Home Health Care CAHPS® Survey
Vendor Update Webinar Training Session

January 2023
Welcome

- Please remain connected to both the web and phone/VOIP to receive credit for attending today’s session.

- Please contact our Webinar Event Specialist, Shane Hamstra, for technical assistance issues at: shamstra@rti.org.

- You can submit questions via the Q&A feature or click on the “raise hand” icon to ask your question live.
Training Session Overview

Topics

- HHCAHPS Survey Participation Requirements/Updates
- Protocols and Guidelines Manual and Website Updates
- Survey Administration Quality Control Reminders
- Information to Share with HHA Clients
- Oversight Reminders for Survey Vendors
- HHCAHPS Data of Interest
- Update on the Mode Experiment
HHCAHPS® Survey Participation Requirements/Updates
CY 2023 and CY 2024 Home Health Annual Payment Update

CY 2023 HH APU

- For the CY 2023 Home Health Annual Payment Update (HH APU), HHAs needed to participate in the HHCAHPS Survey from April 2021 through March 2022 and report OASIS data from July 2021 through June 2022.

- HHAs determined if they were eligible to participate in HHCAHPS for the CY 2023 by counting their HHCAHPS eligible patients from April 2020 through March 2021, to see if there were 59 or fewer patients. If there were 59 or fewer then the HHAs should have completed a Participation Exemption Request form for size exemption.

CY 2024 HH APU

- All HHAs with fewer than 60 patients from April 1, 2021, through March 31, 2022, should complete the CY 2024 HHCAHPS Survey Participation Exemption Request form by March 31, 2023, on the HHCAHPS website. All HHAs with 60 or more HHCAHPS-eligible patients from April 1, 2021, through March 31, 2022, should be participating in HHCAHPS Survey every month from April 2022 through March 2023, to meet the requirements of the CY 2024 HH APU.

- Please remind your HHAs not to stop their participation in the survey if they now have low patient counts. All HHAs should continue their survey participation through March 2023 as long as their patient counts were big enough in the reference count year (April 2021–March 2022) to participate in HHCAHPS in the current APU year of April 2022–March 2023.
## 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 2024</td>
<td>April 1, 2022–March 31, 2023</td>
<td>Due March 31, 2023</td>
</tr>
<tr>
<td>CY 2025</td>
<td>April 1, 2023–March 31, 2024</td>
<td>Due March 31, 2024</td>
</tr>
<tr>
<td>CY 2026</td>
<td>April 1, 2024–March 31, 2025</td>
<td>Due March 31, 2025</td>
</tr>
</tbody>
</table>
• The January 2023 refresh on the care compare tool on www.Medicare.gov includes HHCAHPS survey data collected from July 2021 through June 2022.

• Next public refresh: April 2023, for HHCAHPS Survey data collected CY2021,Q4–CY2022,Q3.

<table>
<thead>
<tr>
<th>Data Collection Period</th>
<th>Posted on the compare tool on Medicare.gov</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY2021,Q4–CY2022,Q3</td>
<td>April 2023</td>
</tr>
<tr>
<td>CY2022,Q1–CY2022,Q4</td>
<td>July 2023</td>
</tr>
<tr>
<td>CY2022,Q2–CY2023,Q1</td>
<td>October 2023</td>
</tr>
</tbody>
</table>
Value-Based Purchasing and HHCAHPS

HH VBP

• In the CY 2022 Final Rule, HH VBP for all Medicare-certified agencies will go into effect in phases:
  – CY 2022: pre-implementation year
  – CY 2023: first performance year
  – CY 2025: first payment year

• HHAs will be reimbursed based on an algorithm that includes their HHCAHPS Survey measures (30%), OASIS measures (35%), and claims-based measures (35%).

References

Link to the 11/9/21 Final Rule:

HHVBP: Total Performance Score (TPS)

- Home health agencies receive performance scores for individual quality measures that are combined into a TPS to determine their adjustment in the payment year which ranges from -5% to 5%.

- The TPS is determined by weighting and summing the higher of the HHA's achievement or improvement score for each applicable measure.
  - Improvements score – compares the HHA’s performance to the improvement threshold and benchmark
  - Achievement score – compares the HHA’s performance to the achievement threshold and benchmark

- A qualifying HHA will receive a numeric score ranging from 0-100 for its TPS.
• CMS used two size cohorts for the purpose of setting benchmarks, achievement thresholds and determining payment adjustments.
  - Small volume cohort: The group of competing HHAs that had < 60 unique survey-eligible beneficiaries in the calendar year prior to the performance year.
  - Large volume cohort: The group of competing HHAs that had ≥ 60 unique survey-eligible beneficiaries in the calendar year prior to the performance year.

• Very similar to Hospital VBP, except HHVBP has multiple cohorts.
Questions?
Updates to Protocols and Guidelines Manual
Version 15.0

- Updated Calendar Year References
- Updated Public Reporting Periods
- Added Requirement to Conduct Live Monitoring (Chapters VI and VII)
- Updated References to Revised Data Submission Tab (Chapter X)
- Updated Requirement to Renew Remote-Work Exceptions Request (Chapter XIV)
- Reordered Race Responses, all survey formats, all languages
Requirement to Conduct Live Monitoring

Quality Control Guidelines for Phone Interviewer Monitoring

- Vendors must silently monitor a minimum of 10 percent of all telephone interviews to ensure that correct administration procedures are being followed. (New) Vendor must be able to conduct live monitoring for regular survey operations and site visits.
  - live monitoring = monitoring in real time
- Supervisory staff monitoring telephone interviewers should use the electronic system to observe the interviewer conducting the interview while listening to the audio of the call at the same time.
- Monitoring staff or supervisors should provide performance feedback to interviewers as soon as possible after the monitoring session has been completed.
Revised Data Submission Tab: Website Update

Select Data Submission Tool

Select Data Submission Reports

Data Submission
- Data Submission Deadlines
- Data Submission Resources
- Schema Validation Tool
- Data Submission Tool
- Data Submission Reports

For HHAs
- History
- History By Upload Date
- Data Submission Validation Status
- APU Participation Summary Report

Survey and Protocols
- Data Submission Deadlines
- Data Submission Resources
- Schema Validation Tool
- Data Submission Tool
- Data Submission Reports

For HHAs
- History
- History By Upload Date
- Data Submission Validation Status
- APU Participation Summary Report
Reordered Race Responses

- Vendors required to implement with the July 2023 sample month
- Response options are reordered alphabetically, rather than in order of US population ranking, for health equity.
- Remember to make this change in mail and phone, all languages

**Current version:**

31. What is your race? Please select one or more.
   - [ ] White
   - [ ] Black or African-American
   - [ ] Asian
   - [ ] Native Hawaiian or other Pacific Islander
   - [ ] American Indian or Alaska Native

**New version:**

31. What is your race? Please select one or more.
   - [ ] American Indian or Alaska Native
   - [ ] Asian
   - [ ] Black or African American
   - [ ] Native Hawaiian or other Pacific Islander
   - [ ] White
Requirement to Renew Remote-Work ERF

- Vendors conducting or planning to conduct HHCAHPS Survey operations from a remote location (other than the vendor’s place of business) must submit an Exceptions Request Form (ERF) that summarizes:
  - type(s) of staff impacted
  - how remote operations will be conducted to assure compliance with HIPAA, data security, and quality assurance requirements
- Vendors are required to update and resubmit their remote-work Exceptions Request every two years for CMS’s continued review.
- Look for an email soon from the Coordination Team about how to update or submit a first-time request.
Mail Survey Cover Letters

Sample Cover Letter for First Questionnaire Mailing
Home Health Care CAHPS Survey
To be Printed on Home Health Agency or Vendor Letterhead

Dear «FirstName» «LastName»,

This is an important survey from Medicare for people who get home health care. Please take a few minutes to share your experiences with «IHHVA» and return the survey in the enclosed postage-paid envelope. Your feedback helps Medicare improve the overall quality of home health care, and helps others choose a home health agency.

Your voice matters. We want your answers to reflect your own views and not anyone from the agency named above. If you need help with the survey, please ask a family member or a friend.

Participation is voluntary, and your information is kept private by law. No one can connect your name to your answers.

If you have any questions about this survey, please call VENDOR NAME, (toll-free) at 1-XXX-XXX-XXXX.

Thank you for helping to improve home health care.

Sincerely,

{Name}
Home Health Agency Administrator

- Revised cover letters required with **January 2023** sample month
- Exceptions Request Form required if vendors want to make changes to content or text boxes
- English cover letters revised October 2022 to remove reference to an email address in Spanish
Mail Survey Cover Letters (cont'd)

We care about your home health care experience.

We care about your care experiences.
If you need help with the survey, please ask a family member or friend.

- Make sure each letter has the correct text box
- The text box in the second letter contains an additional sentence.
CATI – Introductory Script Revisions

CMS simplified text for INTRO2:

- Removed multiple occurrences of HHA name
- Reduced verbiage of introductory text

INTRO2

Hello, this is [INTERVIEWER NAME] calling on behalf of [HOME HEALTH AGENCY]. The agency is participating in a national survey to measure the quality of care people receive from home health care agencies. The results will help other people who need to choose a home health care agency.

Your participation in this survey is voluntary. The interview will take about 12 minutes to complete, and this call may be monitored or recorded for quality improvement purposes.

NOTE: THE LENGTH OF THE INTERVIEW WILL DEPEND ON WHETHER THE HHA ADDS SUPPLEMENTAL QUESTIONS TO ITS HOME HEALTH CARE CAHPS SURVEY.
CATI – Next of Kin Protocol

If a phone respondent identifies as a next of kin for the sample member

- spouse, sibling, adult child or grandchild, niece/nephew, in-law, or power of attorney-

interviewers are permitted to use the verbatim text shown in red below the instructions.

If the relationship of the person answering the phone to the sample member does not fall into this category or respondent does not volunteer relationship to sample member, interviewers are only permitted to say:

“Im calling about a study about health care.”

INTRO

Hello, may I please speak to [SAMPLE MEMBER’S NAME]?

1. YES ➔ [GO TO INTRO2]
2. NO, NOT AVAILABLE RIGHT NOW ➔ [SET CALLBACK]
3. NO [REFUSAL] ➔ [GO TO TERMINATE SCREEN]
4. MENTALLY/PHYSICALLY INCAPABLE ➔ [GO TO PROXY SCRIPT]

M MISSING/DK

IF ASKED WHO IS CALLING:
This is [INTERVIEWER NAME] calling from [ORGANIZATION], I’d like to speak to [SAMPLE MEMBER’S NAME] about a study about health care.

IF PERSON ON PHONE VOLUNTEERS THEY ARE SAMPLE MEMBER’S PARTNER, CHILD, PARENT, SIBLING, GRANDCHILD, OR POWER OF ATTORNEY AND THEY ASK WHY WE ARE CALLING:

I would like to talk to [SAMPLE MEMBER’S NAME] about their experiences with the home health care that they received from [HOME HEALTH AGENCY].
Survey Administration Quality Control Reminders: Back to Basics
Quality Control Reminders

In this section....

• Mail survey quality control requirements and recommendations
• Phone survey quality control requirements and recommendations
• General quality control requirements, all modes
• Sampling rate vs. Sample size
• Other reminders
Mail Survey
Quality Control Requirements

Second Set of Eyes

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

10% Rule

- Check a minimum of 10% of:
  - outgoing print materials to ensure print quality,
  - outgoing questionnaire packages to ensure that package contents are correct, and
  - received questionnaires to rescan and compare with the originals.

Rekeying

- All keyed questionnaires must be 100% rekeyed by a different keyer.
Mail Survey
Quality Control Requirement – White Mail

Dear Clark Kent:

You recently got a survey from Medicare about your experiences with «HHA». If you already sent this survey back, thank you! You don’t need to do anything else.

This is a friendly reminder that we’re very interested in learning about your experiences. Your feedback will help others choose a home health care agency and will help Medicare improve the overall quality of home health care.

Please take a few minutes to complete and return the survey in the postage-paid envelope included.

Review white mail to make sure cases are coded appropriately
Thank you!
When you have completed the survey, please mail it in the postage-paid envelope provided.

If you no longer have the postage-paid envelope, please mail to:

RTI International
Attention: Data Capture (0217645.002.003.001)
5265 Capital Boulevard
Raleigh, NC 27616-2925
Develop a “chain of custody” tracker to track counts of questionnaires printed, boxed, arriving at the post office, and mailed out from the post office.

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

Check a sample of hard copy questionnaires against the XML data file; track coding error rates and retrain staff as necessary.
Phone Survey Quality Control: Required

- **Monitor:** Silently monitor minimum of 10% of all telephone interviews to ensure adherence to verbatim and probing requirements.
- **Review:** Review case comments to check that interviewers are following coding protocols.
- **Check:** Check call distribution of cases across times of day, days of week, and across more than 7 days of the data collection period.
- **Document:** Maintain up-to-date written documentation of interviewer training and monitoring outcomes, including feedback shared with interviewing staff.
- **Follow:** Follow all applicable federal and state laws regarding use of auto-dialer, calling cell phones, etc.
Phone Survey Quality Control: Recommended

We recommend that phone survey vendors:

- Conduct quarterly review of raw CATI data against submitted XML files to check accuracy of XML data.
- Review your proxy rates, compare to proxy rate for HHCAHPS for phone (see the Data of Interest Section)
- Are your interviewers too quick to request a proxy or not trying hard enough to obtain an interview?
- Are you tracking when your interviewers have the best luck getting completed interviews (e.g., time of day, day of the week)?
Quality Control: All Modes

Check response rates each month. Vendors with low response rates report recent barriers:

- Mixed mode vendors discovered that cases were not receiving follow-up calls.
- Vendors with agencies that serve assisted living communities have noticed low response rates when agencies do not have direct phone numbers for residents.
- Vendors with low mail response rates communicated with their local post office about returning mail more quickly.

Vendors should check the disposition codes assigned to ALL sampled cases before submitting XML files to the HHCAHPS Data Center:

- If the vendor identifies a case assigned with an ineligible or non-interview final disposition code AND there are data in the Patient Response Record, the vendor should determine why code 110 or 120 was not assigned to the case.
- If the case is ineligible or a non-interview, remove the survey response data from the XML file prior to submission.
Reminder for handling the answer to Q1: According to our records, you got care from the home health agency, [AGENCY NAME]. Is that right?

If the answer to Q1 on the **mail survey** is “No,” which implies that the respondent is ineligible, but other questions have been answered...

→ key or scan all responses marked, including the “no” response to Q1.

If the questionnaire meets the completeness criteria...

→ code the questionnaire as a completed survey, regardless of the “No” response in Q1.

If the answer to Q1 on the **mail survey** is missing, but some or all the rest of the questions have been answered...

→ key or scan all responses marked, including the “M” response to Q1.

If the questionnaire meets the completeness criteria...

→ code the questionnaire as a completed survey, regardless of the missing response in Q1.

If the answer to Q1 on the **telephone survey** is “No,”

→ assign code 220-**Ineligible: Does Not Meet Eligible Population Criteria**, as answering “No” indicates that the sample member is not eligible.
Reminder: Why Use a Sampling Rate, NOT a Sample Size

Using a **SAMPLE SIZE** gives undue influence to patient characteristics from month to month.

- 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; this is exactly what we’re trying to avoid.*
  - As our example illustrates, this gives the February patients more “influence” than the March patients.

<table>
<thead>
<tr>
<th>Month</th>
<th>Eligible Patients</th>
<th>Number Sampled With Sample Size</th>
<th>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>83</td>
<td>92.2%</td>
</tr>
<tr>
<td>March</td>
<td>110</td>
<td>83</td>
<td>75.5%</td>
</tr>
</tbody>
</table>
Reminder: Why Use a Sampling Rate, NOT a Sample Size (cont’d)

- Using a SAMPLE RATE instead of a SAMPLE SIZE smooths out the influence of patient characteristics over time.
- In this example, a sampling rate of 83% is applied each month, regardless of how many patients were served.

<table>
<thead>
<tr>
<th>(Column A)</th>
<th>(Column B)</th>
<th>(Column C)</th>
<th>(Column D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Eligible Patients</td>
<td>Sampling Rate Method: Number Sampled</td>
<td>Sample Size Method: Effective Sampling Rate</td>
</tr>
<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>
Other Reminders

• New staff should review the Introduction to HHCAHPS training slides.
  – Updated each year to reflect current dates
  – Provides new staff with a solid foundation in all aspects of the HHCAHPS Survey implementation
  – Experienced staff may find that they have a new perspective when revisiting useful slides.
  – If you want to test your current staff’s knowledge, you can develop your own Q&A based on the Introductory slides

• Finally, check your current authorizations against the files you have submitted each quarter, and follow up with HHAs that have outdated or incorrect authorizations
Information to Share with HHA Clients
Remind Your Clients…

- Provide all patient information variables, including those used for analysis but not for eligibility determination.

- Monitor data submission reports on the HHCAHPS website.

- Submit a monthly file no matter how late:
  - Vendors should always submit a late field request for CMS consideration, so you can do your part in trying to avert a missed sample month for your client.

- Delegate a Backup Survey Administrator on the HHCAHPS website.

- Identify a backup to provide their vendor with monthly files if the primary person is not available:
  - Helps avoid late field requests/denials.

- Keep an eye out for the Coordination Team Quarterly Reviews (CTQR):
  - Helpful implementation reminders
  - Key upcoming dates
  - Interesting information about HHCAHPS
Technical Assistance Inquiries

HHCAHPS Survey Technical Assistance Inquiries Received

Calendar Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Inquiries</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>3,022</td>
</tr>
<tr>
<td>2019</td>
<td>3,006</td>
</tr>
<tr>
<td>2020</td>
<td>2,263</td>
</tr>
<tr>
<td>2021</td>
<td>2,177</td>
</tr>
<tr>
<td>2022</td>
<td>2,182</td>
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</table>
## HHA Technical Assistance Topics in 2022

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>HHA Credentialing Process</td>
<td>47.6</td>
</tr>
<tr>
<td>Switching Vendors</td>
<td>13.9</td>
</tr>
<tr>
<td>HHA Exemption</td>
<td>9.9</td>
</tr>
<tr>
<td>Vendor Authorization</td>
<td>9.8</td>
</tr>
<tr>
<td>Meant to Contact Vendor, OASIS, or other CAHPS</td>
<td>7.0</td>
</tr>
<tr>
<td>Public Reporting</td>
<td>2.9</td>
</tr>
<tr>
<td>Participation Requirements</td>
<td>1.7</td>
</tr>
<tr>
<td>APU Determination</td>
<td>1.7</td>
</tr>
<tr>
<td>Reports (submission, other)</td>
<td>1.3</td>
</tr>
<tr>
<td>Survey Instrument</td>
<td>1.3</td>
</tr>
</tbody>
</table>
Questions?
Oversight Reminders for Survey Vendors
Remote Work Exceptions Requests for HHCAHPS

- If you have approval to conduct remote work on some or all your HHCAHPS Survey operations, CMS requests that you submit a Renewal for continued approval.

- If you have never submitted a request to work remotely but wish to do so, CMS requires an ERF.

- Next Steps
  - The HHCAHPS Survey Coordination Team will reach out to vendors with instructions on how to renew for 2023.
  - All vendors will be asked to renew their remote work ERF every two years, in April, along with their annual QAP renewal for that year.
For Renewal Requests

- The Coordination Team will send each vendor with an approved ERF to work remotely a summary Review Form with information provided to CMS during the last review.

- Vendors will need to review and update the Review Form with any new information or indicate that the vendor no longer wishes to renew the request.
Remote-Work Exceptions Request Information (cont’d-2)

For New Requests

- The Coordination Team will send you a template in which to provide information on the following:
  - Summarize the impacted staff (telephone interviewers, technical staff, etc.)
  - Thoroughly describe how remote operations will be conducted to ensure compliance with HIPAA, data security, and HHCAHPS quality assurance requirements
  - Indicate expected duration of remote work
An HHCAHPS Vendor unexpectedly lost a key staff member and was no longer sufficiently staffed to administer the HHCAPS Survey for their clients.

This put agencies’ APU at risk.

CMS will be paying particular attention to staffing levels when reviewing vendor QAPs and conducting site visits.
Oversight Reminders (cont'd)

If CMS observes that a vendor does not have appropriate staffing, it may require weekly or biweekly updates to ensure that the vendor is working on training multiple people as backups for every activity.

Having someone who can perform a task under another person’s oversight is NOT the same as having a fully trained “backup.”

Backups must be able to understand and conduct the task independently.
Additional oversight activities that vendors may be asked to do, if site visit shows areas of concern:

- Take part in a mini site visit focused on issues identified during the initial site visit
- Send additional materials for offsite review, such as:
  - Telephone recordings
  - Scanned images
  - QC or training documentation
  - Updated QAP
- Participate in ad hoc conference calls
What does a “mini site visit” look like?
(~ 2-hour duration)
- Replicate sample
- Monitor interviewers / Review materials/processes

Reviews may include:
- Audit trails for non-complete cases
- Call dispositions and call attempt spread
- Scanned images vs. XML data
- CATI records vs. XML data
- QC and process documentation
The 2023 Annual QAP Updates are due in April 2023

- Accept all edits from your 2022 QAP and make updates in track changes
- Include copies of English and Spanish questionnaires and CATI scripts
- Include copies of English and Spanish cover letters
- CMS and multiple reviewers on the Coordination Team read your QAP carefully
- Please be responsive and timely when asked to revise your QAP—participating in oversight, including writing QAPs, is a requirement for ongoing approval
Questions?
HHCAHPS Data of Interest
HHCAHPS Survey Response Rates Over Time*

* CY2020,Q1&Q2 data were not publicly reported due to CMS’s COVID-19 policy on data collected during this period.
HHCAHPS Survey Response Rate by Age: 2021

HHCAHPS Survey Response Rate by Age
CY2021

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-49</td>
<td>11.3%</td>
</tr>
<tr>
<td>50-64</td>
<td>16.9%</td>
</tr>
<tr>
<td>65-74</td>
<td>24.1%</td>
</tr>
<tr>
<td>75-84</td>
<td>26.8%</td>
</tr>
<tr>
<td>85+</td>
<td>26.4%</td>
</tr>
<tr>
<td>Overall</td>
<td>21.9%</td>
</tr>
</tbody>
</table>
### Average Vendor Response Rates for Phone Mode

<table>
<thead>
<tr>
<th>Avg. RR range</th>
<th>CY2021, Q1-Q2 # Vendors</th>
<th>CY2022, Q1-Q2 # Vendors</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%-25%</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>26%-29%</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>≥30%</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

### Average Vendor Response Rates for Mail Mode

<table>
<thead>
<tr>
<th>Avg. RR range</th>
<th>CY2021, Q1-Q2 # Vendors</th>
<th>CY2022, Q1-Q2 # Vendors</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%-25%</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>26%-29%</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>≥30%</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

### Average Vendor Response Rates for Mixed Mode

<table>
<thead>
<tr>
<th>Avg. RR range</th>
<th>CY2021, Q1-Q2 # Vendors</th>
<th>CY2022, Q1-Q2 # Vendors</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%-25%</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>26%-29%</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>≥30%</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
HHCAHPS Survey Respondent Characteristics

**Respondent Age**
CY2021, Q1-Q2 v CY2022, Q1-Q2

- Age Categories:
  - 18-49: 1.8% (Q1-Q2, 2021) vs 1.8% (Q1-Q2, 2022)
  - 50-64: 8.5% (Q1-Q2, 2021) vs 7.8% (Q1-Q2, 2022)
  - 65-74: 28.5% (Q1-Q2, 2021) vs 28.1% (Q1-Q2, 2022)
  - 75-84: 35.3% (Q1-Q2, 2021) vs 36.5% (Q1-Q2, 2022)
  - 85+: 25.6% (Q1-Q2, 2021) vs 25.8% (Q1-Q2, 2022)
  - Missing: 0.1% (Q1-Q2, 2021) vs 0.4% (Q1-Q2, 2022)

**Respondent Gender**
CY2021, Q1-Q2 v CY2022, Q1-Q2

- Gender:
  - Male: 40.6% (Q1-Q2, 2021) vs 40.0% (Q1-Q2, 2022)
  - Female: 59.3% (Q1-Q2, 2021) vs 59.9% (Q1-Q2, 2022)
  - Missing: 0.0% (Q1-Q2, 2021) vs 0.0% (Q1-Q2, 2022)
Respondent Characteristics (cont’d)

Respondent Race
CY2021, Q1-Q2 v CY2022, Q1-Q2

<table>
<thead>
<tr>
<th>Race</th>
<th>CY2021, Q1-Q2</th>
<th>CY2022, Q1-Q2</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>82.9%</td>
<td>83.2%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>8.4%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.7%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Native Hawaiian or OPI</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>0.6%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Multi-Race</td>
<td>1.1%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Missing</td>
<td>5.0%</td>
<td>5.6%</td>
</tr>
</tbody>
</table>
Respondent Ethnicity
CY2021, Q1-Q2 v CY2022, Q1-Q2

- Hispanic or Latino: 5.8% (CY2021) vs. 5.5% (CY2022)
- Not Hispanic or Latino: 89.7% (CY2021) vs. 90.0% (CY2022)
- Missing: 4.6% (CY2021) vs. 4.5% (CY2022)
Respondent Characteristics (cont’d-3)

**Respondent Education Level**
CY2021, Q1-Q2 v CY2022, Q1-Q2

<table>
<thead>
<tr>
<th>Education Level</th>
<th>CY2021, Q1-Q2</th>
<th>CY2022, Q1-Q2</th>
</tr>
</thead>
<tbody>
<tr>
<td>8th Grade or Less</td>
<td>6%</td>
<td>5%</td>
</tr>
<tr>
<td>Some High School</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>High School or GED</td>
<td>33%</td>
<td>32%</td>
</tr>
<tr>
<td>High School Graduate or GED</td>
<td>26%</td>
<td>27%</td>
</tr>
<tr>
<td>Some College or 2-year Degree</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>4-year College Graduate</td>
<td>13%</td>
<td>14%</td>
</tr>
<tr>
<td>More than 4-year College Degree</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Missing</td>
<td>15%</td>
<td>20%</td>
</tr>
</tbody>
</table>

**Note:** The diagram shows the percentage distribution of respondent education levels for CY2021, Q1-Q2 and CY2022, Q1-Q2.
Respondent Characteristics (cont’d-4)

**Do You Live Alone (Q28)**
CY2021, Q1-Q2 v CY2022, Q1-Q2

- Yes: 31.1% (Q1-Q2, 2021), 31.1% (Q1-Q2, 2022)
- No: 65.3% (Q1-Q2, 2021), 65.3% (Q1-Q2, 2022)
- Missing: 3.6% (Q1-Q2, 2021), 3.6% (Q1-Q2, 2022)

**Language Mainly Spoken at Home (Q32)**
CY2021, Q1-Q2 v CY2022, Q1-Q2

- English: 91.8% (Q1-Q2, 2021), 92.1% (Q1-Q2, 2022)
- Spanish: 2.7% (Q1-Q2, 2021), 2.5% (Q1-Q2, 2022)
- Some Other Language: 1.5% (Q1-Q2, 2021), 1.5% (Q1-Q2, 2022)
- Missing: 3.9% (Q1-Q2, 2021), 3.8% (Q1-Q2, 2022)
Respondent Characteristics (cont’d-5)

**Self-Reported Health Status**
CY2021, Q1-Q2 v CY2022, Q1-Q2

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Q1-Q2, 2021</th>
<th>Q1-Q2, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>9.3%</td>
<td>17.4%</td>
</tr>
<tr>
<td>Very Good</td>
<td>17.8%</td>
<td>17.8%</td>
</tr>
<tr>
<td>Good</td>
<td>32.5%</td>
<td>32.9%</td>
</tr>
<tr>
<td>Fair</td>
<td>29.1%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Poor</td>
<td>9.2%</td>
<td>8.7%</td>
</tr>
<tr>
<td>Missing</td>
<td>2.4%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

**Self-Reported Mental/Emotional Health Status**
CY2021, Q1-Q2 v CY2022, Q1-Q2

<table>
<thead>
<tr>
<th>Mental/Emotional Health Status</th>
<th>Q1-Q2, 2021</th>
<th>Q1-Q2, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>17.3%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Very Good</td>
<td>28.1%</td>
<td>28.6%</td>
</tr>
<tr>
<td>Good</td>
<td>31.3%</td>
<td>31.2%</td>
</tr>
<tr>
<td>Fair</td>
<td>17.4%</td>
<td>17.0%</td>
</tr>
<tr>
<td>Poor</td>
<td>3.8%</td>
<td>3.6%</td>
</tr>
<tr>
<td>Missing</td>
<td>2.1%</td>
<td>2.1%</td>
</tr>
</tbody>
</table>
Language in Which the HHCAHPS Survey Was Completed

Language Survey in which Survey Completed
CY2021, Q1-Q2 v CY2022, Q1-Q2

<table>
<thead>
<tr>
<th>Language</th>
<th>CY2021, Q1-Q2</th>
<th>CY2022, Q1-Q2</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>97.7%</td>
<td>97.9%</td>
</tr>
<tr>
<td>Spanish</td>
<td>1.9%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Chinese</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Russian</td>
<td>0.2%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Armenian</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Missing</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Language in Which the HHCAHPS Survey Was Completed

97.7% 97.9%

1.9% 1.7%

0.1% 0.1%

0.2% 0.2%

0.1% 0.1%

0.0% 0.0%

0.0% 0.0%

Language

English Spanish Chinese Russian Vietnamese Armenian Missing

CY2021, Q1-Q2 CY2022, Q1-Q2
DNRs Received for the CY 2023 APU Period

DNR Categories for CCNs with DNRs in the CY2023 APU Period
(April 2021-March 2022)

- HHCAHPS Survey was not Administered: 42%
- Late Start to Data Collection: 50%
- Survey Administration Issues, but Survey was Administered: 8%

n=1,882
Questions?
Update on the Mode Experiment
Web Mode Experiment Roadmap

Data Collection
April 13, 2022 – July 27, 2022

Data analysis
ongoing

Comprehensive analysis report to CMS
Spring 2023

Reports to participating HHAs and their vendors
Spring 2023
### Response Rates

**Response Rates by Mode**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Mail only</th>
<th>Phone only</th>
<th>Mail + Phone</th>
<th>Web + Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample size</td>
<td>6,281</td>
<td>6,979</td>
<td>5,817</td>
<td>6,682</td>
</tr>
<tr>
<td>Completed surveys: mail</td>
<td>1,635</td>
<td>NA</td>
<td>1,114</td>
<td>1,065</td>
</tr>
<tr>
<td>Completed surveys: phone</td>
<td>NA</td>
<td>1,296</td>
<td>836</td>
<td>NA</td>
</tr>
<tr>
<td>Completed surveys: web</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>204</td>
</tr>
<tr>
<td>Total completed surveys</td>
<td>1,635</td>
<td>1,296</td>
<td>1,950</td>
<td>1,269</td>
</tr>
<tr>
<td>Response rate</td>
<td>26.2%</td>
<td>19.5%</td>
<td>34.9%</td>
<td>19.1%</td>
</tr>
</tbody>
</table>

- Only 79 of 6,682 individuals selected for the Web+Mail sample had email addresses.
**What Analyses Are We Doing?**

**Analyses underway:**

- Descriptive statistics
- Psychometrics and factor analysis
- Mode and patient mix adjustment models
- Non-response analysis
- Evaluation and viability of Web option
- Recommendations of Potential Mode and Patient Mix Adjusters for National Implementation
Questions?
Thank you for participating in the Vendor Update Training Session.

Please complete the HHCAHPS Vendor Update Training Session Evaluation Form before disconnecting from this session.