member’s address or telephone number is viable but the sample member has not responded after all questionnaire mailings or telephone attempts appropriate for the given mode have been implemented.

**Handling Blank Questionnaires**

For the mail-only mode it is appropriate to send a second questionnaire to the sample member if the first questionnaire is returned blank, as long as it is mailed before the end of the data collection period. If the second questionnaire is also returned blank, the vendor should assign a final survey disposition code “320 – refusal.” If the first survey for the mail-only mode is never returned and the second survey is returned blank, then that case should also be assigned a final disposition code of “320 – refusal.” Finally, if the first survey for the mail-only mode is never returned or returned blank and the second questionnaire is not returned at all, the vendor should assign the final survey disposition code “350 – no response after maximum attempts.”
In handling questionnaires that are returned blank, vendors should differentiate between mail survey questionnaires that are returned blank because the United States Postal Service could not deliver the mail (referred to as undeliverables) and those returned blank by the sample member or the sample member’s family or friend. The procedures described above are for surveys that are returned blank and are not marked as undeliverable.

**Quality Control Measures**

Vendors are strongly encouraged to implement quality control measures for every aspect of mail and telephone data processing activities. Required and recommended quality control measures are described in detail in the mail, telephone, and mixed-mode data collection chapters of this manual; however, we have repeated key measures here as well. Quality control measures are listed by topic in the paragraphs that follow. Vendors should of course conduct additional quality control measures as warranted, based on their individual processes. All quality control checks should be conducted by a different person that the one who completed the task.

**Quality Control for Mail Survey Data Processing Activities**

- Vendors should review at least 10 percent of the printed questionnaires for each batch of questionnaires that are printed each sample month to ensure the quality of the printed questionnaires. The questionnaires should be examined to make sure that there are no bleed-throughs, which can impact or cause problems when scanning the data from completed surveys, and to make sure that all pages are included in the questionnaire.

- Vendors should check to make sure that the number of mail survey packages to be mailed matches the number of sampled cases.

- Vendors should check a sample of mail survey packages before they are mailed to make sure that the SID number on the questionnaire matches the SID number on the cover letter.

- For coding, vendors should select and review a sample of cases coded by each coder to make sure that coding rules were followed correctly.

- We highly recommend that before submitting data to the HHCAHPS Data Center, vendors compare the responses coded on the hardcopy questionnaire for a sample of cases with the responses that were actually scanned and with the responses entered on the XML file. This quality control step will ensure that the responses included in the XML files accurately reflect the sample patients’ responses to the survey questions.

- We highly recommend that vendors calculate and review the response rates periodically for each of their client HHAs. If a sample was selected for an HHA but there is no response or a very low response rate, this could be an indicator that incoming mail was not processed, scanned data were not exported to the XML file, or other problems occurred with the mail
survey. In cases where the number of cases sampled was very small (e.g., 10 or fewer), it is possible that all of the sample patients decided not to return a completed survey. For HHAs with larger sample sizes, no response from any of the sample patients could be indicative of a data collection or data processing problem.

- Vendors are urged to develop a way to measure error rates of both their data receipt staff (in terms of recognizing marginal notes and passing these on to someone for review) and in terms of data entry or scanning verification. Vendors should then work with their staff to minimize error rates. The Coordination Team will request information about data receipt and processing error rates during site visits to survey vendors.

Quality Control for Telephone Survey Data Processing Activities

- We highly recommend that vendors calculate and review the response rates on a periodic basis for each of their client HHAs. If a sample was selected for an HHA but there is no response or a very low response rate, this could be an indication of a data collection or data processing problem. In cases where the number of cases sampled was very small (e.g., 10 or fewer), it is possible that all of the sample patients decided not to participate in the survey. For HHAs with larger sample sizes, it is highly unlikely that 100 percent of the sample cases will refuse to participate in the survey.

- Vendors should conduct periodic reviews of their XML data files by comparing at least 50 completed telephone interview responses directly from their computer-assisted telephone interviewing (CATI) system to the values output in the XML file. Doing this review monthly will ensure that the responses are being accurately captured and output to the XML file.

- Vendors should generate and review frequencies of cases at the various interim and final disposition codes for each HHA and perhaps by telephone interviewer. A higher-than-average percentage of cases coded as “Physically or Mentally Incapable, No proxy respondent available” could indicate that interviewers are not attempting to identify and conduct the interview with a proxy respondent. Similarly, a high percentage of cases coded as “not available” after maximum attempts could indicate that call attempts are not scheduled appropriately.

Quality Control on XML Files

- Vendors should use the XML validation tool to conduct an initial quality control of their XML file formatting. The XML Schema Validation Tool is available on the HHCAHPS website under the “Data Submission” tab.

- We highly recommend that vendors conduct some additional quality control measures on the data included on XML files to ensure that the data from completed mail and phone surveys are being captured accurately. This includes running frequencies of distributions on both the
patient administrative data and the patient response data to look for outliers or anomalies, including missing values.

Examples of frequencies that vendors could run include the race variable (are all respondents coded as Alaska Native, for example); or the age variable (is there a reasonable distribution of age categories across sample members, or do the ages lean heavily toward the very young or very old?). By reviewing frequencies of both the patient administrative data and the patient response data, vendors may be able to identify problems in the data they receive from HHAs, their own HHA data file processing, or their XML coding operations.

- Vendors should periodically check their data processing programs to confirm that variables on the XML files are coded properly on the XML file, including Activities of Daily Living (ADL) values. For example, codes of “0” on each of the ADL deficit variables reflect an individual who has no deficits—unusual for an individual receiving home health care. If they see zeroes on the data files they receive from either HHAs or their software vendors, vendors must ensure that the HHAs and software vendors understand the difference between the use of “0” to designate an individual with no deficits, and “M” for ADL deficit information that is completely missing, and that they are providing the appropriate values in their monthly patient information files.

- Vendors must make sure that a code is entered on the XML file to indicate whether a proxy respondent was used on both completed mail and telephone survey cases. For surveys completed by mail, the “Yes” code on the XML file for the Proxy indicator should be marked if the answer to Q34 in the completed mail survey is “Answered the questions for me.” For surveys completed by telephone interview, mark the Yes indicator on the XML file if the interview was conducted with a proxy respondent. Note that the only time the “M” code for the proxy respondent indicator is acceptable on the XML file is when a respondent to the mail survey did not answer Q33 or Q34.

- Vendors are responsible for running the completeness criteria on all completed surveys to ensure that they meet the completeness criteria described in Chapter IX of this manual. Vendors should assign either a completed interview code or a partial data/breakoff code based on whether the survey passes the completeness criteria. (See the following section for the definition of a completed survey.)

- Vendors should conduct a final check of the disposition code assigned to all sampled cases before submitting XML files to the HHCAHPS Data Center. If the vendor identifies a case assigned either an ineligible or noninterview final disposition code AND there are data included in the Patient Response Record Section of the XML file, they should check their records to determine why code 110 or 120 was not assigned to the case. If it is determined that the case is indeed ineligible or was a noninterview, remove the survey response data from the XML file.
• Vendors should select a random sample of cases on the XML file and compare the variables in the Patient Administrative Record against the patient information that was provided by the HHA on the monthly patient information file to make sure that the information was exported to the XML file correctly.

• Vendors should select a random sample of the cases on the XML file and compare the variables included in the Patient Survey Response section on the XML file to the hardcopy questionnaire (for mail surveys) or to the CATI or electronic file (for surveys completed by phone).

**Definition of a Completed Survey**

A survey is considered to be “complete” and should be assigned a survey disposition code of 110 or 120 if at least 50 percent of the questions applicable to all sample members (Questions 1–11, 15–21, and 24–25) are answered.

• Survey items that are part of skip patterns and the items in the “About You” section of the questionnaire (Questions 12–14, 22–23, and 26–34) are not included in this calculation of percentage complete. Question 1 is included, however.

• Responses of “Don’t Know” and “Refuse” should be recoded to missing “M” and should not be counted as responses.

• Use the steps in *Exhibit 9.1* to determine whether a survey can be considered “complete.”

**Exhibit 9.1**

**Steps for Determining Whether a Questionnaire Meets Completeness Criteria**

Sum the number of questions that have been answered by the respondent that are applicable to all patients. These include questions 1–11, 15–21, and 24–25.

\[ R = \text{total number of questions answered} \]

Divide the total number of questions answered by 20, which is the total number of questions applicable to all patients, and then multiply by 100 to determine the percentage.

\[ \text{Percentage Complete} = \left( \frac{R}{20} \right) \times 100 \]

If the Percentage Complete is greater than or equal to 50 percent, then assign the applicable survey completed disposition code (code 110 or 120) to indicate that the case meets the definition of a completed survey. Otherwise, assign the disposition code for breakoff (code 310) to the case.
Computing the Response Rate

Survey vendors are not required to compute a response rate for each monthly sample. However, CMS will compute and report a response rate for each HHA when survey results are publicly reported. For a given public reporting period (i.e., the last four quarters of collected data), a response rate for each HHA will be calculated as described in Exhibit 9.2. The information below is provided for illustrative purposes only.

Exhibit 9.2
How Response Rates Are Calculated

\[
\text{Response Rate} = \frac{\text{Total Number of Completed Surveys}}{\text{Total Number of Surveys Fielded} - \text{Total Number of Ineligible Surveys}}
\]

Total Number of Completed Surveys is the number of surveys assigned a final survey disposition code of 110 and 120.

Total Number of Surveys Fielded is the total number of patients selected for the survey in the sample month. This includes all cases with a final survey disposition code of 110 through 350.

Total Number of Ineligible Surveys is the number of sample cases assigned a final survey disposition code of 210, 220, 230, or 240. No other cases will be removed from the denominator.
X. FILE PREPARATION AND DATA SUBMISSION

Overview
Survey vendors will construct and submit a data file containing a header record and a patient administrative record for every sampled case and a response record for every completed survey in each monthly Home Health Care CAHPS (HHCAHPS) Survey sample for each of their client home health agencies (HHAs). Data for all three monthly samples in a calendar quarter must be submitted by a specific data submission deadline for each quarter. Data will be submitted to the HHCAHPS Survey Data Center through a portal on the HHCAHPS Survey website.

This chapter begins with a discussion of the HHCAHPS Survey website, followed by a discussion of Survey Vendor Authorization Procedures. It also contains the HHCAHPS Survey data file specifications and describes the steps involved in data submission.

The HHCAHPS Survey Web Portal
The HHCAHPS Survey Data Center is maintained by RTI International, which is assisting the Centers for Medicare & Medicaid Services (CMS) with the HHCAHPS Survey. RTI developed and maintains the HHCAHPS Survey website, available at https://homehealthcahps.org/. This website is the main vehicle for communicating and updating information about the HHCAHPS Survey to HHAs and survey vendors. In addition, survey vendors will access specific links on the restricted-access sections of the website to submit HHCAHPS Survey data to the Data Center. Medicare-certified HHAs participating in the HHCAHPS Survey will also access specific links on the HHCAHPS website to authorize their contracted survey vendor to submit HHCAHPS Survey data on their behalf, to access and review their data submission reports, and to review their HHCAHPS Survey results before the results are publicly reported.

The website has both public and secure (restricted-access) sections to ensure the security and privacy of selected interactions. On the public page, a link to a login allows authorized users (survey vendor and HHA staff) access to the restricted private sections of the Web portal, where they can carry out administrative functions according to their role. Access to the private secured sections will be restricted and controlled through user identification and passwords issued by the HHCAHPS Survey Data Center.

The public sections of the website contain general information, including background information about the HHCAHPS Survey; requirements for survey vendors interested in becoming an approved HHCAHPS Survey vendor; survey vendor training requirements; survey questionnaire and materials; survey administration procedures and protocols; and data
submission guidelines, procedures, and schedules. The public section of the website also contains the following:

- The online version of the Vendor Participation Form (also referred to as an application form) that survey vendors will complete and submit electronically if they are interested in becoming an approved HHCAHPS Survey vendor;

- The online HHCAHPS Survey training registration form;

- News about any new policies or changes in survey administration protocols and procedures, the data submission schedule, and reminders of upcoming data submission deadlines;

- Online registration for HHAs to request an account and credentials for accessing links in the private section of the portal; and

- An online Participation Exemption Request form, which Medicare-certified home health agencies that qualify for an exemption from participating in the HHCAHPS Survey for a specific HHCAHPS participation period are required to complete and submit to request an exemption from participating in the HHCAHPS Survey.

The public section of the website’s home page has several features to help users navigate the site. First, the home page has a welcome message that includes information on the HHCAHPS Survey and its sponsorship by CMS. The home page also contains a link to information on the history and background of the HHCAHPS Survey, participation requirements, and public reporting. A “Quick Links” box on the left side of the website home page (shown in Exhibit 10.1) provides a list of HHCAHPS Survey vendors and HHAs with easy access to several important links. As noted previously, the Protocols and Guidelines Manual is updated periodically, but at most semiannually or annually. CMS and the HHCAHPS Coordination Team use the “News/Announcements” link to disseminate important updates about the HHCAHPS Survey, including important information about participation requirements and changes in survey protocols and materials, to HHAs and survey vendors before the next version of the Protocols and Guidelines Manual is published. The “Information for HHAs” box on the right side of the home page contains important information for Medicare-certified HHAs, including information about HHA participation requirements, eligibility for an exemption from participating in the HHCAHPS Survey, and instructions on steps that HHAs must take to participate in the HHCAHPS Survey. It is important, therefore, for both HHAs and survey vendors to check these links regularly.
After an HHA has entered into a contract with a survey vendor and obtained login credentials for accessing the private secured sections of the website, the authorized HHA representative must use the website to formally “authorize” an approved HHCAHPS Survey vendor to submit data on the agency’s behalf. Both the form for requesting login credentials and the form for authorizing a survey vendor are located under the grey tab labeled “For HHAs,” which is one of several main navigation tabs that appear on the HHCAHPS website. Exhibit 10.2 presents the main navigation tabs that allow users to access different informational areas on the website. Survey vendors should familiarize themselves with the materials available under “Forms for Vendors,” and HHAs should familiarize themselves with the forms available under “For HHAs.” Note that HHCAHPS Survey vendors and HHAs also have the option of selecting the “Dashboard” tab to be taken to a customized view of the website from which frequently used links and documents are easily accessible. Exhibit 10.2 shows the “Vendor Dashboard” tab and there is a comparable tab for HHAs when they log in (“HHA Dashboard”).

The links under each navigation bar are shown in Exhibit 10.3. Note that additional links may be added to the project website as needed. Each of the links below the main grey navigation tab provides direct access to a form or file that may be of use to either vendors or HHAs, depending on the task at hand. Note that many of these links are only available once the vendor or HHA has logged into the private side of the website and will not appear if the user is not logged in. All users should be aware of and have as a reference the Home Health Care CAHPS Survey Website User and Data Submission Manual, Version 3.0, which provides specific instructions about each
of the links below. The *Home Health Care CAHPS Survey Website User and Data Submission Manual, Version 3.0 Manual* can be found by clicking on the appropriate link under the Data Submission tab on the HHCAHPS Survey website.

**Exhibit 10.3**

Links Under the HHCAHPS Survey Site Navigation Bars

<table>
<thead>
<tr>
<th>Dashboard</th>
<th>General Information</th>
<th>Training</th>
<th>Forms for Vendors</th>
<th>Survey and Protocols</th>
<th>Data Submission</th>
<th>For HHAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>About HHCAHPS Survey</td>
<td>Schedule</td>
<td>Vendor Participation Form</td>
<td>Protocols &amp; Guidelines Manual</td>
<td>Data Submission Deadlines</td>
<td>Register for Login Credentials</td>
<td></td>
</tr>
<tr>
<td>Mode Experiment</td>
<td>Registration Form</td>
<td>Exceptions Request Form (Private link)</td>
<td>Questionnaire</td>
<td>User Manual</td>
<td>Participation Exemption Request Form</td>
<td></td>
</tr>
<tr>
<td>Vendor Application Process</td>
<td>Agenda</td>
<td>Discrepancy Report Form (Private link)</td>
<td>Supplemental Questions</td>
<td>XML File Layout</td>
<td>Manage Users (Private link)</td>
<td></td>
</tr>
<tr>
<td>Approved Survey Vendors</td>
<td>Training Materials</td>
<td>Model Quality Assurance Plan</td>
<td>Consent to Share Responses</td>
<td>XML Sample File</td>
<td>Authorize a Vendor (Private link)</td>
<td></td>
</tr>
<tr>
<td>Archived Publicly Reported Data</td>
<td>(Future Link)</td>
<td>Submit Quality Assurance Plan (Private link)</td>
<td>Survey Composites</td>
<td>XML File Schema</td>
<td>Data Submission Reports (Private link)</td>
<td></td>
</tr>
<tr>
<td>Contact Us / Other Links</td>
<td>(Future Link)</td>
<td>Manage Users (Private link)</td>
<td>Telephone Scripts</td>
<td>XML Schema Validation Tool (Private link)</td>
<td>Understanding the Preview Report</td>
<td></td>
</tr>
<tr>
<td>(Future Link)</td>
<td>(Future Link)</td>
<td>Contracted HHAs (Private link)</td>
<td>FAQs for Interviewers</td>
<td>Submit Data (Private link)</td>
<td>(Future Link)</td>
<td></td>
</tr>
</tbody>
</table>

### Access to the HHCAHPS Survey Data Center

HHAs and survey vendors must register online on the HHCAHPS Survey website to establish an account and obtain credentials for accessing the private secured sections of the HHCAHPS Survey Data Center. Once an account has been created, access to the private sections will automatically continue to be active unless there is no activity by at least one user for 120 days.
An account to access the private secured sections of the website will be deactivated after 120 days of inactivity. Therefore, users should log on to the private section of the Web portal periodically to keep the account activated.

Each participating HHA and survey vendor must designate an individual as its HHCAHPS Survey Administrator. The Administrator’s role and responsibilities on the HHCAHPS Survey are listed below.

- Register as the HHCAHPS Survey Administrator.
- Designate another individual within the organization as the backup Administrator.
- Complete or approve each new non-administrator user on the online Registration Form.
- Grant individual non-administrator users access to specific functions.
- Update non-administrator user information.
- Remove access or approve the removal of access for users who are no longer authorized to access the private side of the portal.
- Serve as the main point of contact with the HHCAHPS Survey Coordination Team and Data Center.

All individuals designated as non-administrator users for participating HHAs who are provided credentials for accessing the private sections of the website will be able to view data submission reports for the HHA’s authorized survey vendor. The Administrator for each survey vendor will specify access levels for each non-administrator user registered to access the private sections of the portal. The access level options for a survey vendor’s non-administrator users include “Submit Data,” “View Data Submission Reports,” or both “Submit Data and View Data Submission Reports.”

**HHA Access to the HHCAHPS Survey Data Center**

HHAs will be responsible for completing an online HHA Login Registration Form located on the public side of the website to establish an account and obtain credentials for accessing the private secured sections of the website. The steps for registering for credentials to access the private links and obtaining credentials for the individual designated as the Administrator are provided below.

- Click on the “For HHAs” link on the HHCAHPS Survey website at https://homehealthcahps.org/. Then click the “Register for Login Credentials” link.
• Enter the HHA’s CMS Certification Number (CCN); once the CCN is entered, the system will automatically display the name of the agency in the display window. If the agency name that automatically displays is not correct (and the CCN was entered correctly), simply type the correct HHA name in the text box. Also provide the name, e-mail address, and telephone number of the person who is designated as the HHCAHPS Survey Administrator for the HHA.

• Click the “Submit” button to submit the registration.

• Once the online User Registration Form has been submitted, a new window will appear with a copy of the HHCAHPS Survey HHA Consent Form, customized for the registering HHA. Print a hardcopy version of the Consent Form.

• The HHA Consent Form is a document on which the person designated as the HHCAHPS Survey Administrator will acknowledge that he or she accepts the roles and responsibilities of the HHCAHPS Survey Administrator for his or her HHA. The Survey Administrator must review this form, sign and date it in the presence of a Notary Public, and obtain the notary’s signature and seal on the form.

• Mail the notarized HHA Consent Form to the HHCAHPS Survey Data Center at the address at the top of the form.

The HHCAHPS Data Center staff will activate an account for the HHA’s HHCAHPS Survey Administrator immediately after the online registration form has been submitted. Once the account is activated, the Administrator will be sent an e-mail containing login credentials and a link to the Consent Form, as a backup to the one that appears during the registration process. The first time that the agency’s HHCAHPS Survey Administrator logs into the private side of the portal, the system will prompt him or her to change his or her password to maintain security of the account.

After the initial password has been changed, the system will prompt the Administrator to create a backup Administrator account. The backup HHCAHPS Survey Administrator will have all of the same permissions as the primary Administrator, which means that both the Administrator and the backup Administrator can add/edit/delete other non-administrator users. Having a backup Administrator will ensure continued system use if the primary Administrator is unavailable or terminates employment with the HHA. The Administrator and the backup Administrator will be responsible for maintaining all of the non-administrator accounts for their HHA. The Administrator or the backup Administrator must notify the Data Center immediately if the primary Administrator will no longer serve in that role.

After logging into the system, the Administrator can then add non-administrator users for the HHA. The Administrator will designate the level of access or function of each of the HHA’s
non-administrator users. The access level options are “Authorize a Survey Vendor” and “View Data Submission Reports.” After the Administrator registers each non-administrator user, the system will automatically send an e-mail to each user that contains login credentials for the user.

Note that if the Survey Administrator for an HHA changes, the new Survey Administrator must register for logon credentials and complete and submit a signed and notarized HHA Consent Form to the HHCAHPS Survey Data Center. Notarized consent forms must be sent to the Coordination Team as soon as possible after online registration has been completed.

**Survey Vendor Access to the HHCAHPS Data Center**

Survey vendors will be given access to the private secured sections on the HHCAHPS Survey website after they have been approved as an HHCAHPS Survey vendor. However, survey vendors who are interested in becoming an approved vendor will register to establish an account and to obtain access to the private sections of the website when they complete the Vendor Participation Form (see Chapter III of this manual). Once the survey vendor becomes an approved HHCAHPS Survey vendor and has submitted a signed and notarized Consent Form, an account will be established and credentials for accessing the private secured sections of the website will be provided by the Data Center. Vendors should note that they cannot upload data for an HHA until after they are authorized by their client HHA(s) to submit data on behalf of those HHA(s). Survey vendors planning to become an approved HHCAHPS Survey vendor must also designate an individual within the organization as the HHCAHPS Survey Administrator.

The process for gaining access to the private section of the HHCAHPS Survey website is similar to but slightly different from that described for HHAs. The steps for survey vendors to register for access to the private secured sections of the website are as follows:

- Complete the Vendor Participation Form, which is available on the “Vendor Application” link that is under the “Forms for Vendors” tab on the website at [https://homehealthcahps.org](https://homehealthcahps.org);
- When completing the Vendor Participation Form, enter the name and e-mail address of the person who will serve as the vendor’s HHCAHPS Survey Administrator;
- Once the online Vendor Participation Form is completed, the system will display a link for a Survey Vendor Consent Form. Download and print a hard copy of the Consent Form;
- The individual designated as the Administrator for the HHCAHPS Survey should review the information on the Vendor Consent Form and must acknowledge that he or she accepts the role and responsibilities of the Administrator by signing and dating the Consent Form in the presence of a Notary Public; obtain the Notary Public’s signature and seal on the form; and
- Mail the signed and notarized Vendor Consent Form to the Data Center at the address listed at the top of the form.
Once the vendor’s completed Consent Form is received, staff at the Data Center will verify that the vendor has met all of the requirements for becoming an approved HHCAHPS Survey vendor. After this verification, the Data Center system will send an e-mail containing a username and password to the survey vendor’s designated HHCAHPS Survey Administrator.

The first time the survey vendor’s Administrator accesses the private section of the HHCAHPS Survey website, he or she will be prompted to change his or her password to maintain security of the account. After the initial password has been changed, the Administrator should create a backup Administrator account. The backup Administrator will be granted all of the same permissions as the primary Administrator, which means that he or she can add, delete, or change information about all non-administrator users of the account. Having a backup Administrator will ensure continued use of the system if the primary Administrator is unavailable or leaves the organization. The Administrator or backup administrator should notify the Data Center immediately if the primary Administrator will no longer serve in that role.

After logging into the system, the survey vendor’s Administrator can register other vendor personnel for accounts to access the private side of the portal as non-administrator users. The Administrator will designate the level of access for each non-administrator user. The access levels are “Upload HHCAHPS Survey Data” and “Review Data Submission Reports.” After the Administrator registers each non-administrator user, the system will automatically generate and send an e-mail containing login credentials to each user registered. Each non-administrator user will be prompted by the system to change his or her password the first time he or she accesses the private section of the website.

**Survey Vendor Authorization**

Each HHA must authorize a survey vendor to submit data on its behalf before the survey vendor can submit HHCAHPS Survey data for that HHA. The “Authorize a Vendor” link is displayed on the secure page for HHAs under the “For HHAs” link. To authorize a survey vendor, the HHA Survey Administrator must log in to the secure website and click on the “For HHAs” link. The dropdown box under this link will show the “Authorize a Vendor” link. Once this link is clicked, the system will show a list of all approved HHCAHPS Survey vendors. The online Vendor Authorization Form allows HHAs to perform the following four functions:

- Authorize a vendor for an HHA for which a vendor has never been authorized.
- Change the start or end date for the current vendor.
- Change/switch to a different HHCAHPS Survey vendor.
- View the current authorization status.
A brief description and the steps in each of these functions are provided below. Note that an automatic e-mail will be sent to the HHA confirming that the vendor has been authorized immediately after the authorization has been submitted.

1. **Authorize a vendor for an HHA for which a vendor has never been authorized.** A representative of a Medicare-certified HHA that is just beginning to participate in the HHCAHPS Survey should click and those who are changing vendors will access this link to authorize their contracted vendor to submit data on its behalf. To authorize the vendor for one or more HHAs, the HHA will:

   - Select a vendor from the dropdown list;
   - Select the Start Date, which is the first day of the first quarter for which the vendor is being authorized to submit HHCAHPS Survey data;
   - Select the agency/agencies to which the authorization applies; and
   - Click the “Submit” button.

2. **Change the Start Date or End Date for the Current Vendor.** This function will allow an HHA to change the start or end data for an existing vendor. The system will allow an HHA to change a start date and add or change an end date for multiple CCNs.

3. **Change/Switch to a Different HHCAHPS Vendor.** To change or switch to a different survey vendor, the HHA must first enter an End Date for the HHCAHPS vendor that was previously authorized using the function described in Item 2 above. After selecting an End Date for the vendor that was previously authorized, the HHA must then select and authorize the new vendor by clicking completing Step 1 above. Note that HHAs may switch vendors only at the beginning of a quarter.

4. **View current authorization status.** This function will allow HHAs to view the list of HHAs for which a vendor has been authorized, the current vendor’s name, and the Start Date for each vendor. If the HHA entered an End Date for the vendor currently authorized, the End Date will also show for each HHA.

Note that the Authorize a Vendor online form is set up to allow the HHA to authorize the vendor to submit data on behalf of multiple HHAs. After entering the Start date, the vendor should check the box next to the name of each HHA for which this vendor is authorized to submit data. The HHA should click the submit button to save the entries selected. Approved survey vendors are responsible for checking their Vendor Authorization Report periodically to ensure that each client HHA with which they have contracted has completed the online Authorize a Vendor Form and that the start date the HHA entered is the first day of the first quarter in which the vendor is
authorized to submit data on the HHA’s behalf. Both HHAs and survey vendors should note that CMS will not allow HHCAHPS Survey vendors to submit data files after the data submission deadline passes for a quarter; therefore, it is critically important that HHAs authorize the vendor and make sure that the Start Date is correct well in advance of the data submission deadline.

**Changing Survey Vendors**

*HHAs can change survey vendors only at the beginning of a quarter.* To change survey vendors, the HHA must log on to the website, click the “For HHAs” link, and click on the “Authorize A Vendor” link. As noted above, the HHA must first enter an End Date for the existing or current vendor before it can authorize a new vendor. After an End Date for the current vendor has been entered, the HHA can then proceed to authorize a new vendor as indicated in the preceding section.

**Submitting Data for Closed HHA**

If an HHA closes or is no longer active while its HHCAHPS Survey vendor is still contracted to conduct and provide survey data on its behalf, the vendor authorization that that HHA submitted will remain in effect for the entire authorization period. Inactive HHAs are viewable on the Vendor Authorization Report and are designated with an asterisk (*) symbol. The authorized vendor must submit the HHCAHPS Survey data that were collected for the closed HHA to the HHCAHPS Data Center. If, when attempting to upload a data file for an HHA that has closed, the vendor receives a data submission error indicating that it is not authorized to submit the data, the vendor should contact the HHCAHPS Coordination Team immediately for assistance. Note that the data submission deadlines for submitting HHCAHPS Survey data to the Data Center are applicable to all HHAs, even those that are no longer in business.

**File Specifications**

Survey vendors must submit data using the XML format only. Survey vendors that need assistance with the XML format should contact the Data Coordination Team for technical assistance at 1-866-354-0985 or by sending an e-mail to hhcahps@rti.org.

Survey vendors must organize survey data into monthly files, then submit the files to the Data Center via the applicable links on the HHCAHPS Survey website on either a monthly or quarterly basis. Each XML file should contain 1 month’s worth of survey data, by HHA. The HHCAHPS Survey XML file structure is included in *Appendix M*. These specifications contain details about the data file such as data type, field sizes, and order.

Survey vendors can also download the XML data file template from the HHCAHPS Survey website. The XML templates were developed based on data elements needed for analysis and on the HHCAHPS Survey Questionnaire. Vendors must organize their survey data into monthly files following the HHCAHPS Survey data submission schedule.
The XML format will allow data from all sample members during a given sample month to be submitted in one file. Survey vendors should note that if a data file for a sample month is submitted more than once, the most recent data submission will overwrite the file previously submitted for that sample month, even if those files “passed” all checks. Therefore, the final file submission must contain data for all patients who were sampled in the sample month for a specific HHA. HHCAHPS Survey vendors should note that a data file must pass both an initial validation check during upload and a longer set of validation checks that are implemented within 24 hours after the file is uploaded (the second validation is referred to as “overnight validation”) before the file is accepted. Therefore, we highly recommend that vendors submit data submission files as early as possible to allow time for any errors detected during the validation checks to be corrected and to resubmit the file.

HHAs and their survey vendor should keep in mind that an HHCAHPS Survey data file must be submitted for each sample month, including for sample months for which there were no patients who meet survey eligibility criteria. If a data file is not submitted for each sample month, the HHA will be considered as having “missed” a month of survey participation and therefore may be considered noncompliant with HHCAHPS Survey participation requirements.

The data file specifications and layout for HHCAHPS Survey XML files using simple random and proportionate stratified random sampling (PSRS) are shown in Appendix N. If disproportionate stratified random sampling (DSRS) is used, the vendor must use the XML template for DSRS; the data file specifications for DSRS are shown in Appendix O. Each XML file will consist of three sections: a Header Record, a Patient Administrative Data Record, and the Patient Response Record. Each of these sections is described below.

**Header Record**

The Header Record contains the identifying information for the HHA for which data are included on the file, sampling information, survey administration mode, and the method by which the sample was selected. Information required in this section includes the name of the HHA and its CCN. Other sampling information required in the Header Record is provided below.

- **Sample Year**, which is the calendar year in which the survey is being conducted.

- **Sample Month**. Survey vendors will select a sample of patients who meet survey eligibility criteria for each calendar month. The Sample Month is the month for which the sample was selected.

- **Mode of Survey Administration**. The survey mode, either mail only, phone only, or mixed mode, *must be the same for all sample members in each sample month in the calendar quarter for the HHA*. HHAs and their survey vendors cannot change survey administration modes until a new quarter begins. Also note that the survey mode indicated in the Header
Record must be one of the modes that the survey vendor is approved to use. If the mode is not one of the modes for which the vendor is approved, the Data Center will not accept the data file when the vendor attempts to submit it.

- **Type of Sampling** is the sampling method that was used to select the sample—these include “Census,” simple random sampling (SRS), PSRS, and DSRS. See *Chapter IV* for information about each of these methods.

- **Number of Patients Served.** This is the total number of patients who had at least one visit during the sample month for skilled care, including those eligible for the survey and those who are not (under age 18, non-Medicare and non-Medicaid patients, deceased, received hospice care, received only routine maternity care, and requested that their name not be released).

- **Number of Patients on the File Submitted by the HHA.** The HHA must provide the survey vendor with a list of all patients whose care was paid for by either Medicare or Medicaid served by the HHA during the sample month, with the exception of patients who are deceased, are not 18 years old or older, currently receive hospice care, received home health care for routine maternity care only, and requested that the HHA not release their name to anyone outside the HHA. **Note that if the HHA did not serve any patients during the sample month, the vendor must still submit a data file for that sample month. The HHA must therefore still submit a file to its vendor showing that there were 0 eligible patients.** If the HHA did not serve any patients during the sample month, enter zero for this variable on the data file for this sample month.

- **Number of Eligible Patients** is the number of patients on the sample frame provided by the HHA who meet survey eligibility criteria in the sample month. This value can be zero only if none of the patients on the file provided by the HHA for the sample month was eligible for the survey.

- **Number of Patients Sampled** is the number of patients selected for the survey during the sample month. This number can be zero only if all of the patients included on the file that the HHA provided for the sample month were ineligible for the survey. If a value of zero is entered for this variable, the value for the Number of Eligible Patients variable must be zero.

If DSRS is used, the survey vendor must include the following information in the Header Record:

- **DSRS Stratum Name** (note that there must be at least two strata identified for DSRS sampling).
• **DSRS No. of Patients on file submitted to vendor**, which is the number of patients included on the file that the HHA provided for this stratum.

• **DSRS No. of Patients eligible in stratum**, which is the number of patients who meet survey eligibility criteria within each stratum.

• **DSRS No. of Patients sampled in stratum**, which is the number of patients sampled within the stratum.

Note that all fields in the Header Record must have an entry except the National Provider Identification (NPI) number and, if DSRS was not used, the fields for DSRS.

**Patient Administrative Data Record**

The second part of the XML file contains data about each patient who was sampled for the sample month, including both those who responded to the survey and nonrespondents. In this section of the file, some of the information provided in the Header Record is repeated, including the HHA’s CCN and the Sample Year and Sample Month. All other information included in this section of the file is about the patients included in the sample. **There must be a Patient Administrative Record for every patient sampled in the sample month.** The sample identification (SID) number assigned to each sample member must be included. **Only de-identified data will be submitted to the HHCAHPS Survey Data Center; however, the unique SID number that the survey vendor assigned to the sample member must be included on the file.** Files submitted with missing and duplicate SID numbers will be rejected.

Most of the information required in the Patient Administrative Data Record is provided by the HHA on the monthly patient information file that the HHA submits to the vendor. This includes the patient’s age (the survey vendor will calculate the sample member’s age based on the date of birth provided by the HHA), the sample member’s gender, the number of skilled nursing visits the sample member had in the sample month, payer information, admission source, and diagnoses/condition information. The information in the last part of this section is survey administration data, including the final disposition code assigned to the case, and a flag to indicate whether the survey was completed by a proxy respondent.

Note that it is the vendor’s responsibility to flag all telephone and hardcopy interviews completed with a proxy respondent as a “proxy” interview. For mail questionnaires, the vendor must assign a proxy flag to any case where the respondent indicated in Question 34 that the person helping him or her “answered the questions for me” (response option 3).

**Exhibit 10.4** shows when the Proxy Flag should be coded as 1, 2, or M, for surveys completed by mail and mixed-mode data collection modes.
For telephone surveys, the proxy flag should be assigned (=1) if the interview was completed by a proxy respondent or (=2) if the interview was completed by the sample member. It is not acceptable to assign a proxy value of “M” for surveys completed by telephone.

### Exhibit 10.4
**When to Assign the Proxy Flag**

<table>
<thead>
<tr>
<th>Value for Q33</th>
<th>Value for Q34 &lt;help-answer&gt;</th>
<th>Proxy Flag</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>M</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>M</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>M</td>
<td>2</td>
</tr>
<tr>
<td>M</td>
<td>M</td>
<td>M</td>
</tr>
</tbody>
</table>

### Coding the Source of Payment Variable

As indicated in *Chapter IV* of this manual, there may be situations in which the HHA is not able to provide the source of payment for patients it served during a sample month in time for the survey to be fielded for that sample month. If this is the case, the vendor will include the patients on the sample frame provided they meet other survey eligibility criteria, and survey the patients if they are sampled. If the HHA provides the source of payment before the data collection for that sample month ends and it is determined that one or more patients surveyed is not covered by Medicare or Medicaid, the vendor should code the patient as ineligible on the XMS file. However, if the HHA does not provide the source of payment, the vendor should treat the patient(s) as eligible and code the disposition of the case based on whether it is a completed survey, refusal, or some other non-interview.

If the HHA eventually provides the payer sources for patients sampled, the vendor should include that information on the HHCAHPS Data File. However, if the HHA does not provide the source(s) of payment for the care, the vendor should still submit data for all patients sampled and surveyed to the HHCAHPS Data Center.

The data submission tool will accommodate situations in which the payer source is not provided by the HHA. This requires that vendors indicate on the data files that they submit to the Data Center whether the payer source is “**known**” or “**assumed**.” The differences between known and assumed payment sources are as follows.

- The payment source is known if the HHA included it on the monthly patient information file. If this is the case, the vendor should code 1 for the applicable payment source variable on the XML file.
If the HHA does not provide the payment source on the monthly patient information file, the vendor should check with the HHA to determine whether the HHA believes that the patient is covered by Medicare or Medicaid. If the HHA cannot confirm the payer source but believes that the sample member’s care is or will be paid for by Medicare (for example), the survey vendor should assign the value of “A” to the payer-Medicare variable for that sample member. Similarly, if the HHA believes that the sample member’s care is paid for by Medicaid, the survey vendor should assign the value of “A” to the payer-Medicaid variable.

HHCAHPS Survey vendors should make sure their XML files include the value of “A = Assumed” to each of the following payer source variables, as shown in Exhibit 10.5.

Exhibit 10.5
Format of XML Files

<table>
<thead>
<tr>
<th>XML Element</th>
<th>Valid Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payer (e.g., Medicare)</td>
<td>1 = Medicare</td>
</tr>
<tr>
<td>&lt;payer-medicare&gt;</td>
<td>A = Assumed</td>
</tr>
<tr>
<td></td>
<td>M = Unknown/Missing</td>
</tr>
<tr>
<td>Payer (e.g., Medicaid)</td>
<td>1 = Medicaid</td>
</tr>
<tr>
<td>&lt;payer-medicaid&gt;</td>
<td>A = Assumed</td>
</tr>
<tr>
<td></td>
<td>M = Unknown/Missing</td>
</tr>
<tr>
<td>Payer (e.g., private insurance)</td>
<td>1 = Private health insurance</td>
</tr>
<tr>
<td>&lt;payer-private&gt;</td>
<td>A = Assumed</td>
</tr>
<tr>
<td></td>
<td>M = Unknown/Missing</td>
</tr>
<tr>
<td>Payer</td>
<td>1 = Other</td>
</tr>
<tr>
<td>&lt;payer-other&gt;</td>
<td>A = Assumed</td>
</tr>
<tr>
<td></td>
<td>M = Unknown/Missing</td>
</tr>
</tbody>
</table>

Again, the value “A” should only be assigned if the HHA is unable to provide the payer status for a patient but believes that the patient’s care is covered by Medicare (or Medicaid, Private Pay, etc.). Note that if the HHA does not have any idea what the payment source was or will be, the survey vendor should code each payment source variable as “M” for missing.

Patient Response Record

The third part of the XML file is the patient response record, which contains the responses to the HHCAHPS Survey from every sample member who returned a completed mail survey or participated in a telephone interview during the sample month. Note that only the HHCAHPS Survey questions should be submitted. Do not submit responses to non-HHCAHPS questions that the vendor or HHA added to the survey instrument and responses to HHCAHPS supplemental questions. The only records that should be included are those with a final survey disposition code for a completed survey (Codes 110 and 120) and those with Code 310 (Break-
Off). For all patient response records that are included on the file, all response fields must have a legitimate value, which can include “Missing,” or “Not applicable.”

The decision whether to key the responses to the two open-ended survey items—“Some other language” (response option 3) in Q32 and “Helped in some other way” (response option 5) in Q34—is up to each individual HHA. Vendors should not include responses to open-ended survey items on the data files submitted to the HHCAHPS Survey Data Center. CMS, however, encourages survey vendors to review the open-ended entries so that they can provide feedback to the Coordination Team about adding additional preprinted response options to these survey items if needed.

**Data Submission Procedures**

Survey vendors will access the secure portion of the Web portal by logging in with their unique password and user ID. Once the secure side of the web portal is accessed, click on the “Submit Data” dropdown link under the “Data Submission” tab. The Web interface has standard dropdown menus that will allow survey vendors to select and enter information, including their survey vendor ID number, the CCN of the HHA for which data are being submitted, and the date of the upload. HHCAHPS Survey vendors can submit data files to the HHCAHPS Data Center in one of two ways: as a single XML file or a ZIP file containing multiple XML files.

The steps in data submission are summarized as follows:

1. Log on to the HHCAHPS Survey website and then locate the “Submit Data” link under the Data Submission Tab on the private side of the website.

2. Select “Submit Data” from the dropdown menu and then select “Link to Data Submission Tool.” The data submission tool page will display.

3. Click the “Select” button to select the file to upload. The select button permits users to locate and directly upload a file that has been saved in their own computer system. Survey vendors can select either a single XML file or a single ZIP file that contains multiple XML files.

4. After selecting the file to be uploaded, click “Upload XML” to submit the file. The Data Upload Summary Report based on the file selected will appear. A link to this report will also be e-mailed to the person within the vendor’s organization entered as the vendor’s point of contact when the vendor registered for credentials to access the private links on the website.

5. To upload more than one file at a time, click the “Add” button on the same screen. Additional file selection rows will be added. Repeat Step 3 for each file to be uploaded.
6. To remove rows that have been added, click the “Remove” button to the right of the row to be deleted.

As the upload begins, the XML file will undergo validation checks, first to determine whether the CCN for the client HHA matches the CCN listed as having authorized the survey vendor providing the upload and then to determine the quality and completeness of the data.

If the file fails any of the validation checks, the survey vendor will receive an error message within seconds after a file error is detected noting that the file upload did not take place and giving details on why the file failed to upload. For example, the message may indicate that there is no authorization from the HHA for the vendor to submit data on its behalf or that the number of patient records listed in the Batch Header does not match the number of sample members for which data are provided in the Patient Administrative Record section of the file.

More detailed information about data submissions—including problems that may cause a data submission to be rejected and error messages that the survey vendor will receive when a submission is rejected—is provided in the *Home Health Care CAHPS Survey Website and Data Submission Manual, Version 3.0*, which is available on the HHCAHPS Survey website.

**Quarterly Data Submission Deadlines**

Survey vendors have the option of submitting a data file to the HHCAHPS Survey Data Center as data collection and processing activities for each monthly sample are completed or on a quarterly basis. *However, the data file for all months in a specific quarter for each client HHA must be submitted before the submission deadline for that quarter.*

Data Center staff will check all data files immediately after they are submitted to ensure that they pass the initial verification checks. *Any files in which problems are detected or that do not comply with file specification requirements will not be accepted by the Data Center.* Survey vendors are, therefore, strongly encouraged to submit data files well in advance of a data submission deadline in case there are problems that must be corrected before the data file is accepted. Survey vendors are also strongly encouraged to check the data submission reports that are posted on the website (these reports are discussed in the next chapter) to ensure that the files are accepted. Survey vendors are also reminded again that all data files undergo validation checks during upload and a longer validation check within 24 hours after the file is uploaded. HHCAHPS Survey data files must pass the 24-hour validation checks before they are accepted. Therefore, survey vendors are strongly encouraged to submit data files well before the data submission deadline to allow time for any data errors to be corrected and the file to be resubmitted before the data submission deadline.
Data Submission Issues and Quality Control

The following issues and guidelines are provided to assist vendors in making sure that XML files are prepared properly and that quality control measures are conducted on each file before the vendor attempts to submit the file to the HHCAHPS Data Center. Implementing adequate quality control on XML files, and submitting each file well in advance of the data submission deadline, will help ensure that each HHA’s monthly data files are accepted and that high-quality data are submitted. Quality control checks should be conducted by a different staff person than the one who completed the task.

Vendors should check the Vendor HHA Authorization Report regularly to make sure that each of their HHA clients has authorized the vendor to submit data on their behalf and that the Start date the HHA entered represents the first month of the quarter for which the vendor collected data on the HHA’s behalf.

Vendors should apply the validation schema posted on the HHCAHPS website on each data file. This validation tool contains some of the same validation checks that are applied when the data file is submitted to the Data Center. Using the validation schema to identify file problems and correcting any problems detected will reduce the number of attempts to submit the data file.

In addition to using the validation schema, survey vendors are encouraged to make additional quality control checks on the data files before they attempt to submit the files to the Data Center. Some suggested quality checks are listed below.

a. Check the sample month entered on the XML file to verify that the sample month is correct. The HHCAHPS Data Center will not accept a data file for a sample month in a previous data submission quarter, but it will accept files for months in the current and upcoming data submission quarters. Similarly, make sure that the sample month on the file correctly indicates the month in which the sample patients received skilled home health care.

b. Select a sample of patients for whom data are entered on the XML file and compare the data on the XML file for those patients with the data for that patient on the original (raw) data source. For example, compare the variables entered in the Patient Administrative Data Record section of the XML with the information that the HHA provided for the sample patient on the monthly patient information file. Similarly, compare the entries in the Patient Survey Response Record section of the XML with the hardcopy questionnaire or scanned image of the patient’s completed survey or, if the survey was completed by phone, with the original CATI or telephone survey data file. Implementing this quality control check on a sample of the data records will ensure that data are correctly exported from the data source onto the XML file.
c. After the XML file is prepared, generate data distributions (frequencies of responses/variables) on selected variables and inspect the output for data anomalies. A visual inspection of data frequencies is a quick way to identify data problems. For example, if the race variable for all patients entered on the XML file is American Indian, this could be an indication that the race variable is incorrect. Similarly, response option 2 is coded for the overall rating of care variable for all patients on the file, this is likely an indication that there is a problem with the file.

d. Confirm that there have not been any assigned duplicate SID numbers assigned in the XML files across months in the data submission period or across prior data submission periods. An SID number can only be assigned to one patient and cannot be reused within quarters, across quarters, or across years.

e. Verify that the Proxy Respondent Indicator is entered correctly. Vendors must make sure that a code is entered on the XML file to indicate whether a proxy respondent was used for all completed mail and telephone survey cases. For surveys completed by mail, the “Yes” code on the XML file for the Proxy indicator should be marked if the answer for Q34 in the completed mail survey is “Answered the questions for me.” For surveys completed by telephone, mark the “Yes” indicator on the XML file if the interview was conducted with a proxy respondent.

f. Verify that all final disposition codes are correct. Vendors must make sure that no data are submitted for non-interview cases that are coded as deceased, ineligible, refusals, etc. Similarly, vendors should change the disposition code for a completed survey that does not pass the HHCAHPS completeness criteria to 310 (breakoff). Also, make sure that code 340 is being appropriately assigned to cases only when the vendor could not obtain a “working” telephone number for the sample patient.

g. Conduct quality checks of mail survey coders’ work by having a different person recheck a sample of each coder’s cases to make sure that they are following and applying correct coding guidelines.

h. Check that the number of patients for which the HHA provided data on the monthly patient information file (<number-vendor-submitted>) is greater than or equal to the number of patients sampled.

i. Confirm that the number of eligible patients (<number-eligible-patients>) is greater than (or equal to) the number of patients sampled (<number-sampled>). Note that approved vendors must calculate and use a sampling rate to ensure that an even distribution of patients is sampled over a 12-month period. Except for very small HHAs, the number of eligible patients should always be higher than the number sampled.

j. Check the file to make sure that all patient data the HHA provided for a patient on the monthly patient information file exported correctly to the XML file.
k. Review variables entered on the Batch Header Record to make sure that variables such as
the total number of patients the HHA served during the sample month, the number of
eligible patients, and the number of patients sampled are correct. In most cases, the total
number of patients served will be higher than the number of eligible patients, and for all
but very small HHAs, the number of eligible patients will be larger than the number of
sampled patients.

l. Check the XML file name to make sure that it conforms to HHCAHPS file naming
conventions.

m. Confirm that an XML file has been accepted for each sample month for each HHA even
if the HHA submitted a monthly patient information file that did not have any patients
that met survey eligibility criteria.

Survey vendors should check the XML data files for internal logic and consistency prior to
submitting them to the HHCAHPS Data Center. Some examples of items to check are provided
below:

a. The number of eligible patients included in the variable on the file should always be
equal to or smaller than the number of patients the agency served during the sample
month. It should never be more than the number of patients served.

b. The number of patients eligible must be equal to or larger than the number of patients
sampled.

c. The number of patients sampled must be equal to or less than the number of patients
served.

d. The total number of patients for which the vendor has included administrative
information in the patient administrative section of the XML file must equal the number
of patients sampled.

Survey vendors are reminded that if none of the patients for whom information is provided on
the monthly patient information file is eligible for the HHCAHPS Survey, the vendor must still
prepare and submit an XML file for that sample month. The vendor must indicate on the file that
there were 0 eligible cases in the number eligible variable, and enter all other information
required in the Header Record Section of the XML file. If the vendor does not submit a file to
this effect, CMS and the Coordination Team will view the HHA as having “missed” a sample
month. That is, there will be no documentation on file that the HHA met the participation
requirements for that sample month. On the other hand, survey vendors should make sure they
do not submit a zero-eligible file for an HHA that did not submit a monthly patient information
file for a sample month. Note that HHCAHPS Survey vendors are not required to submit a
Discrepancy Notification Report for situations where there are 0 eligible cases; however, they are
required to submit a Discrepancy Notification Report if the HHA did not submit a file at all.
Vendors should note that submitting an XML file for a sample month for a CCN will overwrite any previously submitted file for that month, even if that previously submitted file was successfully submitted.

Vendors should review data submission reports to identify errors detected in the file by the Data Center. Some of the more common problems with data file submissions are as follows:

a. The HHA has not authorized the vendor to submit data on its behalf OR the start date for the vendor to submit data is after the sample month on the file.

b. The name of the data file being submitted does not conform to the HHCAHPS file naming convention.

c. One or more cases on the XML file identified assigned a completed survey disposition code did not pass the completeness criteria. Note that HHCAHPS Survey vendors are required to develop and apply a completeness algorithm to identify all cases that meet the HHCAHPS completeness criteria (described in Chapter IX in this manual) on all cases for which there is a Patient Survey Response Section on the XML file. The Data Center also checks all cases on the XML file to verify that they meet the completeness criteria.

d. A code was not entered for one or more variables on the XML file. Note that a response code must be entered for all variables on the file. If data are missing for a variable, either the missing code (M) or the code for not applicable must be entered for the variable.

Vendors should submit data early enough to correct and resubmit any data files that do not pass the overnight checks.
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XI. HOME HEALTH CARE CAHPS SURVEY WEBSITE REPORTS

Overview
The Home Health Care CAHPS (HHCAHPS) Survey Data Center will generate and provide via the HHCAHPS Survey website a number of reports to indicate the status of data submissions and the quality of the data submitted. These reports are described in the following sections.

Reports for Survey Vendors
Survey vendors will be able to access a number of reports via the secured section of the HHCAHPS Survey website. The most important of these is tied to the data submission and file review process—the Data Submission Summary Report. Another important report is the Survey Vendor Authorization Report, which allows the survey vendor to view all home health agencies (HHAs) that have authorized the vendor to collect and submit data on their behalf. A third report, the Annual Payment Update (APU) Participation Summary Report, shows the months in the HHCAHPS Survey participation period for which the vendor has successfully submitted an HHCAHPS Survey data file. Each of these reports is discussed separately below.

The Data Submission Summary Report
This report is generated at two different points in time. First, it is immediately available to survey vendor staff members after they upload data via the Submit Data link on the HHCAHPS Survey website. Once the vendor uploads a data file or files, the system will check for the correct file layout, missing data, duplicate patient ID numbers, invalid responses, etc. After the initial upload, the Data Center conducts a more thorough edit of the data file, which is done within 24 hours after the file is uploaded. This second validation check is also referred to as the “overnight validation.” The Data Submission Summary Report is updated after the overnight validation checks have been made.

The first check (during upload) of the submitted data file is to make sure that the XML template has been used and is properly formatted. If the survey vendor has an incorrectly formatted template, the data upload process will stop immediately and send an error message to the vendor that describes the problem detected. After the system verifies that a properly formatted template has been used, it will begin a series of data checks. It will look for any fields in the Header Record with missing data. If any data are missing, the file will be rejected, and the transmission report will let the vendor know what data fields are missing. The system will also check for any duplicate sample identification (SID) numbers to make sure a vendor has not used an SID more than once for a given HHA in a given quarter. If a vendor has used a duplicate SID, the file will
be rejected and the transmission report will let the vendor know where the error is so it can be corrected. Finally, the report will check that the vendor is authorized to upload data for the particular HHA.

If the data file successfully passes the initial checks, the system will show a screen that will display a message saying that the upload was successful. This screen will also provide the vendor with a count of records received by CMS Certification number (CCN). The message will also indicate that the file will be sent through a more formal data processing step and the vendor will be notified within 24 hours that a report of the results of this data processing step will be available to the vendor on the HHCAHPS Survey website.

Files that have successfully passed the upload validation process are then subjected to a nightly validation process. The machine edits will check for missing data fields required for patient eligibility determination, including the number of home health visits the patient received during the lookback period, payer source, or patient age. Each patient response record included on the file will be checked to ensure that all entries are within the acceptable range. In addition, a completeness algorithm will be run to verify that all patient response records included on the file meet survey completeness criteria (although this step will be used to ensure that the appropriate cases are included as “complete” and will not be a reason for rejecting a file).

The results of the nightly validation are appended to the Data Submission Summary Report for each file that was uploaded. This report will provide sufficient detail, by CCN, of data file errors that caused data files to be rejected so that the vendor can fix those errors and resubmit the file(s). Following the edit checks, the system will generate and send an e-mail to the vendor indicating that the data processing step has been completed and the vendor can view the results on the Data Submission Summary Report. The e-mail will be generated within 24 hours after the vendor has successfully uploaded the data file. Survey vendors can access this report at any time from the website by going to the “Data Submission” tab and selecting the “Data Submission Reports” link. Survey vendors can select to view a history of all reports, or history by upload date.

If the files successfully pass this stage of the check, the data will be accepted and processed for public reporting. If any problems are detected in the data file, this information will be displayed on the Data Submission Summary Report, and the vendor will be expected to correct the errors and resubmit the file. Files will be accepted or rejected based on HHA CCN. That is, if all of the records for a given HHA are accepted, the vendor does not need to resubmit that file. However, if the vendor submitted a file for multiple HHAs and one or more of those agencies have invalid records, the vendor will need to resubmit a file containing all records for the HHA that had invalid records.
Because of the two-part nature of the Data Center’s data processing steps, vendors are strongly advised to submit files far enough in advance of the quarterly submission deadline to allow for both the initial upload file check and the overnight validation checks, if they have to resubmit a file. The HHCAHPS Data Center will not accept files after 11:59 PM on the data submission deadline date for each quarter.

**The Data Submission History Summary Report**

HHCAHPS Survey vendors can view a history of their data submission activities via two reports under the Data Submission Report menu option: Data Submission History and Data Submission History by Upload Date. The Data Submission History report allows vendors to see a summary or detailed list of data submission activity. The Data Submission History by Upload Date allows vendors to search for a data submission report by upload date.

**Survey Vendor Authorization Report**

The Survey Vendor Authorization Report allows survey vendors to view a list of HHAs that have authorized the vendor to collect and submit data on their behalf. A survey vendor under contract with an HHA that has not yet been formally authorized by the HHA to submit data on the agency’s behalf should contact the HHA and ask it to do so. Any files a vendor submits for an HHA that has not formally authorized the vendor to submit data on its behalf will be rejected by the HHCAHPS Survey data file submission system, because there is no formal link between the vendor and the HHA. *It is the vendor’s responsibility to ensure that any HHA with which it is contracted to conduct the HHCAHPS Survey completes the authorization process.* The HHCAHPS Data Center will reject data files if the HHA has not authorized the vendor to submit data on its behalf or if the Start date entered on the form that the vendor submitted is later than the first day of the sample month that the HHA begins its participation in the HHCAHPS Survey.

If an HHA closes or is no longer active while its HHCAHPS Survey vendor is still contracted to conduct and provide survey data on its behalf, the vendor authorization that that HHA submitted will remain in effect for the entire authorization period. However, the survey vendor may not be able to see the closed agency’s CCN on the Vendor Authorization Report on the HHCAHPS website because the HHCAHPS database only shows CCNs that appear on CMS’s current list of active CCNs. The authorized vendor must submit the HHCAHPS Survey data that were collected for the closed HHA to the HHCAHPS Data Center.

**APU (Annual Payment Update) Participation Summary Report**

The APU Participation Summary Report will show the sample months in each HHCAHPS Survey participation period for which the vendor has successfully submitted an XML file. Vendors should use this report in conjunction with their own data submission tracking reports to confirm that they have submitted an XML file for each sample month and that the file was accepted. To access the APU Participation Summary Report, click on the Data Submission
Reports link on the HHCAHPS website, then click the link to this report. Vendors can choose the APU participation period to be viewed. The APU participation period corresponds to the months for which Medicare-certified HHAs must administer the HHCAHPS Survey to receive the APU. For example, the HHCAHPS participation period for the CY (Calendar Year) 2016 APU is from April 2014 through March 2015.

Reports for Home Health Agencies

HHAs will be able to access two reports via the secured section of the HHCAHPS Survey website. The first report, the Data Submission Summary Report, is intended to provide a means for the agency to monitor its vendor’s data submission activities and should be reviewed on a monthly or quarterly basis, depending on the agreement that the agency has worked out with the vendor in terms of frequency of data submission. The second report available to HHAs is the HHCAHPS Survey Results for Public Reporting—this report is a preview of the HHCAHPS Survey results that are compiled for each HHA on a quarterly basis prior to being publicly reported. These reports are discussed below.

Data Submission Summary Report

The Data Submission Summary Report is available to HHAs from the “For HHAs” tab on the HHCAHPS Survey website. HHAs that have contracted with a survey vendor will be able to log in to the website and view, print, and download a report that includes information on the number of submissions and the submission status of their contracted vendor’s monthly or quarterly file submissions.

The Data Submission Summary Report displays all of the dates on which the Data Center accepted the data files the vendor submitted for the HHA. Only files that passed both the initial edit checks implemented during file upload and those that passed the second set of edit checks (conducted within 24 hours after receipt of the file) will be listed on this report. The purpose of this report is to allow an HHA to monitor whether its vendor is successfully submitting data files by the required quarterly data submission deadlines. An HHA can use this report for reference when it follows up with its vendor if expected data submissions do not appear. The Data Submission Summary Report also includes a hyperlink embedded in the date of each submission that takes the user to the data validation checks that were performed on the uploaded files for that date.

To protect the confidentiality of each HHA and the vendor it has selected, only the HHA and its authorized vendor will be able to view the submission history relating to that agency’s data.

HHCAHPS Survey Results for Public Reporting

The HHCAHPS Survey Preview Reports provide HHAs with a preview of their agency’s survey results that will be publicly reported on the Home Health Compare website at
http://www.medicare.gov. The preview report is made available approximately 2 weeks before the HHCAHPS Survey results are publicly reported. Agencies are able to access their Preview Report(s) via the secure side of the HHCAHPS website. To access the reports, agencies must log into the HHCAHPS website using their username and password and then select the “Preview Reports” link under the “For HHAs” tab. HHAs participating in the HHCAHPS Survey will have access to their own reports. The Preview Report will not be available to the HHCAHPS Survey vendor or to anyone other than the HHA.
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XII. OVERSIGHT ACTIVITIES

Overview

This chapter describes oversight activities that will be conducted by the Home Health Care CAHPS (HHCAHPS) Survey Coordination Team to ensure that the survey is being administered according to required HHCAHPS Survey protocols. Requirements for vendor Quality Assurance Plans (QAPs), data review activities to be conducted by the Coordination Team, communication between the Coordination Team and the vendors, and site visit procedures are described in the following sections.

Quality Assurance Plan

All vendors seeking approval to conduct the HHCAHPS Survey must submit a QAP, a document that describes how the vendor will implement, comply with, and provide oversight of all sampling, survey, and data processing activities associated with the HHCAHPS Survey.

The first QAP must be submitted within 6 weeks of the data submission deadline date after the vendor’s first quarterly data submission. It must be updated and submitted annually thereafter and at any time that changes occur in staff or vendor capabilities or systems.

A model QAP outline is included in Appendix P to assist vendors in the development of their own QAP. The vendor’s QAP should include the following sections:

- Organization Background and Staff Experience
- Work Plan
- Sampling Plan
- Survey Implementation Plan
- Data Security, Confidentiality, and Privacy Plan
- Questionnaire Attachments

Within each section, the vendor must specify all key staff responsible for implementing or overseeing the activity or activities, procedures, and methods being used, and quality assurance activities that will be implemented. Changes to key staff must be reported to the HHCAHPS Survey Coordination Team. There should be sufficient detail provided for all of these
components so that the Centers for Medicare & Medicaid Services (CMS) can evaluate whether the vendor is complying with all approved protocols. If CMS and the Coordination Team do not feel that the vendor’s QAP has sufficient detail to make this determination, the Coordination Team will request that the vendor make additions or edits to its QAP and resubmit it. Vendors will also be required to submit either a copy of the mail questionnaire (for mail and mixed-mode surveys) or the screen shots from their electronic telephone interview (for telephone surveys) as part of their QAP. **Note that the submission of a completed QAP is one of the components of the vendor approval process.**

When preparing the QAP, vendors should review and refer to the Model QAP provided on the HHCAHPS website to ensure that they provide all information requested, including detailed information about systems, protocols, and processes, so that the HHCAHPS Coordination Team can assess how the survey is being implemented. The Coordination Team will request that the vendor provide more information if the information provided is not adequate. Vendors should also organize the information in their QAPs to conform to the sections included in the Model QAP, and make sure that the QAP is paginated for ease of reference and review by CMS and the Coordination Team.

**Data Review**

The HHCAHPS Survey Coordination Team will conduct ongoing reviews of the data submitted by each survey vendor. As discussed in **Chapter X** of this manual, data files are reviewed immediately upon submission for proper formatting, completeness, accuracy of record count, and out-of-range and missing values. In addition, the Coordination Team will run a series of edits on the data to check for such issues as outlier response rate patterns or unusual data elements.

The Coordination Team will attempt to resolve data issues with the vendor through the use of conference calls or e-mail exchanges. If the Coordination Team believes that there are any significant issues with a vendor’s data, or if repeated discussions and contact with a vendor fail to result in cleaner data submissions, a more thorough review of the vendor’s data processing and survey implementation activities may be initiated. At that time, the Coordination Team may request copies of documentation associated with whatever the data issue is—for example, if out-of-range values are found repeatedly, the Coordination Team may request copies of documents showing the training program used to train Data Entry keying staff, training records, and documentation that recommended quality assurance practices associated with keying data were followed. Vendors are expected to comply with all such requests for documentation.

**Communication Between Survey Vendors and the Coordination Team**

The HHCAHPS Survey Coordination Team welcomes communication from vendors related to any part of the HHCAHPS Survey implementation process. Vendors may communicate with the
Coordination Team via telephone or e-mail. The Coordination Team is also available to participate in teleconference calls as needed to ensure the vendors’ successful implementation of the HHCAHPS Survey. As noted in a preceding section of this manual, the vendor must provide the HHA name and CMS Certification Number (CCN) in all communications with the HHCAHPS Coordination Team and HHCAHPS Survey Data Center.

The Coordination Team expects that in addition to communication with vendors about technical assistance issues, it will also schedule conference calls with selected vendors to review vendor procedures and ensure adherence to the HHCAHPS Survey protocols and guidelines. The Coordination Team will make periodic calls to vendors to assess the status of sampling, data collection, and file processing issues in general. These calls will be scheduled in advance so that appropriate members of the vendor’s project team can participate.

**Site Visits to Survey Vendors**

The HHCAHPS Survey Coordination Team will conduct site visits to all approved vendors. The purpose of the site visits is to allow the Coordination Team to observe the entire HHCAHPS Survey implementation process, from the sampling stage through file preparation and submission.

The Coordination Team expects at a minimum to accomplish the following on each site visit:

- A “walk through” of the systems and processes used from the point of obtaining a sample frame from an HHA to preparation of a final data file, including but not limited to a review of:
  - software/programs used to select and store the sample; how patient contact information (name and address) and sample identification (SID) number are printed on letters accompanying questionnaire mailings or provided to a call center for telephone survey data collection; questionnaire production, mailout, and receipt facilities/processes; telephone survey operation facilities/processes, including listening to interviews;
  - all data processing activities, including how final status codes are assigned; and
  - file preparation and submission activities; and file storage facilities.

- A review of documentation associated with any of the above steps, as applicable. The documentation to be reviewed includes but is not limited to:
  - signed confidentiality forms for all applicable staff, including subcontractors;
  - training records, such as for data entry or telephone interviewing staff;
monitoring logs, with dates and times telephone interviewers were monitored, and the results of those monitoring sessions;

- telephone interview scripts, including introductory scripts and responses to frequently asked questions; and

- verification records, for either data entry or scanning processes, showing the level of quality control for keyed questionnaires.

- Interviews with the vendor’s key HHCAHPS Survey project staff, including the project manager, sampling manager, and data manager.

The Coordination Team may make either scheduled or unscheduled visits to the vendor’s site. Scheduled visits will be planned far enough in advance to ensure that all appropriate vendor staff are able to participate in the site visit review process. For unscheduled visits, the Coordination Team will give the vendor a 3-day window during which the team may conduct the onsite review.

Generally, the site visit team will consist of two to three individuals, although the size of the team may vary and may include representatives from CMS. All discussions, observations, and materials reviewed during the site visit will remain confidential. Thus, although the Coordination Team appreciates that certain systems or processes may be proprietary to a vendor, full cooperation with the site visit team is expected so that the team may adequately assess vendor compliance with all HHCAHPS Survey protocols and guidelines.

After each site visit, the Coordination Team will prepare and submit to CMS a Site Visit Report, which will summarize the findings from each site visit, including any systems and data issues. The Site Visit Report will also describe corrective actions that the vendor will be required to take to correct any deficiencies or problems noted. The Coordination Team will provide the vendor with the Site Visit Report after it has been reviewed with CMS project staff. The Coordination Team may request clarification, additional documentation, or changes to any aspect of the implementation process, if needed. The vendor will then be given a specified period of time in which to provide the additional information or submit documentation showing that it has implemented the requested process or system change. The Coordination Team will follow up with the vendor by teleconference or with additional site visits as needed.

### Corrective Action Plans

If a vendor fails to demonstrate adherence to the HHCAHPS Survey protocols and guidelines, as evidenced by ongoing problems with its submitted data or as observed in its implementation process during a site visit, CMS may ask the Coordination Team to either increase oversight of
the vendor’s activities (or submitted data files) or, if necessary, put the vendor on a corrective action plan.

If the vendor is put on a corrective action plan, the Coordination Team will work out a schedule with CMS by which the vendor must comply with the tasks set forth in the corrective action plan. These will include interim monitoring dates, where the Coordination Team and the vendor will meet via teleconference to discuss the status of the plan and what changes the vendor has made or is in the process of making. The nature of the requested changes that the vendor is asked to implement will dictate the kind of “deliverables” the vendor will be expected to provide and the dates by which the deliverable must be provided.

Survey vendors that fail to comply with the oversight activities described above or whose implementation of the HHCAHPS Survey is found to be unsatisfactory after the opportunity is given to correct deficiencies may be subject to having their “approved” status rescinded. Further, any HHA survey responses collected by the vendor may be withheld from public reporting. The affected HHA(s) will be notified by the HHCAHPS Survey Coordination Team of their vendor’s failure to comply with oversight activities or unsatisfactory implementation so that the HHA(s) will have the opportunity to contract with another approved vendor.
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XIII. PUBLIC REPORTING

Overview
This chapter describes the public reporting activities associated with the Home Health Care CAHPS (HHCAHPS) Survey. All publicly reported data are available on the Home Health Compare website at http://www.medicare.gov. Results from the HHCAHPS Survey are published quarterly and include each home health agency’s (HHA’s) most recent four quarters of data.

The chapter begins with a list of the measures that are reported and explains how the results are adjusted and reported. The chapter concludes with a discussion of Home Health Agency Preview Reports and a table showing the quarters included in each public reporting period.

Measures That Are Reported
HHCAHPS Survey results are reported for three composites and two global items:

Composite Measures
• Care of Patients (Q9, Q16, Q19, and Q24)
• Communications Between Providers and Patients (Q2, Q15, Q17, Q18, Q22, and Q23)
• Specific Care Issues (Q3, Q4, Q5, Q10, Q12, Q13, and Q14)

Global Items
• Overall rating of care (Q20)
• Patient willingness to recommend HHA to family or friends (Q25)

Each of the three composite measures consists of four or more questions from the survey that are about related topics. The results from the questions that comprise a composite are reported as one score. Composite scores are compiled by calculating the proportion of cases that responded to each answer choice in the questions that comprise the composite. Once the proportions of responses to all answer choices in the questions in the composite are calculated, the average proportion of those responding to each answer choice in all questions in the composite is calculated. Only questions that are answered by survey respondents are included in the calculation of composite scores.
Adjustment and Reporting of Results

In 2009, the HHCAHPS Survey Coordination Team conducted a mode experiment to test the effects of using three data collection modes: mail only, telephone only, and mixed mode (mail with telephone follow-up of nonrespondents). Since that time, the HHCAHPS Survey Coordination Team has repeated the same analyses conducted on mode experiment data using data collected by HHCAHPS Survey vendor for sample months in Quarter 4 of calendar year 2010 (CY10,Q4) through Quarter 2 of calendar year 2011 (CY11,Q2).

Because some patients’ assessment of the care they received from HHAs may be influenced by patient characteristics that are beyond the HHAs’ control, CMS used the data from the mode experiment and data collected in the national implementation of the survey in CY10,Q4 through CY11,Q2 to determine whether and to what extent characteristics of patients participating in the HHCAHPS Survey statistically affect survey results. Statistical models were developed to adjust or control for these patient characteristics when survey results are publicly reported. Also, some patients may not respond to the survey, and this may impact the accuracy and comparability of results. Therefore, the data from the mode experiment and the aforementioned quarters of the national implementation were analyzed to detect potential nonresponse bias. The results of these analyses determined applicable statistical adjustments that are made on each quarter of the HHCAHPS Survey data.

HHCAHPS Survey results are published on the Home Health Compare website at http://www.medicare.gov. Each HHA’s results are compared with national and state averages. Results are reported for a rolling four quarters of data that are updated quarterly by replacing the oldest quarter of data with data from the most recent quarter. Table 13.1 shows a crosswalk of the composite measures and global ratings mapped to the text that is displayed on the Home Health Compare website.

<table>
<thead>
<tr>
<th>HHCAHPS Composite Measurements/Global Ratings</th>
<th>HHCAHPS Questions Included in Composite/Global Rating</th>
<th>Text Displayed on Home Health Compare Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care of Patients</td>
<td>Q9, Q16, Q19, and Q24</td>
<td>How often the home health team gives care in a professional way</td>
</tr>
<tr>
<td>Communications Between Providers and Patients</td>
<td>Q2, Q15, Q17, Q18, Q22, and Q23</td>
<td>How well did the home health team communicate with patients</td>
</tr>
<tr>
<td>Specific Care Issues</td>
<td>Q3, Q4, Q5, Q10, Q12, Q13, and Q14</td>
<td>Did the home health team discuss medicines, pain, and home safety with patients</td>
</tr>
<tr>
<td>Overall rating of care</td>
<td>Q20</td>
<td>How do patients rate the overall care from the home health agency</td>
</tr>
<tr>
<td>Patient willingness to recommend HHA to family or friends</td>
<td>Q25</td>
<td>Would patients recommend the home health agency to friends and family</td>
</tr>
</tbody>
</table>
Agency Preview Reports

Prior to publishing the results on the Home Health Compare website at [http://www.medicare.gov](http://www.medicare.gov), CMS makes available a preview report posted on the HHCAHPS website so that each HHA can review the results that will be publicly reported. HHCAHPS Survey data were publicly reported for the first time in April 2012, based on survey results from data collected for the sample months October 2010 through September 2011. Each subsequent quarterly public reporting period includes survey results from data collected for the prior 12 months, as the oldest quarter’s data are dropped and the newest quarter’s data are added.

Public Reporting Periods

*Table 13.2* shows the quarters included in each Public Reporting period.

<table>
<thead>
<tr>
<th>HHCAHPS Public Reporting Period</th>
<th>Public Reporting Period 12</th>
<th>Public Reporting Period 13</th>
<th>Public Reporting Period 14</th>
<th>Public Reporting Period 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month and year updated results will be posted</td>
<td>January 2015</td>
<td>April 2015</td>
<td>July 2015</td>
<td>October 2015</td>
</tr>
<tr>
<td>Quarters that results represent</td>
<td>CY13,Q3–CY14,Q2</td>
<td>CY13,Q4–CY14,Q3</td>
<td>CY14,Q1–CY14,Q4</td>
<td>CY14,Q2–CY15,Q1</td>
</tr>
<tr>
<td>Preview reports will be posted on the HHCAHPS website</td>
<td>Two weeks before results are posted on Home Health Compare</td>
<td>Two weeks before results are posted on Home Health Compare</td>
<td>Two weeks before results are posted on Home Health Compare</td>
<td>Two weeks before results are posted on Home Health Compare</td>
</tr>
</tbody>
</table>
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XIV. EXCEPTIONS REQUEST PROCESS AND DISCREPANCY NOTIFICATION REPORT

Overview

This chapter describes the process to be used to request an exception to the Home Health Care CAHPS (HHCAHPS) Survey Protocols, including guidelines for submitting an Exceptions Request Form. This chapter also covers the process for alerting the HHCAHPS Survey Coordination Team of an unplanned discrepancy in the collected or submitted survey data. Vendors are expected to submit a Discrepancy Notification Report whenever there has been an inadvertent or temporary deviation from the standard HHCAHPS Survey Protocols.

Exceptions Request Process

The Exceptions Request Form (see Appendix Q) is designed to allow the survey vendor to request a planned deviation from the standard HHCAHPS Survey protocols. The form is designed to allow the survey vendor to request the same exception for multiple home health agencies (HHAs) for which it is responsible for collecting data. The Exceptions Request Form can be accessed and submitted online (https://homehealthcahps.org/). The HHCAHPS Survey Coordination Team has identified two allowable exceptions on the HHCAHPS Survey at this time: the use of disproportionate stratified random sampling (DSRS) and more frequent than monthly sampling. Vendors must complete and submit an Exceptions Request Form to obtain approval to implement either of these exceptions. In addition, vendors are asked to submit an Exceptions Request Form for any other exceptions to the HHCAHPS Survey protocol. The Coordination Team will make a determination after reviewing each request whether to approve the exception.

Review Process

The Coordination Team will review the vendor’s exceptions request, evaluating the methodological strengths and weaknesses of the proposed approach. The Coordination Team will let the survey vendor know whether the exceptions request has been approved or denied. If denied, the vendor will have 5 business days to appeal the decision. To submit an appeal, the vendor needs to check “Appeal of Exception Denial” in Box 1a on the Exceptions Request Form and update the form to provide further information about the exception being requested. The Coordination Team will review the appeal and return a final decision to the survey vendor within 10 business days.
Discrepancy Notification Report

The Discrepancy Notification Report (see Appendix R) is designed to allow the survey vendor to notify the HHCAHPS Survey Coordination Team of an unplanned deviation from the HHCAHPS Survey protocols that will require some form of corrective action on the part of the survey vendor. Examples of instances when a Discrepancy Notification Report is required include the following:

- The vendor or HHA inadvertently omitted from the sample frame patients who were eligible for the survey;
- The vendor is unable to initiate the survey within 21 days after the sample month ends or when the survey is initiated from the 22nd through the 26th day after the sample month ended;
- A variable was incorrectly coded and submitted on the XML file (e.g., the “proxy” indicator was incorrectly computed);
- There has been a natural disaster or event that has interrupted data collection in such a way as to adversely affect survey outcomes; and
- The HHA was unable to provide the vendor with a file for the sample month, for whatever reason (note that the reason must be specified in the Discrepancy Notification Report).

The Discrepancy Notification Report can be accessed and submitted online via the HHCAHPS Survey website (https://homehealthcahps.org/). An Excel template is also available for vendors to submit with their online DNR. The Excel template contains fields for all required pieces of information CMS needs to evaluate the discrepancy.

The vendor is expected to notify the HHCAHPS Survey Coordination Team within 24 hours after the discovery of the discrepancy. The vendor must also notify all affected HHAs that a DNR has been submitted to the Coordination Team on their behalf. The DNR must clearly describe the discrepancy and the action proposed by the vendor to correct the discrepancy, along with a proposed timeline to correct the discrepancy. At a minimum, the following information must be included on the report form:

- The HHA’s CMS Certification Number (CCN);
- Sample month and year;
- Number of affected patients;
• A description of the discrepancy and whether the deviation from HHCAHPS Survey protocol was caused by the vendor or HHA; and

• Remediation plan for the affected month and actions taken to avoid the situation in the future.

Vendors are required to submit a DNR if an HHA client does not submit a monthly patient information file for a sample month; however, survey vendors do not need to continue submitting DNRs for HHAs that are not submitting monthly patient information files once the HHA has failed to submit a monthly patient information file for 3 consecutive sample months. It is the responsibility of the HHCAHPS Survey vendor to track the number of months the HHA has failed to submit a monthly patient information file and to submit a DNR for the first 3 months that this occurs.

Vendors are reminded that no DNR is needed if an HHA has notified the vendor via submission of a 0-eligible file or an e-mail that it has no eligible patients in a given sample month. (If an HHA submits a file to its vendor with no eligible patients, the vendor must still submit an XML file for that HHA for that sample month indicating that there were no eligible patients, however). Also, no DNR is needed when vendors submit an e-mail request to CMS/the Coordination Team to initiate the HHCAHPS Survey more than 26 days after the sample month ends. Instead, the e-mail that the vendor submits requesting approval to field the survey will be retained as documentation of the request.

**Discrepancy Report Review Process**

The Coordination Team will review the vendor’s Discrepancy Notification Report and evaluate the impact of the discrepancy on the publicly reported data. Depending on the type of discrepancy, a footnote may be added to the publicly reported data. The Coordination Team will let the survey vendor know whether additional information is required to either document or correct the discrepancy.