

# **Introduction to the Home Health Care CAHPS Survey**

**Self-Administered Training**

**January 2025**



# Introduction to the Home Health Care CAHPS Survey

## **Purpose of this Training:**


- This training is required for organizations applying to become approved HHCAHPS Survey vendors.
- Applicant vendors must also complete a training certification, accessed via an emailed link sent to all training registrants.
- This training can also be used by currently approved HHCAHPS Survey vendors to train new staff within their organization on the implementation of the HHCAHPS Survey.

# Introduction to the Home Health Care CAHPS Survey (cont'd)

## **This training covers:**

- Background and development of the CAHPS Surveys
- Home health agency (HHA) and survey vendor roles, responsibilities, and participation requirements
- Sample selection
- Survey administration procedures and survey protocols for each approved mode
- The Exceptions Request and Discrepancy Notification Report (DNR) processes

# Introduction to the Home Health Care CAHPS Survey (cont'd)

- Data processing and coding specifications
- The HHCAHPS Survey website  
<https://homehealthcahps.org> 
- Data file preparation and submission procedures
- Data submission and vendor authorization reports
- Vendor oversight activities
- Analysis and adjustment of results
- Public reporting

# Information and Reminders

- You can submit questions about these slides (content or other) to the HHCAHPS email ([hhcahps@rti.org](mailto:hhcahps@rti.org)).
- **For new vendor applicants only**: Each vendor's designated HHCAHPS Survey Administrator/Project Manager must complete the Training Certification Form, which will be available via an email sent to new vendor registrants.
  - The certification will remain open from February 3-14, 2025.
- Currently approved vendors are encouraged to have new staff review these slides.

# **Background and Development of the Home Health Care CAHPS Survey**

# Overview of CAHPS<sup>®</sup> Surveys

**C**onsumer  
**A**ssessment of  
**H**ealthcare  
**P**roviders and  
**S**ystems<sup>®</sup>

- Family of surveys designed to collect data from patients about their experiences with the care they receive from their health care providers
- Developed over 20 years ago by the Agency for Healthcare Research and Quality (AHRQ)
- Allows patients to self-report their own perceptions of their care experience

\*CAHPS<sup>®</sup> is a registered trademark of AHRQ, a U.S. government agency

# Overview of CAHPS® Surveys (cont'd)

## CAHPS® development methods include:

- Public call for measures
- Literature reviews
- Focus groups with patients
- Cognitive interviews
- Stakeholder input
- Public response to Federal Register notices
- Field tests

## Goals of CAHPS® surveys:

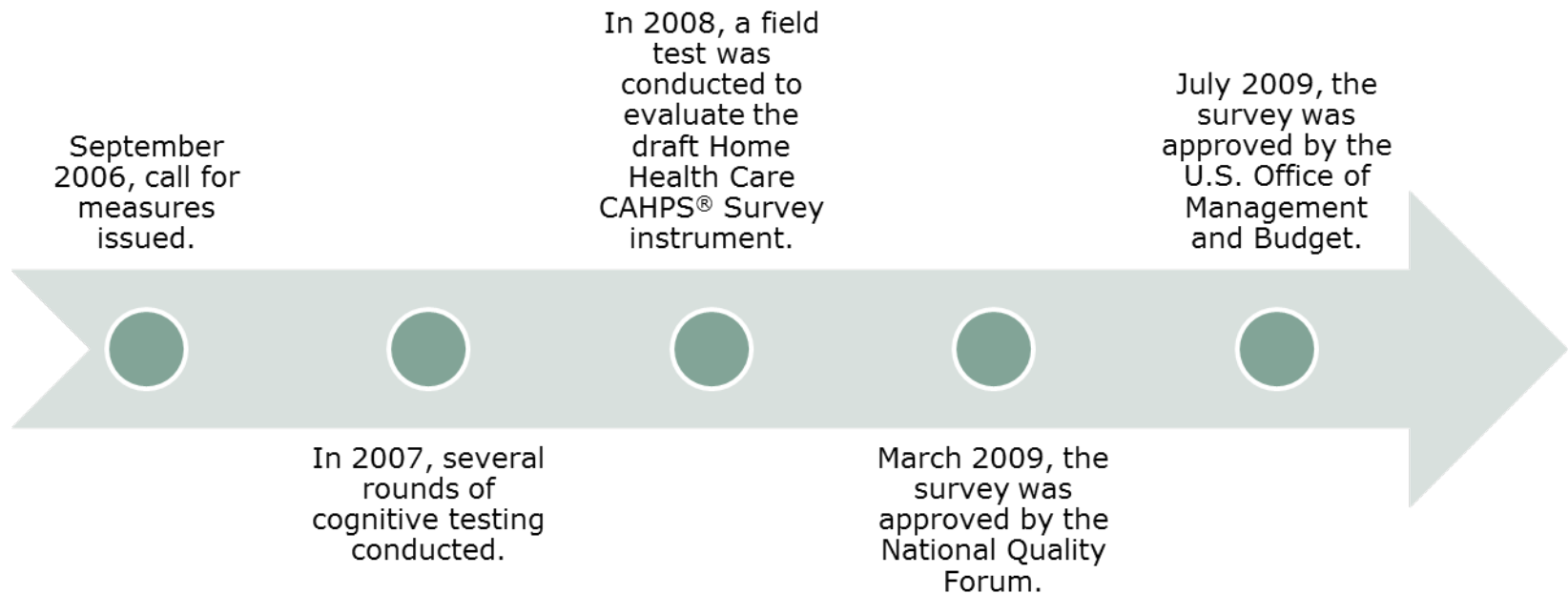
- Conduct the survey in a standardized manner
- Analyze and adjust data to achieve reliable comparisons
- Publicly report survey results
- Survey results used:
  - by consumers to choose a health care provider,
  - by providers to improve the quality of care they deliver to their patients, and
  - by the public to monitor performance of health care providers.



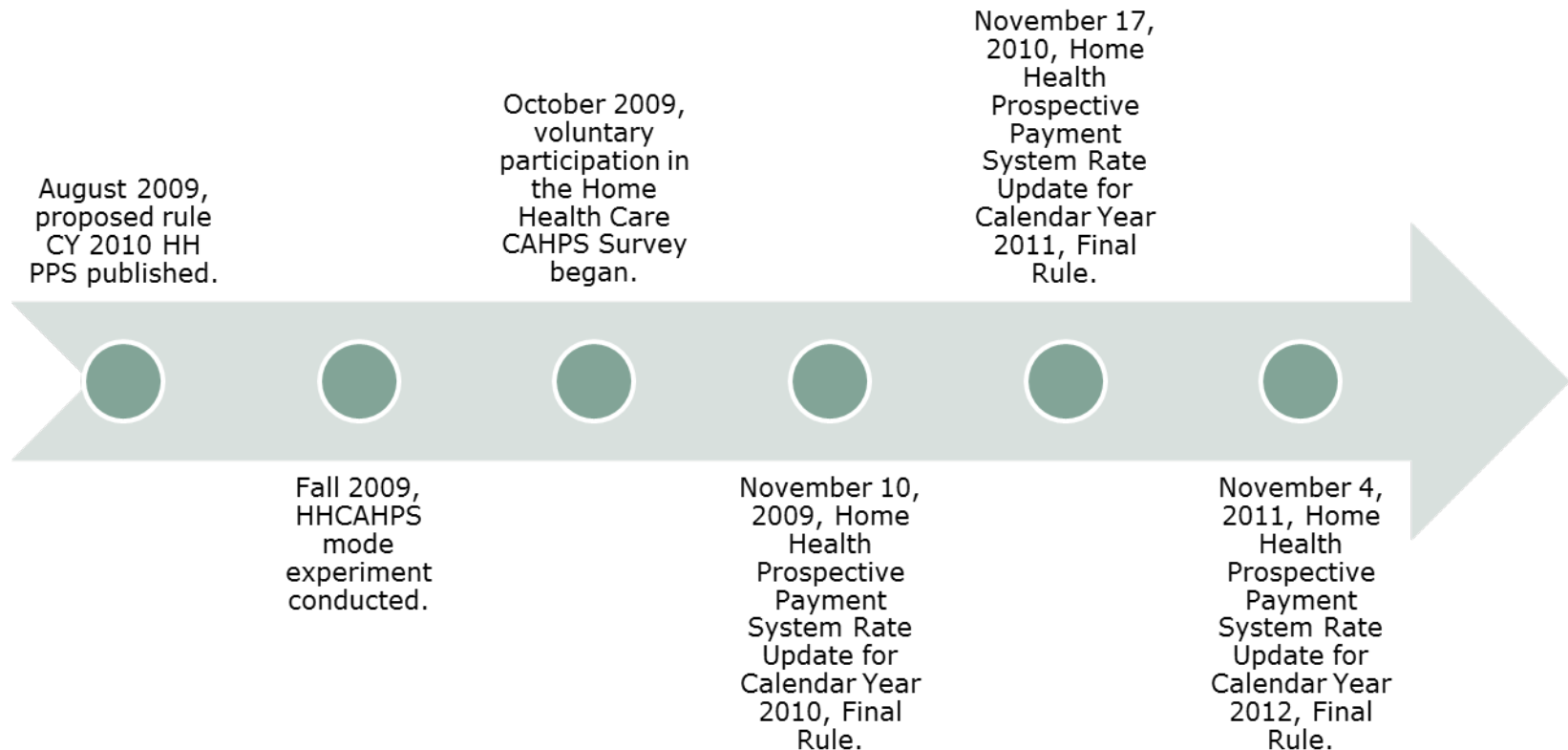
# The Quality Initiative

- November 2001, the Department of Health and Human Services (DHHS) announced the Quality Initiative.
- Spring 2003, the Quality Initiative expanded to include home health care agencies (the Home Health Quality Initiative).
- Goals of the Quality Initiative:
  - Provide Transparency in Health Care
  - Publicly Report Patient Survey Data

# The Home Health Care CAHPS® Survey Development Timeline



# The Home Health Care CAHPS® Survey Development Timeline (cont'd)



# Home Health Prospective Payment System (HHPPS) Final Rules

- HHPPS Final Rules are typically posted every November. When they are posted, there will be an announcement on the HHCAHPS website.
- Final Rules include:
  - Future data submission dates
  - HHA participation requirements
  - Approved HHCAHPS Survey vendor responsibilities
  - Any changes to the survey

## Announcements

### Notice of Publication of the Home Health Prospective Payment System Rate Update Final Rule for Calendar Year 2020

11/12/2019

The *Home Health Prospective Payment System (HH PPS) Rate Update Final Rule for Calendar Year 2020* was published in the *Federal Register* on November 8, 2019. The HH PPS CY2020 Final Rule is available on the HHCAHPS Website at the link below. Note that this document describes HHCAHPS Survey participation requirements for Medicare-certified home health agencies to receive the annual payment update (APU) in CY2022 and CY2023.

[HH PPS CY2020 Final Rule](#)

For more information, contact the HHCAHPS Survey Coordination Team via email at [hchahps@rti.org](mailto:hchahps@rti.org) or call toll-free at (866) 354-0985.



Tags:

Categories: [Information for Home Health Agencies](#)

Location: [Blogs](#) > [HHCAHPS Announcements](#)

# Overview of the Home Health Care CAHPS® Survey

**Purpose of the HHCAHPS Survey:** To measure experiences of patients with at least two home health care visits in the sample month and prior month.

**Goals of the HHCAHPS Survey:**

- Collect patient experience of care data in a standardized way to permit reliable comparisons of HHAs on important care issues
- Create incentives for HHAs to improve the quality of care they provide, through public reporting of results
- Provide transparency to consumers through public reporting about care that HHAs provide, in return for public investment

# Overview of the Home Health Care CAHPS® Survey (cont'd)



HHCAPHS is conducted by independent approved survey vendors working under contracts with HHAs.



Survey vendors must meet specific requirements to be an approved Home Health Care CAHPS® Survey vendor.



Sampling and data collection are conducted on a monthly basis.



Three modes of data collection are allowed—mail only, telephone only, and mail with telephone follow-up of nonrespondents (mixed mode).

# The Home Health Care CAHPS® Survey Questionnaire

The HHCAHPS Survey contains 34 questions:

- 9 “About You” questions focus on the demographic characteristics of the patient
- 25 core questions about home health care:
  - Some questions form Composite Measures (see below)
  - 1 Overall Rating of Care question
  - 1 Willingness to Recommend HHA to family or friends question

## Composite 1

- Care of patients

## Composite 2

- Communications between providers and patients

## Composite 3

- Specific care issues

# The Home Health Care CAHPS® Survey Questionnaire (cont'd)


- Available in English, Spanish, Traditional and Simplified Chinese, Russian, Vietnamese, and Armenian.
- HHCAHPS must be administered in the HHCAHPS-approved versions of the languages.
- Vendors cannot edit or alter wording or order of the questions in any languages.
- All translations are available to download on the HHCAHPS website.

Home Health Care CAHPS Survey  
The official website for news and information about the HHCAHPS Survey

Home General Information Training Forms for Vendors **Survey and Protocols** Data Submission For HHAS

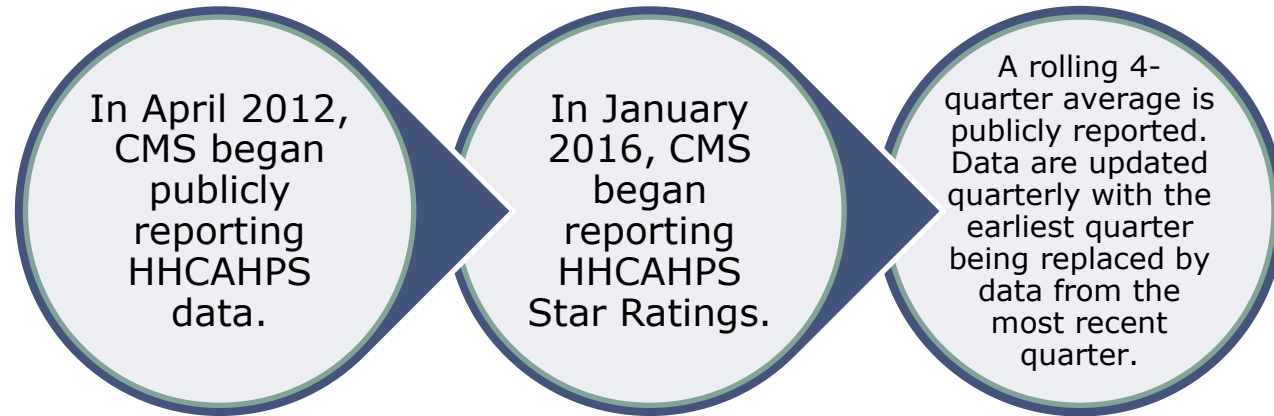
Survey and Protocols / Survey Materials

### Survey Materials

	English	Spanish	Simplified Chinese	Traditional Chinese	Russian	Vietnamese	Eastern Armenian
<a href="#">Protocols and Guidelines Manual</a>							
PDF Version (Manual w/ Appendices)	 5/20/2019						



# Public Reporting on the Compare Tool on [www.medicare.gov](http://www.medicare.gov)



- Results are not publicly reported for an HHA until that HHA has 4 quarters (or 12 months) of HHCAHPS Survey data.
- HHCAHPS results for an agency are posted with the comparable state and national averages. Data are reported on the compare tool on Medicare.gov along with other home health care quality data (OASIS) and with administrative data about the agency.

# Data Submission Requirements and Deadlines

- HHCAHPS Survey data must be submitted to the Home Health Care CAHPS® Data Center by the quarterly data submission deadlines available on the HHCAHPS website.
- There are no exceptions to this requirement. The Data Center closes after each deadline.
- Survey vendors are advised to submit HHCAHPS Survey data well in advance of the quarterly data submission deadlines.
- Data submission deadlines are on the third Thursdays in the months of January, April, July, and October.

Quarter and Year	Data Submission Deadline
Quarter 3, 2024	January 16, 2025
Quarter 4, 2024	April 17, 2025
Quarter 1, 2025	July 17, 2025
Quarter 2, 2025	October 16, 2025
Quarter 3, 2025	January 15, 2026
Quarter 4, 2025	April 16, 2026
Quarter 1, 2026	July 16, 2026

# **HHCAHPS® Survey Roles and Responsibilities**

# Roles and Responsibilities of CMS and RTI International

The Centers for Medicare & Medicaid Services (CMS) is responsible for overseeing the federal contractor for this Survey, RTI International.

- Ensures that the federal contractor carries out all tasks that support the national implementation of the HHCAHPS Survey

RTI International monitors approved HHCAHPS Survey vendors and conducts oversight activities to ensure that the HHCAHPS Survey is being implemented in adherence with the standard protocols.

- Updates the HHCAHPS Survey Protocols and Guidelines Manual annually
- Provides annual training sessions to vendors
- Ensures integrity of data collection by conducting oversight and quality assurance of survey vendors
- Provides technical assistance to vendors and HHAs
- Developed, maintains, and updates the HHCAHPS website
- Receives, processes, and analyzes HHCAHPS Survey data and prepares public reporting data files for the compare tool on Medicare.gov on a quarterly basis
- Prepares files for CMS's Quality Reporting Program; used by CMS when making determinations about compliance with the annual payment update (APU) participation requirements

# Roles and Responsibilities of HHAs

Contract with an approved HHCAHPS Survey vendor to conduct the survey.



Know how to successfully switch vendors if needed and not miss monthly patient information file submissions



Compile and deliver a list of HHCAHPS-eligible patients to their survey vendor monthly. If there are no eligible patients, notify their survey vendor; otherwise, CMS will assume the HHA missed participation for that month.




Monitor HHCAHPS Data Submission Reports to ensure that data were successfully submitted.



Check Preview Reports posted on the HHCAHPS website quarterly. The Preview Reports contain the data that will be posted on the compare tool on Medicare.gov.

# HHA Participation in the Home Health Care CAHPS® Survey

HHAs interested in participating in the HHCAHPS Survey must:

- ✓ Be Medicare-certified (have a CMS Certification Number [CCN])
- ✓ Register someone as a Survey Administrator on the HHCAHPS website: <https://homehealthcahps.org/> 
- ✓ Contract with an approved Home Health Care CAHPS® Survey vendor (a list of approved survey vendors is available under the "Quick Links" box on the home page of the HHCAHPS website)
- ✓ Authorize the approved survey vendor to submit data on their behalf, on an ongoing basis

# HHCAHPS Requirements for the CY 2026 APU

For the **CY 2026 APU**, HHAs must:

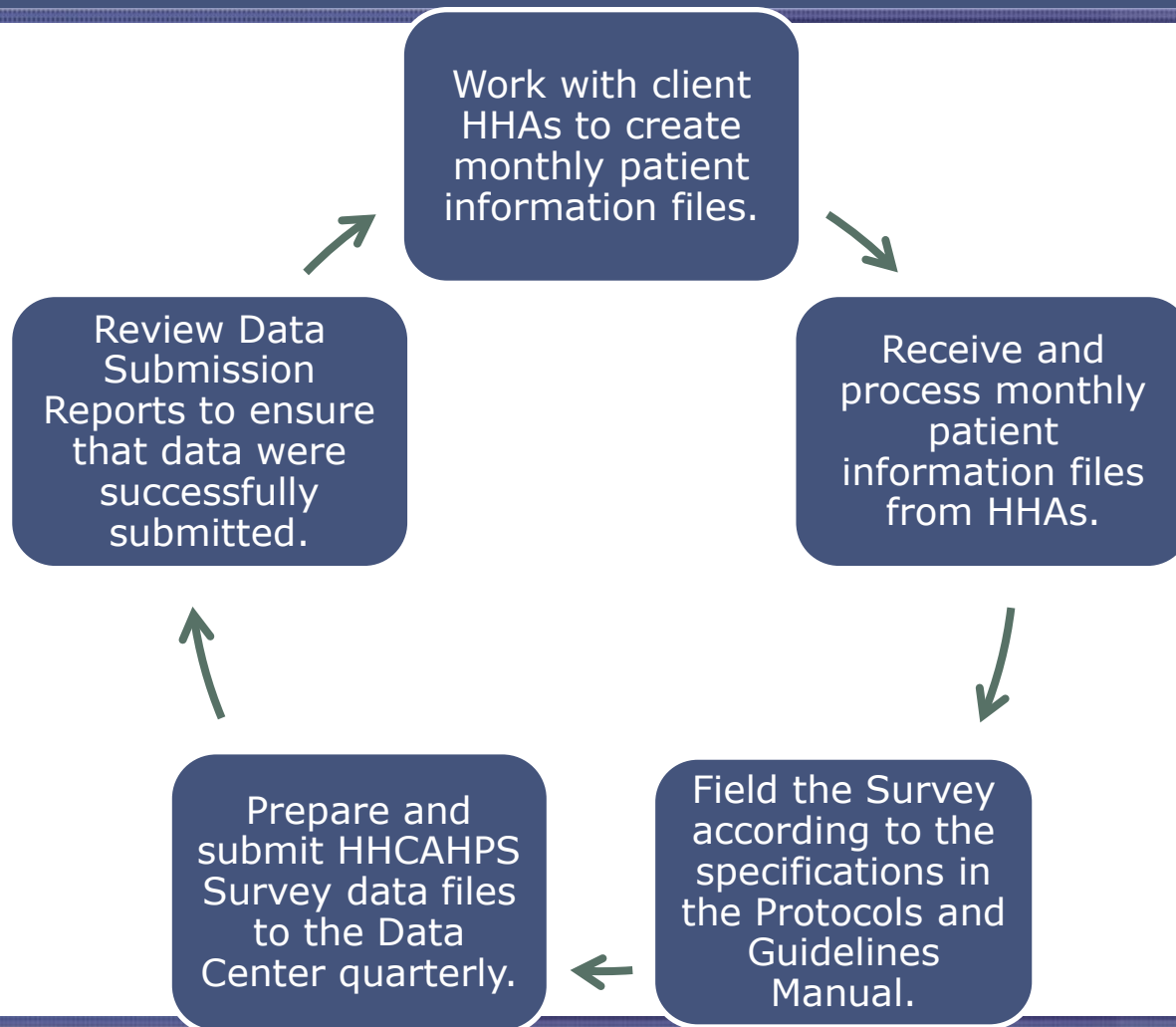
- ✓ Participate if their HHA was Medicare-certified prior to April 1, 2024.
- ✓ Determine how many unduplicated patients they served from April 1, 2023, through March 31, 2024. This is the **reference count** period for CY 2026 participation.
  - If an HHA served 59 or fewer unduplicated patients in the **reference count period**, file a CY 2026 HHCAHPS Participation Exemption Request (PER) form on the HHCAHPS website by March 31, 2025.
  - If an HHA served 60 or more unduplicated patients in the **reference count period**, contract with an approved HHCAHPS Survey vendor to collect data from April 2024 through March 2025 (all 12 months).

# Future HHCAHPS APU Participation Periods and Dates

APU Period	Survey Participation Months	PER Form
CY 2026	April 1, 2024–March 31, 2025	Due March 31, 2025
CY 2027	April 1, 2025–March 31, 2026	Due March 31, 2026
CY 2028	April 1, 2026–March 31, 2027	Due March 31, 2027

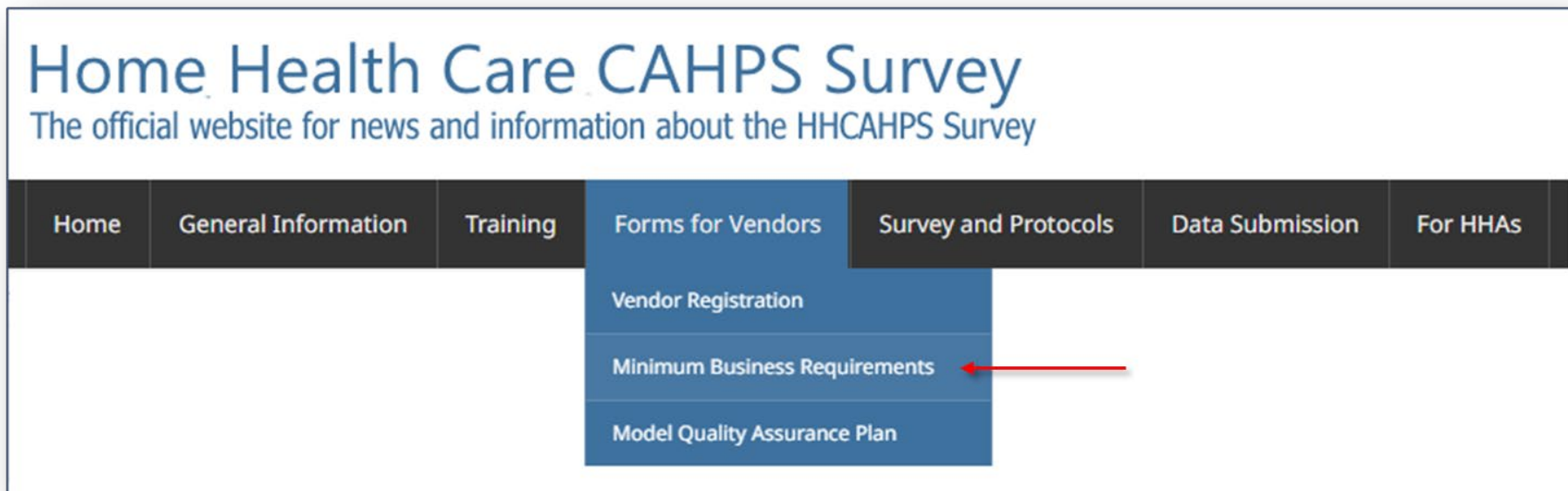


# Roles and Responsibilities of Approved HHCAHPS Survey Vendors



# Vendor Minimum Business Requirements

- Survey organizations must meet a set of minimum business requirements (MBRs) to be considered for approval as an HHCAHPS Survey vendor.
- MBRs are available on the HHCAHPS website, shown below:



The screenshot displays the homepage of the Home Health Care CAHPS Survey website. The main heading is "Home Health Care CAHPS Survey" with the subtitle "The official website for news and information about the HHCAHPS Survey". Below the heading is a navigation bar with the following menu items: Home, General Information, Training, Forms for Vendors, Survey and Protocols, Data Submission, and For HHAs. The "Forms for Vendors" menu is expanded, showing a dropdown list with three options: Vendor Registration, Minimum Business Requirements, and Model Quality Assurance Plan. A red arrow points to the "Minimum Business Requirements" option in the dropdown menu.

# Vendor Minimum Business Requirements (cont'd)

To become an approved HHCAHPS Survey vendor, organizations must:

- ✓ Have been in business for a minimum of 3 years.
- ✓ Have a minimum of 2 years of experience conducting surveys of individuals responding about their own experiences, not of individuals responding on behalf of a business or organization (establishment or institution surveys).
  - If staff within the organization have relevant experience while employed by another organization, that experience may not count toward the 2-year minimum.
- ✓ Have a minimum of 2 years of experience conducting surveys in which statistical samples of individuals were selected.
- ✓ Have proven experience conducting surveys in the desired mode(s) of data collection.

***Additional information and requirements included in MBRs document available on HHCAHPS website.***

# Vendor Minimum Business Requirements (cont'd)

In the CY2014 HPPPS Final Rule, "Survey Experience" is defined as:

The collection of survey data from individuals selected by statistical sampling methods and the collected survey data are used for statistical purposes.

Examples of data collection activities that do not satisfy the requirement of valid survey experience:

- 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 that did not involve statistical sampling methods
- Internet or web-based surveys
- Interactive Voice Recognition (IVR) surveys

***Additional information and requirements included in MBRs document available on HHCAHPS website.***

# Vendor Minimum Business Requirements (cont'd)

Vendors must have the organizational capability and capacity to collect and process all survey-related data following standardized procedures.

- Adequate personnel (**including at least two individuals who will serve in the designated HHCAHPS roles**)
- Facilities and processing systems
- Security policies
- Data submission capabilities
- Technical assistance or customer support

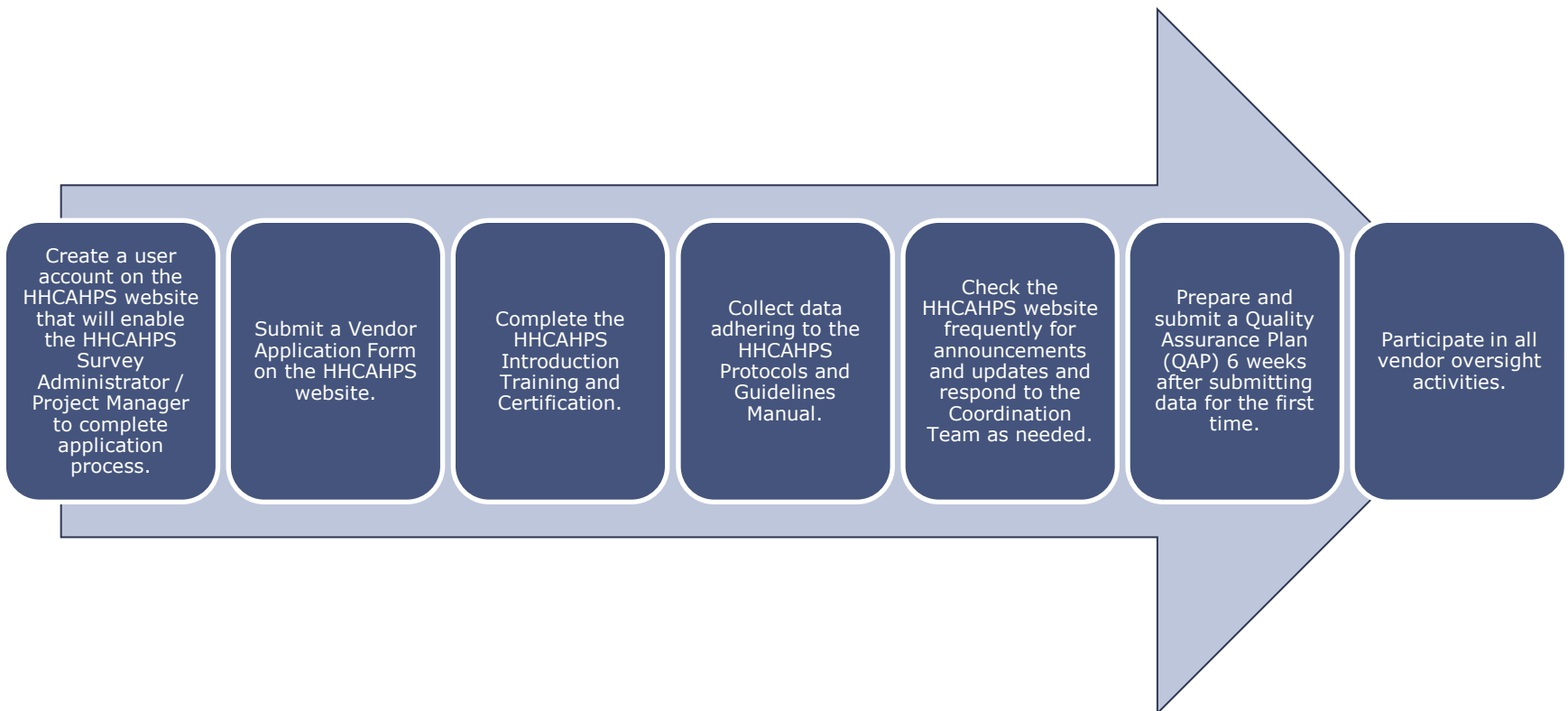
Vendors must demonstrate that they have adequate quality control procedures for every step of the HHCAHPS Survey implementation process.

- Each person's work should be checked by someone else to ensure that the right protocols are being followed
- Ability to train survey personnel
- Have procedures and methods to review and ensure the quality of submitted data
- Document and maintain records of all quality control activities conducted

***Additional information and requirements included in MBRs document available on HHCAHPS website.***

# Vendor Participation in the Home Health Care CAHPS® Survey

Organizations interested in becoming approved HHCAHPS Survey vendors must:



# Vendor Approval Process

New vendor organizations must complete this self-paced Introduction to HHCAHPS Training.

New vendors should complete the Vendor Application Form and submit it to the HHCAHPS Survey Coordination Team

- Assuming that all business requirements are met, and the training certification exam is passed, new vendors will receive "interim approval" status.

Within 6 weeks after their first quarterly data submission, vendors submit their Quality Assurance Plans (QAPs) to the HHCAHPS Survey Coordination Team

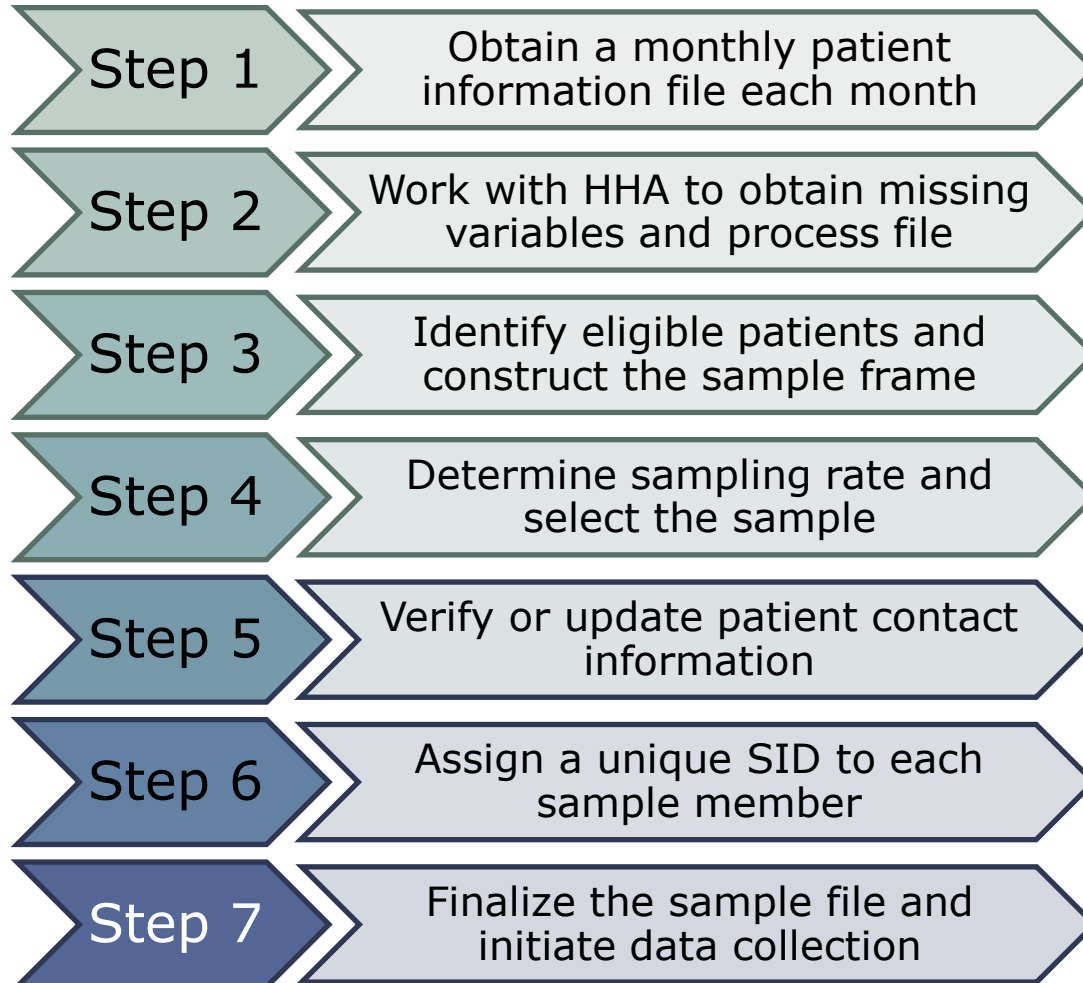
- Assuming that their QAPs meet requirements, the new vendors will then receive final approval status.

# Sampling Procedures

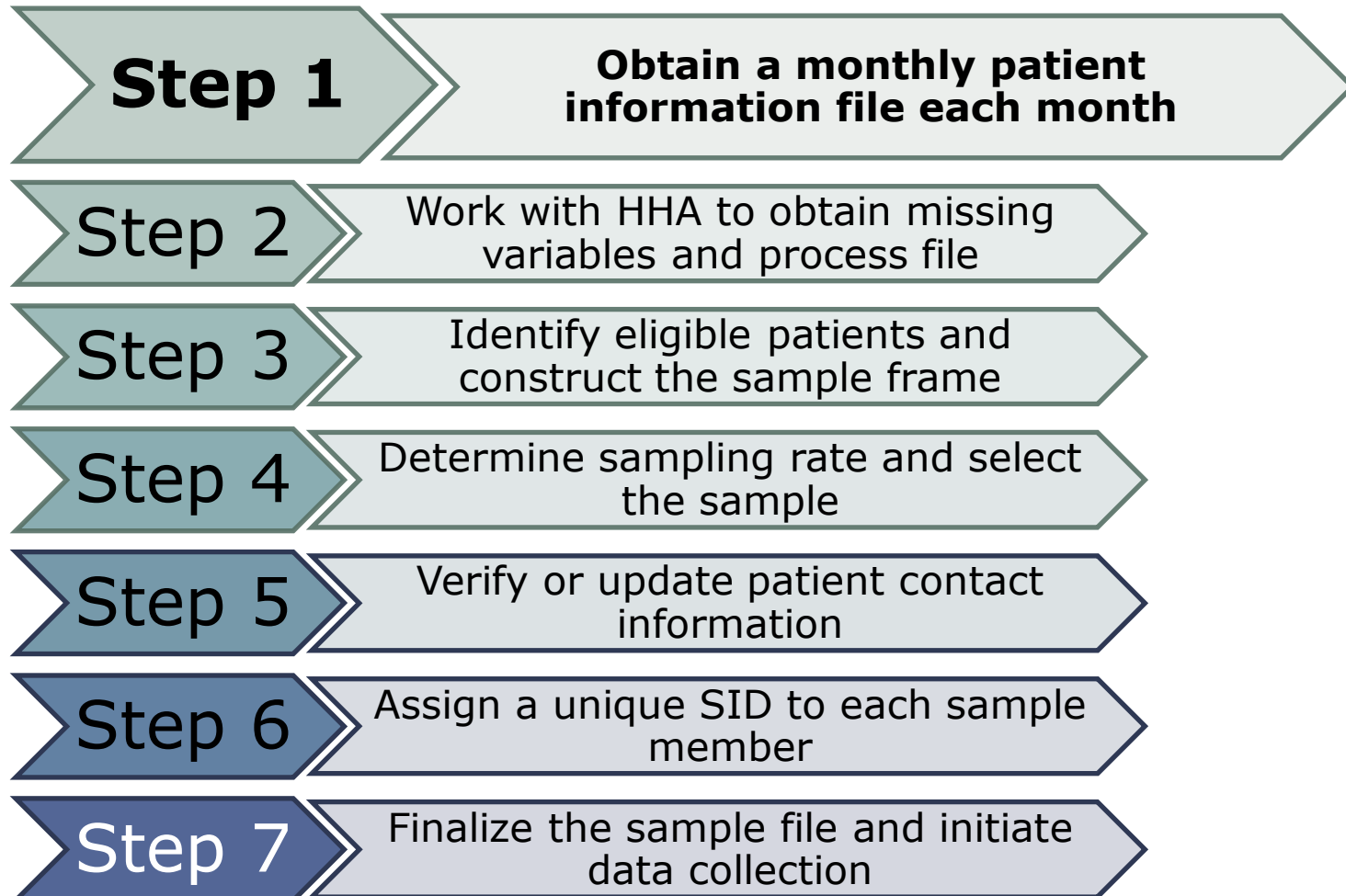
**Protocols and Guidelines Manual, Chapter IV**



# Steps in the Sampling Process



# Steps in the Sampling Process



# Step 1: Obtain Patient File From HHA

- Vendors must work with HHAs to obtain all required data elements for patients served during the sample month.
- HHAs are required to provide the vendor with a monthly patient information file for each sample month, even if the HHA did not serve any patients who are eligible for the survey during the sample month.
- It is also acceptable for the HHA to send the vendor an email in lieu of a zero-eligible file, both of which should be saved for potential audit during site visits.
- Vendors should keep all original HHA files for potential audit.

# Step 1: Monthly Patient Data File Contents

Vendors must ensure that HHA files:

- Include all information about all patients served during the sample month (except allowable exclusions), including those discharged during the sample month.
  - The HHCAHPS Survey includes patients still under the HHA's care.
- Contain patients from all units and branches of the HHA filing under the same CCN.
  - All survey data must be aggregated by and reported by the CCN.
- Are submitted to the vendor by an agreed-upon date each month.

# Step 1: Monthly Patient Data File Contents (cont'd)

## HHAs must provide:

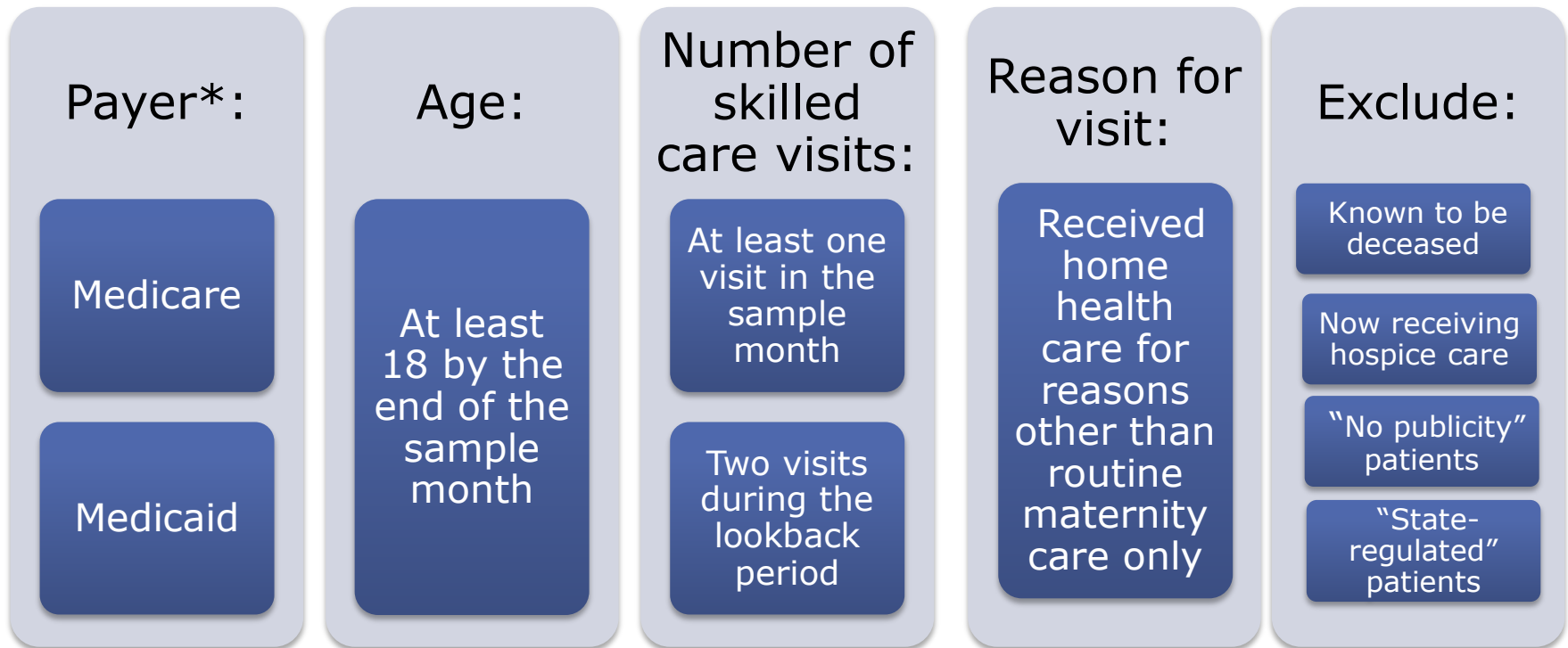
- Patient name and contact information (address, telephone number)
- Date of birth
- Medical record number (the unique ID assigned by the HHA to enable the tracking of the patient's care)
- Source of payment for the home health care
- Number of skilled visits during the sample month and lookback period (sample month and month immediately preceding sample month)
- Primary diagnosis (underlying reason for home care)
- Other diagnoses (if any)
- Activities of Daily Living (ADLs)

If necessary, the HHA can send diagnosis and other information to the vendor after the survey begins for the sample month.

**Table 4.1 in the *Protocols and Guidelines Manual* contains a complete list of data elements the HHA must provide.**

# Step 1: Patient Eligibility Criteria

- Patients eligible to be included on the sampling frame:



\*To be considered eligible, a patient's payer source must include Medicare and/or Medicaid alone or in combination with other sources (private/other).

***Definitions of "no publicity" and "state-regulated" patients on next two slides.***

# Step 1: Ineligible Patients – “No Publicity”

- *Definition:* “No publicity patients” are patients who request that the HHA not release any information about them to anyone other than agency personnel.
  - Usually patients will make this request at the time they enroll for home care.
- HHAs must not ask their patients if they want to be in the survey or if the HHA can provide information about the patient to the survey vendor.
  - HHAs may send out general information that patients may receive a survey about their care (no coaching).
- HHAs must exclude no publicity patients from monthly patient information file sent to HHCAHPS Survey vendor.

# Step 1: Ineligible Patients – “State-Regulated”

- *Definition:* “State-regulated patients” are those who have certain conditions or illnesses and live in a state that prohibits the release of information about patients who have those conditions.
- HHAs should be aware of their state laws regarding privacy issues.
  - If a state has special privacy laws or regulations that require special consent for release of information concerning certain categories of patients, **those patients should be excluded from the patient files sent to the HHCAHPS Survey vendor.**

Typically, these patients are those with:

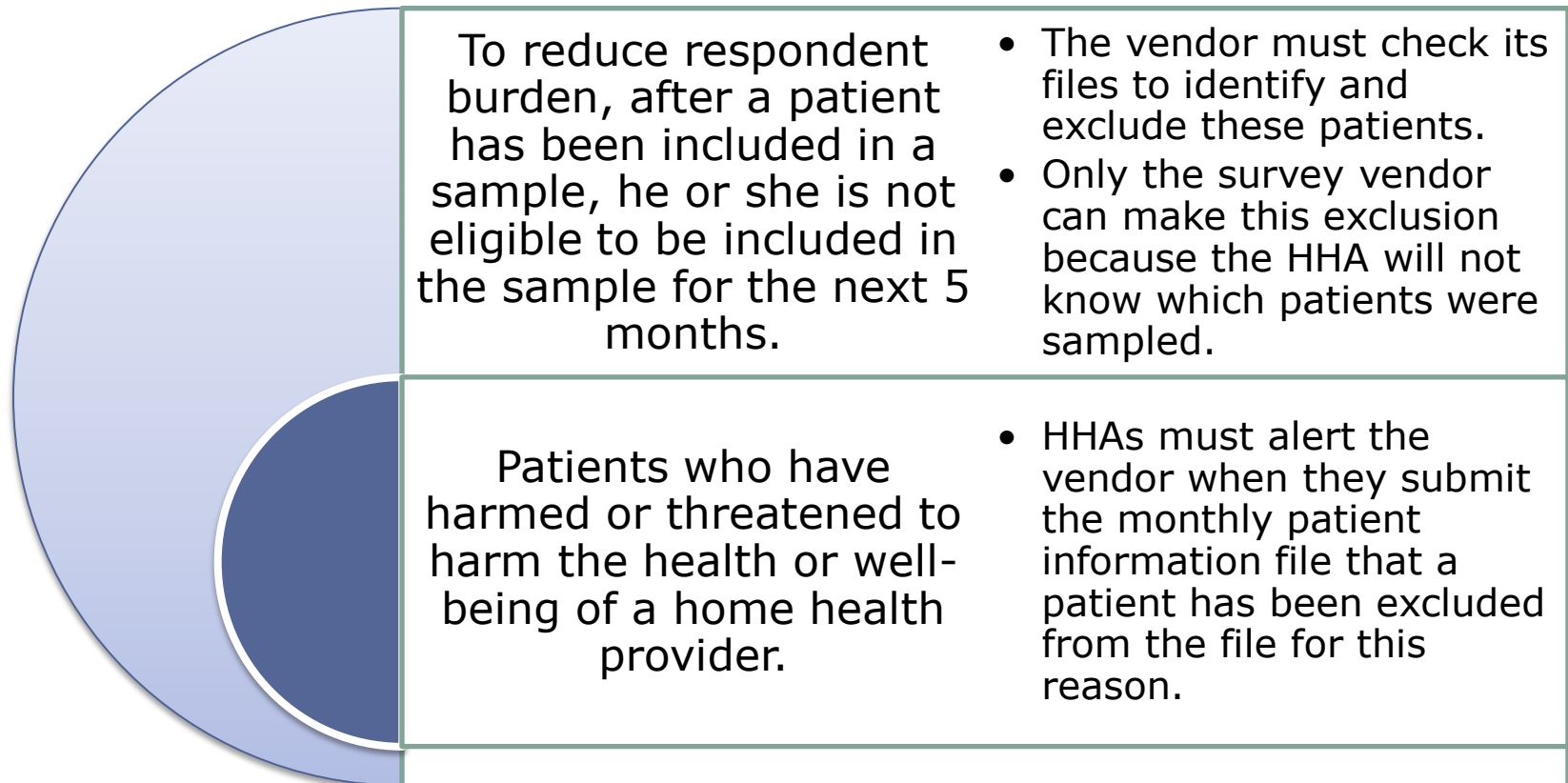
- HIV,
- alcohol or substance use,
- developmental disabilities, or
- mental health conditions.



# Step 1: Excluding Ineligible Patients

- The HHA and survey vendor decide which organization ***EXCLUDES*** patients who are not eligible.
  - If the HHA makes the exclusions:
    - The vendor must provide the exclusion criteria to the HHA.
    - Vendors should make sure that their HHAs understand that they must keep a record of the reasons that cases were excluded.
  - If the vendor makes the exclusions:
    - The HHA must provide all the patient information that the vendor will need to make the exclusions.

# Step 1: Additional Patient File Exclusion Criteria



**For the full set of exclusion criteria, see *Chapter IV* in the *Protocols and Guidelines Manual*.**

# Step 1: Skilled Visits

- For purposes of this survey, the basis for a skilled home health visit is the classification of the agency employee who visited the patient and *not the reason for the visit*.

A skilled visit is made by:

a registered nurse (RN) or licensed practical nurse (LPN),

a physical therapist or physical therapist assistant,

an occupational therapist or assistant, or

a speech therapist or assistant.

Skilled visits **do not** include:

visits by social workers,

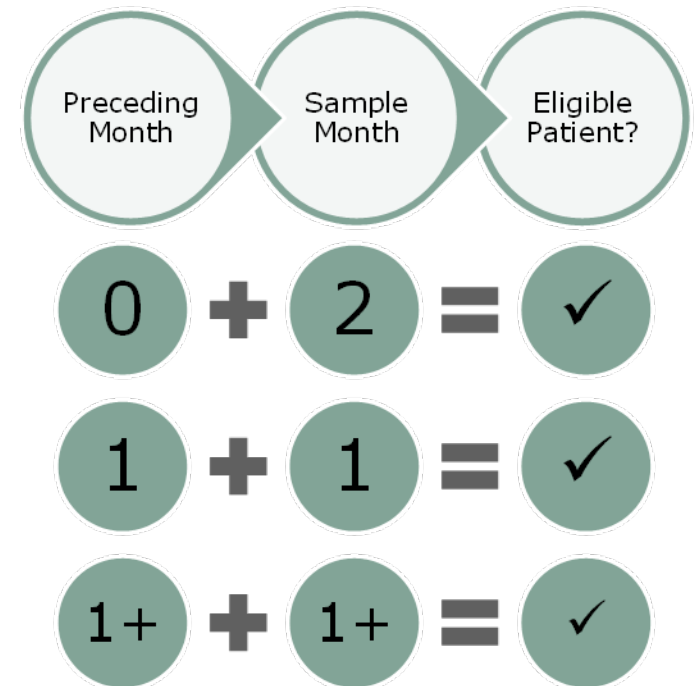
home health or personal care aides,

nursing aides, or

visits made to train or evaluate personnel who are not making a skilled visit.

# Step 1: Lookback Period

- The lookback period is the sample month and the month immediately preceding the sample month.
  - Vendors should make sure that HHAs are defining the lookback period correctly (in terms of months, not days). A term such as a “60-day” lookback period is not correct.
- To be eligible for the survey, the patient must have had at least one skilled visit in the sample month and two such visits in the lookback period.



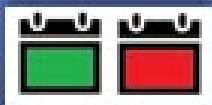
*This diagram displays several scenarios where the combination of skilled visits in the sample month and preceding month would make a patient eligible.*

# Step 1: Lookback Period and Eligibility

Let's look at some examples for the December 2024 sample month.

- In example 1 below, the patient is ineligible: no skilled visits in the sample month.
- In example 2, the patient is eligible: one skilled visit in the sample month and two in the lookback period.
- In example 3, the patient is eligible: the three skilled visits in December meet the requirement for the sample month and the total for the lookback period. (The November aide visit is not counted.)

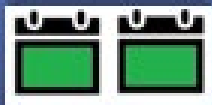
x



December (sample month): Three aide visits

November: Six speech therapist visits in November, the **patient is ineligible**.

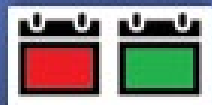
✓



December (sample month): One speech therapist

November: One RN visit in November, the **patient is eligible**.

✓



December (sample month): Three RN visits

November: One aide visit in November, the **patient is eligible**.

# Step 1: Information About ADLs

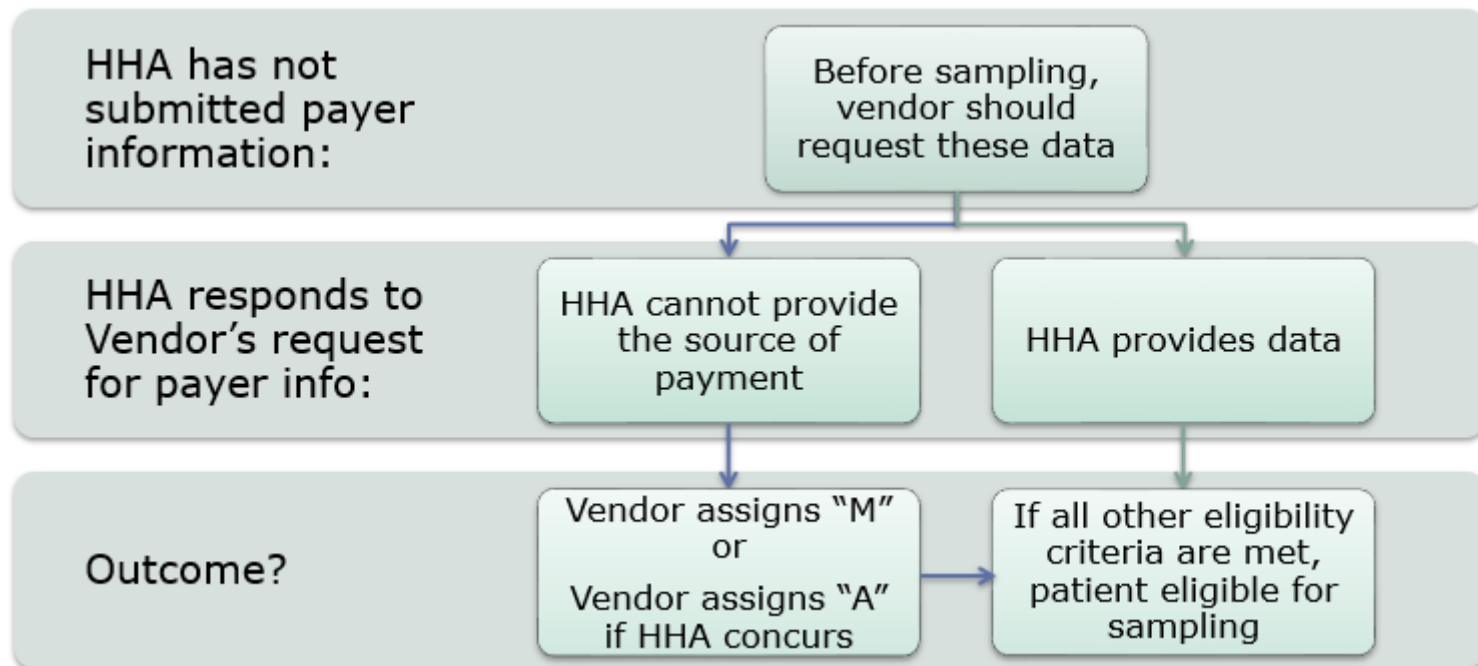
- There are five activities of daily living (ADL) indicators.
  - HHAs can provide either the total number of ADL deficits or the number of deficits for each individual ADL.
  - Vendors must submit this information to the HHCAHPS Data Center exactly as received from the HHA.
    - Vendors are **not** permitted to calculate the total number of ADL deficits using the number of deficits provided for the individual ADLs.
    - The *only* acceptable values of the ADL Deficit Count are 0-5 and M. If an HHA submits a value exceeding 5, the vendor should recode the total to 5.

# Step 1: ESRD Indicator Data

- HHAs should know and be able to identify patients with End-Stage Renal Disease (ESRD).
- Although an HHA should know which of its patients are receiving dialysis and should be able to respond to this data requirement, there are diagnoses that, if reported, would be indicators:
  - ICD-10 diagnosis codes that are strong indicators are I12.0, I13.11, I13.2, N18.6, Z91.15, and Z99.2.

# Step 1: Sources of Payment Data

The Source of Payment data element is important for eligibility and can occasionally be problematic. Here are ways to deal with missing data from HHAs for this data element.





# Step 1: Using OASIS as Data Source

## If OASIS is the source of data:

The HHA should provide patient information from the most recent OASIS Assessment conducted, but sometimes it may be necessary to provide data from earlier assessments or other sources.

For example: *Was the patient admitted from a recent inpatient setting and which setting?*

- This information is on the Start of Care (SOC) and Resumption of Care (ROC) assessments but not on the Follow-Up (FU).

Diagnoses are on the SOC, ROC and FU, so the most recent of these should be used.

# Step 1: Vendors Take Note

The HHA must provide information about **all eligible patients** who received skilled care.

Patients must have Medicare or Medicaid as payers for their home care. Any other patients the HHA wishes to survey would fall into a supplemental sample and do not count as part of the HHCAHPS sample.

- They should be sampled separately from the HHCAHPS sample.
- These patients should not be included in any data sent to the HHCAHPS Data Center or count toward sampling targets.

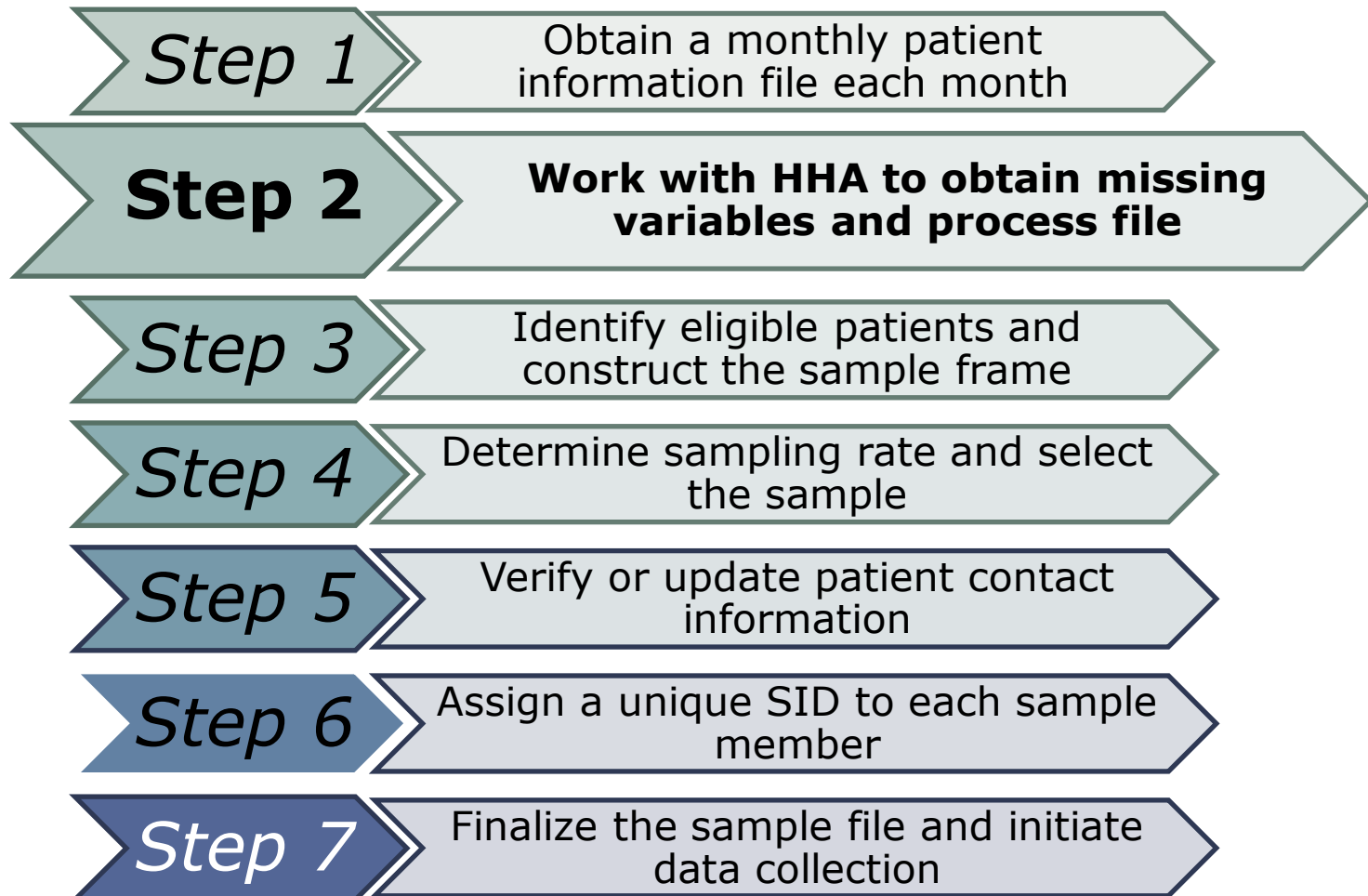
If the HHA is conducting other surveys of its patients, the HHCAHPS Survey sample must be selected **first**.

# Step 1: No File Submitted by HHA

If an HHA does not submit a monthly patient information file for a sample month...

- Vendor must submit a DNR for that HHA.
  - Applies only to HHAs that have already begun their participation in the HHCAHPS Survey. (That is, a sample was selected, and a survey fielded in a preceding month.)
  - Does not apply to “newly participating” HHAs.

# Steps in the Sampling Process



# Step 2: Examine the File for Completeness

Vendors should examine the file to ensure that it contains the information needed to confirm survey eligibility and contact the patient.

- Contact the HHA to obtain any missing eligibility or sampling information.

If the HHA does not provide an address or telephone number for a patient, the vendor should recontact the HHA.

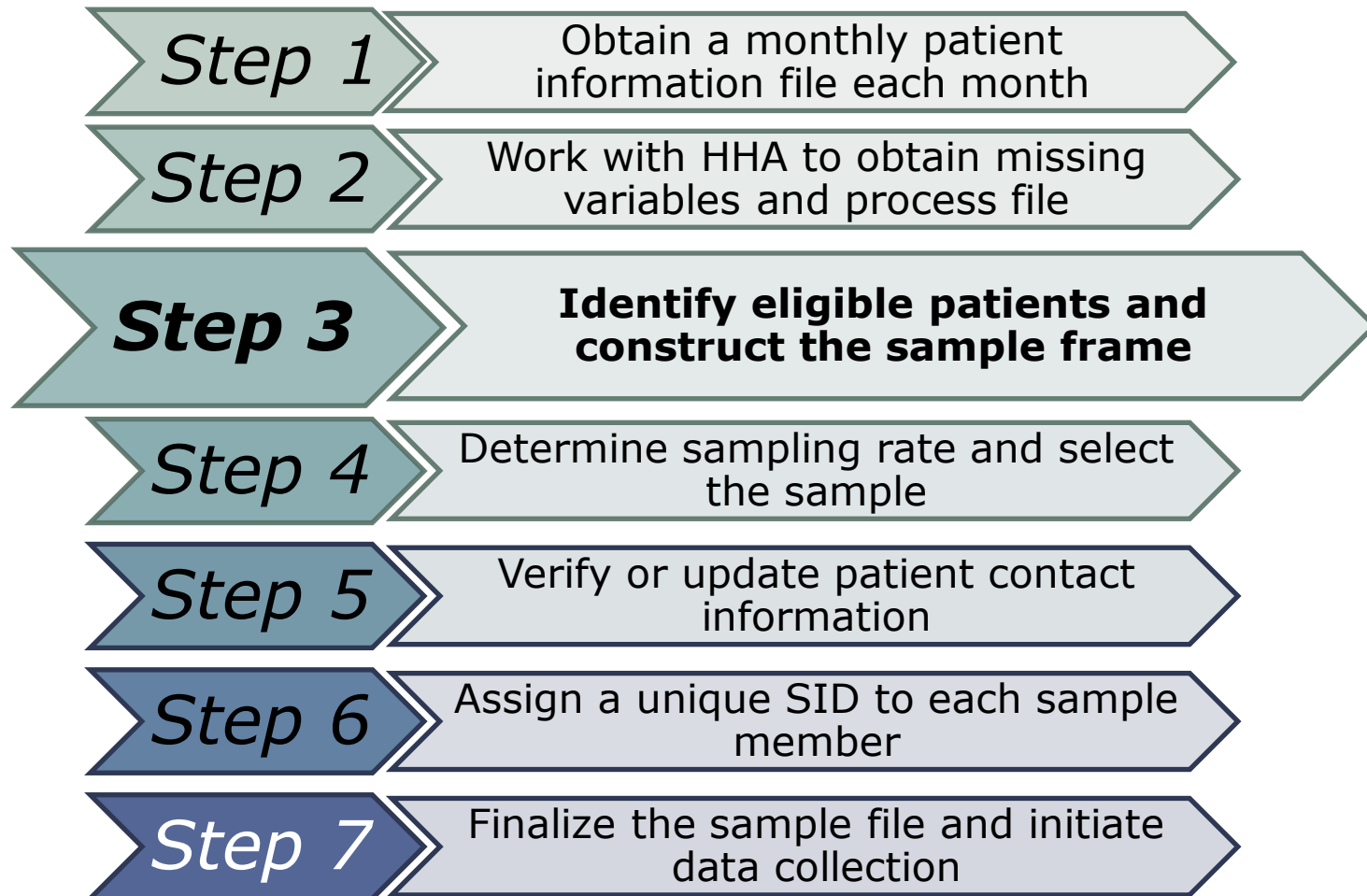
- Keep in mind that these patients receive skilled care in their homes. The HHA must have an address in which the home care is provided.
- Even if no address or telephone number is provided, the patient is still eligible for the survey if he or she meets all other eligibility criteria.

**Information must be requested for *all* patients included in the sample month file, NOT just those sampled.**

## Step 2: If HHA Submits More Than One File

- Vendors must select the sample at one point in time; vendors should **not** select two separate samples for the same month.
- If an HHA submits a second file with additional patients, and data collection has already begun for that sample month, the vendor should not select a second sample.
- For this situation, the vendor should submit a DNR.

# Steps in the Sampling Process




# Step 3: Identify Eligible Patients and Construct Sample Frame


- An example layout of a sample frame showing information needed to determine survey eligibility is included in **Appendix B** of the *Protocols & Guidelines Manual*.
  - The example layout contains the name, length, and other characteristics of the data elements to include on the sample frame.
  - It also indicates which data elements are required for data submission.





# Step 3: Confirm Eligibility

- The vendor should confirm that the patients included on the file are eligible:

 Verify that all patients included on the file are 18 years old or older by the end of the sample month.

 Verify that each patient included on the file received one skilled visit in the sample month and two skilled visits during the lookback period.

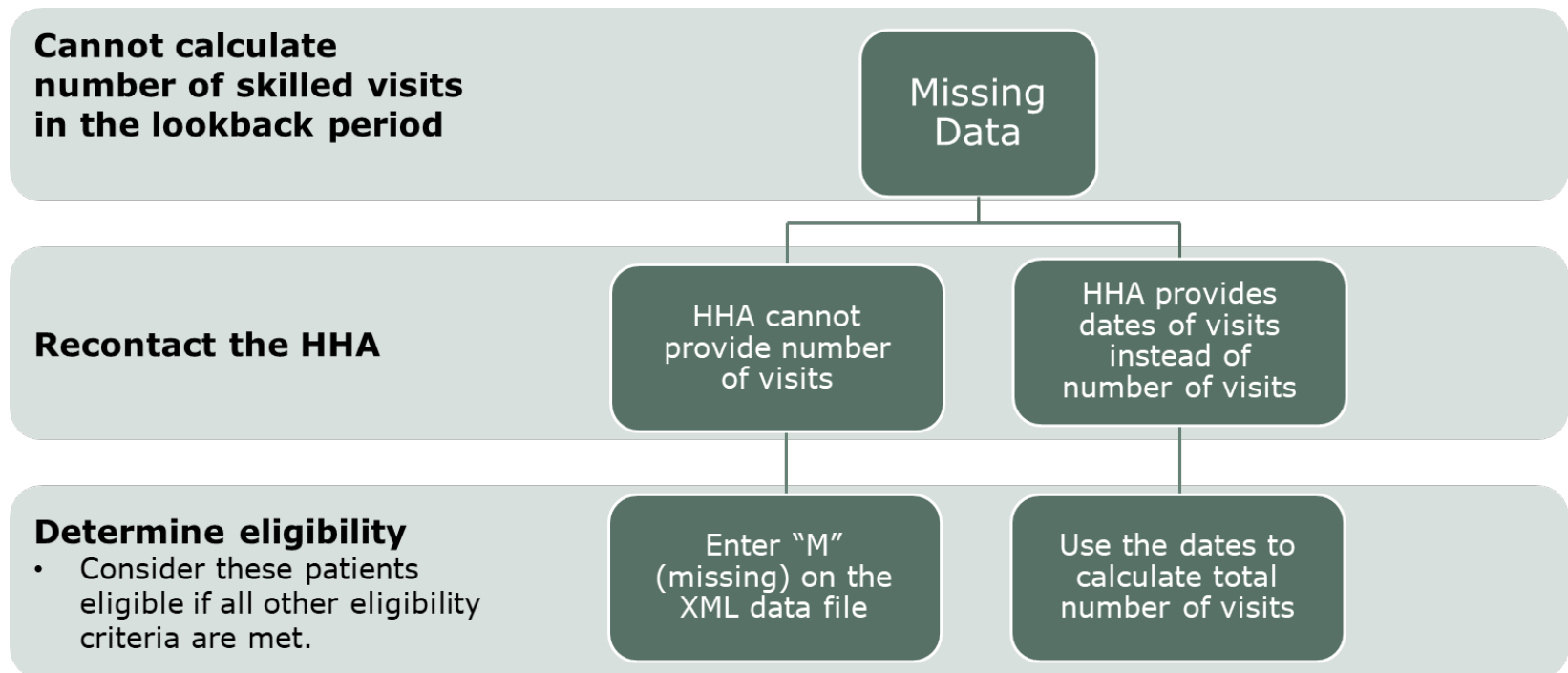
 Patients missing some eligibility criteria should be considered eligible as long as all other eligibility criteria are met.

 Exclude patients who have been included in the survey sample in the last 5 months, whether or not they responded.\*

\*Remember that an HHA will **not** know which patients are sampled; therefore, the vendor must make this exclusion.

# Step 3: Identify Eligible Patients and Construct Sample Frame

- Vendors must use the number of skilled visits provided on each monthly patient information file. Some HHAs are unable to provide vendors with these lookback data (sometimes because of the software vendors they use). When this happens:



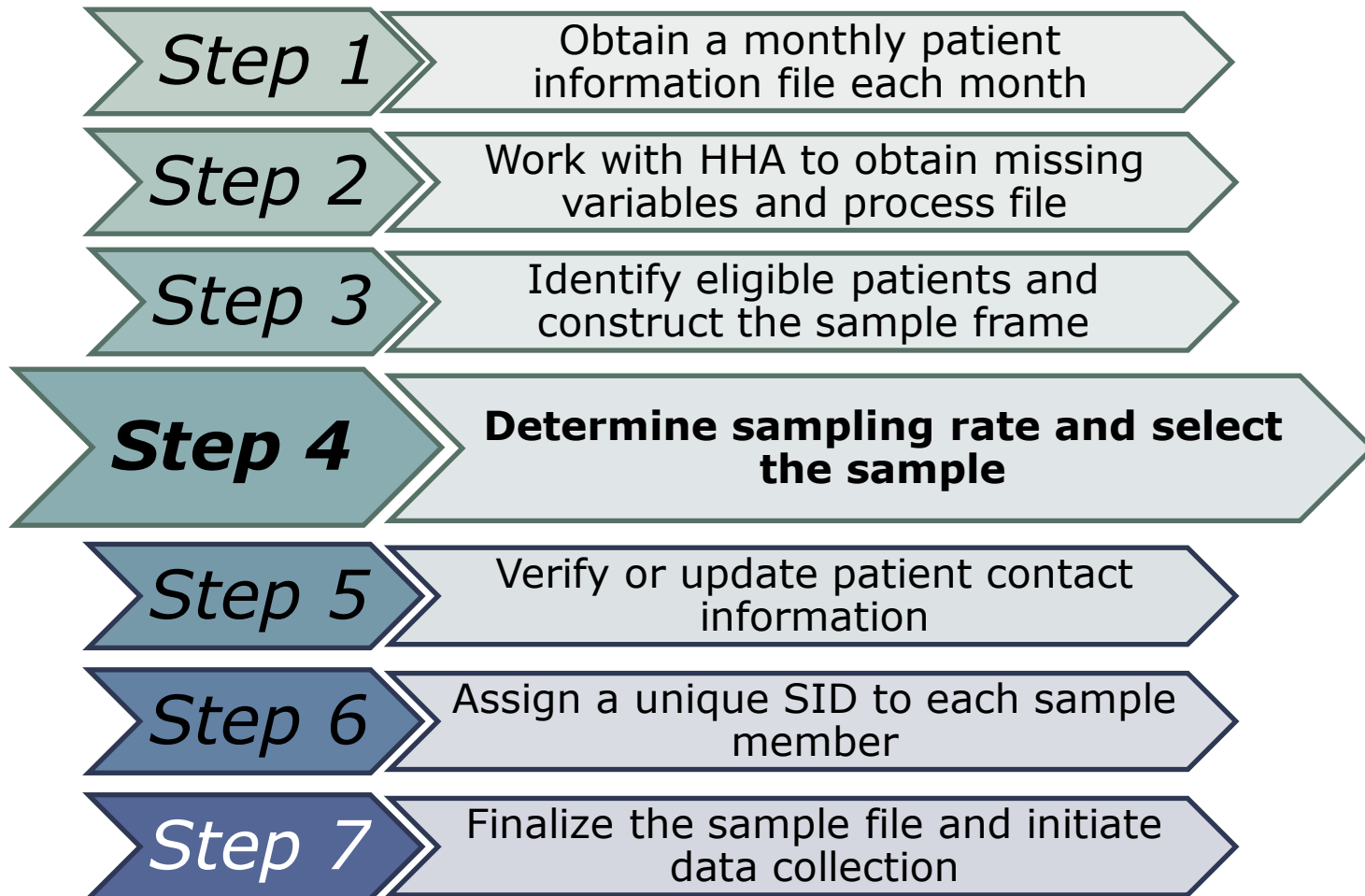
# Step 3: Construct Sample Frame

- Vendors should construct the sample frame, which will contain information about all patients eligible for the survey.
- Keep the original monthly patient information file intact.
  - If the monthly patient information file is used to create the sample frame, copy the file and work in the copy.
  - Retain both the original monthly patient information file and the sample frame that is created for audit during site visits.

# Sampling Documentation Reminders

- Documentation will be subject to review by the HHCAHPS Survey Coordination Team.
- Vendors must also record and retain documentation indicating the reasons patients were excluded from an HHA's sample frame.
- For quality assurance purposes, vendors must keep all HHA patient files for at least 18 months.

# Steps in the Sampling Process



# Step 4: Sampling Rate Requirements

- The reliability target for the survey ratings and most of the composites is 0.8 or higher.
- For statistical precision, the sampling rate must be sufficient to yield the targeted minimum of 300 completed surveys per HHA over a 12-month period.
  - This is an average of 25 completed surveys per sample month.
- The sampling rate for each HHA, including small HHAs, must also ensure that an even distribution of patients is sampled over a 12-month period.

# Step 4: Sampling Rate Requirements (cont'd)

- Although the sampling rate may be adjusted over time, it should remain the same for each month in a quarter.
- The sampling rate can be increased to reach the target, but it must not be abruptly changed to avoid exceeding 300 completed surveys.
- All patients sampled in a sample month must be surveyed. The target of 300 is not a quota after which surveying, or processing, can stop.
- Some HHAs will not serve enough patients to yield 300 completed surveys over a 12-month period.

# Step 4: Determining the Sampling Rate – Mode of Administration

Response rates in this table reflect a year of data collection across all vendors (received from 2023,Q2 through 2024,Q1).

Mode	Response rate	Sample size for 25 responses/month
Mail only	24.0%	104
Phone only	20.7%	121
Mixed	29.4%	85

- As shown, response rates tend to be higher when vendors use a combination of contact methods.



## Step 4: Determining the Sampling Rate: Expected Response Rate

- To calculate a sampling rate, use the average response rate obtained on HHCAHPS for the last two to three quarters. Vendors should also consider HHA-specific or population factors, such as
  - patients with different types of medical conditions, or
  - if the survey is only administered in English but the HHA has a large Spanish-speaking population.
- The vendor may need to increase the sampling rate to meet the targeted number of completed interviews.

# Step 4: Computing Sample Size

- A sample size for an example month is the starting point for establishing a sampling rate.
- A vendor knows that they want to get 25 completed interviews each month for an HHA. They also know their expected response rate. This lets them solve for the Sample Size:

## **Sample Size:**

$$= (\text{Number of responses needed}) / (\text{Response Rate})$$

$$= 25 / (\text{Response Rate})$$

- Although the formula is simple, the estimated and actual response rate may differ by HHA. Vendors may include other factors in estimating a sampling rate (as discussed on the previous slide). Make adjustments based on your experience, but then set a target sampling rate.
- Know what the target rate is for an average month and then keep that rate for the rest of the months in the quarter, *even if the number of eligible patients changes.*

# Step 4: Estimating a Sampling Rate

- To effectively estimate an initial sampling rate, vendors should work with their new HHAs to estimate the sample frame size for each month using the previous 3-6 months of information on eligible patients served.
- Each patient sampled is excluded from the sample frame for the next 5 months.
  - To help determine how many of an HHA's patients will be affected by the 5-month exclusion period, the vendor should ask the HHA for the proportion of long- and short-term patients it serves.
- The more information you obtain from your HHA (e.g., more months of patient counts), the more accurate your estimate will be.

# Step 4: Sampling Rate vs. Sampling Number

*What is the difference between using a sampling rate and using a predetermined set number of patients to sample?*

- A sampling rate is a percentage of the eligible patients who will be sampled. It is not the number of patients sampled.
- As we'll see in this step, the sampling rate should remain consistent for a quarter. With fluctuating numbers of eligible patients each month, that means the number of patients sampled (also known as the sample size) will vary. However, patients will still be sampled at the same RATE.
- Calculating and using a sampling rate will ensure that about the same proportion of patients an HHA serves during a 12-month period will be surveyed, even if not all eligible patients will be surveyed.

# Step 4: Sampling Rate vs. Sampling Number (cont'd)

- A vendor or HHA may think that they must survey all eligible patients each month to make sure they obtain 300 completed surveys; however, it is more important to survey a sample of patients each month to capture the patients' experience getting home care at different points in time.
- Even for small HHAs, surveying a census of all eligible patients in a sample month, in most cases, is not acceptable.

# Step 4: Motivating the Use of a Sampling Rate – ABC Home Care Example

*Why do we use a sampling rate each month and not a sampling size (that is, a set number of patients)?*

- Using a **SAMPLING RATE** instead of a set number smooths out the influence of patient characteristics over time.
- A sampling rate will ensure that patients' perspective of the care received *at different points in time* is proportionately captured, because there is variability over time in the number of patients an HHA serves, its personnel, and its operations.
- To illustrate this, let's use an example for the agency named ABC Home Care, which begins its participation in January.
  - First, we'll use the sampling rate approach, and then we'll use a sampling size approach.

# Step 4: Motivating the Use of a Sampling Rate – ABC Home Care Example (cont'd)

- To begin, we examine ABC Home Care's prior 3-6 months of eligible patients served while looking at expected response rates for telephone surveys.
  - We find they have a typical sample frame of 100, with an estimated response rate of 30%.
- Using the sampling rate approach, we calculate a sampling rate of 83%.

Formula:

Sample Size = 25 completes / (Response Rate)

83 patients = 25 completes / 30% Response Rate

- If we have 100 eligible patients in a month, our sampling rate of 83% yields 83 patients. We'll now use 83% going forward for this quarter.
- We're not sampling 83 patients anymore. We'll take this sampling rate and apply it to the Q1 months of January, February, and March, since we're going to keep the same sampling rate in place for a quarter.

*Take a look at the next slides for how this works out.*

# Step 4: Motivating the Use of a Sampling Rate – ABC Home Care Example (cont'd)

- For January, the agency serves 100 eligible patients. Applying our sampling rate (83%), we randomly select 83/100 eligible patients.
- Now we will continue to use that 83% sampling rate, along with our 30% response rate, as we sample in February and March. Using our sampling rate:
  - We will select 75 of 90 eligible patients in February.
  - We will select 92 of 110 eligible patients in March.

*Remember, we will always round our sample sizes up to the next whole person.*
- Our sampled patients represent 83% of the January sample frame, 83.3% of the February sample frame, and 83.6% of the March sample frame.
  - By keeping our rate consistent, we are not giving any particular month's patients undue influence. They are proportionally influential over time.



# Step 4: Motivating the Use of a Sampling Rate – ABC Home Care Example (cont'd)

- Using a SAMPLE RATE instead of a SAMPLE SIZE smooths out the influence of patient characteristics over time.
- The table below displays the sampling calculations for ABC Home Care's Quarter 1 patients using the **sample rate** method.

Sample Month	Eligible Patients	Number Sampled With Sampling Rate Method	Effective Sampling Rate
January	100	83	83.0%
February	90	75	83.3%
March	110	92	83.6%

# Step 4: Motivating the Use of a Sampling Rate – ABC Home Care Example (cont'd)

Now, let's turn the tables and see what this would look like if we use the **SAMPLE SIZE approach** instead. This is a cautionary tale! It is not the preferred method.

- With the same sample frame of 100 patients per month, we will see how our sampled patients will exert undue influence (disproportionate influence) in representing ABC Home Care's patients over time.
- ABC Home Care is beginning their participation, and again, based on the 3-6 prior months of patient data provided, we estimate the typical sample frame size for this HHA is ~100 eligible patients/month.

# Step 4: Motivating the Use of a Sampling Rate – ABC Home Care Example (cont'd)

- Given that the average HHCAHPS Survey telephone mode response rate is 30%, we would choose a sample size of 83 patients each month to achieve the HHCAHPS Survey goal of 300 annual surveys.

83 patients sampled at a 30% response rate = ~25 completes

Over 12 months = 300 completed interviews

- When we receive the HHA's January patient data file, we find there are indeed 100 eligible patients on the sample frame and randomly select 83 (representing 83% of those eligible). With our telephone response rate of 30%, we should end up with about 25 completed interviews. *Great: off to a good start!*

# Step 4: Motivating the Use of a Sampling Rate – ABC Home Care Example (cont'd)

- Applying our sample size, we continue to randomly sample 83 of 90 eligible patients in February and 83 of 110 eligible patients in March.
- Now, our sampled patients represent:
  - 83% of the January sample frame,
  - 92.2% of the February sample frame, and
  - 75.5% of the March sample frame.
- The **sample size approach** has given those 83 patients in January, February, and March undue influence in representing this HHA's patient population over time. These patients are disproportionately influential.
  - In other words, you can see that when we set our sample size to be static, we are subject to fluctuating **SAMPLING RATES**. This goes against what we want for understanding patient experience over time.

# Step 4: Motivating the Use of a Sampling Rate – ABC Home Care Example (cont'd)

- Using a SAMPLE SIZE gives undue influence to patient characteristics from month to month.
- The table below displays the sampling calculations for ABC Home Care's Quarter 1 patients using the **sample size** method.

Sample Month	Eligible Patients	Number Sampled With Sample Size	Sample Size Method: Effective Sampling Rate
January	100	83	83.0%
February	90	83	92.2%
March	110	83	75.5%

- As shown, if we are ALWAYS picking 83 people, that means we have a sampling rate that varies within the quarter.
  - *That is not correct for the HHCAHPS Survey.*
  - As our example illustrates, this gives the February patients more “influence” than the March patients.

# Step 4: Selecting the Sample

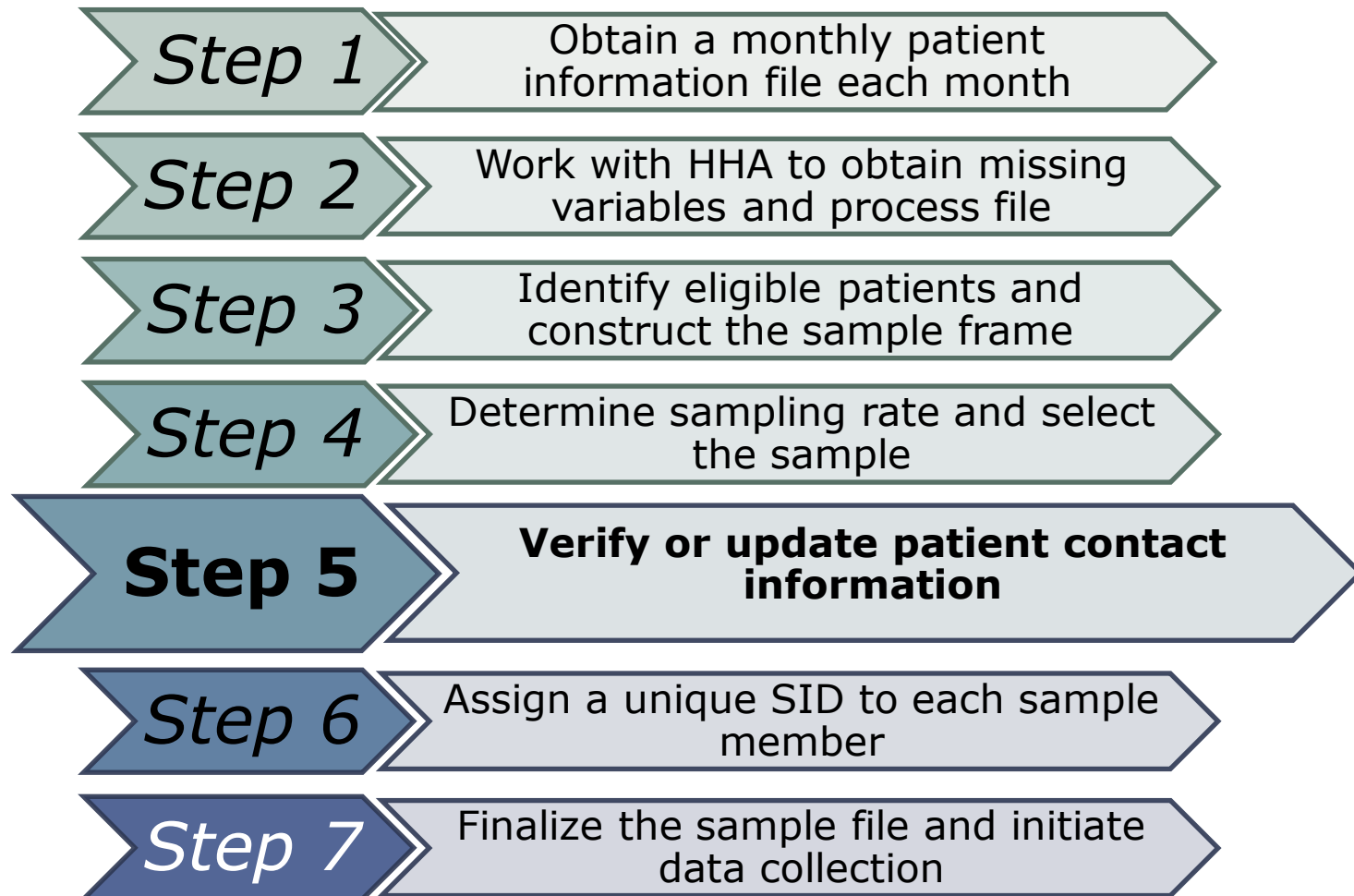
Let's say we now know what proportion of the patients we will sample. *It's time to start the actual process of random sampling!*

- It is essential to use a random number generator to help in the sample selection process.
  - This is part of HHCAHPS site visit checks: to review that your random number seed is recorded and saved for each sample.
- **Simple random sampling** is used by most vendors and is typically sufficient.
- **Note:** Be sure that your random number generator is picking a starting point, or random number, based on the Uniform Distribution. (That means each number will have an equal probability of being selected—and that's what we want here.)

# Step 4: Selecting the Sample (cont'd)

- Use a random number generator with a “seed” **not** set by the user and retain the seed for quality assurance (so that you can recreate the sample).
  - Note: **Do NOT use a spreadsheet random number generator or similar program that has not passed rigorous testing.** If you’ve used Excel before for a random number, you’ll notice that the numbers change each time you open, edit, or save the spreadsheet, and we do NOT want that to happen because we can’t recreate or validate the sample later.
- Software that meets the requirements: SAS or RAT-STATS.
  - RAT-STATS is a free program available from the HHS Office of Inspector General: <https://oig.hhs.gov/compliance/rat-stats/index.asp>.
  - There is a 5-minute video demonstration of how to use RATS-STATS that can made available—*just email the HHCAHPS Coordination Team.*

# Steps in the Sampling Process

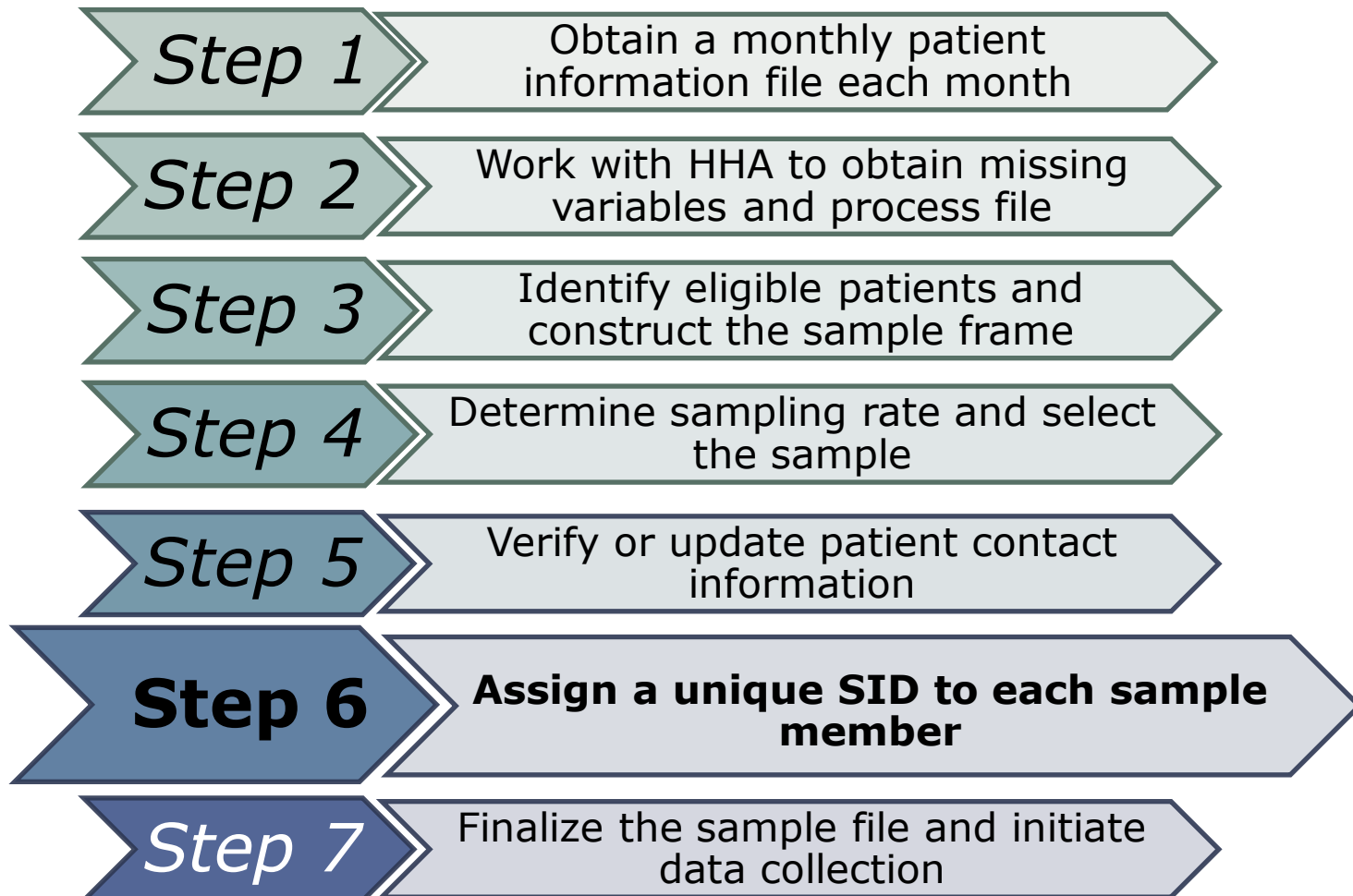




# Step 5: Verify or Update Sample Contact Information

- We strongly encourage vendors to send all HHA-provided contact information for sampled cases to an outside address service (e.g., National Change of Address) for address verification/update.
- Vendors using telephone-only or mixed mode are also encouraged to use a commercial telephone number look-up service to verify/update telephone numbers for sampled patients.
- Performing these steps prior to the start of data collection will result in fewer returned surveys or unsuccessful call attempts.

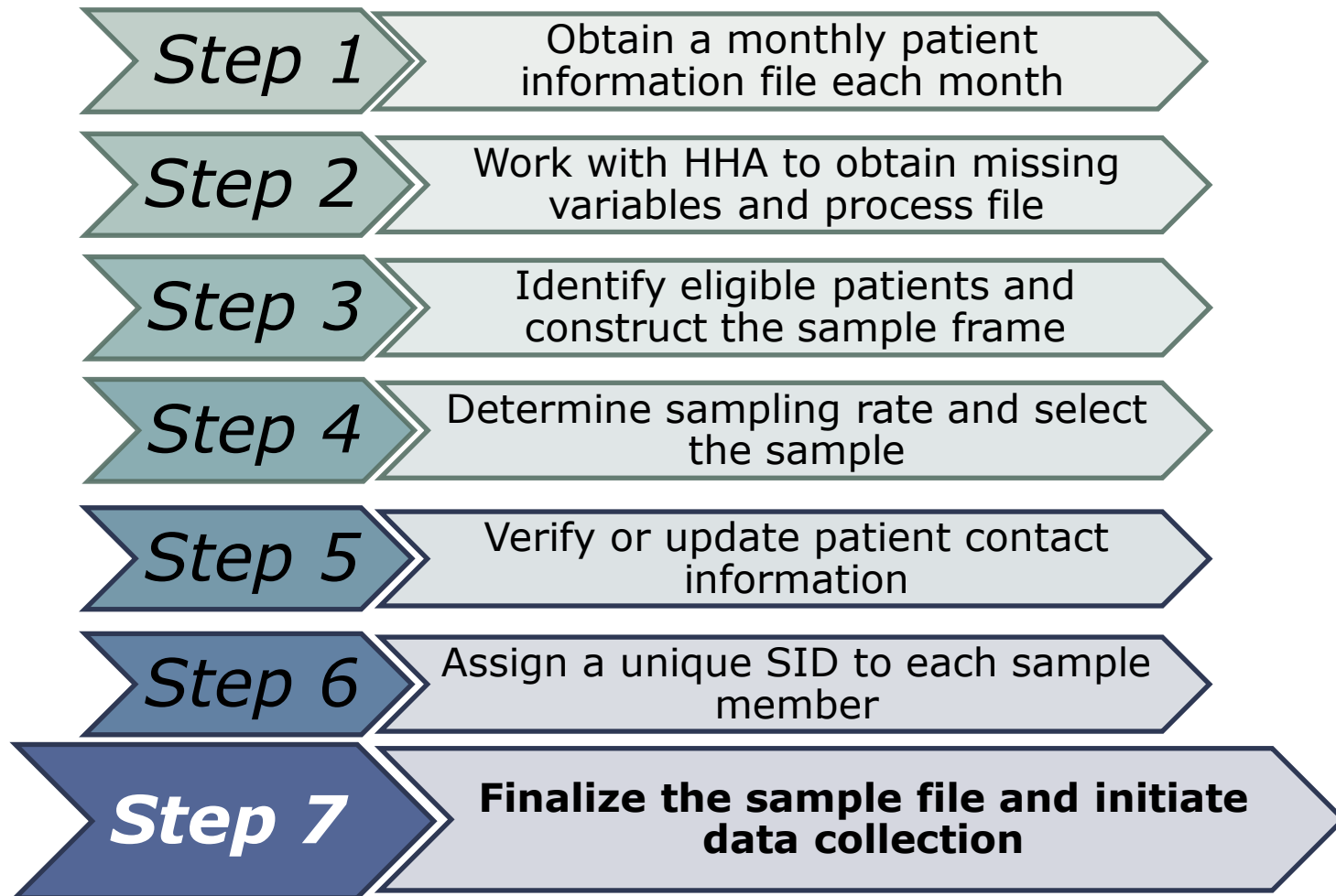
# Steps in the Sampling Process



# Step 6: Assign Unique SID Numbers

- Vendors must assign a **unique numeric or alphanumeric** sample identification (SID) number to each sample member.
- The SID number must be 6–16 characters in length and cannot include any information that would identify the HHA that served the patient, such as
  - patient’s medical record number,
  - date of birth, or
  - street or house number,
- **Do not reuse SID numbers.** If a patient is sampled more than once, assign a new SID number to them each time.

# Steps in the Sampling Process



# Sampling Reminders From Site Visit and QAP Observations

If the HHA does not provide all the information needed for administering the survey or for analysis, vendors should work with them to obtain the missing data.

**Important:** Vendors that have automated the receipt and processing of data files and sampling process must have quality control procedures in place to ensure these systems work properly.

The sampling rate can be adjusted quarterly (not monthly).

The total number of eligible patients entered on the XML file must include patients who were sampled but later identified (during data collection) as ineligible.

On the XML file, vendors should include the ADL deficit count or individual ADL values as provided by the HHA rather than compute the ADL deficit count themselves.

If an HHA switches vendors, the outgoing vendor should not provide any information about patients sampled in prior months to the new vendor.

# Survey Administration Procedures

**Protocols and Guidelines Manual, Chapters V-VII**

# Survey Administration Overview

Survey Instrument and  
Materials

Supplemental Questions

Modes of Survey  
Administration

Survey Management

Data Confidentiality,  
Security, and Storage

# HHCAHPS Survey Instrument and Materials

## Survey Instrument and Materials

Supplemental Questions

Modes of Survey Administration

Survey Management

Data Confidentiality, Security, and Storage



# HHCAHPS Survey Instrument and Materials (cont'd)

The survey instrument has two key components:

- “Core” Questions (Q1–Q25)
- “About You” Questions (Q26–Q34)

Selected Survey Materials are available on the HHCAHPS website and in the appendices of the *Protocols and Guidelines Manual*:

- English (**Appendix C**)
- Spanish (**Appendix D**)
- Simplified and Traditional Chinese (**Appendices E and F**)
- Russian (**Appendix G**)
- Vietnamese (**Appendix H**)
- Armenian (**Appendix I**)
- The Office of Management and Budget (OMB) disclosure language (**Appendix J** in all six languages)
- Supplemental questions (**Appendix K** in all six languages)

# HHCAHPS Survey Instrument and Materials (cont'd)



## Instrument Translations



Vendors must use the CMS-approved translations of the HHCAHPS Survey questions and responses.

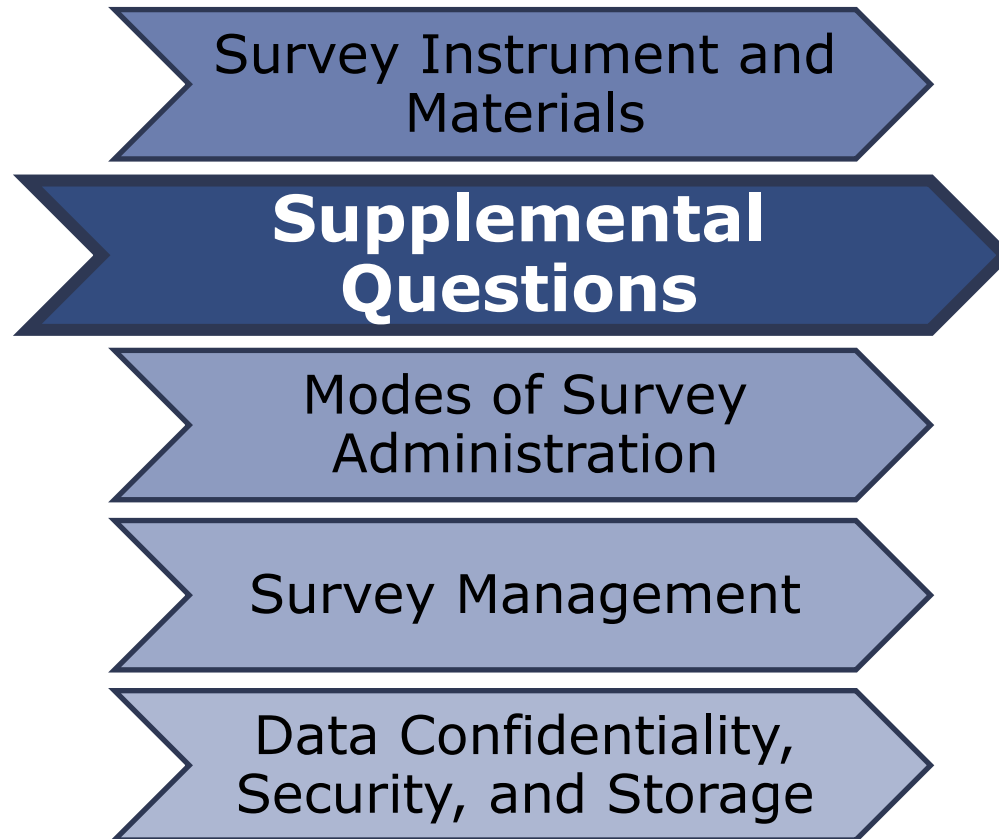


We welcome feedback on additional languages that would be useful to you!



Send language requests to the Coordination Team for consideration by CMS.

# Survey Administration Overview



# Supplemental Questions

- HHAs may add their own questions to the HHCAHPS Survey questionnaire or telephone interview.
- HHAs may also choose to use some or all of the HHCAHPS supplemental questions.
  - Supplemental questions, including the “Consent to Share Responses” question are under the “Survey and Protocols” tab at <https://homehealthcahps.org/>.
- The “Consent to Share Responses” supplemental question provides a way for vendors to determine whether the respondent agrees to allow his or her name to be linked with his or her responses.

# Supplemental Questions (cont'd)

- Supplemental questions must be placed after the “core” HHCAHPS Survey questions (Questions 1–25).
- Supplemental questions may be placed either before or after the HHCAHPS Survey “About You” questions.
- We strongly recommend that
  - vendors be consistent in how these questions are formatted (should be identical to the rest of the questions), and
  - agencies/vendors avoid sensitive questions and lengthy additions because these will likely reduce response.

# Supplemental Questions (cont'd)

- Supplemental questions do not need to be approved or reported to CMS.
- Vendors must use CMS-approved translations of the HHCAHPS Survey supplemental questions.
- HHAs or their vendors are responsible for translating any additional questions added to the HHCAHPS Survey instrument.
- If vendors add their own questions, consider adding some transitional phrasing to help focus the respondent on the new questions.

# Supplemental Questions (cont'd)

- Supplemental questions cannot...
  - repeat any HHCAHPS “core” items,
  - be used for marketing or promoting HHA services, or
  - ask for identification of people who might need home health services.

# Survey Administration Overview

Survey Instrument and  
Materials

Supplemental Questions

**Modes of Survey  
Administration**

Survey Management

Data Confidentiality,  
Security, and Storage

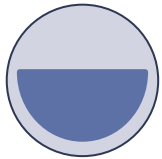


# Overview: All Survey Modes

- Data collection must
  - begin no later than 3 weeks (21 days) after the close of the sample month, and
  - end 6 weeks (42 days) from the initial mailing or first telephone attempt.
- No changes are permitted to the HHCAHPS Survey “core” or “About You” questions.
- Data collection should not stop for a given agency even if the targeted number of completes is reached.
  - Every sample member must receive the full protocol unless the case is finalized as a complete, ineligible, or refusal prior to the end of data collection.

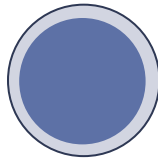
# Overview: All Survey Modes (cont'd)

**Vendors must make a concerted effort to initiate the survey by the 21st day of the month following the sample month.**



If survey is initiated between the 22nd and 26th day of the month following the end of the sample month:

the vendor must file a DNR.



To initiate the survey more than 26 days after the sample month ends, the vendor must obtain prior approval from CMS.

Send an email to the Coordination Team requesting approval to initiate the survey more than 26 days after the sample month ends.

- Include affected CCN(s), sample month, and reason the survey could not be initiated according to the protocol.
- Copy the affected CCN(s) on the email.

The Coordination Team will forward this information to CMS, and CMS will decide whether to approve or deny the request.

# Overview: All Survey Modes (cont'd)

- Proxy respondents are permitted, regardless of survey mode.
  - Proxies must be familiar with the sample member's home health care experience and must **not** be affiliated in any way with the HHA.
- No incentives (monetary or nonmonetary) may be offered.
- HHAs should not influence sample members in any way.
  - Vendors should instruct HHAs to avoid sending sample members materials or do anything that could compromise the vendor's ability to implement the survey protocols.
- All data files must be submitted to the HHCAHPS Data Center via the HHCAHPS Survey website quarterly.
  - We encourage vendors to submit as early as possible (monthly, for example), so that they can resolve any submission issues well in advance of the data submission deadline.

# Mail-Only Protocol

**Protocols and Guidelines Manual, Chapter V**

# Mail-Only Protocol: Schedule

The mail only survey administration protocol consists of two questionnaire mailings.

Send the initial cover letter and questionnaire no later than 3 weeks (21 days) after the close of the sample month to ALL sample members.

Send the second questionnaire with follow-up cover letter 3 weeks (21 days) after initial mailing to those who do not respond to the first questionnaire.

Data collection ends 6 weeks (42 days) after initial questionnaire mailing.

Submit data to Data Center by the quarterly submission deadline.

- Vendors may submit monthly.

# Mail-Only Protocol: Materials Production

## Questionnaire—Requirements

“Core” questions (Qs. 1–25) must be placed first in the questionnaire.

“About You” questions (Qs. 26–34) must be administered together.

Questions and responses may not be split across pages.

Font size should be no smaller than 10 point.

Matrix formatting is not allowed.

- This format often results in missing data as people tend not to mark an answer in each row.

Vendors must be consistent throughout the questionnaire in formatting response options either vertically or horizontally.

See guidelines for incorporating supplemental questions in the *Protocols and Guidelines Manual*.

# Mail-Only Protocol: Materials Production (cont'd)

## Questionnaire—Requirements (cont'd)

The HHA name or logo must appear on the survey or the cover letter.

- It cannot be printed on the envelope unless the vendor has received approval from CMS via an Exceptions Request.

The OMB number and expiration date must be printed on the questionnaire cover page or, if no cover page, on the first page of the questionnaire.

The OMB disclosure notice must be printed on the cover letter or questionnaire. If printed on questionnaire, it must be located separately from the OMB number and expiration date.

The vendor name and address must be printed on the last page of the survey (in case someone loses their return envelope).

A unique SID number to be used for tracking purposes must be on at least the first page of the survey.

A vendor or HHA may **not** include promotional information or materials in the mail survey package.

# Mail-Only Protocol: Materials Production (cont'd)

## Questionnaire—Recommendations

Maximize the use of white space.

Use a simple font, like Arial.

Use a two-column format, so there are two columns of questions per page.

Use font size of 12 or larger.

If keying is used, may include small numbers next to the question response box.



# Mail-Only Protocol: Materials Production (cont'd)

## Cover Letters—Requirements

### Cover Letters Must:

- Be personalized with the name and address of the sample member
- Display the HHA name or logo, if it isn't already on the questionnaire
- Be separate from the questionnaire so that no personally identifiable information (PII) appears on the questionnaire
- Contain the OMB disclosure notice (if it is not printed on the questionnaire)
- Include a toll-free customer support telephone number (directed to the vendor)
  - It is very important for vendors to respond to all calls they may receive. Sometimes you may get a call from a proxy or someone who is just not familiar with the survey or has questions about the survey. Please make sure that you check and respond to any calls that come in.
- **Not** offer sample members the option to complete the survey by phone if survey is offered as mail-only mode

See **Appendix C** of the *Protocols and Guidelines Manual* for sample cover letters for the initial and second questionnaire mailing.

# Mail-Only Protocol: Materials Production (cont'd)

## Cover Letters—Requirements

### Cover Letters Must Include Language:

- Indicating the purpose of the survey
- Stating that no identifying information will be provided to the HHA (Many of the people sampled will still be receiving care, and we do not want them to be worried that their individual responses will be shared with their provider)
- Stating that if help is needed, a friend or family member should help rather than HHA personnel
- Stating that participation is voluntary
- A text box stating, “We care about your home health care experience” in the initial mail questionnaire cover letter
- A text box stating, “We care about your care experiences” in the follow-up mail questionnaire cover letter

Vendors that wish to deviate from these requirements must submit an Exceptions Request for CMS's consideration.

# Mail-Only Protocol: Materials Production (cont'd)

## Cover Letters—Recommendations

- If offering the questionnaire in any of the approved languages, add a sentence instructing the sample members how to request it in their preferred language.
- Include the electronic signature from someone from the HHA on the letter.

# Mail-Only Protocol: Mailing Requirements

Each mailing must contain

- a personalized cover letter separate from the questionnaire,
- a questionnaire, and
- a pre-addressed postage-paid return envelope.

Mailings must follow the prescribed schedule.

***See Chapter V of the Protocols and Guidelines Manual.***

Vendors must mail a questionnaire package to all sampled cases.

Patients with incomplete mailing addresses are still eligible for the survey.

Vendors must be able to provide support via their toll-free number in all languages in which the survey is being administered.

# Mail-Only Protocol: Mailing Recommendations

Vendors should verify mailing addresses from agencies using commercial address update services, such as National Change of Address (NCOA).

Vendors should attempt to obtain a new or updated address for any mail returned as undeliverable in time to include in the second mailing.

Questionnaires should be sent using first-class postage or indicia, to ensure timely delivery and maximize response rates.

# Mail-Only Protocol: Data Receipt and Scanning/Keying Requirements

All returned questionnaires must be marked with a date of receipt that will be entered into the data file for that case.

Questionnaires must be logged into the tracking system in a timely manner.

If two questionnaires are received from the same respondent, keep the one that has the more complete data.

- If both are equally complete, keep the first one received.

A final HHCAHPS Survey status code must be assigned to each case.

**See Chapter IX of the Protocols and Guidelines Manual.**

# Mail-Only Protocol: Data Receipt and Scanning/Keying Requirements (cont'd)

## Scanning Requirements

The scanning program must not permit scanning duplicate questionnaires.

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

A sample of questionnaires (minimum 10%) must be rescanned and compared with the original as a quality control measure.

# Mail-Only Protocol: Data Receipt and Scanning/Keying Requirements (cont'd)

## Key Entry Requirements

The key entry process must not permit keying of duplicate questionnaires.

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

All questionnaires must be 100% rekeyed by a different keyer for quality control purposes.

A supervisor must resolve any discrepancies.



# Mail-Only Protocol: Staff Training

Training is an important part of overall quality control vendors undertake on this survey. Vendors must document and save all training records for staff working on the HHCAHPS Survey.

- All support staff must be trained on HHCAHPS Survey protocols.
- Make available relevant sections of the *Protocols and Guidelines Manual* to all relevant staff.
- Staff must be trained on
  - use of relevant equipment (scanning, case management systems, data entry programs), and
  - decision rules and coding guidelines for returned questionnaires (data receipt and data entry staff) according to HHCAHPS protocols.
- Training must include proper handling and storage of paper and electronic data.

# Mail-Only Protocol: Quality Control Requirements

## Second Set of Eyes

- All quality control (QC) checks must be conducted by a different person than the one who initially completed the activity.

## 10% Rule

- A minimum of 10% of
  - outgoing print materials should be checked to ensure print quality,
  - outgoing questionnaire packages should be checked to ensure that package contents are correct, and
  - received questionnaires must be rescanned and compared with the originals.

## Rekeying

- All keyed questionnaires must be 100% rekeyed by a different keyer.

# Mail-Only Protocol: Quality Control Recommendations



**Verify** mailing addresses obtained from the agencies using commercial address update services, such as NCOA.



**“Seed”** each mailing by including names of designated staff members in the mailing file to assess timeliness and completeness of questionnaire packages.



**Select** a sample of questionnaires and compare to the XML file to ensure the responses match.



**Conduct** an audit check of a sample of cases with non-complete codes.

# Mail-Only Protocol: Quality Control Recommendations (cont'd)

Calculate and review response rates periodically for each HHA.

Develop a way to measure and reduce error rates of both data receipt staff and data entry or scanning verification staff.

Select and review a sample of cases coded by each coder to make sure that coding rules were followed correctly.

Check for accuracy of how marginal notes are coded, if applicable.

Compare mail survey response values in system with the response values in the XML file to ensure that the survey responses match.

Review a sample of cases with a noncomplete final code (i.e., cases with coded something other than 110 or 310) against the original source of information that resulted in the case being finalized.

# Telephone-Only Protocol

**Protocols and Guidelines Manual, Chapter VI**

# Phone-Only Protocol: Schedule

The phone only survey administration protocol consists of attempting to reach each sampled patient following the protocols described in **Chapter VI** of the *Protocols and Guidelines Manual*.

Begin telephone contact with sample members later than 3 weeks (21 days) after the close of the sample month.

Complete telephone data collection 6 weeks (42 days) after initial telephone contact begins.

Submit data to Data Center by the quarterly submission deadline.

- Vendors may submit monthly.

# Telephone-Only Protocol: Telephone Interviewing Systems

- To administer the HHCAHPS Survey using a telephone-only data collection mode, vendors must use
  - a computer-assisted telephone interviewing (CATI) system,
  - OR
  - some other electronic data collection system.
- *Paper-and-pencil administration is not permitted for telephone surveys.*

# Telephone-Only Protocol: Telephone Interviewing Systems (cont'd)

- Vendors must have a survey management system to ensure that sample members are called at different times of the day and across different days of the week.
- Predictive or auto dialers are permitted if they are compliant with FTC and FCC regulations and respondents can easily interact with a live interviewer.
- HHCAHPS requires vendors to identify cell phone numbers in advance, since the July 2015 addition to the Telephone Consumer Protection Act of 1991 does not permit predictive dialing of cell phone numbers.
  - Vendors must use an external cell phone database to identify cell phone numbers if the HHA cannot provide this information.



# Telephone-Only Protocol: Telephone Script Programming

- Vendors must use standardized telephone scripts for the HHCAHPS Survey, available on the HHCAHPS website under “Survey and Protocols” menu.
  - The scripts include the introductory statements and the survey questions.
  - Questions 1–25 are the “core” questions. Questions 26–32 are the “About You” questions.
- Questions 33 and 34 in the mail survey are not included in the telephone script.
- No changes in wording or order are allowed to the HHCAHPS Survey questions or response options.

# Telephone-Only Protocol: Contacting Guidelines

## Requirements

Vendors must attempt to contact every sample member.

- Vendors must
  - make five telephone contact attempts for each sample member, unless the sample member refuses, or the vendor learns that the sample member is ineligible to participate in the survey; and
  - place phone calls at different times of the day and on different days of the week throughout the data collection period.
- Vendors may
  - make more than one telephone attempt in one 7-day period but cannot make all five attempts in one 7-day period; and
  - continue working on a case after five attempts, if the fifth attempt results in a scheduled appointment with the sample member (as long as it is still within the data collection period).

# Telephone-Only Protocol: Contacting Guidelines (cont'd)

- *A telephone contact attempt is defined as:*



## Telephone rings six times

- ♦ No answer
- ♦ Reached answering machine



## Busy signal

- ♦ Make three consecutive call attempts
- ♦ Space attempts at least 20 minutes apart



## Interviewer reaches a household member

- ♦ Told that the sample member is not available



## Interviewer reaches the sample member

- ♦ Asked to schedule a call-back

# Telephone-Only Protocol: Contacting Guidelines (cont'd)

Vendors  
**Must:**

- Continue to work every case in the sample until the minimum number of attempts have been made for each case.
- Make additional attempts to complete an interview if the respondent does not complete on the first attempt.
- Attempt to obtain a direct number for patients who reside in assisted living facilities, nursing homes, etc.
- Assign code 340–Wrong/Disconnected/or No Telephone Number if no number can be identified.
- Be able to present the Coordination Team with a call log indicating the date and time calls were made to each sample member.

# Telephone-Only Protocol: Contacting Guidelines (cont'd)

## Vendors **May:**

- Tell household members that they are calling about a “health care study” only.
- Tell the person who answers the phone **ONLY IF they volunteer** they are next-of-kin to the sample member (i.e., sample member’s partner, child, parent, sibling, grandchild or power of attorney) that they are calling to speak to the sample member about their experiences with home health care at the named agency.

## Vendors **Must Not:**

- Leave voicemail messages on answering machines **or** with household members.
- Continue contact attempts if interviewers discover the sample member is ineligible for the HHCAHPS.

# Telephone-Only Protocol: Contacting Difficult-to-Reach Sample Members

## Requirements

- Interviewers must attempt to recontact the sample member before the end of data collection if the sample member is temporarily ill, on vacation, or unavailable during initial contact.
- 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.

## Recommendations

- Verify telephone numbers obtained from the HHA using a commercial address/telephone database service or directory assistance and:
  - Attempt to identify a new or updated telephone number for any sample member whose telephone number is no longer in service or who has moved.
  - If the sample member's telephone number is incorrect, the interviewer may ask the person who answers the phone for a new telephone number for the sample member.

# Telephone-Only Protocol: Proxy Interviews

Vendors are permitted to use proxy respondents.

Individuals may assist or answer questions on behalf of the sample member if the sample member is physically or mentally unable to participate in the interview.

- A proxy should be familiar with the sample member's health and health care experiences.
  - A family member or friend is an ideal proxy respondent.  
Interviewers can use the relationship of proxy to sample member (e.g., "your wife") rather than repeat sample member's name in every question.
  - An employee of a group home may serve as a proxy *if* that person is not an employee of the HHA.
  - The sample member should be advised **not** to ask for help from home health aides, nor can interviewers conduct interviews with HHA staff.
- Code the case 240–Ineligible: Mentally or Physically Incapacitated if no **acceptable** proxy is available.

**See Appendices of the *Protocols and Guidelines Manual* for copy of the proxy telephone interview script in each approved language (except Chinese and Armenian).**

# Telephone-Only Protocol: Staff Training

Telephone interviewer and customer support staff training must include teaching staff how to

- effectively communicate the content and purpose of the survey to the sample member,
- read questions as worded,
- use effective neutral probing techniques,
- establish rapport with the respondent without providing the respondent additional (unscripted) information,
- use the Frequently Asked Questions (FAQs) to answer questions in a standardized manner,
- maintain a professional manner and adhere to quality control standards,
- administer the proxy script (when appropriate), and
- handle distressed respondents.

***See Appendix L of the Protocols and Guidelines Manual for Interviewer FAQs.***



# Telephone-Only Protocol: Staff Training (cont'd)

## Train Interviewers on Interviewing Conventions

- Emphasize all **bolded** words in the question text.
- Ask questions in the exact order in which they are presented.
- If the answer to a question indicates that the respondent did not understand the intent of the question, repeat the question.

## Interviewers cannot

- suggest answers to the respondent,
- help the respondent answer the questions,
- change the order of the response options,
- skip any questions, or
- read words that appear in ALL CAPITAL LETTERS to the respondent. This includes both questions and response categories (e.g., "DON'T KNOW," "REFUSED").

# Telephone-Only Protocol: Staff Training (cont'd)

## Train Interviewers on Providing Neutral Feedback

- The use of neutral feedback can help build rapport with sample members, particularly with HHCAHPS sample members, who are generally older and sicker than the general population.
  - Periodically acknowledging the respondent during the interview can help gain and maintain cooperation.

### Acceptable neutral acknowledgement words:

- Thank you
- All right
- Okay
- I understand
- Let me repeat the question

# Telephone-Only Protocol: Staff Training (cont'd)

## Train Interviewers on Probing Techniques

- Probe to obtain a more complete or more specific answer from a respondent.
  - Repeat the question and answer choices if the respondent does not seem to understand.
  - When probing, never suggest answers or lead the respondent.
- Encourage the respondent to give his or her best guess if the respondent gives a “don’t know” response.
- Code an incomplete answer as “missing/don’t know” if after probing, the respondent cannot give a response.

*See the next two slides for examples.*

**See Appendix M of the *Protocols and Guidelines Manual for General Guidelines for Telephone Interviewers.***

# Telephone-Only Protocol: Staff Training (cont'd)

## Example of Probing #1

Question 29: What is the highest grade or level of school that you have completed? Would you say...

1. 8th grade or less,
2. Some high school, but did not graduate,
3. High school graduate or GED,
4. Some college or 2-year degree,
5. 4-year college graduate, or
6. More than 4-year college degree?

- Example of a difficult response to handle: "I went to college."
- (Probe): We would like to know the highest grade or level of school that you completed. Would you say that you completed some college or 2-year degree, 4-year college graduate, or more than a 4-year college degree?

# Telephone-Only Protocol: Staff Training (cont'd)

## Example of Probing #2

Question 31: What is your race?  
You may choose one or more of  
the following. Are you...

1. American Indian or Alaska Native,
2. Asian,
3. Black or African American,
4. Native Hawaiian or other Pacific Islander, or
5. White.

Interviewers **must** read all responses once. Do not stop reading if the respondent interrupts you with an answer.

- Example of a difficult response to handle: "I'm Irish."
- (Probe): I understand... but if you had to choose one of the following categories, which category or categories best describes you. Would you say that you are American Indian or Alaska Native, Asian, etc. (repeat answer choices).

# Telephone-Only Protocol: Staff Training (cont'd)

## Train Interviewers on Avoiding Bias

Interviewers must:

- remain neutral during the interview;
- read all statements, questions, and responses exactly as they are written;
- use neutral probes that do not suggest answers;
- not provide their own personal opinions or answers to “help” respondents; and
- not use body language, such as a cough or a yawn, to influence the respondent’s answers.

# Telephone-Only Protocol: Staff Training (cont'd)

## Train Interviewers on Avoiding Refusals

- The first and most critical step in avoiding refusals is to establish rapport with reluctant sample members.

### Interviewers must

- treat respondents the way they would like to be treated;
- always use a positive/friendly tone and maintain a professional outlook;
- listen as an ally, not an adversary; and
- not debate or argue with the respondent.

# Telephone-Only Protocol: Staff Training (cont'd)

## **To consider training complete...**

- Vendors are required to conduct an interviewer certification process, either oral, written, or both.
- The certification process should assess interviewers' knowledge and comfort administering the survey and ability to answer respondent questions.
- Vendors should maintain documentation of training and certification of all telephone interviewers and customer support staff and outcomes.
- Documentation is subject to review during oversight visits.



# Telephone-Only Protocol: Quality Control Guidelines

## Vendors are required to:

- Thoroughly test the electronic telephone interviewing system to verify that the scripting, questions and answers are faithful to the standard HHCAHPS telephone script before beginning administration.
- Establish and communicate clear telephone interviewing quality control guidelines for their staff to follow.
- Silently monitor a minimum of 10% of all interviews.
- Have supervisors provide performance feedback to interviewers as soon as possible after monitoring sessions.
- Give interviewers the opportunity to correct deficiencies in their administration.
  - However, interviewers who receive consistently poor monitoring scores should be removed from the project.

# Telephone-Only Protocol: Quality Control Guidelines (cont'd)

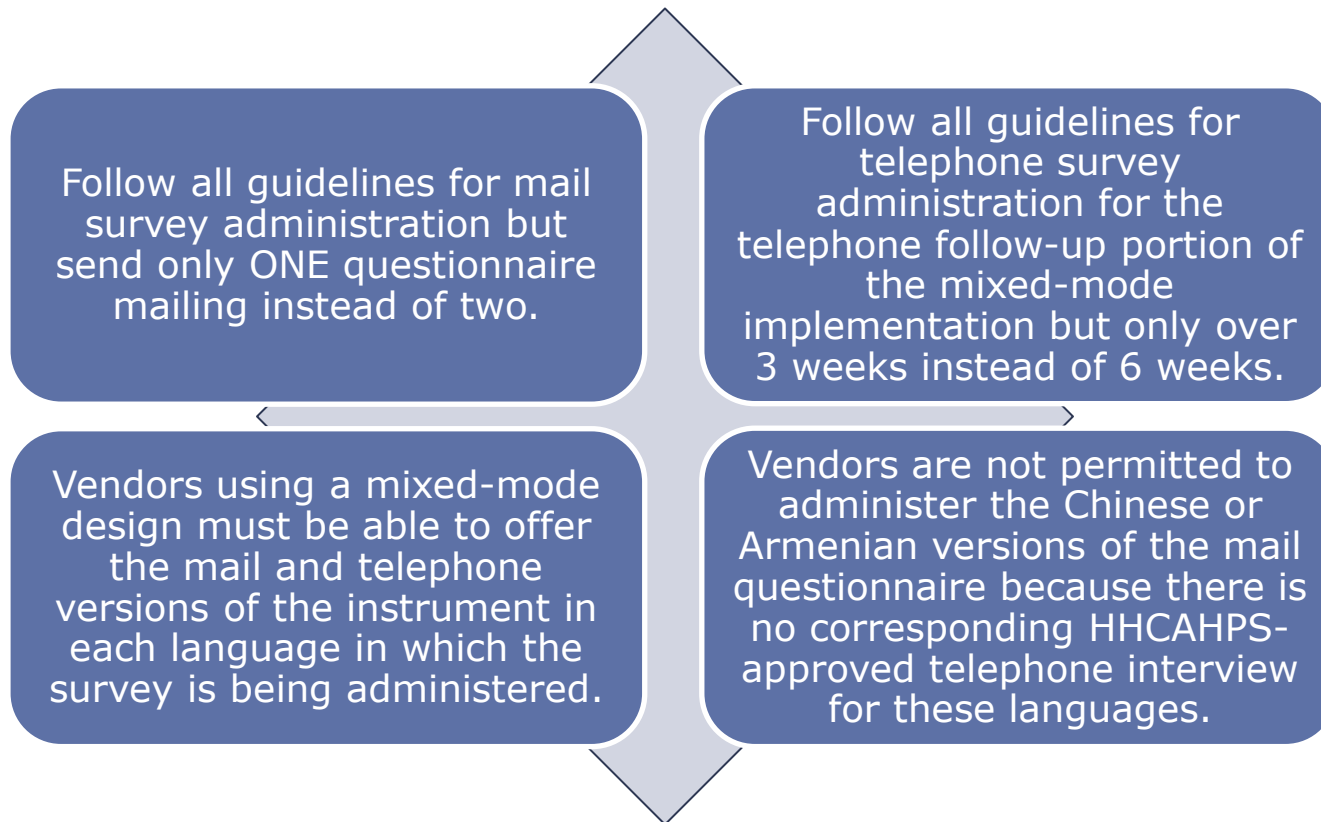
## It is recommended that vendors:

- 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.
- Compare responses from their CATI system with the response values in the XML file to ensure that the survey responses match.
- Review a sample of cases with a noncomplete final code (i.e., cases with coded something other than 120 or 310) against the original source of information that resulted in the case being finalized.
- Regularly examine response rates to assess optimal call scheduling.

# Mixed-Mode Protocol

**Protocols and Guidelines Manual, Chapter VII**

# Mixed-Mode Protocol: Survey Administration Guidelines



**See Chapter VII of the *Protocols and Guidelines Manual* for detailed requirements and procedures for mixed-mode administration.**

# Survey Administration Overview

Survey Instrument and  
Materials

Supplemental Questions

Modes of Survey  
Administration

**Survey Management**

**Data Confidentiality,  
Security, and Storage**

# Survey Management: All Modes

- Survey management systems must be electronic and allow the vendor to track the status of sampled cases through all phases of the data collection process.
- Cases are assigned and tracked using a unique SID number.
- All cases must be assigned a final HHCAHPS Survey disposition code at the conclusion of the data collection period; however, vendors can use their own set of pending status codes to track cases before they are finalized.

# Survey Management: All Modes (cont'd)

- Survey management systems must ensure that the appropriate cases
  - are included in a second mailing (for mail-only administration),
  - receive the required number of call attempts (for phone-only and mixed-mode administration), and
  - are rolled over to telephone follow-up (for mixed-mode administration).
- The survey management system and CATI or data entry systems must be synchronized so that the current status of a case is readily accessible.

# Data Confidentiality, Security, and Storage: All Modes

## Data Confidentiality

- Patient data must be safeguarded.
  - Anything that has patient contact information must be protected. For example, assembling questionnaire packages must take place in a secure environment where there is no risk of any unauthorized individual getting access to patient contact information.
- Follow HIPAA guidelines.
  - The guidelines relate to keeping data secure if they contain personally identifiable information (PII) or protected health information (PHI). For example, this includes how vendors obtain monthly sample information from agencies with which they are contracted.



# Data Confidentiality, Security, and Storage: All Modes (cont'd)

- Vendors cannot share the identities of sampled patients with their HHA clients UNLESS respondents have given their consent to share their responses linked to their name (Question 35).
- All reports provided by vendors to clients summarizing the “About You” survey data must follow one of two methods of reporting.
- **Option 1: The Rule of “11.”** There must be AT LEAST 11 RESPONSES for EVERY RESPONSE OPTION, for a given question, before a vendor can report aggregated results to clients.
  - This means that the likelihood that a vendor will be able to report aggregated race or education data is very, very small.
  - For example, looking at the race question, this means that unless there are 11 respondents who are American Indian, 11 who are Asian, 11 who are Black or African American, 11 who are Native Hawaiian, *and* 11 who are White, vendors CANNOT report responses to this question to their client HHAs.

# Data Confidentiality, Security, and Storage: All Modes (cont'd)

- **Option 2: Combine two or more response options.**
  - Vendors may combine two or more response options such that the combined option meets the rule of a minimum of 11 responses.
  - For example, for the highest year of education completed question, you may want to combine “8<sup>th</sup> grade or less” and “Some high school” into a new reporting category “Some high school or less.”
  - The new category, “Some high school or less,” must still have at least 11 responses to be reported.

# Data Confidentiality, Security, and Storage: All Modes (cont'd)

- Confidential data must be kept secure.
- Limit access to authorized staff.
- All staff and subcontractors who might have access to confidential data must sign a confidentiality agreement.
- Vendors should establish procedures for handling data security breaches.
- No PII can be submitted to the HHCAHPS Data Center. All files submitted to the Data Center must contain only de-identified data.

# Data Confidentiality, Security, and Storage: All Modes (cont'd)

## Physical and Electronic Data Security

- Physical security measures can include
  - locked file cabinets, or
  - locked or restricted-access rooms.
- Electronic security measures can include
  - firewalls,
  - restricted-access levels, or
  - password-protected access.

# Data Confidentiality, Security, and Storage: All Modes (cont'd)

## Physical and Electronic Data Storage

- Paper copies of questionnaires must be stored in a secure location and kept for 3 years; or electronic images of the questionnaires can be kept instead.
- Telephone interview data should be retained for 3 years, also in a secure location.
- Do not remove data files or questionnaires from the office environment.
- Data stored electronically should be backed up frequently to minimize data loss.

# Protecting PII and PHI

- HHAs and vendors are responsible for protecting all PII and PHI of all HHA patients.
- To ensure confidentiality and maintain data security, HHA patient data files must at a minimum be encrypted and password-protected.

# Protecting PII and PHI (cont'd)

- PII and PHI should **never** be sent via email without adequate security protection. This includes files sent from the HHA to its vendor or from the vendor to its subcontractor, if applicable.
  - This also applies to emails vendors or HHAs send to CMS. Email is never an appropriate vehicle for this type of information.
- Whether using File Transfer Protocol (FTP), Secure File Transfer Protocol (SFTP), or website protocols (HTTP or HTTPS), vendors must work with their HHA clients to have them transmit PHI and PII as securely as possible.

# **Exceptions Request Form and Discrepancy Notification Report**

**Protocols and Guidelines Manual, Chapter XIV**



# Overview


## Exceptions Request Form

Vendors must complete and submit this form for any **planned** deviations from the standard protocol.

## Discrepancy Notification Report

Vendors must complete and submit this report to notify the Coordination Team of any **unplanned deviation** from standard protocols.

# Exceptions Request Process

- Exceptions Request Forms (ERF) can be accessed and submitted online: <https://homehealthcahps.org/> 
- Any time you plan to deviate from a standard protocol, vendors must submit an ERF before implementing the deviation. Protocol deviations requiring an ERF include
  - requesting to use Disproportionate Stratified Random sampling (DSRS),
  - requesting to display HHA logo on outgoing mail survey envelopes, and
  - conducting HHCAHPS operations from a remote location.
- CMS will not grant exceptions for modes of survey administration other than those currently approved for the HHCAHPS Survey.

# Exceptions Request Review Process

CMS and the Coordination Team will review all Exceptions Requests, evaluating the methodological strengths and weaknesses of the proposed approach.

Depending on the type of Exception, the Coordination Team may request more information.

An Exception may be requested for multiple HHAs for which the vendor is collecting data.



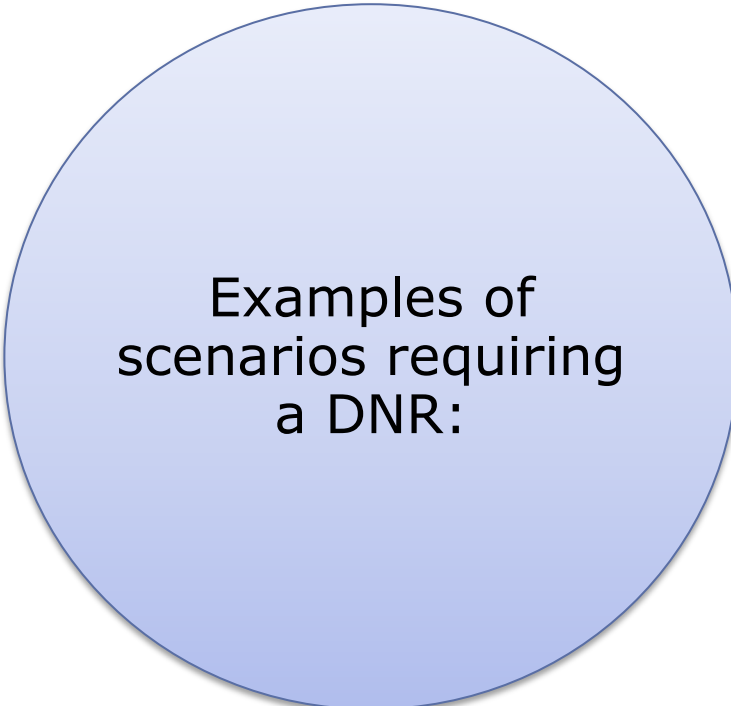
*If the request is denied:* the vendor has 5 business days to appeal.

To submit an appeal, the vendor should check the "Appeal of Exception Denial" in box 1a of the Exceptions Request Form and update the form.

The Coordination Team will review the appeal and return a final decision to the vendor within 10 business days.

# DNR Process

- The DNR is used to notify the Coordination Team of an unplanned deviation from standard protocols that may require some form of corrective action by the vendor.




Examples of scenarios requiring a DNR:

Vendor is unable to initiate the survey within 21 days after the sample month ends but can initiate the survey within 26 days after the sample month ends.

Vendor never received a sample file from its HHA client and therefore was unable to field the survey for that month.

A data element was incorrectly coded and submitted on the XML file (e.g., proxy indicator was incorrectly computed).

# DNR Process (cont'd)

- DNRs can be accessed and submitted online:  
<https://homehealthcahps.org/> 
- The vendor is expected to notify the Coordination Team within 24 hours of discovery of the discrepancy so that we can work with the vendor to address the issue.
  - Timely notification is important because if the vendor waits for months after the deviation occurs, it may be too late to take appropriate measures for the affected HHA.
- **Reminder:** The affected HHA should be informed of the DNR submission.

# DNR Excel Template

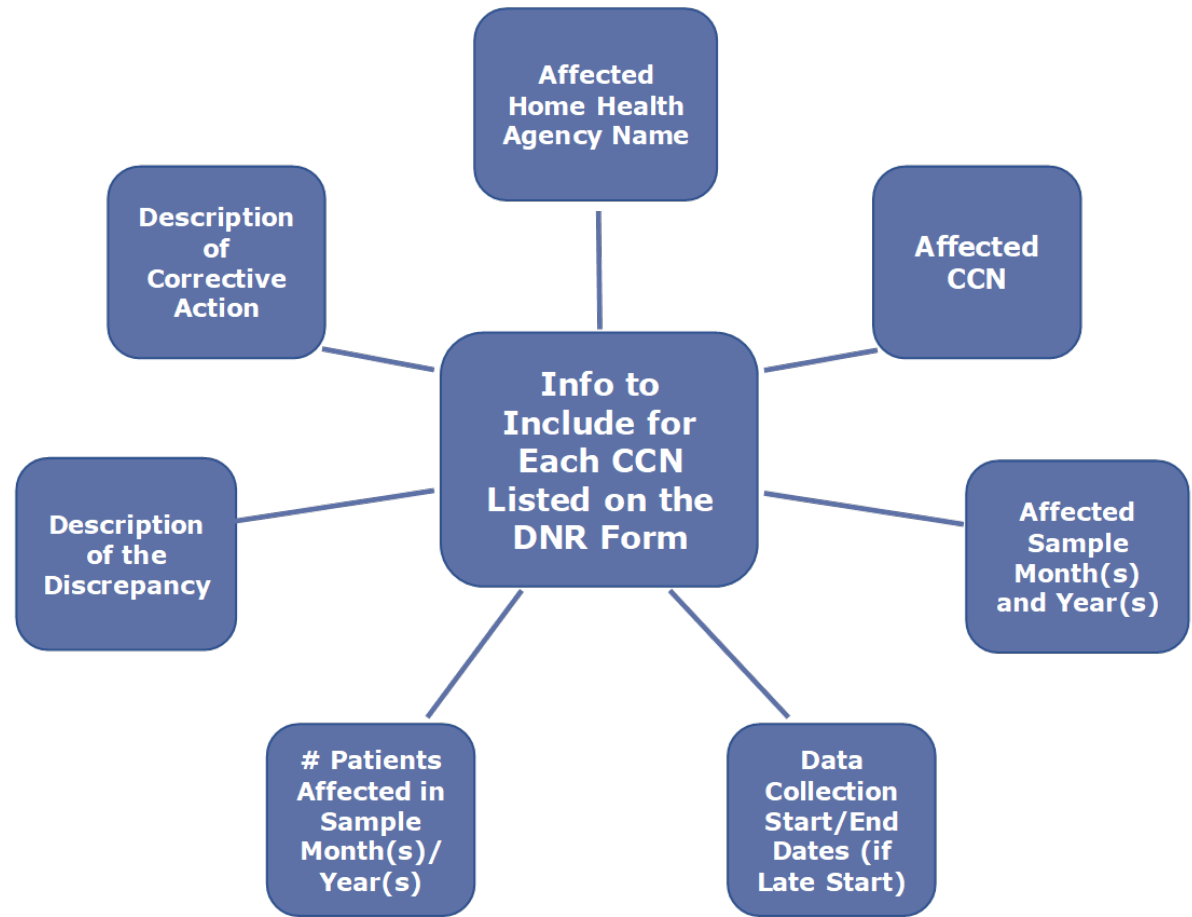
- Vendors are encouraged, regardless of how many CCNs they are reporting on the DNR, to use the “DNR Excel file template.”
- The template is available on the DNR Form page of the HHCAHPS website.
- Using the template allows you to submit one online DNR and accompanying Excel file containing information on all the CCNs you want to report that day.
- If you correct and resubmit the Excel template, you must also resubmit the online DNR form so the submission dates match, for audit purposes.

The DNR template is *designed* to accommodate multiple scenarios:

- late starts,
- missed sample months, and
- “other” situations, which can be used for any scenario.

# Information to Include in DNRs

- Each of the data elements to the right must be included in each DNR.
- If you use the DNR Excel template, there are prelabelled columns for each item.



# DNR Review Process

DNRs help inform CMS's review of HHCAHPS participation compliance for each annual payment update (APU) period. Understanding why an HHA missed a sample month is important to this process.

- The Coordination Team reviews each DNR, asking
  - What is the impact, if any, on publicly reported data?
  - Is any additional information needed to document or correct the discrepancy? Such as
    - missing patient counts or sample months/years,
    - missing or incomplete CCNs,
    - missing start dates, or
    - confirmation that the survey was administered.
- The Coordination Team will inform the vendor of any action it must take to correct the discrepancy.



# When No Monthly File is Submitted

- When an HHA does not submit a patient information file to the vendor, the vendor should submit a DNR.
- Vendors do not need to continue submitting DNRs after an HHA fails to submit a patient information file for 3 consecutive sample months.

*Please note that it is the responsibility of the 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.*

# No DNR Needed

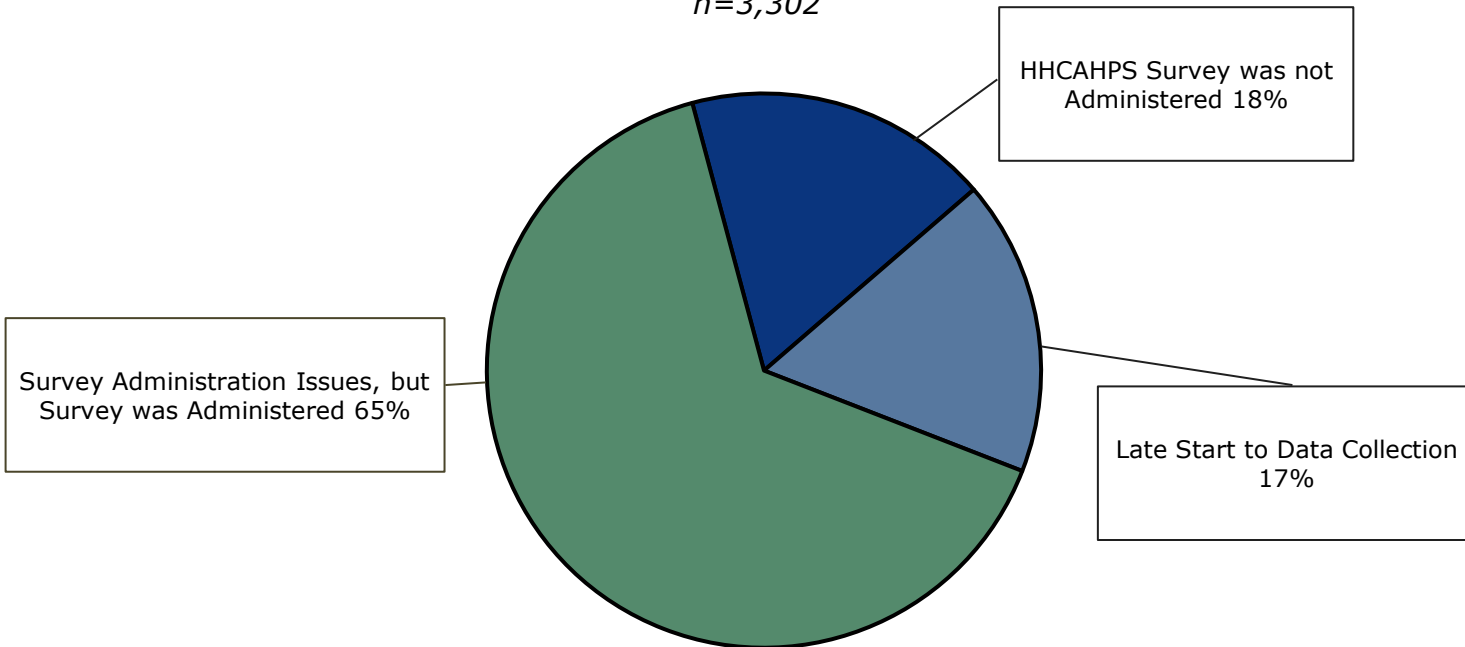
DNRs are NOT required for the following situations:

- **No eligible patients:** If there are no eligible patients in a given sample month, the vendor must still submit an XML file with this information, designating "0" in the "Eligible Patients" field.
- **Late field requests:** If the vendor is requesting permission from CMS to initiate the survey more than 26 days after the sample month ends, the vendor must submit an email request for approval to initiate the survey and copy the affected HHA on that request.

# DNRs Received for the CY 2025 APU Period

**Discrepancy Notification Report (DNR) Categories for CCNs with DNRs in the CY2025 APU Period (April 2023-March 2024)**

*n=3,302*



# Home Health Care CAHPS Survey Data Processing and Coding

**Protocols and Guidelines Manual, Chapter IX**

# Data Processing and Coding Overview

- Coding Guidelines and Decision Rules for Mail Surveys
- Survey Disposition Codes
- Definition of a Completed Survey
- Computing the Response Rate

# Guidelines for Handling Inconsistent Responses

- Decision Rules for coding follow-up questions 12–14, 22, 23, and 34.
  - Enter the response provided by the respondent regardless of whether the response agrees with the screener question.
  - If the follow-up question is correctly left blank because the preceding screener question was “No,” code the question as “Not Applicable.”
  - If the follow-up question is incorrectly left blank because the respondent skipped it, enter “Missing.”

# Guidelines for Handling Inconsistent Responses (cont'd)

- Decision Rules for coding screener Questions 11, 21, 22, and 33.
  - Enter the response provided by the respondent. Do not guess what the responses “should” be.
  - If the screener question is left blank, code it as “Missing.”

## Example #1

**21.** In the last 2 months of care, did you contact this agency’s **office** to get help or advice?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #24.**

*Coding guidance:*

**Code as “M – Missing”**

**22.** In the last 2 months of care, when you contacted this agency’s office did you get the help or advice you needed?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #24.**

<sup>3</sup>  I did **not** contact this agency

*Coding guidance:*

**Code as “1 – Yes”**

# Guidelines for Handling Inconsistent Responses (cont'd)

- For follow-up questions, enter the response provided by the respondent regardless of whether the response agrees with the screener question.

## Example #2

21. In the last 2 months of care, did you contact this agency's **office** to get help or advice?

<sup>1</sup>  Yes

<sup>2</sup>  No → If No, go to #24.

*Coding guidance:*

**Code as "2 – No"**

22. In the last 2 months of care, when you contacted this agency's office did you get the help or advice you needed?

<sup>1</sup>  Yes

<sup>2</sup>  No → If No, go to #24.

<sup>3</sup>  I did **not** contact this agency

*Coding guidance:*

**Code as "1 – Yes"**



# Guidelines for Handling Inconsistent Responses (cont'd)

- If the follow-up question is correctly left blank because the preceding screener question was “No,” code the question as “Not Applicable.”

## Example #3

21. In the last 2 months of care, did you contact this agency’s **office** to get help or advice?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #24.**

*Coding guidance:*

**Code as “2 – No”**

22. In the last 2 months of care, when you contacted this agency’s office did you get the help or advice you needed?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #24.**

<sup>3</sup>  I did **not** contact this agency

*Coding guidance:*

**Code as “8 – Not Applicable”**

# Guidelines for Handling Inconsistent Responses (cont'd)

- If the follow-up question is incorrectly left blank because the respondent skipped it, enter "Missing."

## Example #4

21. In the last 2 months of care, did you contact this agency's **office** to get help or advice?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #24.**

*Coding guidance:*

**Code as "1 – Yes"**

22. In the last 2 months of care, when you contacted this agency's office did you get the help or advice you needed?

<sup>1</sup>  Yes

<sup>2</sup>  No → **If No, go to #24.**

<sup>3</sup>  I did **not** contact this agency

*Coding guidance:*

**Code as "M – Missing"**

# Guidelines for Coding Surveys – Ambiguous Responses

Use the following rules to handle ambiguous or missing responses when processing completed questionnaires.

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

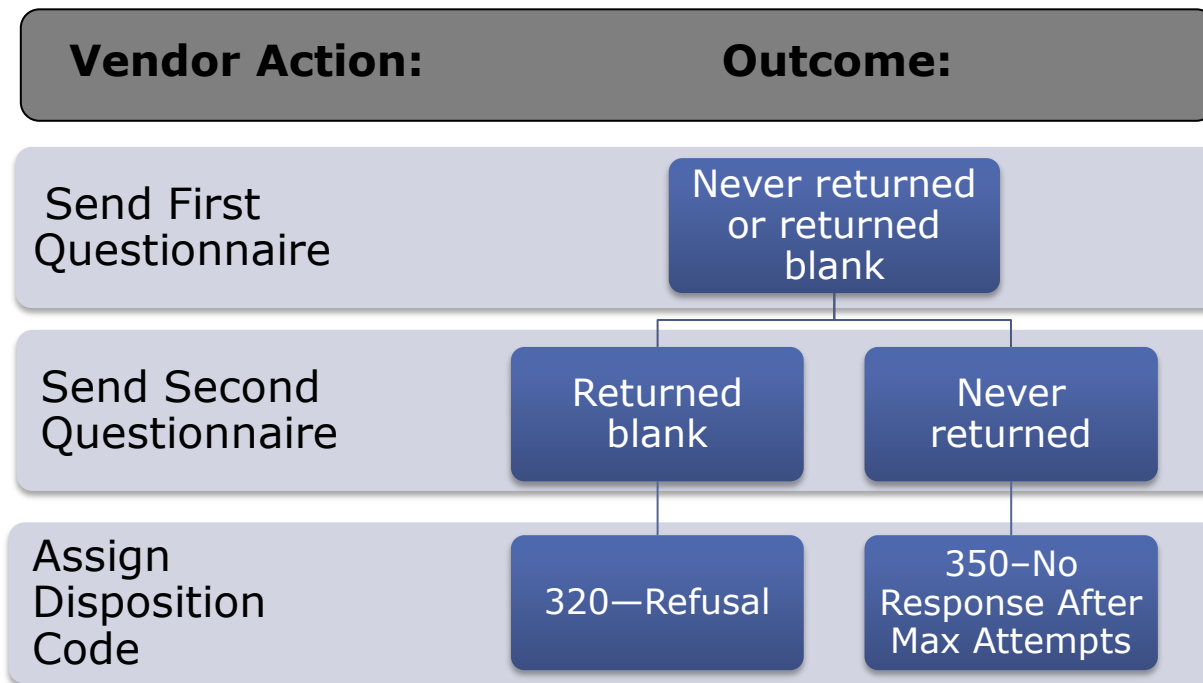
For further guidance please review **Chapter IX** of the *Protocols and Guidance Manual*.

# Guidelines for Coding Surveys – Open-Ended Response Options

- Keying responses to open-ended response options—“Some other language” in Q32, and “Helped in some other way” in Q34—is up to each individual HHA.
- Vendors should not include responses to these open-ended items on XML data files submitted to the HHCAHPS Survey Data Center.
- Review open-ended entries to provide feedback to the Coordination Team about additional preprinted response options that might be useful.

# Guidelines for Coding Surveys – Blank Questionnaires

- How to assign a final code to a case where a blank questionnaire was returned in a postage-paid envelope.



**See Table 9.2 in the *Protocols and Guidelines Manual***

# Guidelines for Coding Surveys – Additional Directions

- If a sample patient returns two completed questionnaires, the vendor should keep the one that has the more complete data. If the questionnaires are equally complete, the vendor should keep the one that was received first.
- If in a mixed-mode survey the respondent returns a completed mail survey and participates in the telephone interview, use the survey that has the most complete data.
- Vendors should not use any surveys returned after the data collection period ends.

# Survey Disposition Codes

- The HHCAHPS Survey requires that vendors assign a final survey disposition code to each sampled case on the XML data files submitted to the HHCAHPS Data Center.
- Vendors are free to use their own internal interim or pending disposition codes to track the status of work on a case before it is finalized.
- The next slide provides a list of the final survey disposition codes for the HHCAHPS Survey.

# Home Health Care CAHPS Survey Final Disposition Codes

Code	Description
110	Completed Mail Survey
120	Completed Phone Interview
210	Ineligible: Deceased
220	Ineligible: Does Not Meet Eligible Population Criteria
230	Ineligible: Language Barrier
240	Ineligible: Mentally or Physically Incapacitated/No Proxy Available
310	Break-Off
320	Refusal
330	Bad Address/Undeliverable Mail
340	Wrong, Disconnected, or No Telephone Number
350	No Response After Maximum Attempts

**See Table 9.1 in the *Protocols and Guidelines Manual* for additional details.**

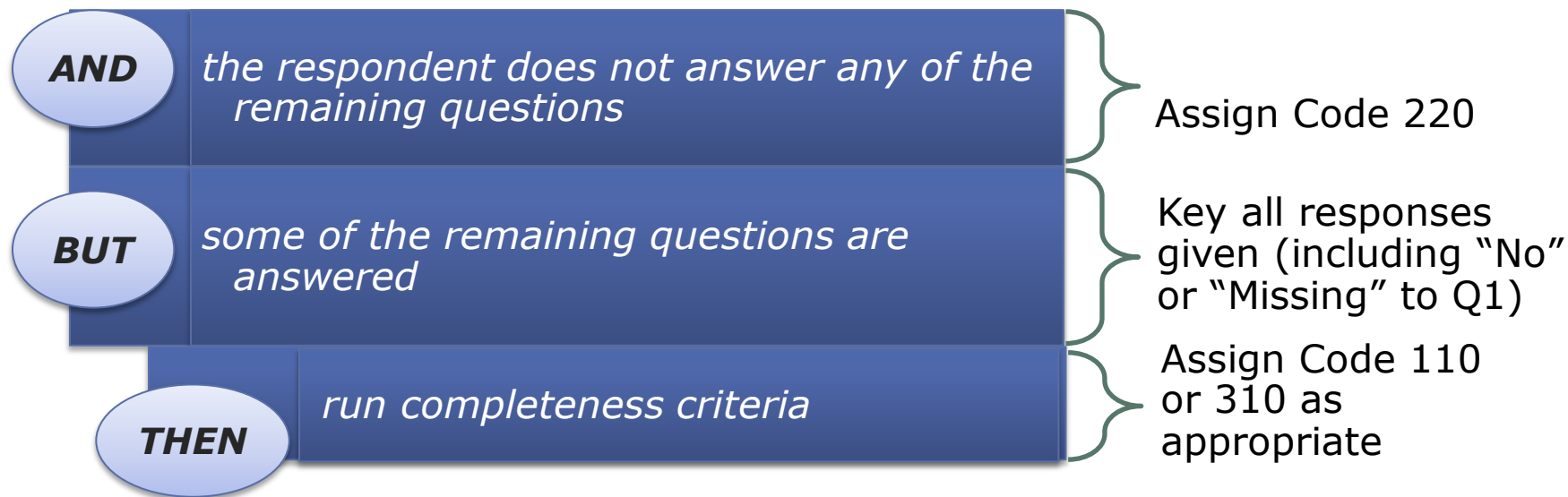


# Survey Disposition Codes: Completes (Codes 110 and 120)

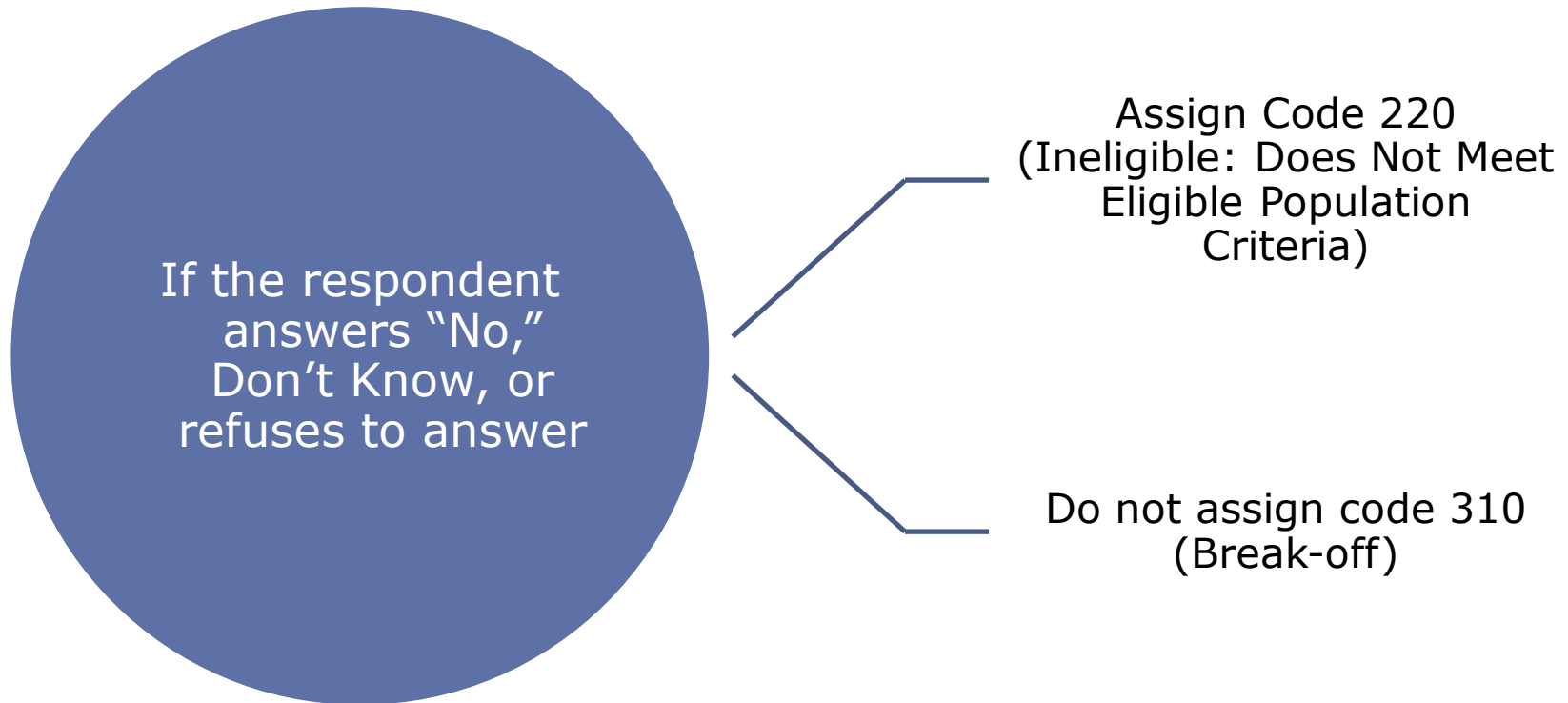
- To assign completed disposition codes, 50% or more of the “core” questions that are applicable to all sample members must have responses (the completion calculation is discussed later in this section).
- The “core” questions applicable to all sample members are Questions 1–11, 15–21, and 24–25.
- Survey questions that are part of skip patterns and the “About You” items are not included in this calculation.
- Completed mail surveys should be assigned **code 110**.
- Completed telephone surveys assigned **code 120**.

# Decision Rules for Question 1 in Mail Surveys

- If Question 1 (“According to our records, you got care from the home health agency, AGENCY NAME. Is that right?”) is missing, or the respondent answers “No:”



# Decision Rules for Question 1 in Telephone Surveys



# Survey Disposition Codes: Ineligibles (Codes 210, 220, 230, and 240)

- **Final Code: Ineligible (Disposition Codes 210, 220, 230, and 240)**
  - 210—Ineligible: Deceased
  - 220—Ineligible: Does not meet eligible population criteria
    - 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 only for routine maternity care.
    - 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.

# Survey Disposition Codes: Ineligibles (Codes 210, 220, 230, and 240) (cont'd)

- 230—Ineligible: Language barrier
- 240—Ineligible: Mentally or physically incapacitated/No proxy available
  - Determined during the course of data collection.
  - To be used only when there is no proxy respondent.
  - Includes visually impaired for mail-only mode.
  - Includes hearing impaired for phone-only mode.
  - Includes mental and physical impairments for all applicable modes.

# Survey Disposition Codes: Nonrespondents (Codes 310, 320, 330, 340, and 350)

- 310—Break-off
  - Assigned when less than 50% of survey is completed.
  - You will need to check for completeness before assigning this code.
- 320—Nonresponse: Refusal
  - Sample member indicates in writing or verbally that he or she does not wish to participate.

# Survey Disposition Codes: Nonrespondents (Codes 310, 320, 330, 340, and 350) (cont'd)

- 330—Nonresponse: Bad address/undeliverable mail
  - Use for mail-only mode.
  - The address is not viable when
    - the HHA does not provide an address;
    - the vendor has attempted and failed to obtain a new address;
    - the questionnaire is returned as “undeliverable,” no forwarding address,” or “addressee unknown”; or
    - other similar Post Office return notices.

# Survey Disposition Codes: Nonrespondents (Codes 310, 320, 330, 340, and 350) (cont'd)

- 340—Nonresponse: Wrong, disconnected, or no telephone number
  - For phone and mixed mode if the telephone number is not viable.
  - The HHA does not provide a working number, and the vendor has attempted and failed to obtain a new number.



# Survey Disposition Codes: Nonrespondents (Codes 310, 320, 330, 340, and 350) (cont'd)

- 350—Nonresponse: No response after maximum attempts
  - For mail-only mode: Assign if address is viable but there is no response to the mail survey.
  - For phone-only mode: Assign if telephone number is viable but minimum number of call attempts (five) does not result in a completed interview or other final status code.
  - For mixed mode: Assign if telephone number is viable but maximum call attempts (five) do not result in a completed interview or other final status code.

# Coding Proxy Surveys

- For telephone interviews:
  - Assign a proxy flag value of “1” if the interview was completed by a proxy respondent.
  - Assign a proxy flag value of “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.
- For mail surveys, see ***Exhibit 9.1*** in the *Protocols and Manual* shown in the next slide.

# Coding Proxy Surveys (cont'd)

## Exhibit 9.1 When to Assign the Proxy Flag [Mail]

Value for Q33	Value for Q34 <help-answer>	Proxy Flag
1	1	1
2	1	1
M	1	1
1	M	2
2	M	2
M	M	M

# Definition of a Completed Survey

- At least 50% of “core” questions applicable to all sample members are answered (Questions 1–11, 15–21, 24–25).
- **Step 1:** Sum the number of “core” questions that the respondent answered that are applicable to all sample members.
  - As per HHCAHPS protocols, “Don’t Know” and “Refuse” should be recoded to missing – “M” (for telephone survey administration).
  - “Don’t Know” (DK) should never be counted as a response.

# Definition of a Completed Survey (cont'd)

- **Step 2:** Divide the total number of questions answered by 20, which is the total number of questions applicable to all sample members, and then multiply by 100 to determine the percentage.
- **Step 3:** If percentage is  $\geq 50\%$ , assign status code of "Completed Survey" (either 110 or 120, as appropriate).
- If percentage is  $< 50\%$ , assign status code of "310—Break-off."
  - See next slide for example calculation.

# Definition of a Completed Survey (cont'd)

## Determining Completion (Example)

- A mail survey is returned to the vendor from the first questionnaire mailing. The respondent answered the following questions applicable to all sample members: 1, 2, 3, 4, 5, 9, 10, 11, 15, 20, 21, 25. The rest of the items applicable to all sample members were left blank.
- Step 1: Sum the number of questions answered: 12.
- Step 2:  $12/20 * 100 = 60\%$ .
- Step 3: Percentage is equal to or greater than 50%, so we assign status code of 110—Completed Mail Survey.

# Computing a Response Rate

- Vendors are not required to compute a response rate; the following formula is for informational purposes only.
- Final status codes to be used for calculation are shown in parentheses.

$$\text{Response Rate} = \frac{\# \text{ Completed surveys (110 and 120)}}{\# \text{ Surveys fielded (110 - 350) - \# Ineligible surveys (210 - 240)}}$$

# **The Home Health Care CAHPS Survey Website**



# Topics

- Purpose and Overview of the Website
- Access to Private Side—Secured Links
  - Survey Vendor Access
  - HHA Access
- HHA Vendor Authorization Process
- HHCAHPS Survey Website Security

# HHCAHPS Website Purpose

The HHCAHPS Survey website: <https://homehealthcahps.org> 

- Provides users with a single location for current information about the HHCAHPS Survey.
- Serves as the portal through which most project activities are conducted.
- Is the location of the HHCAHPS Data Center, where all survey data file submissions occur.
- Contains public and private links (accessed via login).

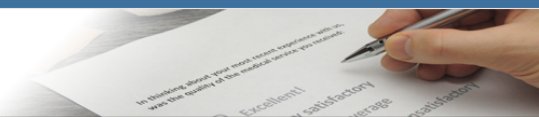
HHCAHPS Home page screenshot next slide.

# HHCAHPS Website Home Page

Login

## Home Health Care CAHPS Survey

The official website for news and information about the HHCAHPS Survey



Home

General Information

Training

Forms for Vendors

Survey and Protocols

Data Submission

For HHAs

Home

Back

### Welcome to the official website of the Home Health Care CAHPS Survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Home Health Care Survey, hereafter referred to as the "Home Health Care CAHPS Survey" or "HHCAHPS," is designed to measure the experiences of people receiving home health care from Medicare-certified home health agencies. The HHCAHPS is conducted for home health agencies by approved HHCAHPS Survey vendors.

For more information on the history and background of the Home Health Care CAHPS Survey, participation requirements, and public reporting, please click on the [About Home Health Care CAHPS Survey](#) link on the right.

For information about how to become a HHCAHPS survey vendor, please click on the [General Information](#) link above.

This is the official website for the HHCAHPS Survey. Viewers are encouraged to check this site regularly for updated information about the Survey.

For information about the availability of auxiliary aids and services, please visit: <http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>

For more information, please contact [hcahps@rti.org](mailto:hcahps@rti.org) or call 1-866-354-0985.

Para información sobre esta encuesta o para hablar con alguien en español, por favor, comuníquese con el Personal de Coordinación de Encuestas de HHCAHPS por correo electrónico a la dirección [hcahps@rti.org](mailto:hcahps@rti.org) o puede llamar al número gratuito 1-866-354-0985.

### Recent Announcements

[RTI International will be closed Monday, September 2, 2024](#)

Posted Tuesday, August 27, 2024

[Public Reporting Results Refreshed on Care Compare: Archived Publicly Reported Data Available on HHCAHPS Website](#)

Posted Thursday, July 18, 2024

[CY2024 Quarter 1 Data Submission Deadline Reminder: One Week Left](#)

Posted Thursday, July 11, 2024

[CY2024 Qtr. 1 Data Submission Deadline Reminder](#)

Posted Wednesday, July 3, 2024

[HHCAHPS Coordination Team Quarterly Review \(CTOR\) Newsletter – July 2024 Edition](#)

Posted Monday, July 1, 2024

### Quick Links

- [Star Ratings Information](#)
- [Approved Survey Vendors](#)
- [About Home Health Care CAHPS](#)
- [Contact Us / Other Links](#)

### Information for HHAs

Home Health Agencies (HHAs) should click the appropriate link below for information about:

- [HHA Participation Exemption Request Form](#)  
(CY2026 Form Available)
- [HHCAHPS Fact Sheet](#)  
(3/29/2024)
- [HHCAHPS Exemption Information](#)  
(Updated 4/1/24)
- [HHCAHPS Participation Periods](#)  
(Updated 4/1/24)
- [HHA Responsibilities and FAQs](#)  
(Updated 4/1/24)
- [Authorize Survey Vendor](#)  
(Updated 3/22/18)
- [Review Data Submission Reports](#)  
(Updated 5/5/20)
- [Final Rule for Calendar Year 2024](#)  
(Posted 11/13/23)
- [Patient Mix Adjustment Factors](#)  
(Updated 7/18/24)

# HHCAHPS Website Overview



## Recent Announcements, including:

- Deadline reminders
- Protocol updates
- Public reporting updates



## Training materials for Introduction and Update sessions:

- Registration
- Slides
- Agendas



## Survey and Protocols Materials:

- Survey instruments (mail and telephone)
- Sample cover letters, OMB Disclosure Notice, Consent to Share question, etc.
- *Protocols and Guidelines Manual*



## Data Submission:

- XML data file submission layout specifications and templates
- *Website User and Data Submission Manual*
- Data submission tools for vendors

# HHCAHPS Website Overview (cont'd)

The private links on the website include forms that vendors and HHAs need to implement and manage the survey :



## Online forms for vendors:

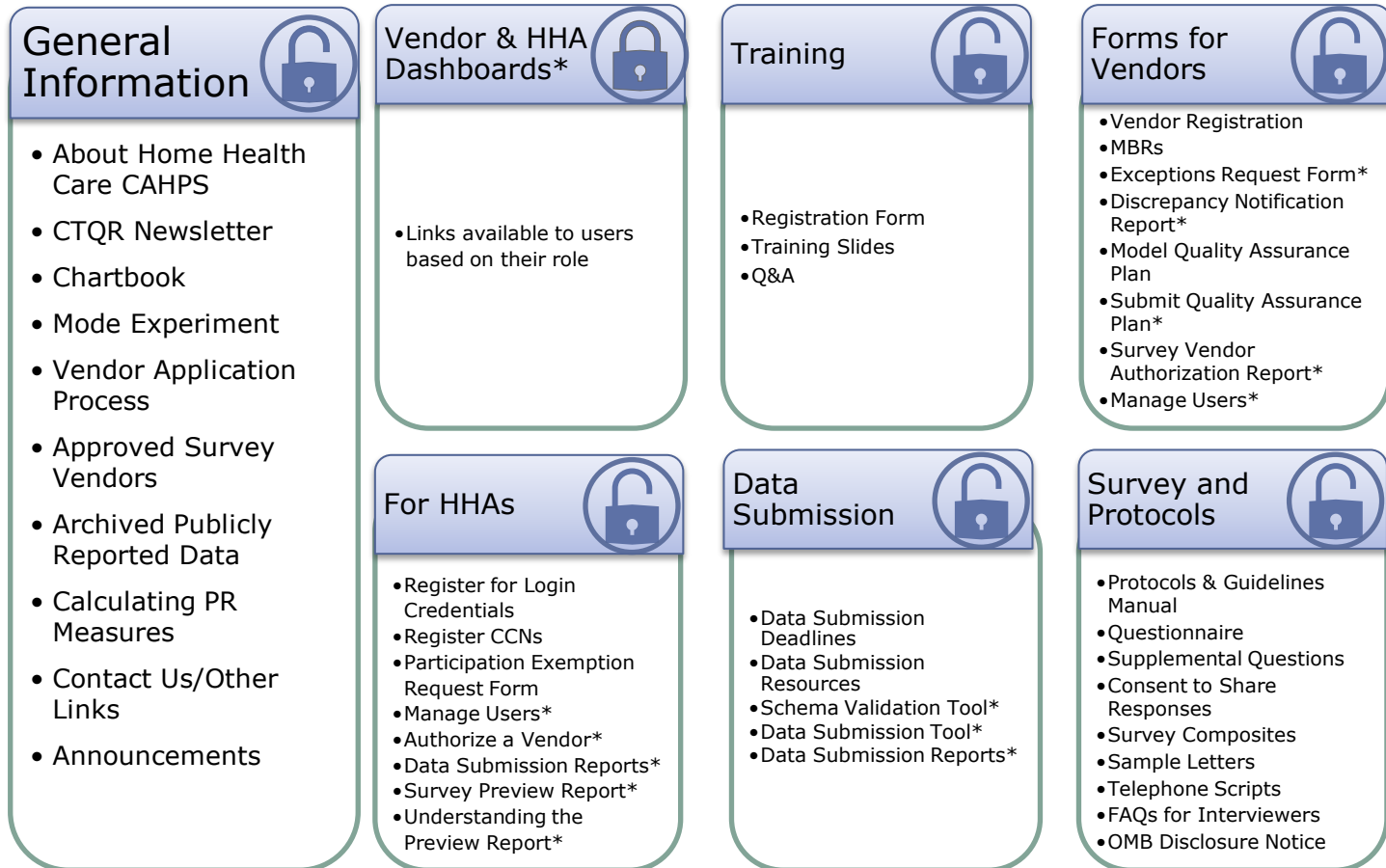
- Vendor Registration Form
- Minimum Business Requirements (MBRs)
- Vendor Application Form
- Exceptions Request Form
- Discrepancy Notification Form



## Online forms for HHAs:

- Login Registration
- Participation Exemption Request Form
- CCN Registration
- Vendor Authorization Form

# HHCAHPS Site Map



*Private links are marked with an asterisk and only available with active login credentials.*

# Survey Vendor Access to the Dashboard (and Private Links)

Vendors interested in becoming approved must designate an HHCAHPS Survey Administrator/Project Manager who is responsible for

- designating another staff member as a backup Administrator;
- maintaining/updating access for all users, including adding and removing users; and
- serving as main point of contact with the HHCAHPS Survey Coordination Team.

# Survey Vendor Access to the Dashboard (and Private Links) (cont'd)

- The applicant vendor's HHCAHPS Survey Administrator/Project Manager needs to register for credentials via the "Vendor Registration" link in the Forms for Vendors menu.
- Once logged in, the vendor applicant can access the following:
  - the Vendor Application Form,
  - an electronic Consent,
  - the training registration form, and
  - the training certification exam.

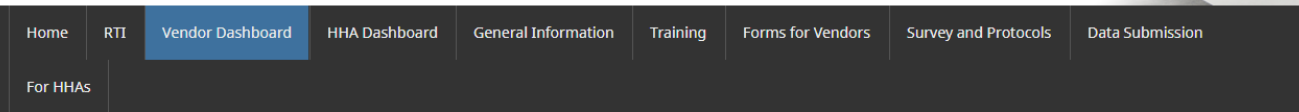
Example of Vendor Dashboard view on next slide.



# Vendor Dashboard

## Home Health Care CAHPS Survey

The official website for news and information about the HHCAHPS Survey



Vendor Dashboard

← Back

### Vendor Approval Process

	Item	Status	Resource
✓	Vendor Registration	Complete	
	Vendor Application	Pending	<a href="#">New Vendor Application</a>
	Consent Form	Pending	<a href="#">Consent Form</a>
	Vendor Approval Status	Pending	

### Data Submission

<a href="#">Authorizations</a>	0
Number of agencies with Submissions	0
Number of agencies with Passed Submissions *	0

\* This number only includes data submissions that have passed ALL validations.

[Data Submission Reports](#)  
[Data Submission Tool](#)

### User Access

Administrative Users

*The Dashboard gives vendors quick access to a variety of important links.*

# HHA Access to the Dashboard (and Private Links)

- HHAs must designate a staff member as an HHCAHPS Survey Administrator, whose is responsible for:
  - Serving as main point of contact with the HHCAHPS Survey Coordination Team
  - Authorizing a vendor to submit data on the agency's behalf
  - Reviewing the online Data Submission Report each quarter
  - Designating another staff member as a backup Administrator
  - Maintaining/updating user information, including adding and removing users as appropriate

Example of HHA Dashboard view on next slide.

# HHA Dashboard

Home Health Care CAHPS Survey  
The official website for news and information about the HHCAHPS Survey

Home | **HHA Dashboard** | General Information | Training | Forms for Vendors | Survey and Protocols | Data Submission | For HHAs

HHA Dashboard Back

### Required Action Items

Item	Status	Resource
✓ Agency Registration	Completed	
Register one or more home health agencies (by CCN)	<a href="#">0 CCN(s) already registered</a>	<a href="#">Click here to register your home health agency (by CCN)</a>
Vendor Authorization	<a href="#">0 of 0 CCNs have current authorization</a>	<a href="#">Authorize a Vendor</a>

### Data Submission

0 of 10 agencies have data successfully submitted for Quarter 2, 2024. [View Data Submission Reports](#)

### User Access

**Administrative Users**

- Vanessa Ellen
- Rob Hughes
- RTI Test Facility
- Test User

**Non-Administrative Users**

No users found

[Manage User Console](#)

### Information for HHAs

Home Health Agencies (HHAs) should click the appropriate link below for information about:

- [HHA Participation Exemption Request Form](#)  
(CY 2026 Form Available)
- [HHCAHPS Fact Sheet](#)  
(3/29/2024)
- [HHCAHPS Exemption Information](#)  
(Updated 4/1/24)
- [HHCAHPS Participation Periods](#)  
(Updated 4/1/24)
- [HHA Responsibilities and FAQs](#)  
(Updated 4/1/24)
- [Authorize Survey Vendor](#)  
(Updated 3/22/18)
- [Review Data Submission Reports](#)  
(Updated 5/5/20)
- [Final Rule for Calendar Year 2024](#)  
(Posted 11/13/23)
- [Patient Mix Adjustment Factors](#)  
(Updated 7/18/24)

*The Dashboard gives HHAs quick access to a variety of important links.*

# Backup Survey Administrator

- It is important to designate someone within the organization as the backup Administrator if the primary Administrator is not available.
- The backup Administrator has all the same permissions as the primary Administrator, including adding and removing accounts for their organization and updating vendor authorizations as needed.
- To add a backup Administrator, the HHAs' Survey Administrator should:
  - Log into the website.
  - Select "Manage Users" under the "For HHAs" menu.
  - Select "Add New User" and follow the instructions to complete the User Details form.

# Survey Vendor Authorization

- An HHA's Survey Administrator must authorize their vendor before the vendor can submit data on its behalf.
- To authorize a vendor, HHAs should:
  - Log into the website.
  - Select "Authorize a Vendor" under the For HHAs menu.
  - Choose one of four options:
    1. Authorize a vendor for the first time
    2. Change the start or end date for your current vendor
    3. Change/switch to a different HHCAHPS Survey vendor
    4. View current vendor authorizations for all HHAs
- Sometimes updates are needed such as changing a start or end date or switching vendors. These changes can be completed with this form—as well as viewing all the current authorizations.

# Survey Vendor Authorization (cont'd)

- HHAs can only change vendors at the beginning of a quarter.
- Vendors should confirm the start date the HHA enters is on or before the date of the first sample month the HHA begins its participation in HHCAHPS.
  - Example: if an HHA submits its first patient data file to the vendor for the March sample month, the HHA should authorize the vendor to begin with the January sample month, since March is part of the first quarter.
- HHAs should **not** select an end date on the Authorization Form until they are ready to change vendors.

# Survey Vendor Authorization: First-Time Authorizations

*Option 1: Choosing a vendor for the first time.*

1. Choose the option to authorize vendors for the first time.
2. Select the approved vendor they wish to authorize from the drop-down list.
3. Select the start date for the authorization.
4. Check the box by each HHA name for which this vendor is being authorized to submit data.
5. Click Submit.

Visual of these steps shown on next slide.

# Survey Vendor Authorization: First-Time Authorization (cont'd)

RTI Test Facility Logout

## Home Health Care CAHPS Survey

The official website for news and information about the HHCAPHS Survey

Home HHA Dashboard General Information Training Forms for Vendors Survey and Protocols Data Submission For HHAs

For HHAs / Authorize a Vendor [Back](#)

### Vendor Authorization Form for HHAs

**Home Health Care CAHPS - Vendor Authorization Form for HHAs**  
This form will allow you to do the following:

- Authorize a vendor for an HHA for which you have never authorized a survey vendor.
- Change the start or end date for your current vendor.
- Change/Switch to a different HHCAPHS Survey vendor for one or more HHAs.
- View the current vendor authorizations for HHAs for which you have authorized a vendor.

Note that you can authorize the same vendor for more than one HHA. If you have multiple CCNs and would like to authorize one vendor for some of them and a different vendor for others, first authorize a vendor for the HHAs that will have the same vendor and click the "Submit" button. Repeat the steps for the next HHA(s) for which you would like to authorize a survey vendor. You will receive an e-mail message confirming the vendor that you selected for each HHA.

**Select Action**  
Select the action you wish to perform.

1 Select a vendor for an HHA for the first time

**Select Survey Vendor**  
In this step, select the vendor you wish to authorize from the drop down list.

2 Vendor RTI Vendor

**Select Dates**  
In this step, select the Start Date that reflects the first day of the calendar year quarter in which you are authorizing this vendor to submit HHCAPHS Survey data on this agency's behalf. For example, if this vendor will submit data on your behalf for the first time for Quarter 4 of 2010, select 10/1/2010. Do not select an End Date unless you know you will be switching to a different vendor after a specific quarter ends.

3 Start Date 10/1/2019  
End Date <Select End Date> (Optional)

**Select HHA**  
In this step, check the box by each HHA to which this authorization or change applies. Click the box in the top row of the grid if this action applies to all of the agencies listed in the grid.  
If you are selecting a different survey vendor for different HHAs, you must click the Submit button after each vendor selection to record your authorization. Then, repeat the steps for the next survey vendor you need to authorize. You will receive an email confirmation verifying your authorization(s) each time you submit this form.

<input type="checkbox"/>	CCN	HHA Name	Authorized Vendor	Start Date	End Date
4 <input checked="" type="checkbox"/>	999999	RTI Facility 9			

Click the Submit button to complete this process.

5 Submit

[Back](#)



# Survey Vendor Authorization: Changing Dates

Option 2: Changing the start and end date for an existing authorization.

1. Choose the option to change the start/end date from the drop-down list.
2. Select the new start or end date for the authorization(s).
3. Check the box by each HHA name for which they wish to change the dates.
4. Click Submit.

# Survey Vendor Authorization (cont'd): Changing Vendors

## Option 3: Changing an authorized survey vendor.

1. Under Option 2, set an end date for the HHA's existing vendor authorization.
2. Select the option to change the start/end date for an existing vendor authorization and add an end date. **Click Submit.**
3. Under Option 3, select the option to change/switch to a different HHCAHPS Survey vendor.
4. Select the new vendor and start/end dates. We recommend leaving the end date blank.
5. Select the agencies (CCNs) for which the new vendor authorization applies.
6. Click Submit.

# Survey Vendor Authorization (cont'd): View Authorizations

Option 4: Viewing all current vendor authorizations.

When an HHA's Survey Administrator chooses this option, the page will display a list of all their agencies with their corresponding vendor authorizations and dates.

# Website Security



Survey vendor and HHA staff should protect the security of the website.

Everyone plays a role in keeping the website secure.

- Do not share or allow any staff to use the login credentials of another staff member.
- Limit user access to ensure security.
- Remove access for any staff no longer working on the survey.

# Home Health Care CAHPS Survey File Preparation and Data Submission

**Protocols and Guidelines Manual, Chapter X**

# Overview

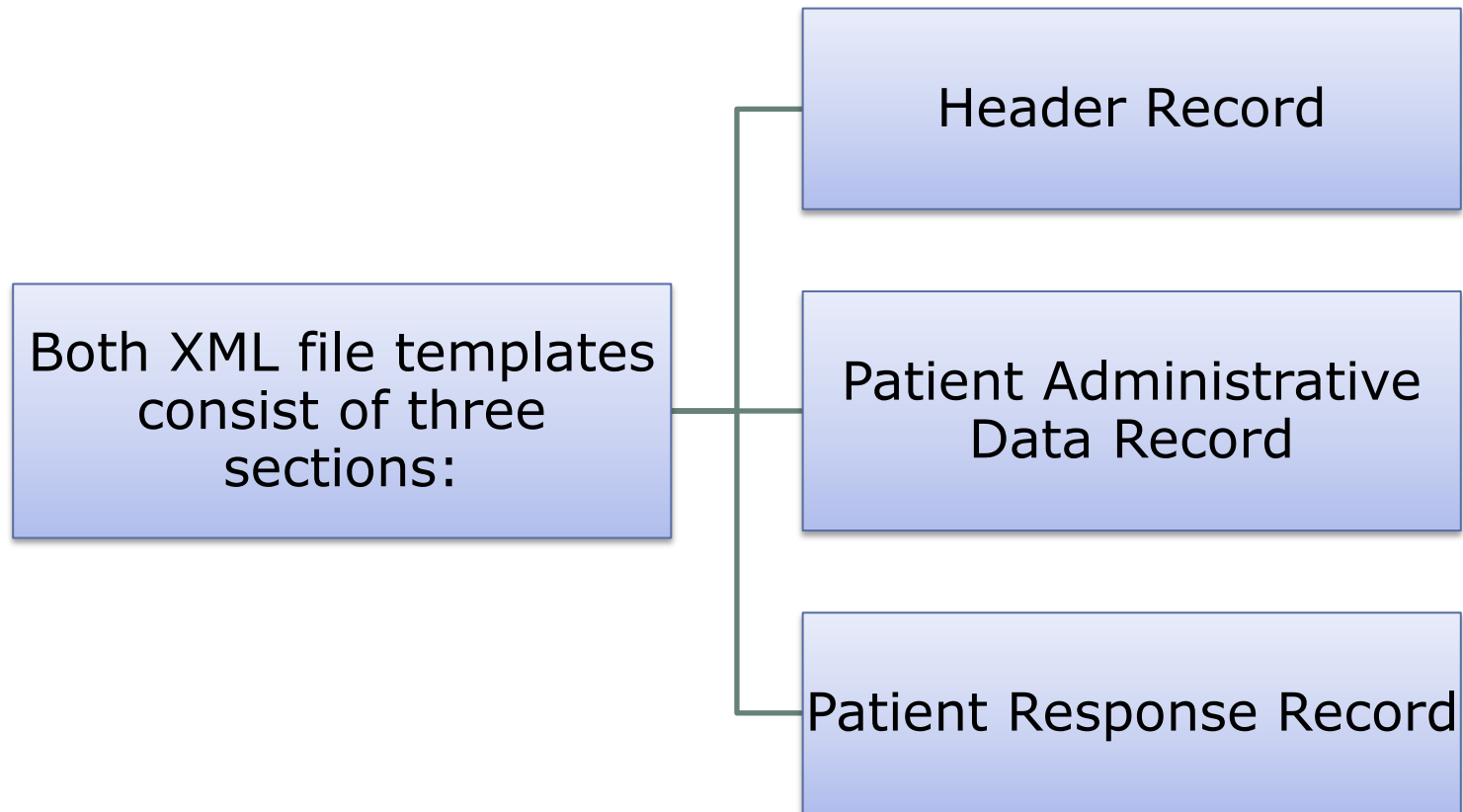
This section covers the following topics:

- XML File Specifications
- Data Preparation and Submission Procedures
- Quality Control on XML Files
- Data Submission Tips and Reminders

# XML File Specifications

- Vendors submit HHCAHPS Survey data via XML files only if an HHA has authorized them on the HHCAHPS Survey website.
  - The use of XML files ensures consistent formatting of all data submitted so the HHCAHPS Data Center can run data checks and catch potential errors.
  - Vendors must be authorized in our system by their HHAs to successfully submit files.
- Submit one XML file per HHA for each sample month of a given quarter.
- There are two types of XML data file templates:
  1. Standard, and
  2. Disproportionate Stratified Random Sample (DSRS).

# XML File Specifications (cont'd)



*Protocols and Guidelines Manual, **Appendices N** and **O***



# Standard XML Header Record

All **Standard Header Records** MUST contain the following data elements:

- Header Type ("1" for Standard Header Record)
- Provider Name and ID
- National Provider ID
- Sample Month
- Sample Year
- Survey Mode
- Sampling Type
- # of Patients Served
- # of Patients on File Submitted by the HHA
- # of Eligible Patients
- # of Patients Sampled

# DSRS XML Header Record

All **DSRS Header Records** MUST contain the following data elements:

- Header Type ("2" for DSRS Header Record)
- Provider Name and ID
- National Provider ID
- Sample Month
- Sample Year
- Survey Mode
- Sampling Type ("4" for DSRS)

- DSRS Stratum Name
- # of Patients Served
- # of Patients on File
- # of Patients Eligible
- # of Patients Sampled

***Stratum section  
repeated for each  
strata.***

# XML Header Record For No Patients Sampled

Vendors must submit a file with a Header Record even if no patients were sampled during a sample month.

The Header Record for no sampled patients matches the Standard Header Record, with "0" for the last two fields:

- Header Type
- Provider Name and ID
- National Provider ID
- Sample Month
- Sample Year
- Survey Mode
- Sampling Type
- # of Patients Served
- # of Patients on File Submitted by the HHA
- # of Eligible Patients – will be zero ("0")
- # of Patients Sampled – will be zero ("0")

# XML Header Record Comparison

Standard	Zero Sampled	DSRS
Header Type (Value: 1) Provider Name Provider ID (CCN) National Provider ID Sample Month Sample Year Survey Mode Sample Type Patients Served Patients on File Submitted by HHA Patients Eligible Patients Sampled	Header Type (Value: 1) Provider Name Provider ID (CCN) National Provider ID Sample Month Sample Year Survey Mode Sample Type Patients Served Patients on File Submitted by HHA Patients Eligible (Value: 0) Patients Sampled (Value: 0)	Header Type (Value: 2) Provider Name Provider ID (CCN) National Provider ID Sample Month Sample Year Survey Mode Sample Type Repeated for each strata: DSRS Stratum Name Patients Served Patients on File Submitted by HHA Patients Eligible Patients Sampled

# XML Patient Administrative Data Record

- There MUST be a **Patient Administrative Data Record** for every patient included the sample.
- Some of the data elements in the Patient Administrative Data Record include:
  - Provider ID
  - Sample Month and Year
  - Sample ID
  - Age Category
  - Sex
  - Number of Skilled Visits and Lookback Visits
  - Final Survey Status
  - Survey Language
  - Survey Mode
  - Proxy Flag
  - # of Supplemental Questions

See **Chapter X** in *Protocols and Guidelines Manual* for a full list of Patient Administrative Record data elements and descriptions.

# XML Patient Response Record

- The **Patient Response Record** contains survey responses for each respondent.
- There must be a Patient Response Record for every Patient Administrative Data Record with a completed survey that has a status code of 110/120 or break-off code of 310.
- There must be a response coded for every survey question – missing and not applicable options are always provided.
- Do not submit open-ended responses to Q32 and Q34, the “Consent to Release Identifying Information” question (Q35), or supplemental questions added to the survey.

# Data Submission Procedures

## To submit files vendors must:

Log into HHCAHPS Survey website.

Proceed to the Data Submission Tool  
(screenshot on next slide).

Vendors can upload

- a single XML file,
- multiple XML files, or
- multiple XML files in one ZIP file.

Submit files using the Upload button.

System will run two validation checks on each file:

- first at time of upload, and
- if file passes, a second check.

The results of each validation check are provided via the Data Submission Report.

# Data Submission Tool

## Data Submission Tool

Please click **Choose File** to locate the XML or ZIP file(s) you wish to upload on your computer then click the **Upload** button.

To upload an entire directory of XML files, please first put the XML files into a single ZIP file and use the upload tool below to submit the ZIP file.

**If your file has any errors during the data file upload process or the secondary validation checks, you will need to correct the errors and upload your file again.**

Please click [here](#) for more tips on data submission.

The screenshot shows the Data Submission Tool interface. It features five 'Choose Files' buttons stacked vertically, each with the text 'No file chosen' to its right. A yellow callout box with a pointer to the top 'Choose Files' button contains the text 'Browse for XML or ZIP file to upload.' Below the 'Choose Files' buttons is a blue 'Upload' button. A yellow callout box with a pointer to the 'Upload' button contains the text 'Click Upload to begin data submission.' To the right of the 'Choose Files' buttons, a yellow callout box with a bracket pointing to all five buttons contains the text 'Upload multiple files using the additional fields.'



# XML Data File Validation Process

- All XML files go through a two-step validation check.
- If the file passes both checks, then all data in the file will be accepted. If any check fails, the file will be rejected.
- The **first validation check** takes place immediately upon upload, checking for
  - properly formatted XML file,
  - required sections,
  - required data elements,
  - duplicate sample records,
  - valid ranges for all data elements, and
  - whether the vendor is authorized by the HHA.

# XML Data File Validation Process (cont'd)

The **secondary validation** performs additional checks on the data, including:

- Check to make sure that each record with a final status code (110, 120, or 310) has a corresponding Patient Response Record.
- Check that each record with a final status of 110 or 120 meets the completeness criteria.
- Check to make sure the values in the Header Record match the values in the Patient Administrative Data Record.
- Check that the number of records in each stratum matches the stratum size value in the Header Record (DSRS files only).

# Data Submission Deadlines

- Data files for all months in a specific quarter for each HHA MUST be submitted before the submission deadline for that quarter.
- If you have collected data for an HHA that has closed, you must still submit the survey data to the Data Center.
- Do NOT wait until the data submission deadline to begin uploading files.
  - Submit as early as possible; you can submit monthly or weekly if you want.
  - CMS does not accept data files after the 11:59 PM Eastern Time data submission deadline.

# Data Submission Deadlines (cont'd)

<i>Quarter and Year</i>	<i>Data Submission Deadline</i>
Quarter 4, 2024	April 17, 2025
Quarter 1, 2025	July 17, 2025
Quarter 2, 2025	October 16, 2025
Quarter 3, 2025	January 15, 2026

# Quality Control on XML Files

Prior to data submission, use the **Schema Validation Tool** to conduct an initial quality control of XML file formatting prior to submission.

- The Schema Validation Tool is available on the HHCAHPS website under the “Data Submission” menu. Survey vendors can test their XML files as many times as needed.
- This application allows you to perform the following:
  - Well formed test: *Is your XML file a properly formatted file?*
  - Schema validation: *Does your XML file match the HHCAHPS XSD Schema?*
  - Data element range checks: *Do the values for your data elements fall within the acceptable ranges?*

# Quality Control on XML Files: Header Record

Compare the variables in the **Header Record** of the XML file against the HHA's monthly patient file to make sure that the HHA data were correctly exported.

Check that:

- The number of patients served is greater than or equal to the number of eligible patients.
- The number of eligible patients is greater than or equal to the number of patients sampled.
- The file indicates the correct sample month in which the patient received skilled care.

# Quality Control on XML Files: Patient Administrative Data Record

Compare data elements in the **Patient Administrative Data Record** of the XML file against the HHA's monthly patient file to make sure that the HHA's data were correctly exported.

Check that:

- All ADL values are correctly captured as provided by the HHA.
- The correct proxy code has been entered on the XML file.
- There are no duplicate SID numbers.
- All cases have been assigned a final disposition code.

# Quality Control on XML Files: Patient Response Record

- Check the **Patient Response Record** in the XML file to confirm:
  - The survey values for the overall rating of care, race, and level of education for all respondents are not the same.
  - Questions that are appropriately skipped are correctly coded “8” for “Not Applicable” rather than “M” for missing.
- Vendors can also run frequencies of distributions on the patient response data to:
  - Look for outliers or anomalies, including variables that only have missing values.



# Quality Control on XML Files (cont'd)

- Review the “Data Submission Quality Control Guidelines” section of the *Protocols and Guidelines Manual* in **Chapter X** for a complete list of quality control measures.
- Use the *HHCAHPS Website User and Data Submission Manual* as a how-to guide for submitting HHCAHPS Survey data.

# Data File Preparation and Submission Tips

- Do NOT alter the XML template; this will create data upload errors.
- Make sure you use the Schema Validation Tool.
- Clearly name your XML files; include the HHA's CCN, sample month, and year in the file name (no spaces).
- Check the Vendor Authorization Report and follow up with HHAs whose authorizations prevent file submission.
- Be sure to check Data Submission Reports.

# Data Submission Reminders

- A file is not accepted until it has passed both the initial and secondary validation checks.
  - Vendors must submit at least 2 days before the data submission deadline to ensure that all files are accepted.
- If a vendor resubmits an XML data file, the system will overwrite the data file that the vendor previously submitted.
  - This means that each time a vendor resubmits a file, the vendor must check the Data Submission Report to make sure that the resubmitted file was accepted.

# Data Submission: File Rejections

The most common reasons files are rejected:

- HHA has not authorized the vendor.
- Start date on the authorization is after the sample month entered on the data file.
- Data element values are out of range.
- Some data elements are left blank (a value must be entered for every data element, even if it is entered as Missing).
- XML namespace is changed.

# **HHCAHPS Data Submission and Vendor Authorization Reports**

**Protocols and Guidelines Manual, Chapter XI**

**Website User and Data Submission Manual, Chapter 5**

# Overview

## Reports for Survey Vendors:

- Data Submission Summary Report
- Data Submission History Report
- Data Submission Validation Status Report
- Survey Vendor Authorization Report

## Reports for HHAs:

- Data Submission History Report

# Reports for Survey Vendors: Data Submission Summary Report

- Data Submission Summary Report contains:
  - Immediate Validation Results
  - Secondary Validation Results
- Immediate validation results are available after the vendor has completed the file upload process.
  - Provides details on each file submitted, including failure information.
  - Confirmation of record count for files successfully uploaded.

# Reports for Survey Vendors: Data Submission Summary Report (cont'd)

## Immediate Validation Results

- Vendor will receive a confirmation email shortly after upload that includes the link to the Data Submission Summary Report.
- Example error messages for files that fail upload:
  - XML file not properly formatted—file immediately rejected;
  - missing values for required elements—report will list each element with missing values;
  - invalid values—report will list any value that is outside of the allowed range; and
  - duplicate records—report will list any sample ID that is duplicated for given HHA.

Example report on next slide.



# Reports for Survey Vendors: Data Submission Summary Report (cont'd)

**Validation Results Report for File: HHCAHPS Standard xml - passes all.xml, CCN #: 160035, # Patients: 1**

Message 1010: File Passed all XML Format checks.

Schema Validation: VALID

Data Validation Checks: VALID

**Validation Results Report for File: HHCAHPS Standard xml - not well formed.xml, CCN #: Could not Retrieve, # Patients: 0**

Error 1020: This file has not been properly formatted. Please review XML file specifications and upload again.

Schema Validation: NOT CHECKED due to XML failing Well Formed test.

**Validation Results Report for File: HHCAHPS Standard xml - fails value missing for header-type.xml, CCN #: 160035, # Patients: 1**

Message 1010: File Passed all XML Format checks.

Schema Validation: INVALID. Please review XML file specifications and upload again. Please see the schema validation errors below:

Error 2001: Value for "header type" is missing

**Validation Results Report for File: HHCAHPS Standard xml - fails data validation 18 for number-sampled.xml, CCN #: 160035, # Patients: 1**

Message 1010: File Passed all XML Format checks.

Schema Validation: VALID

Data Validation Checks: NOT VALID. Please review Data Validation specifications and re-upload.

18 - The number of Patient Administrative Data Records on the file does not match the number of patients sampled!

# Reports for Survey Vendors: Data Submission Summary Report (cont'd)

## Secondary Validation Results

- Vendor will receive an email confirming the results of the secondary validation checks that includes the link to the updated Data Submission Summary Report.
  - Processes within an hour of the initial validation.
  - Provides details about the edit checks processed for each HHA.
  - Confirmation of record count for files successfully processed.
  - Error messages for files that fail the edit checks:
    - missing response record values, and
    - any response record that does not pass the completeness test.

Example of report on next slide.

# Reports for Survey Vendors: Data Submission Summary Report (cont'd)

## Validation Results Report

**CCN #: 202020, Sample Month: 5/2009, Patients Sampled: 100**  
**File: 202020 Std 100 patients- passes all (2).xml**

Message 1010: File Passed all XML Format checks.

Schema Validation: VALID

Data Validation Checks: VALID

Nightly Data Check: VALID.

## Validation Results Report

**CCN #: 202020, Sample Month: 7/2009, Patients Sampled: 1**  
**File: 202020 Std - fails data validation 18 for number-sampled.xml**

Message 1010: File Passed all XML Format checks.

Schema Validation: VALID

Data Validation Checks: NOT VALID. Please review Data Validation specifications and re-upload.  
18 - The number of Patient Administrative Data Records on the file does not match the number of patients sampled.

## Validation Results Report

**CCN #: 202020, Sample Month: 2/2010, Patients Sampled: 21**  
**File: 202020 DSRS - fails nightly 25.xml**

Message 1010: File Passed all XML Format checks.

Schema Validation: VALID

Data Validation Checks: VALID

Nightly Data Check: INVALID: 25 - The total records in each stratum does not match the value in the dsrs-samplesize record.

# Reports for Survey Vendors: Data Submission History Reports

- Data Submission History Report
  - Allows vendors to see a summary or detailed list of their data submission activity.
- Data Submission History by Upload Date Report
  - Allows vendors to search for a data submission report by the file upload date.
- For both reports, the user can click on the *date* to view the Data Submission Report for a given uploaded file.

Example of both reports on next two slides.

# Data Submission History Report

RTI Test Vendor
Logout

## Home Health Care CAHPS Survey

The official website for news and information about the HHCAHPS Survey

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### Data Submission History

HHA: <Show All HHAs>

Sample Date Range: Start Month: 10 End Month: 12  
 Start Year: 2022 End Year: 2022

Validation Status: All Report Type: Summary

Show records with missing/invalid sample month/year

Hide records that have been replaced

Show Report

Export to Excel

Sample Year	Sample Month	CCN #	Filename	Submission Date	# of Patients Sampled	# of Complete Responses	# of Incomplete Responses	Validation Status	Replaced	Authorized
2022	Dec	999999	<a href="#">RTI_999999_202212.xml</a>	03/07/2023	10	10	0	Passed		
2022	Nov	999999	<a href="#">RTI_999999_202211.xml</a>	03/07/2023	10	10	0	Passed		
2022	Oct	999993	<a href="#">999993_202210_DSRS - passes all.xml</a>	02/16/2023	21	21	0	Passed		
2022	Oct	999999	<a href="#">RTI_999999_202210.xml</a>	03/07/2023	10	10	0	Passed		
2022	Oct	999999	<a href="#">RTI_999999_202210.xml</a>	02/16/2023	10	10	0	Passed	Yes	
2022	Oct	999999	<a href="#">RTI_999999_202210.xml</a>	02/16/2023	10	10	0	Passed	Yes	
2022	Oct	999999	<a href="#">RTI_999999_202210.xml</a>	02/16/2023	10			Failed		

Number of records = 7

# Data Submission History by Upload Date Report

## Home Health Care CAHPS Survey

The official website for news and information about the HHCAHPS Survey

### Data Submission History By Upload Date

Data Submission Date:

#### XML Validation Results:

<b>Validation Results Report</b> File: RTI_999999_202205.xml Vendor: RTI Test Vendor 2 CCN #: 999999, Sample Month: 5/2022, Patients Sampled: 10
Message 1010: File Passed all XML Format checks.
Schema Validation: VALID
Data Validation Checks: VALID
Secondary Data Check: VALID.

<b>Validation Results Report</b> File: RTI_999999_202204.xml Vendor: RTI Test Vendor 2 CCN #: 999999, Sample Month: 4/2022, Patients Sampled: 10
Message 1010: File Passed all XML Format checks.
Schema Validation: VALID
Data Validation Checks: VALID
Secondary Data Check: VALID.

# Reports for Survey Vendors: Data Submission Validation Status Report

- Shows data submissions by CCN, with failed validations pulled to the top.
  - Since invalid or missing vendor authorizations account for most failed file validations, there is a column showing the authorization status of each CCN.
- Vendors can use this report to quickly identify CCNs that need new or corrected vendor authorizations, if that is the reason for the file failure.
- This report is most useful for vendors with large numbers of CCNs. (Smaller vendors may find the Data Submission Summary Report and the Survey Vendor Authorization Report sufficient).

# Reports for Survey Vendors: Survey Vendor Authorization Report

- Allows vendors to see which HHAs have authorized them to upload data.
  - CCNs marked with an asterisk are no longer on CMS's active list and get sorted to the bottom of the report.
- Vendors are responsible for verifying that any HHA with which they have contracted has authorized them.
- **Files submitted for HHAs that have not authorized the vendor will fail.**

Example of report on next slide.



# Survey Vendor Authorization Report



RTI Test Vendor



Logout

## Home Health Care CAHPS Survey

The official website for news and information about the HHCAHPS Survey



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Forms for Vendors / Survey Vendor Authorization Report

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### Survey Vendor Authorization Report

Export to Excel

Show expired authorizations

CCNs marked with an asterisk are no longer on CMS's active list of CCNs and have been sorted to the bottom of the list for your reference.

HHA Name	CCN	Start Date	End Date	Create Date
RTI Facility 1 *	911111	07/01/2024		1/16/2024 4:30:14 PM
RTI Facility 9 *	999999	10/01/2019		10/8/2019 11:32:46 AM
RTI HHA 93 *	999993	10/01/2021		3/25/2022 11:03:14 AM
RTI HHA 94 *	999994	10/01/2021		3/25/2022 11:03:14 AM
RTI HHA 96 *	999996	07/01/2024		6/5/2024 3:29:43 PM
RTI HHA 97 *	999997	10/01/2022		4/11/2023 1:48:33 PM
RTI HHA 98 *	999998	10/01/2021		2/23/2022 2:04:33 PM

# Report for HHAs: Data Submission History Report

- The intent of this report is to allow HHAs to monitor data submission activity by their contracted HHCAHPS Survey vendor.
- The report lists dates for which vendor has submitted data to the HHCAHPS Survey Data Center for a given HHA.
- Only data that have passed **both** the initial and secondary edit checks will appear on this report.

Example of report on next slide.

# HHA Data Submission History Report

RTI Test Facility
Logout

## Home Health Care CAHPS Survey

The official website for news and information about the HHCAHPS Survey

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### Data Submission History

HHA:

Sample Date Range: Start Month:  End Month:   
 Start Year:  End Year:

Vendor	Sample Year	Sample Month	CCN #	Filename	Submission Date	# of Patients Sampled	# of Complete Responses	# of Incomplete Responses	Validation Status
RTI Test Vendor 2	2022	Dec	999999	RTI_999999_202212.xml	03/07/2023	10	10	0	Passed
RTI Test Vendor 2	2022	Nov	999999	RTI_999999_202211.xml	03/07/2023	10	10	0	Passed
RTI Test Vendor 2	2022	Oct	999993	999993_202210_DSRS - passes all.xml	02/16/2023	21	21	0	Passed
RTI Test Vendor 2	2022	Oct	999999	RTI_999999_202210.xml	03/07/2023	10	10	0	Passed
RTI Test Vendor 2	2022	Mar	999999	RTI_999999_202203.xml	07/18/2022	10	10	0	Passed
RTI Test Vendor 2	2022	Feb	999999	RTI_999999_202202.xml	07/18/2022	10	10	0	Passed
RTI Test Vendor 2	2022	Jan	999993	999993_202201_DSRS - passes all.xml	07/18/2022	21	21	0	Passed
RTI Test Vendor 2	2022	Jan	999998	999998 Std 10 patients- passes all.xml	07/18/2022	10	10	0	Passed
RTI Test Vendor 2	2022	Jan	999999	999999 Std 10 patients- passes all.xml	07/18/2022	10	10	0	Passed

Number of records = 9

# Home Health Care CAHPS Survey Oversight Activities

**Protocols and Guidelines Manual, Chapter XII**

# Overview

In this section, we will cover the following:

- Review and Approval of Quality Assurance Plan (QAP) Content and Requirements
- Site Visits and Conference Calls
- Site Visit Procedures
- The Coordination Team's Ongoing Review of Submitted Data

# Purpose of Oversight Activities



Ensure compliance with HHCAHPS Survey Protocols.



Ensure that survey data are complete, valid, and timely.

# QAP Content and Requirements

The QAP describes how vendors implement, comply with, and provide oversight of all sampling, survey, and data processing activities associated with the HHCAHPS Survey.

A Model QAP, available in **Appendix P** of the *Protocols and Guidelines Manual* or on the HHCAHPS website: <https://homehealthcahps.org>,<sup>↗</sup> can be used as an outline for the following sections:

- Organization Background and Staff Experience
- Work Plan
- Sampling Plan
- Survey Implementation Plan
- Data Security, Confidentiality, and Privacy Plan

We **strongly** advise vendors submitting their QAP for the first time to structure it according to this outline, as that is how it will be reviewed.

# QAP Content and Requirements (cont'd)

- The QAP must provide sufficient information for someone not familiar with your organization to understand the specific procedures you are using to implement the HHCAHPS Survey.
- In the QAP, the vendor must
  - note key staff responsible for implementing or overseeing a described activity or process;
  - incorporate descriptions of quality assurance measures in each section; and
  - include a copy of the formatted mail questionnaire and cover letters or a full set of the screenshots from its CATI system, for English and Spanish languages. It is not necessary to submit materials in other languages you administer.



# QAP Submission Requirements

## First QAP

- A vendor's first QAP must be submitted within 6 weeks of its first quarterly data submission.

## Update QAPs

- Vendors must submit an update to the QAP annually (on or before April 30 each year) and whenever there is a change in key staff, processes, or systems, or if the organization is acquired/merged with another survey vendor.

## Track Changes

- All changes to previously approved QAP versions must be shown in track change mode, making it easier for CMS and the HHCAHPS Coordination Team to see revisions. Once the QAP is formally accepted by CMS, the vendor should accept all the tracked changes.

## Submit Online

- Upload to the HHCAHPS website via the "Forms for Vendors" menu.

# QAP Review Process

Multiple members of the Coordination Team review each QAP:

- ◆ They independently evaluate each QAP and consolidate all feedback.

The Coordination Team may:

- ◆ Accept as-is (no revisions required);
- ◆ Request revisions or clarifications; or
- ◆ Request a complete rewrite of the plan (if there are too many deviations from protocols).

Review Outcome:

- ◆ Vendors will be notified via email.

# Site Visits and Conference Calls

Site visits and conference calls are intended to ensure compliance with HHCAHPS Survey protocols.

All approved vendors receive site visits from the Coordination Team.

- Generally, vendors will be contacted about 3 weeks prior to the site visit to confirm their availability. An HHCAHPS site visit team will be made up of two or three individuals.

Subcontractors with significant roles are subject to the same review as vendors.

- For example, this could be a subcontractor responsible for telephone survey data collection or a subcontractor responsible for mail receipt and data entry.

Conference calls with the Coordination Team can be scheduled at the request of a vendor or by the Coordination Team.

- All information gathered during site visits and all vendor communications are treated as confidential by the Coordination Team.

# Site Visit Procedures

Site visits include the following activities:

- Meetings with key project staff
- Physical walkthrough of vendor's facilities/systems
- Observation of applicable survey administration procedures, including activities occurring in real time, such as
  - questionnaire production/assembly/mailing,
  - questionnaire receipt/coding, and
  - telephone interviewing/monitoring. NOTE: Vendors must have the ability to conduct live monitoring with the Site Visit Team.

# Site Visit Agenda

- Below is a preview of the topics on a standard site visit agenda.

## Standard Site Visit Agenda Topics

- ✓ Welcome
- ✓ Overview of HHCAHPS Survey Systems/ changes made since last visit
- ✓ Onboarding new HHAs
- ✓ In-depth review of sampling procedures
- ✓ Review procedures for safeguarding patient confidentiality
- ✓ Review and observe mail/phone survey administration process and quality oversight
- ✓ In-depth review of mail or phone survey data
- ✓ Review data security procedures
- ✓ Closing conference

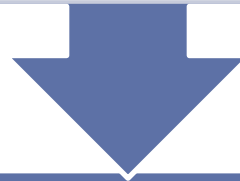
# Site Visit Agenda (cont'd)

Agenda topics are tailored to each vendor based on

approved mode(s),

whether it is an initial visit, or

whether there are any identified issues that the site visit team would like to review.



## Before the Visit

Vendors are provided a detailed agenda, which will be reviewed during a conference call with the site visit team and vendor staff.

This call allows the vendor to ask clarifying questions about the site visit so they can be fully prepared.

# Site Visit Procedures (cont'd)

Site visits include a review of the following activities, procedures, and documents:

- ✓ data processing activities, including how final disposition codes are assigned;
- ✓ data file preparation and submission activities and procedures;
- ✓ documentation associated with survey activities;
- ✓ data security and storage procedures; and
- ✓ raw survey data.

# Site Visit Procedures (cont'd)

- One of the topics that the site visit team and vendor staff spend a good amount of time on is **sampling**. The site visit team meets with the vendor's sampling staff to do the following:

step-by-step review of the monthly sampling process;

comparison of information on individual HHA patient files with submitted XML data; and

review of random sampling procedures used for large and small HHAs,

- including sampling methods used, seed number generation, and documentation.



# Site Visit Procedures (cont'd)

- After the site visit, the Coordination Team prepares a report summarizing the team's findings, which is reviewed and approved by CMS.
- Once approved, the Coordination Team sends the report to the vendor.
  - May request additional clarification or documentation or a change in a system or process.
- A timeline is included for when change(s) must be implemented.
- Vendor may be subject to additional site visits, teleconference calls, increased oversight, or a corrective action plan.

G. COMMENTS SECTION	
Enter Issue Noted and Action Requested (if any) from Sections A-F above in the corresponding Comments Sections A-F below.	
Issue Noted	Action Requested
<b>A. Survey Vendor Global Process</b>	
1.	
2.	
<b>B. Sampling Process</b>	
1.	
2.	
<b>C. Mail Survey Operations</b>	
1.	
2.	
<b>D. Telephone Survey Operations</b>	
1.	
2.	
<b>E. Survey Data Systems</b>	
1.	
2.	
<b>F. Data Security and Confidentiality</b>	
1.	
2.	

*A portion of the Site Visit Report is displayed above. Completed by the site visit team, it includes space to document issue(s) noted during the visit and requested action(s) the vendor should take to resolve that issue.*

# Corrective Action Plan

- If a vendor fails to adhere to HHCAHPS Survey protocols and guidelines, CMS may implement a formal corrective action plan.
- A corrective action plan provides vendors with specific tasks and task deadlines to show compliance with HHCAHPS protocols and guidelines.
- Failure to comply with a corrective action plan may result in the vendor's approval status being revoked and/or affected HHAs' data not being publicly reported.

# Ongoing Review of Submitted Data

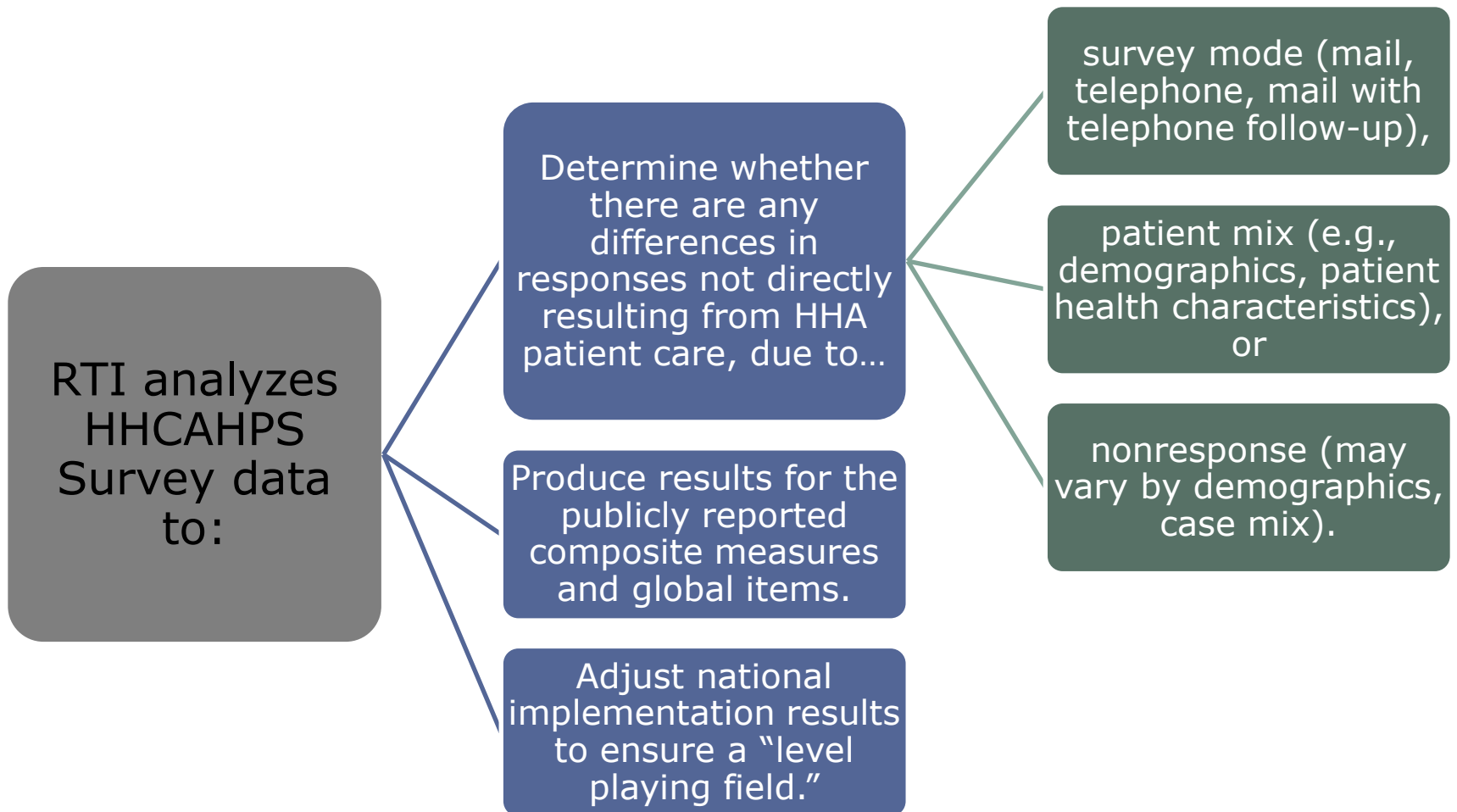
- The Coordination Team conducts ongoing reviews of submitted data, checking for
  - 🔍 missing data,
  - 🔍 incorrect application of status/disposition codes,
  - 🔍 unusual data patterns, or
  - 🔍 unusual response rate patterns.
- The Coordination Team will notify vendors of any ongoing data issues and may set up a conference call to discuss any questions we have.

# **Analysis and Adjustment of Results**

# Overview

- Purpose of Analysis and Data Adjustment
- The HHCAHPS Survey Mode Experiment
- Quarterly Analysis and Adjustment Tasks

# Purpose of Analysis and Data Adjustment



# HHCAHPS Survey Mode Experiment

*CMS conducted the HHCAHPS mode experiment in 2009 and 2010*

Goal was to estimate the effects of survey mode and to identify patient characteristics affecting survey responses.

Data were collected from patients in a representative sample of about 75 randomly sampled agencies, which differed according to size, location, profit status, etc.

A total of 24,561 patients were sampled to cover a wide range of patient characteristics.

# Why Conduct a Mode Experiment?

- To determine whether modes of survey administration (i.e., mail and telephone) produce different results on average.
- To estimate mode effects, patients need to be randomly assigned to all the potential survey modes within an agency.
  - This randomization would not have been practical to implement during public reporting.



# Why Conduct a Mode Experiment? (cont'd)

- Patients with different characteristics (age, health conditions, education, etc.) may also respond differently to the survey.
  - They may have systematically more or less favorable reactions to the care they receive.
- The mode experiment determined which factors produced statistically significant effects for which adjustments should be made.
  - For example, if respondents with dementia rate their care more negatively, then responses will be adjusted to account for any difference in HHCAHPS scores associated with having dementia.

# Analysis and Adjustment Tasks

The analysis and adjustment tasks use statistical modeling to determine non-agency sources of differences in patient ratings of care. Analyses use a mathematical equation to examine patient characteristics that might account for any identified differences.

- In simplified form, the analysis for a particular item would be based on the following relationship:

**Reported Rating = function of (survey mode used, patient age, patient health, patient mental functioning, other patient characteristics, and patient HHA)**

- Meaning, a patient's reported rating is a function of the survey mode, patient age, health, mental functioning and other characteristics, in addition to the care provided by the patient's HHA.

# Analysis and Adjustment Tasks (cont'd)

- The relationship between patient characteristics and ratings is assumed to be consistent across all sample members who respond to the survey.
- Running a statistical model using thousands of patients allows estimation of the average influence of each of the factors.

**Accounting for the characteristics of sample members allows the effect of patient mix to be removed from the agency rating.**

# Adjust HHA-Level CAHPS Ratings

To determine the appropriate set of characteristics by which the data would be adjusted, we ran regression models that included variables for mode and patient characteristics.

We tested the estimated coefficients for statistical significance, size, and reasonableness in the effects they had on the two global rating measures and the three composites.

Patient characteristics with smaller and inconsistent effects were dropped and new regressions were tested.

The effects of these tests on HHA scores were tracked.

Some variables were included because they also had effects on the likelihood a patient would respond to the survey.

# Final Adjustment Factors Selected

## Age

- 18–49
- 50–64
- 65–74 (reference group)
- 75–84
- 85+

## Education

- < grade 8
- Some HS
- HS grad or GED (reference group)
- Some college
- College grad +

## Self-reported overall health status

- Excellent
- Very Good
- Good (reference group)
- Fair
- Poor

## Self-reported mental/emotional status

- Excellent/Very Good
- Good (reference group)
- Fair/Poor

## As well as

- Diagnoses: schizophrenia, dementia
- Patient lives alone
- Survey answered by proxy
- Language in which the survey was completed
- Data elements are from information supplied by the HHA, patients, and survey vendors.
- Mode effects were small and inconsistent; no adjustment for mode is being made.

# Adjust HHA-Level CAHPS Ratings

- After the necessary data elements have been received, we calculate adjusted agency CAHPS scores. The final adjusted HHA score for each measure for each HHA is expressed in a summary form here as the raw HHA score minus patient mix adjustments.

Adjusted score for measure = raw score – adjustments


Adjustments = (mean coef. for factor 1) × (proportion of patients with factor 1 in HHA – proportion of patients with factor 1 in average HHA)

+ (mean coef. for factor 2) × (proportion of patients with factor 2 in HHA – proportion of patients with factor 2 in average HHA)

+ ....

Negative effects of factors result in upward score adjustments.

# Adjust HHA-Level CAHPS Ratings (cont'd)

- Coefficients used in patient mix adjustment are re-estimated each quarter, and score adjustments for each quarter are made independently of prior quarters.
  - We post the adjustment coefficients every quarter on the HHCAHPS website: <https://homehealthcahps.org> .
- Results are reported for each HHA using averages of the most recently available rolling four quarters of data.
- Each quarter, the oldest quarter of results is replaced with the newest quarter.
- Results for the selected measures are reported on CMS's compare tool at <https://www.medicare.gov/care-compare/>, at the level of the HHA's CCN.

# Public Reporting

**Protocols and Guidelines Manual, Chapter XIII**



# Medicare Compare Tool



## Home health services

- The Home Health data reside in the house icon with the heart. The words “Home health services” are under the icon. Users can choose three agencies to compare. The search can be by zip code, by city/state, or by agency name. Users cannot choose more than three home health agencies at any one time.
- The compare tool on Medicare.gov contains data for all Medicare-certified HHAs. The administrative data for all HHAs are in the first tab. The HHCAHPS data are in the third tab, called “**Patient Survey Results.**” Nearly 7,100 HHAs have HHCAHPS data on Care Compare. About 4,700 HHAs have HHCAHPS Star Ratings.
- When a user chooses the **Patient Survey Results** tab, a display is opened that shows the agencies that were selected in the search. The first display shows the summary statistics. To view the results for each HHCAHPS measure, the user must choose “View More Details.” If the HHA has Star Ratings, the Summary Star Rating will be displayed.

# Medicare Compare Tool (Cont'd)

- A Summary Star is displayed for any agency that has 12 months of data and at least 40 completed surveys in the 12-month public reporting period.
- The Summary Star is an average of 4 individual star ratings: the three composite measures and one global rating:
  - Care of Patients (Q9, Q16, Q19, and Q24)
  - Communication Between Providers and Patients (Q2, Q15, Q17, Q18, Q22, and Q23)
  - Specific Care Issues (Q3, Q4, Q5, Q10, Q12, Q13, and Q14)
  - Overall Rating of Care Provided by the Home Health Agency (Q20)
- The individual star ratings are not currently displayed on Care Compare but are available on CMS's Provider Data Catalog (PDC) website:  
<https://data.cms.gov/provider-data/>









# Compare Tool Home Page

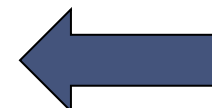
**Find & compare doctors, hospitals & other providers near you.**

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

MY LOCATION:  PROVIDER TYPE:  KEYWORDS (OPTIONAL):

Or, select a provider type to learn more:


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



# Compare Tool Home Page: Find an HHA with Zip Code or by City/State

Find & compare doctors, hospitals & other providers near you.

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



### Home health services

Find Medicare-certified home health agencies in your area and compare them based on the quality of care they provide. Home health services provide treatment for an illness or injury to help people get better, regain their independence, and become as self-sufficient as possible.

Search for home health services near you

MY LOCATION

**Search**

Doctors including rehab services

Hospice care      Inpatient rehabilitation facilities      Long-term care hospitals      Dialysis facilities

# List of HHAs in the Zip Code or City/State Entered in "Find an HHA"


MY LOCATION: Durham, NC 27705    PROVIDER TYPE: Home health services    NAME OF AGENCY (OPTIONAL): Agency name    Search

Filter by: Quality rating    Patient survey rating    [Clear all filters](#)

Showing 1 - 15 of 16 home health agencies serving your area    Sort by: Alphabetical

Phone number may be to the agency's main office

- 3hc**  
(252) 492-5831  
Quality rating: ★★★★★☆  
Patient survey rating: ★★★★★☆  
[Compare](#) [♥](#)
- Advanced Home Care**  
(336) 538-1194  
Quality rating: ★★★★★☆  
Patient survey rating: ★★★★★★  
[Compare](#) [♥](#)
- Amedisys Home Health**  
(919) 220-4016  
Quality rating: ★★★★★☆  
Patient survey rating: ★★★★★☆  
[Compare](#) [♥](#)



### Finding a home health agency in your area

Home health agencies provide care in your home, regardless of where their office is located. This list shows the home health agencies that serve your area, based on the location you entered in your search.

# Selected HHAs with Summary Star Ratings and Information about Each Agency

	Bayada Nurses, Inc (919) 785-9090	Brookdale Home Health Raleigh (919) 544-8413
<b>Overview</b>	^	
<u>Quality rating</u>	★★★★☆	★★★★☆
<u>Patient survey rating</u>	★★★★☆	★★★★☆
Ownership type	Proprietary	Proprietary
Medicare certification date	01/21/2010	10/12/1966
<b>Services offered</b>	v	
<b>Quality of patient care</b>	v	
<b>Patient survey rating</b>	v	

Data last updated: April 30, 2020

To explore and download home health agency data, [visit the data catalog on CMS.gov](#)

# “View More Details” Displays the Summary Star Rating and Data for Each Measure

Bayada Nurses, Inc

(919) 785-9090

Brookdale Home Health Raleigh

(919) 544-8413

## Patient survey rating ^

HHCAHPS (Home Health Consumer Assessment of Healthcare Providers and S... [Read more](#)

Patient survey rating	★★★★☆	★★★★☆☆
How often the home health team gave care in a professional way	90%	87%
National average: 88% NC average: 90%		
How well did the home health team communicate with patients	87%	81%
National average: 85% NC average: 88%		

# “View More Details” Displays State and National Averages for Each Measure, Number of Completed Surveys, and Response Rates

Bayada Nurses, Inc

(919) 785-9090

Brookdale Home Health Raleigh

(919) 544-8413

## Patient survey rating

HHCAHPS (Home Health Consumer Assessment of Healthcare Providers and

S... [Read more](#)

Did the home health team discuss medicines, pain, and home safety with patients

84%

78%

National average: 83%  
NC average: 85%

How do patients rate the overall care from the home health agency

85%

83%

National average: 84%  
NC average: 87%

Would patients recommend the home health agency to friends and family

84%

76%



National average: 78%  
NC average: 82%

Data last updated: April 30, 2020

To explore and download home health agency data, [visit the data catalog on CMS.gov](#)



# Key Points

- The results on the compare tool on Medicare.gov are the official data for the HHCAHPS Survey.
- Although approved HHCAHPS survey vendors provide data to their HHA clients, these data are not considered the official data results.
- The current patient mix adjustments corresponding to the data publicly reported on the compare tool on Medicare.gov are available on <https://homehealthcahps.org> .
- Archived publicly reported HHCAHPS Survey data are available on <https://homehealthcahps.org>  going back to 2012.

# Thank You

- All registrants for this training received an email with a link to an evaluation form. Your feedback is important to us!
- New applicant vendors will receive an emailed link to the Certification. You must complete the Certification as part of your application to become an approved HHCAHPS Survey vendor.

*For technical assistance on HHCAHPS:*

*By email:*

*[hhcahps@rti.org](mailto:hhcahps@rti.org)*

*By telephone:*

*(866) 354-0985*