Introduction to the Home Health Care CAHPS Survey
Webinar Training Session

Session I

January 2019
Session I
Welcome

This training session will cover the following topics:

- Background and development of the CAHPS Surveys and the Home Health Care CAHPS Survey, in particular:
  - purpose and goals of the Home Health Care CAHPS Survey, and
  - the questionnaire

- 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 process

• Quality assurance requirements
Training Session Logistics and Reminders

- 15-minute break about halfway through this session.
- Webinar provider can be reached at 1-866-779-3239.
- You can submit questions via the Q&A feature or ask over the phone.
- Each vendor’s designated Project Manager must complete the Training Certification Form, which will be available on the HHCAHPS website via an e-mail link you will receive on Thursday, January 31, 2019.
Background and Development of the Home Health Care CAHPS Survey
The Home Health Care CAHPS® Survey

Overview

- The CAHPS® Surveys
- The Home Health Care CAHPS® Survey
- Mode Experiment
- HHA and Vendor Participation
- Public Reporting
- HH PPS Rule for CY 2019—Annual Payment Update Requirements
Overview of CAHPS® Surveys

What is CAHPS®?

- Consumer Assessment of Healthcare Providers and Systems®
- Family of surveys designed to collect data from patients and consumers about their experiences with the care they receive from their health care providers
- Developed by the Agency for Healthcare Research and Quality (AHRQ)
- CAHPS® is a registered trademark of AHRQ, a U.S. government agency
Overview of CAHPS® Surveys (cont’d)

- CAHPS® development methods include the following:
  - public call for measures,
  - literature reviews,
  - focus groups with patients,
  - cognitive interviews,
  - stakeholder input,
  - public response to Federal Register notices, and
  - field tests.
Goals of CAHPS® Surveys

• Conduct the survey in a standardized manner.
• Analyze and adjust data.
• 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
  – to monitor performance of health care providers.
The Quality Initiative

- November 2001, the Department of Health and Human Services announced the Quality Initiative.
- Spring 2003, the Quality Initiative expanded to include home health care agencies (the Home Health Quality Initiative).
The Home Health Care CAHPS® Survey Development Timeline

- **September 2006**, call for measures issued.
- **In 2008**, a field test was conducted to evaluate the draft Home Health Care CAHPS® Survey instrument.
- **July 2009**, the survey was approved by the U.S. Office of Management and Budget.
- **In 2007**, several rounds of cognitive testing conducted.
- **March 2009**, the survey was approved by the National Quality Forum.
The Home Health Care CAHPS® Survey Development Timeline (cont’d)

August 2009, proposed rule CY 2010 HH PPS published.

October 2009, voluntary participation in the Home Health Care CAHPS Survey began.

Fall 2009, HHCAHPS mode experiment conducted.

November 10, 2009, Home Health Prospective Payment System Rate Update for Calendar Year 2010, Final Rule.

November 17, 2010, Home Health Prospective Payment System Rate Update for Calendar Year 2011, Final Rule.

November 4, 2011, Home Health Prospective Payment System Rate Update for Calendar Year 2012, Final Rule.
Overview of the Home Health Care CAHPS® Survey

- Measuring experiences of patients with at least two home health care visits in month and prior month.

- HHCAHPS is important because it is used to
  - produce patients’ perspectives of care data points that allow reliable comparisons of HHAs on important issues,
  - create incentives for HHAs to improve quality of care they provide, through public reporting of results, and
  - enhance public accountability in home health care with transparency of the quality of home health care provided in return for public investment.
• HHCAHPS 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 (called mixed mode).
The Home Health Care CAHPS® Survey Questionnaire

- Contains 34 questions and is available in English, Spanish, Traditional and Simplified Chinese, Russian, Vietnamese, and Armenian.

- Includes 25 core questions about care of patient, communication between patient and provider, and special care issues.

- Of the 25 core questions, one is about overall rating of agency, and one is about would the patient recommend the agency to family and friends.

- Includes nine “about you” questions.
HHA Participation in the Home Health Care CAHPS® Survey Overview

• HHAs interested in participating must
  – be a Medicare-certified (CCN) home health agency,
  – contract with an approved Home Health Care CAHPS® Survey vendor (a list of approved survey vendors is available at https://homehealthcahps.org),
  – Register on the HHA private and secure side of https://homehealthcahps.org, and
  – authorize an approved survey vendor on https://homehealthcahps.org to submit data for that HHA.
Vendor Participation in the Home Health Care CAHPS® Survey Overview

- Vendors interested in participating must
  - submit a Vendor Participation Form (available on the project’s website),
  - attend the introduction training session and all update training sessions,
  - collect data adhering to the Protocols and Guidelines Manual specifications,
  - prepare and submit a Quality Assurance Plan (QAP) after the first time of data submission, and
  - participate in oversight activities.
CMS began publicly reported HHCAHPS data in April 2012.

CMS began reporting HHCAHPS Star Ratings in January 2016.

A rolling four-quarter average is publicly reported. Data are updated quarterly with the earliest quarter being replaced by data from the most current quarter.

Results are not publicly reported for an HHA until that HHA has four quarters or 12 months of HHCAHPS survey data.

The HHCAHPS data results for an agency are posted with the comparable state and national averages. Data are reported on http://www.medicare.gov on the Home Health Compare website along with other home health care quality data (OASIS), and with the administrative data about the agencies.
For the CY 2020 Annual Payment Update, HHAs must

- Participate if their HHA was Medicare-certified prior to April 1, 2018; and

- Determine if they had 59 or fewer patients from April 1, 2017, through March 31, 2018. This is the reference count period for CY 2020 participation.
  
  - If 59 or fewer in the reference count period, then file a CY 2020 HHCAHPS Participation Exemption Request (PER) form on https://homehealthcahps.org by March 31, 2019.
  
  - If 60 or more in the reference count period, then collect HHCAHPS data from April 2018 through March 2019 (all 12 months).
## Future HHCAHPS APU Participation Periods and Dates

<table>
<thead>
<tr>
<th>APU Period</th>
<th>Survey Participation Months</th>
<th>PER Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY 2020</td>
<td>April 1, 2018 – March 31, 2019</td>
<td>Due March 31, 2019</td>
</tr>
<tr>
<td>CY 2021</td>
<td>April 1, 2019 – March 31, 2020</td>
<td>Due March 31, 2020</td>
</tr>
<tr>
<td>CY 2022</td>
<td>April 1, 2020 – March 31, 2021</td>
<td>Due March 31, 2021</td>
</tr>
</tbody>
</table>
Data Submission Requirements

- HHCAHPS Survey data must be submitted to the Home Health Care CAHPS® Data Center by the quarterly data submission deadlines as stated on https://homehealthcahps.org.
- There will be no exceptions to this requirement.
- All 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.
Beginning with April 2012 data submissions and moving forward, HHCAHPS quarterly data submission deadline dates will always be the third Thursday of the month (in the months of April, July, October, and January).

Here are upcoming HHCAHPS data submission deadlines:
- April 18, 2019, for the 4th quarter 2018 data, for the CY 2020 APU
- July 18, 2019, for the 1st quarter 2019 data, for the CY 2020 APU
- October 17, 2019, for the 2nd quarter 2019 data, for the CY 2021 APU
- January 16, 2020, for the 3rd quarter 2019 data, for the CY 2021 APU
- April 16, 2020, for the 4th quarter 2019 data, for the CY 2021 APU
- July 16, 2020, for the 1st quarter 2020 data, for the CY 2021 APU
Questions?
HHCAHPS® Survey
Roles and Responsibilities
Roles and Responsibilities Overview

- Roles and Responsibilities (CMS, Home Health Care CAHPS® Survey Coordination Team, Home Health Agencies, Survey Vendors)

- Vendor Participation Requirements

- Vendor Business Requirements

- Vendor Approval Process
Roles and Responsibilities

- Role of CMS and the Home Health Care CAHPS® Survey Coordination Team:
  - Provide training to vendors.
  - Provide technical assistance to HHAs and vendors.
  - Ensure integrity of data collection by conducting oversight and quality assurance of survey vendors.
  - Analyze and publicly report Home Health Care CAHPS® Survey results.
Roles and Responsibilities (cont’d)

• Role of Home Health Agencies:
  – Contract with an approved Home Health Care CAHPS® Survey vendor to conduct the survey.
  – Know how to successfully change your vendor from the current approved vendor to your next approved vendor and not lose data submission.
  – Compile and deliver to the survey vendor each month a file with information about patients served during the sample month.
  – Monitor survey vendor data submissions by reviewing reports so that you know if your data were successfully submitted.
  – Preview public reporting results.
Role of approved HHCAHPS Survey Vendors:

- Submit a completed Vendor Participation Form.
- Review, agree to, and follow the Participation Requirements listed in Section VI of the Vendor Participation Form.
- Work with client HHAs to create monthly patient information files.
- Receive and process monthly patient information files from HHAs.
Roles and Responsibilities (cont’d)

• Prepare and submit HHCAHPS Survey data files to the Home Health Care CAHPS® Survey Data Center.
• Review data submission reports.
• Develop and submit a Quality Assurance Plan.
• Participate in the Intro and subsequent Update trainings.
• Participate and cooperate in all oversight activities conducted by the Coordination Team.
Vendor Business Requirements

- Survey vendors must have
  - proven experience conducting surveys using requested mode of data collection,
  - minimum of 3 years in business, and
  - minimum of 2 years conducting surveys of individuals.
Vendor Business Requirements (cont’d)

In the CY 2014 HH PPS Final Rule, it is codified:

- Defines what is meant by “survey experience”
  - A survey is defined as the collection of data from individuals selected by statistical sampling methods and the data collected are used for statistical purposes.

- Applicant vendors must have 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).
Vendor Business Requirements (cont’d)

- Vendors must demonstrate that prior survey experience includes statistical sampling experience.
- The applicant organization has 2 years of experience conducting surveys in which statistical samples of individuals were selected.
- If staff within the organization have relevant experience while employed by another organization, that experience may not count toward the 2-year minimum.
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
Vendor Business Requirements (cont’d)

- Organizational capability and capacity to collect and process all survey-related data following standardized procedures:
  - personnel,
  - data collection and processing systems,
  - survey management and tracking systems,
  - data submission, and
  - technical assistance/customer support.
Vendor Business Requirements (cont’d)

- Quality Control Procedures:
  - Train survey personnel.
  - Have procedures and methods to ensure the quality of the data collected.
  - Document and maintain records of quality control activities.
Vendor Approval Process

- (This week) new vendors must attend Webinar training.
- New vendors should complete and submit the Vendor Participation Form to the HHCAHPS Coordination Team.
  - Assuming that all business requirements are met and training certification is complete, 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 Coordination Team.
  - Assuming that their QAPs meet requirements, the new vendors will then receive final approval status.
Questions?
Sampling Procedures

Protocols and Guidelines Manual, Chapter IV
Sampling Overview

- Overview of the Steps in the Sampling Process
  1. Obtain patient file
  2. Examine file for completeness
  3. Construct frame
  4. Determine sampling rate and select sample
  5. Update contact information
  6. Assign ID numbers
  7. Finalize sample file and initiate data collection
Steps in the Sampling Process

1. **STEP 1**
   - Obtain a monthly patient information file each month

2. **STEP 2**
   - Work with HHA to obtain missing variables and process file

3. **STEP 3**
   - Identify eligible patients and construct sample frame

4. **STEP 4**
   - Determine sampling rate and select sample

5. **STEP 5**
   - Verify or update patient contact information

6. **STEP 6**
   - Assign a unique SID to each sample member

7. **STEP 7**
   - Finalize the sample file and initiate data collection
Steps in the Sampling Process

1. Obtain a monthly patient information file each month.
2. Work with HHA to obtain missing variables and process file.
3. Identify eligible patients and construct sample frame.
4. Determine sampling rate and select sample.
5. Verify or update patient contact information.
6. Assign a unique SID to each sample member.
7. Finalize the sample file and initiate data collection.
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 e-mail in lieu of a zero-eligible file.

- Vendors should keep all original HHA files for potential audit.
Step 1: Obtain Patient File From HHA

Excluding ineligible patients

- The HHA and the 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.

- If the vendor makes the exclusions, the HHA must provide all of the patient information that the vendor will need to make the exclusions.
Step 1: Obtain Patient File From HHA

**Patient eligibility criteria**

- Patients eligible to be included on the sampling frame:

<table>
<thead>
<tr>
<th>Have as Payer</th>
<th>Age?</th>
<th># of Skilled Care Visits:</th>
<th>Exclude:</th>
<th>Reason for Visit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare</td>
<td>At least 18 at the end of the sample month</td>
<td>At least one visit in the sample month</td>
<td>Known to be deceased, Now receiving hospice care, &quot;No publicity&quot; patients, “State-regulated” patients</td>
<td>Received for reasons other than routine maternity care only</td>
</tr>
</tbody>
</table>
Step 1: Obtain Patient File From HHA

“No publicity” patients

- **Definition:**
  
  “No publicity patients” are patients who specifically request the HHA not to release any information about them to anyone other than agency personnel.

- Home health agencies **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.
Step 1: Obtain Patient File From HHA

“State-regulated” patients

• 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.
1. Patients who have harmed the health or well-being of a home care provider or threatened to harm the health or well-being of a home health provider.
   - HHAs must alert the vendor when they submit the monthly patient information file that a patient has been excluded from the file for this reason.
2. After a patient has been included in a sample, he or she is not eligible to be included in the sample for the next 5 months.
   - The vendor must check its files to identify and exclude patients sampled in the last 5 months.
   - Only the survey vendor can make this exclusion because the HHA will not know which patients were sampled in the last 5 months.

*For the full set of exclusion criteria, see Chapter IV in the Protocols and Guidelines Manual.*
Step 1: Obtain Patient File From HHA

**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 occupational therapist assistant, or
  - a speech therapist or speech therapist assistant.

- Skilled visits do not include visits by social workers, home health or personal care aides, or nursing aides.

- They also do not include visits made to train or evaluate personnel who are not making a skilled visit.
Step 1: Obtain Patient File From HHA

**Lookback period**

- The lookback period is the sample month and the month immediately preceding the sample month.

- 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.
Step 1: Obtain Patient File From HHA

Lookback period and eligibility

- **December (sample month): Three aide visits**
  - November: Six speech therapist visits in November, the patient is **ineligible**.

- **Check**
  - December (sample month): One speech therapist
  - November: One RN visit in November, the patient is **eligible**.

- **Check**
  - December (sample month): Three RN visits
  - November: One aide visit in November, the patient is **eligible**.
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.

- Contain patients from all units and branches of the HHA filing under the same CMS Certification Number (CCN).

- Are submitted to their vendor by an agreed-upon date each month.
Step 1: Obtain Patient File From HHA

Monthly file contents (cont’d)

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

- Some of the patient information that the HHA must provide includes the following:
  - 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(s) of payment for the home health care; and
  - number of skilled home health visits during the sample month and lookback period.
Step 1: Obtain Patient File From HHA

Monthly file contents (cont’d)

- The HHA must also provide for each patient in the file
  - primary diagnosis (underlying reason for home care),
  - other diagnoses (if any), and
  - 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.
Step 1: Obtain Patient File From HHA

**Information about ADLs**

- Activities of Daily Living – five indicators.
  - HHAs can provide either the total number of ADL deficits or the number of deficits for each individual ADL.
  - Vendors are **not** permitted to calculate the total number of ADL deficits using the number of deficits provided for the individual ADLs.
  - Include on the XML file the same ADL information that the HHA provides.
    - 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: Obtain Patient File From HHA

**ESRD indicator**

- HHAs should know and be able to identify patients with ESRD.
- ICD-10 diagnosis codes that are strong indicators are I12.0, I13.11, I13.2, N18.6, Z91.15, and Z99.2.
Step 1: Obtain Patient File From HHA
Sources of payment

HHA has not submitted payer information:

Before sampling, vendor should request these data.

HHA responds to vendor’s request for payer info:

HHA cannot provide the source of payment

HHA provides data

Outcome?

Vendor assigns “M” or Vendor assigns “A” if HHA concurs

If all other eligibility criteria are met, patient eligible for sampling
Step 1: Obtain Patient File From HHA

*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: Whether the patient was admitted from a recent inpatient setting is on the OASIS Start of care (SOC) and Resumption of care (ROC) assessments only.

- Diagnoses are on the follow-up as well.
**Step 1: Obtain Patient File From HHA**

**Vendors Take Note**

- The HHA must provide information about **all of its eligible patients** who received skilled care, except the allowable exclusions.

- If an HHA wants to survey its non-Medicare or non-Medicaid patients, the vendor must remove these patients from the data file before submitting it to the HHCAHPS Data Center (reminder that non-Medicare and non-Medicaid patients do not count toward sampling targets).

- If the HHA is conducting other surveys of its patients, it must provide patient information files to the vendor **before** selecting the sample for its other surveys.
If an HHA **does not** submit a monthly patient information file for a sample month:

- Vendor must submit a Discrepancy Notification Report (DNR) for that HHA.
  - applies only to HHAs that have already begun their participation in the HHCAHPS Survey.
  - does not apply to “newly participating” HHAs.
Steps in the Sampling Process

1. Obtain a monthly patient information file each month.
2. Work with HHA to obtain missing variables and process file.
3. Identify eligible patients and construct sample frame.
4. Determine sampling rate and select sample.
5. Verify or update patient contact information.
6. Assign a unique SID to each sample member.
7. Finalize the sample file and initiate data collection.
Step 2: Examine the File for Completeness

- Vendors should examine the file to ensure that it contains the information needed to confirm survey eligibility (date of birth, payment source, number of skilled visits) or contact the patient (address, telephone number).

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

- Information must be requested for all patients included in the sample month file.
Step 2: Examine the File for Completeness

Missing patient contact information

- If the HHA does not provide an address or telephone number for a patient, the vendor should recontact the HHA.
  - In most cases, the HHA will have the patient’s telephone and home address.
  - 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.
Step 2: Examine the File for Completeness

*If HHA submits more than 1 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 Discrepancy Notification Report.
Steps in the Sampling Process

1. Obtain a monthly patient information file each month.
2. Work with HHA to obtain missing variables and process file.
3. Identify eligible patients and construct sample frame.
4. Determine sampling rate and select sample.
5. Verify or update patient contact information.
6. Assign a unique SID to each sample member.
7. Finalize the sample file and initiate data collection.
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 that should be included on the sample frame.

• It also indicates which data elements are required for data submission.
Step 3: Identify Eligible Patients and Construct Sample Frame (cont’d)

- 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 at 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.
Step 3: Identify Eligible Patients and Construct Sample Frame (cont’d)

Cannot calculate number of skilled visits in the lookback period

Missing Data

Recontact the HHA

HHA cannot provide number of visits

HHA provides dates of visits instead of number of visits

Determine eligibility

- Consider these patients eligible if all other eligibility criteria are met.

Enter “M” (missing) on the XML data file

Use the dates to calculate total number of visits
• 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.
Step 3: Identify Eligible Patients and Construct Sample Frame (cont’d)

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

1. Obtain a monthly patient information file each month.
2. Work with HHA to obtain missing variables and process file.
3. Identify eligible patients and construct sample frame.
4. Determine sampling rate and select sample.
5. Verify or update patient contact information.
6. Assign a unique SID to each sample member.
7. Finalize the sample file and initiate data collection.
Step 4: Determine a Sampling Rate

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: Determine a Sampling Rate (cont’d)

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: Determine a Sampling Rate (cont’d)

- The mode of administration and the expected response rate will be important in determining the sampling rate.

<table>
<thead>
<tr>
<th>Mode</th>
<th>Response rate</th>
<th>Sample size for 25 responses/month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail only</td>
<td>28.0%</td>
<td>89</td>
</tr>
<tr>
<td>Phone only</td>
<td>23.6%</td>
<td>106</td>
</tr>
<tr>
<td>Mixed</td>
<td>31.6%</td>
<td>79</td>
</tr>
</tbody>
</table>

- The response rates in this table reflect those received during from Quarter 2 2017 through Quarter 1 2018.
Step 4: Determine a Sampling Rate (cont’d)

- A sample size for an example month is the starting point for establishing a sampling rate.

- Sample Size = (Number of responses needed) / (Response Rate) = 25 / (Response 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: Determine a Sampling Rate (cont’d)

- 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: Estimating with a Sampling Rate

• What is the difference between using a sampling rate and using a predetermined set number of patients to sample?
Motivating the Use of a Sampling Rate

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

- When one uses a SAMPLING RATE instead of a set number, one 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.
Step 4: Estimating with a Sampling Rate (cont’d)

Motivating the Use of a Sampling Rate (cont’d)

- 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.

- To begin the process, we examine the prior 3-6 months of eligible patients that the HHA served, while also looking at the expected response rate for telephone surveys.

- ABC Home Care: Typical Sample Frame = 100, with an estimated response rate of 30%.
Motivating the Use of a Sampling Rate (cont’d)

• Using the sampling rate approach, we calculate a sampling rate of 83%

• Simple sample size 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
Motivating the Use of a Sampling Rate (cont’d)

- Applying our 83% sampling rate, we randomly sample 83 of 100 eligible patients in January, 75 of 90 eligible patients in February, and 92 of 110 eligible patients in March.

- 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.

- These patients exert similar influence over time; they are proportionally influential over time.
Motivating the Use of a Sampling Rate (cont’d)

• However, if we were to use a Sampling Size approach for ABC Home Care, with the same typical sample frame of 100 patients per month, we will see how our sampled patients will exert undue influence (disproportionate influence) in representing our HHA’s patients over time.

• In January we have 100 eligible patients: 83 patients sampled *30 response rate = approximately 25 completes* 12 months = 300 completed interviews
Step 4: Estimating with a Sampling Rate (cont’d)

Motivating the Use of a Sampling Rate (cont’d)

- Applying our sample size, we randomly sample 83 of 100 eligible patients in January, 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.

- By using a sample size rather than a sampling rate, we have 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.

- The next two slides provide a tabular depiction of this Sampling Rate and Sampling Size narrative.
Step 4: Estimating with a Sampling Rate (cont’d)

Motivating the Use of a Sampling Rate (cont’d)

- When one uses a SAMPLE RATE instead of a SAMPLE SIZE, one smooths out the influence of patient characteristics over time.

<table>
<thead>
<tr>
<th>(Column A) Month</th>
<th>(Column B) Eligible Patients</th>
<th>(Column C) Number Sampled with Sampling Rate Method</th>
<th>(Column D) Sample Size Method: Effective Sampling Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>100</td>
<td>83</td>
<td>83.0%</td>
</tr>
<tr>
<td>February</td>
<td>90</td>
<td>75</td>
<td>83.3%</td>
</tr>
<tr>
<td>March</td>
<td>110</td>
<td>92</td>
<td>83.6%</td>
</tr>
</tbody>
</table>
Step 4: Estimating with a Sampling Rate (cont’d)

Motivating the Use of a Sampling Size (cont’d)

When one uses a SAMPLE SIZE, one gives undue influence to patient characteristics from month to month.

<table>
<thead>
<tr>
<th>(Column A) Month</th>
<th>(Column B) Eligible Patients</th>
<th>(Column C) Number Sampled with Sample Size</th>
<th>(Column D) Sample Size Method: Effective Sampling Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>100</td>
<td>83</td>
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<td>83</td>
<td>92.2%</td>
</tr>
<tr>
<td>March</td>
<td>110</td>
<td>83</td>
<td>75.5%</td>
</tr>
</tbody>
</table>
Step 4: Selecting the HHA Sample

- Use a random number generator to select the sample.
- Usually simple random sampling will be used.
- Generate a number from the Uniform Distribution—each number having an equal probability of selection.
Step 4: Selecting the HHA Sample (cont’d)

- Use a random number generator with a “seed” not set by the user, and retain the seed for quality assurance.

- Software that meets the requirements: SAS v9 or RAT-STATS.


- Do NOT use a spreadsheet random number generator or similar program that has not passed rigorous testing.
Steps in the Sampling Process

1. **Obtain a monthly patient information file each month**
2. **Work with HHA to obtain missing variables and process file**
3. **Identify eligible patients and construct sample frame**
4. **Determine sampling rate and select sample**
5. **Verify or update patient contact information**
6. **Assign a unique SID to each sample member**
7. **Finalize the sample file and initiate data collection**
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

1. Obtain a monthly patient information file each month
2. Work with HHA to obtain missing variables and process file
3. Identify eligible patients and construct sample frame
4. Determine sampling rate and select sample
5. Verify or update patient contact information
6. Assign a unique SID to each sample member
7. Finalize the sample file and initiate data collection
Step 6: Assign Unique Sample Identification Numbers

- Vendors must assign a **unique numeric or alphanumerical** sample identification (SID) number to each sample member.

- The SID number cannot include any information that would identify the HHA that served the patient. This includes patient’s medical record number, date of birth, street or house number, etc.

- Do not reuse SID numbers—if a patient is sampled more than once, assign a new SID number to him or her each time.
Steps in the Sampling Process

STEP 1: Obtain a monthly patient information file each month

STEP 2: Work with HHA to obtain missing variables and process file

STEP 3: Identify eligible patients and construct sample frame

STEP 4: Determine sampling rate and select sample

STEP 5: Verify or update patient contact information

STEP 6: Assign a unique SID to each sample member

STEP 7: Finalize the sample file and initiate data collection
Sampling Reminders

Here are some reminders, based on site visit and QAP observations.

- If the HHA does not provide all of the information needed for administering the survey or for analysis, vendors should work with their HHAs to obtain the missing information.

- Vendors that have automated the receipt and processing of data files and the sampling process must have quality control procedures in place to ensure that these systems are working properly.

- The sampling rate can be adjusted each quarter, not monthly.
Sampling Reminders (cont’d)

- 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.

- Vendors should include on the XML file the ADL deficit count or the 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 months prior to the new vendor.
Questions?
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
Survey Instrument and Materials

- Survey Content
  - Core Questions (Qs. 1–25)
  - “About You” Questions (Qs. 26–34)

- Selected Survey Materials Available:
  - English (Appendix C)
  - Spanish (Appendix D)
  - Simplified and Traditional Chinese (Appendices E and F)
  - Russian (Appendix G)
  - Vietnamese (Appendix H)
  - Armenian (Appendix I)
  - Supplemental Questions (Appendix K in all six languages)
• Instrument Translations

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

  – Send requests for additional languages to the Coordination Team.
Survey Administration Overview

- Survey Instrument and Materials

- **Supplemental Questions**

- Modes of Survey Administration

- Survey Management

- Data Confidentiality, Security, and Storage
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 are under the “Survey and Protocols” tab at https://homehealthcahps.org/.
  - “Consent to Share Responses” supplemental question.

- The “Consent to Share Responses” supplemental question provides a way for vendors to determine whether the respondent will 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).
  - 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.
- Supplemental questions cannot be used for marketing or promoting HHA services.
- Supplemental questions cannot 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
Modes of Survey Administration
Overview

• Protocols and Guidelines: All Survey Modes
• Mail-Only
• Telephone-Only
• Mixed-Mode (Mail with Telephone Follow-up)
Overview: All Survey Modes

- Data collection must begin 3 weeks (21 days) after the close of the sample month.
- Data collection must end 6 weeks (42 days) from initial mailing or first telephone attempt.
- No changes are permitted to the HHCAHPS Survey “core” questions or to the “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)

- If the survey is initiated from the 22nd to the 26th day of the month following the end of the sample month, the vendor must file a Discrepancy Notification Report (DNR).

- Vendors must obtain prior approval from CMS to initiate the survey more than 26 days after the sample month ends.
  - Send an e-mail 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 e-mail.
Overview: All Survey Modes (cont’d)

- Proxy respondents are permitted.
- No incentives may be offered.
- HHAs should not influence sample members in any way (should avoid sending sample members materials or do anything that could compromise the vendor’s ability to implement the Survey protocols).
- Final data files must be submitted to the HHCAHPS Data Center via the HHCAHPS Survey website.
Mail-Only Protocol

Protocols and Guidelines Manual, Chapter V
Mail-Only Protocol

Data Collection Schedule

- Initial questionnaire and cover letter sent no later than 3 weeks (21 days) after the close of the sample month.

- Second questionnaire with follow-up cover letter sent 3 weeks (21 days) after initial mailing.
  - Must obtain prior approval to initiate the survey more than 26 days after the sample month ends.

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

- Submit data to Data Center by quarterly submission deadline (submit as early as possible prior to the data submission deadlines). May submit monthly.
Mail-Only Protocol: Materials Production

Questionnaire—Requirements

• “Core” items (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.
• No matrix formatting of the questions is allowed.
• 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 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 either the questionnaire or the cover letter.

• The vendor name and address must be printed on the last page of the survey.
Questionnaire—Requirements (cont’d)

• A unique sample identification (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.
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.
Cover Letters—Requirements

- Must be personalized with the name and address of the sample member.
- Must be separate from the questionnaire so that no personally identifying information appears on the questionnaire.
- Must contain the OMB disclosure notice if it is not printed on the questionnaire.
- May not offer sample members the option to complete the survey by phone if the mode is mail only.
Cover Letters—Requirements (cont’d)

- Must include language indicating the purpose of the survey.
- Must include language stating that responses will be grouped together and may be shared with home health agencies for quality improvement purposes.
- Must include language stating that no identifying information will be provided to the home health agency.
- Must include language stating that if help is needed, a friend or family member should help and not home health agency personnel.
Mail-Only Protocol: Materials Production (cont’d)

Cover Letters—Requirements (cont’d)

• Must include a statement that participation is voluntary and will not affect any health benefits they receive or expect to receive.

• Home health agency name or logo must appear.

• Toll-free customer support telephone number (goes to the vendor) must be provided.
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.

- Recommend that the electronic signature from someone from the home health agency be printed on each letter.
Mail-Only Protocol: Mailing Requirements

Mailing Requirements

- Each questionnaire mailing must contain a personalized cover letter separate from the questionnaire, a questionnaire, and a preaddressed postage-paid return envelope.
- Mailings must follow the prescribed schedule as specified in 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

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

Data Receipt 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.
- A final HHCAHPS Survey status code must be assigned to each case (see Chapter IX of the Protocols and Guidelines Manual).
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.
- The supervisor must resolve any discrepancies.
Mail-Only Protocol: 
Staff Training

- All support staff must be trained on HHCAHPS Survey protocols.
- Relevant sections of the manual must be made available 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).
- Training must include proper handling and storage of paper and electronic data.
Mail-Only Protocol: Quality Control Requirements

Second Set of Eyes

All 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.
- received questionnaires must be rescanned and compared with the originals.

Replication

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.

Regularly (monthly) select a sample of questionnaires and compare the hard copies to the XML file, to ensure that the responses match.
QC—Recommended

- 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.
Questions?
Telephone-Only Protocol

Protocols and Guidelines Manual, Chapter VI
Telephone-Only Protocol: Data Collection Schedule

- Begin the telephone survey no later than 21 days after the sample month ends.
  - Must obtain prior approval to initiate the survey more than 26 days after the sample month ends.
- Complete telephone data collection 6 weeks (42 days) after the first telephone contact attempts begin.
- Submit data files to the HHCAHPS Data Center (see data submission deadlines).
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.
• Vendors must also 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 as long as they are compliant with FTC and FCC regulations and respondents can easily interact with a live interviewer.

• Given the July 2015 ruling to the Telephone Consumer Protection Act of 1991, HHCAHPS requires vendors to identify cell phone numbers in advance, since they cannot predictive-dial cell phone numbers.
  – Vendors must use an external cell phone database to identify cell phone numbers if HHA cannot provide this information.
Telephone-Only Protocol: Telephone Script Programming

- Vendors must use standardized telephone scripts for the Home Health Care CAHPS Survey.
- The scripts include the introductory statements and the survey questions.
- Questions 1–25 are the “Core” HHCAHPS 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 are allowed to the HHCAHPS Survey questions or response options.
• The “Core” HHCAHPS Survey questions must be administered first and in the order in which they appear.

• The “About You” questions can be placed either before or after agency-specific or HHCAHPS supplemental questions.

• Agencies/vendors may add their own or the HHCAHPS supplemental questions, following the guidance about adding supplemental questions discussed earlier.
Telephone-Only Protocol: Contacting Guidelines

Requirements

• The telephone survey must be initiated 3 weeks from the end of the sample month and all phone attempts must end 6 weeks after the telephone survey of that monthly sample began.

• Vendors must attempt to contact every sample member.

• Vendors must make a minimum of 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.
Telephone-Only Protocol: Contacting Guidelines (cont’d)

- Vendors may make more than one telephone attempt in one 7-day period but cannot make all five attempts in one 7-day period.

- Phone calls must be made at different times of the day and on different days of the week throughout the data collection period.

- Work on a case may be continued after five attempts if the fifth call attempt results in a scheduled appointment with the sample member, as long as the appointment is within the data collection period.
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)

- Interviewers **cannot** leave voicemail messages on answering machines **or** with household members.

- Vendors may tell household members that they are calling about a “study about health care” only.

- Vendors must be able to provide 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)

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

- Vendors must continue to work every case in the sample until the minimum number of attempts has been made for each case.
• If the respondent does not complete the interview on the first attempt, the vendor must make additional attempts to complete it.

• Sample members are eligible even if the telephone number is missing or incomplete.

• Vendors must attempt to obtain a direct number for patients who reside in assisted living facilities, nursing homes, etc. If no number can be identified, assign code of wrong/disconnected/or no telephone number (code 340).
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.”
Telephone-Only Protocol: Contacting Difficult-to-Reach Sample Members (cont’d)

Recommendations

• We strongly recommend that survey vendors
  – 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 the sample member in answering questions or answer questions on the sample member’s behalf if the sample member is physically or mentally unable to participate in the interview.
- The sample member should be advised not to ask for help from home health aides, nor can interviewers conduct proxy interviews with home health agency staff.
- An employee of a group home may serve as a proxy as long as that person is not an employee of the home health agency.
Conducting a Proxy Interview

- The proxy respondent should be familiar with the sample member’s health and health care experiences.

- A family member or friend is an ideal proxy respondent.

- A copy of the proxy telephone interview script in each approved language (except Chinese and Armenian) is included in the appendices of the Protocols and Guidelines Manual.
  - Can use relationship of proxy to sample member rather than repeat sample member’s name in every question.

- If no acceptable proxy respondent is available, the interviewer should code the case as “Ineligible: Mentally or Physically Incapacitated—240.”
Telephone interviewer and customer support staff training must include teaching interviewers

- how to establish rapport with the respondent,
- the content and purpose of the interview so that they can effectively communicate this information to the sample member,
- to read the questions as they are worded,
- not to provide the respondent with additional information that is not scripted, and
- to maintain a professional manner and adhere to quality control standards.
Training must also include teaching interviewers

- how to administer the proxy script,
- how to use effective neutral probing techniques,
- to use the Frequently Asked Questions (FAQs) so that they can answer questions in a standardized manner, and
- how to handle distressed respondents.

- A list of Frequently Asked Questions and Answers is included in Appendix K of the Protocols and Guidelines Manual.
Train Interviewers on Interviewing Conventions

- Do not read words that appear in ALL CAPITAL LETTERS to the respondent. This includes both questions and response categories (e.g., “DON’T KNOW,” “REFUSED”).

- Emphasize all bolded words in the question text.

- Ask the questions *exactly* as they are written.

- Ask questions in the exact order in which they are presented.

- Do not skip any questions.
Train Interviewers on Interviewing Conventions (cont’d)

- Do not change the order of the response options.
- Do not suggest answers to the respondent.
- Do not help the respondent answer the questions.
- If the answer to a question indicates that the respondent did not understand the intent of the question, repeat the question.
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
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.
- Examples of neutral probes include “What do you mean?” “How do you mean?” “Tell me what you have in mind.” “Tell me more about….”
- 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.
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. White,
2. Black or African American,
3. Asian,
4. Native Hawaiian or other Pacific Islander, or
5. American Indian or Alaska Native.

- 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 White, Black or African American, Asian, etc. (repeat answer choices).
Telephone-Only Protocol: Staff Training (cont’d)

Train Interviewers on Avoiding Bias

- Interviewers must
  - remain neutral at all times 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 in an effort to “help” respondents; and
  - not use body language, such as a cough or a yawn to influence the respondent’s answers.
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 an effective/positive/friendly tone and maintain a professional outlook; and
  - listen as an ally, not an adversary, and do not debate or argue with the respondent.
Telephone-Only Protocol: Staff Training (cont’d)

- 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

QC—Required

- Vendors should establish and communicate clear telephone interviewing quality control guidelines for their staff to follow.
- Vendors must silently monitor a minimum of 10% of all interviews.
- Supervisors should provide performance feedback to interviewers as soon as possible after the monitoring session has been completed.
- Interviewers should be given the opportunity to correct deficiencies in their administration; however, interviewers who receive consistently poor monitoring scores should be removed from the project.
QC—Recommended

• We recommend that vendors conduct regular Quality Circle meetings with telephone interviewing and customer support staff to obtain feedback on issues related to telephone survey administration or handling inbound calls.

• Vendors should compare responses from their CATI system with the response values in the XML file to ensure that the survey responses match.

• Vendors should regularly examine response rates to assess optimal call scheduling.
Questions?
Mixed-Mode Protocol

Protocols and Guidelines Manual, Chapter VII
Mixed-Mode Protocol: Data Collection Schedule

- Questionnaire and cover letter sent within 21 days after sample month ends.
- Initiate telephone follow-up of mail survey nonrespondents no later than 3 weeks (21 days) after questionnaire is mailed.
  - Must obtain prior approval from CMS to initiate the survey more than 26 days after the sample month ends.
- Data collection ends 6 weeks (42 days) after questionnaire is mailed.
- Submit data to the HHCAHPS Data Center by quarterly submission deadlines.
Mixed-Mode Protocol: Survey Administration Guidelines

- Follow all guidelines for mail survey administration, but send only ONE questionnaire mailing instead of two.
- Follow all guidelines for telephone survey administration for the telephone follow-up portion of the mixed-mode implementation.
- Vendors who will be using a mixed-mode design must be able to offer the mail and telephone versions of the instrument in each language in which the survey is being administered.
- The mixed-mode design cannot be used with the Chinese or Armenian versions of the mail questionnaire, because there is no corresponding Home Health Care CAHPS-approved telephone interview for these languages.
Questions?
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 allow the vendor to track the status of sampled cases through all phases of the data collection process.

- Cases are assigned and tracked using their unique sample identification (SID) number.

- All cases must be assigned a final HHCAHPS Survey status code at the conclusion of the data collection period; however, vendors should use their own set of pending status codes to track cases before they are finalized.
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

- Patient data must be safeguarded.
- Follow HIPAA guidelines.
- 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 (Q35).
  - All reports provided by vendors to clients summarizing the “About You” survey data must adhere to 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.
• 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.

• Vendor should establish procedures for handling data security breaches.

• No personally identifying information can be submitted to the Home Health Care CAHPS Data Center—all files submitted to the Data Center must contain only de-identified data.
Physical and Electronic Data Security

- Electronic security measures can include
  - firewalls,
  - restricted access levels, or
  - password-protected access.

- Physical security measures can include
  - locked file cabinets, or
  - locked or restricted-access rooms.
Physical and Electronic Data Storage

- Paper copies of questionnaires must be stored in a secure location and kept for 3 years unless electronic images of the questionnaires are being 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.
Important Reminders About Protecting PII and PHI Data

- HHAs and vendors are responsible for protecting all personally identifiable information (PII) and protected health information (PHI) of all home health agency patients.

- To ensure confidentiality and maintain data security, HHA patient data files must at a minimum be encrypted and password-protected.
Important Reminders About Protecting PII and PHI Data (cont’d)

• PII and PHI should never be sent via e-mail without adequate security protection. This includes files sent from the home health agency to its vendor or from the vendor to its subcontractor, if applicable.

• 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.
Questions?
Exceptions Request Form and Discrepancy Notification Report

Protocols and Guidelines Manual, Chapter XIV
Exceptions and Discrepancy Process Overview

Exceptions Request Form

• Vendors submit for any **planned** deviations from the standard protocol.

Discrepancy Notification Report

• Vendors submit to notify the Coordination Team of any **unplanned deviation** from standard protocols.
Exceptions Request Process

- Exceptions Request Form can be accessed and submitted online at [https://homehealthcahps.org/](https://homehealthcahps.org/).

- Exceptions are required for:
  - using Disproportionate Stratified Random Sampling, and
  - Displaying agency name or logo on envelopes.

- Exceptions requests must be submitted **before** a planned deviation from standard protocol is implemented, even for DSRS or sampling more frequently than monthly.
Exceptions Request Process (cont’d)

- No exceptions will be granted for any modes of survey administration other than those currently approved for the HHCAHPS Survey.

- Survey vendors must submit an Exceptions Request for any process or strategy not identified in the Protocols and Guidelines Manual.
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.

- The exception may be requested for multiple HHAs for which the vendor is collecting data.
The vendor has 5 business days to appeal a denial of a request for an exception.

To submit an appeal, the vendor must 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.
Discrepancy Notification Report Process

- The Discrepancy Notification Report 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.

- Example of scenarios requiring a Discrepancy Notification Report:
  - The vendor is unable to initiate the survey within 21 days after the sample month ends but is able to initiate the survey within 26 days after the sample month ends.
  - A data element was incorrectly coded and submitted on the XML file (e.g., proxy indicator was incorrectly computed).
The Discrepancy Report can be accessed and submitted online at https://homehealthcahps.org/.

The vendor can attach an MS Excel file (using the DNR Excel template available on the website on the online DNR Form page) with required information and e-mail the file to the Coordination Team.

The vendor is expected to notify the Coordination Team within 24 hours of discovery of the discrepancy by submitting a Discrepancy Notification Report.

The affected HHA must be informed of the DNR submission.
Information to Include in Discrepancy Notification Report

Info to Include for Each CCN Listed on the DNR Form

- Affected Home Health Agency Name
- Affected CCN
- Affected Sample Month(s) and Year(s)
- Description of Corrective Action
- Description of the Discrepancy
- # Patients Affected in Sample Month(s)/Year(s)
- Data Collection Start/End dates (if Late Start)
Discrepancy Notification Reports Received for the CY 2019 APU Period

DNR Categories for CCNs with DNRs in the CY 2019 APU Period (April 2017 – March 2018)
(n = 2,214)

- HHCAHPS Survey was not administered, 51.2%
- Late start to data collection, 26.0%
- Survey administration issues but survey was administered, 22.9%
Discrepancy Report Review Process

- The Coordination Team will review the DNR to determine the following:
  - What is the impact, if any, on publicly reported data?
  - Is any additional information needed to document or correct the discrepancy?
- Nonroutine DNRs are reviewed with CMS.
- The Coordination Team will inform vendor of the actions vendor must take to correct the discrepancy.
- DNRs help inform CMS’s review of HHCAHPS participation compliance for each Annual Payment Update.
When No Monthly File is Submitted

These two rules apply to submitting DNRs when an HHA does not submit a patient information file:

- **General Rule:** If an HHA does not submit a patient information file for a sample month, vendors 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.**
Need for Discrepancy Notification Report

Vendors are reminded that a Discrepancy Notification Report is NOT required for the following situations:

- 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.

- 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 e-mail request for approval to initiate the survey more than 26 days after the sample month ends and copy the affected HHA on that request.
• Thank you for participating in this training session.

• Please complete the Training Evaluation Form before logging off the Webinar program.