Home Health Care CAHPS® Survey Vendor Update Webinar Training Session

January 2024

Training Session Logistics

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 and Updates
- Protocols and Guidelines Manual, v. 16 Updates
- Vendor Action: Updating Vendor Application Form
- HHCAHPS Survey Administration and Vendor Oversight Updates
- Resources to Share with HHA Clients
- HHCAHPS Data of Interest

HHCAHPS Survey Participation Requirements/Updates

Requirements for the CY 2024 Home Health Annual Payment Update (HH APU)

CY 2024 HH APU

- For the CY 2024 Home Health Annual Payment Update (HH APU), HHAs needed to report HHCAHPS Survey data from April 2022 through March 2023, and OASIS data and administrative data from July 2022 through June 2023.
- HHAs were required to participate in HHCAHPS for the CY 2024 HH APU if they had a total of 60 or more HHCAHPS eligible patients from April 2021 through March 2022.
- If HHAs had 59 or fewer patients from April 2021 through March 2022, then HHAs should have completed a CY 2024 HH APU Participation Exemption Request form for the HHCAHPS Survey.

Requirements for the CY 2025 Home Health Annual Payment Update (HH APU)

CY 2025 HH APU

- For the CY 2025 HH APU, HHAs need to report HHCAHPS Survey data from April 2023 through March 2024, and OASIS data and administrative data from July 2023 through June 2024.
- HHAs are required to participate in HHCAHPS for the CY 2025 HH APU if they had a total of 60 or more HHCAHPS eligible patients from April 2022 through March 2023.
- If HHAs had 59 or fewer patients, then HHAs should complete a CY 2025 Participation Exemption Request form for HHCAHPS due March 31, 2024.

Future HHCAHPS APU Participation Periods and Dates

APU Period	Survey Participation Months	PER Form
CY 2025	**April 1, 2023–March 31, 2024**	**Due March 31, 2024**
CY 2026	April 1, 2024–March 31, 2025	Due March 31, 2025
CY 2027	April 1, 2025–March 31, 2026	Due March 31, 2026

HHCAHPS Survey Public Reporting Schedule

- The January 2024 refresh on the Care Compare tool on www.Medicare.gov includes HHCAHPS survey data collected from July 2022 through June 2023.
- Next public refresh: April 2024, for HHCAHPS Survey data collected CY 2022,Q4–CY 2023,Q3.

Data Collection Period	Planned for Posting on Care Compare, Medicare.gov
CY 2022,Q4 – CY 2023,Q3	April 2024
CY 2023,Q1 – CY 2023,Q4	July 2024
CY 2023,Q2 – CY 2024,Q1	October 2024

CY 2024 Home Health Final Rule

- Federal Register / Vol. 88, No. 217 / Monday, November 13, 2023

  https://www.federalregister.gov/public-inspection/2023-24455/medicare-program-calendar-year-2024-home-health-prospective-payment-system-rate-update-quality

- HHCAHPS does not have a separate section in the CY 2024 Final Rule but information about HHCAHPS is included in the Home Health Value-Based Purchasing Program and Quality Reporting Program sections of the Final Rule.

Home Health Value-Based Purchasing

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 November 9, 2021 Final Rule:

- 2020-24146.pdf (govinfo.gov)

The Total Performance Score (TPS) in Home Health Value-Based Purchasing (HH VBP)

- Home health agencies receive performance scores from claims, OASIS, and HHCAHPS quality measures, that are combined into a TPS score. Each qualifying HHA will receive a TSP score ranging from 0 to 100.
- The HH VBP adjustments range from -5% to 5%.
- CMS will evaluate each performance measure against either the agency's own past performance (Improvement Score) or against the performance of other home health agencies (Achievement Score), whichever is higher.

HH VBP: Total Performance Score (TPS) (cont'd)

- CMS uses two size cohorts in the HH VBP.
  - 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.
- 2023 is the first HH VBP performance year and it is used for the CY 2025 HH VBP payment year.

Questions?

Protocols and Guidelines Manual Version 16.0

Updates to Protocols and Guidelines Manual Version 16.0 - Body

- Updated Calendar Year References and Public Reporting Periods
- Revised Minimum Business Requirements and embedded as a table within Chapter III (and website standalone)
- Refined QC Guidelines section for telephone administration in Chapters VI and VII
- Added guidance for when person on the phone volunteers they are next-of-kin to the sample member to Chapters VI and VII
- Clarified and expanded data elements and descriptions for XML file creation in Chapter X

Updates to Protocols and Guidelines Manual Version 16.0 - Appendices

- Streamlined Vendor Application in Appendix A to dovetail with Minimum Business Requirements document
- Survey appendices include reordered race response options, revised CATI intro scripts, and updated OMB expiration date for mail surveys
- XML Data File Layouts in Appendices N and O include the race reordered response options
- Model QAP (Appendix P) includes the English and Spanish survey materials requirements and guidance about information to include for mode(s) approved for versus actively administering

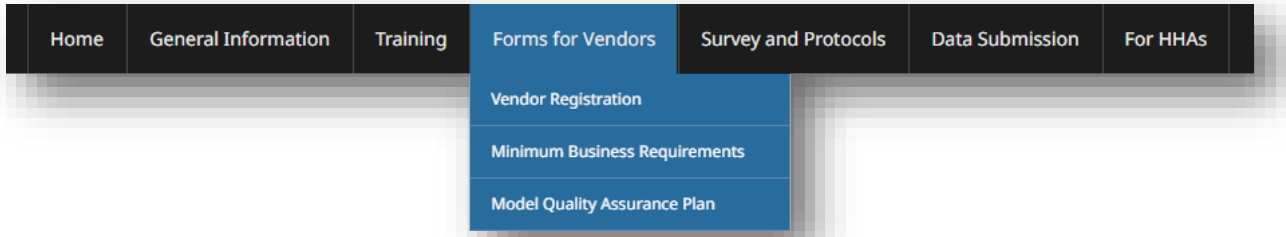
Vendor Minimum Business Requirements (MBRs)

- Consolidated vendor MBRs previously located in multiple locations (*Protocols and Guidelines Manual* and online Vendor Application form).
- Complete set of vendor MBRs are now easily accessed through ***Table 3-1*** in the latest edition of the *Protocols and Guidelines Manual* and a standalone document on the HHCAHPS website, under the "Forms for Vendors" menu.

Table 3-1
Minimum Business Requirements for HHCAHPS Survey Vendors

The HHCAHPS minimum business requirements (MBRs) described within this document are applicable to survey organizations at the time of application. The vendor must continue to meet these MBRs after an initial application is submitted up to and any point after approval is granted by the Centers for Medicare & Medicaid Services (CMS).

Criteria	Requirement
Relevant Organizational Experience	
Number of Years in Business at Time of Application	• Minimum of 3 years.
Number of Years Conducting Surveys as an Organization at Time of Application	• Minimum of 2 years conducting surveys of individuals. (Requirement applies to vendors and subcontractors.) If staff within the vendor organization have relevant experience obtained while in the employment of a different organization, that experience may not be counted toward this 2-year minimum. • Minimum of 2 years conducting surveys using mode of administration the vendor is applying for. (Requirement applies to vendors and subcontractors.)



The revised MBRs and Vendor Application Form will be discussed later in training.

Refined QC Guidelines Section for Telephone Administration

- Split up "Requirements" and "Recommendations" for telephone administration in ***Chapters VI*** and ***VII*** to mirror format used for quality control guidelines for mail administration.
- Requirements:
  - **Thoroughly test electronic interviewing system before implementation, (NEW)**
  - Maintain training documentation of all interviewing and customer support staff,
  - Establish and communicate clear QC guidelines for staff during monitoring, for example,
  - Silently monitor at least 10% of all telephone interviews, and
  - Abide by federal and state laws and regulations regarding monitoring/recording of phone calls.

Refined QC Guidelines Section for Telephone Administration (cont'd)

- Recommendations:
  - Conduct regular Quality Circle meetings with staff,
  - Provide monitoring feedback to interviewers as soon as possible,
  - Conduct audio and visual monitoring (i.e., where staff can listen to the telephone call and simultaneously view the interviewer's screen),
  - Give interviewers a chance to correct deficiencies but remove those from the project with consistently poor monitoring scores,
  - QC XML survey response data against raw CATI data for at least 50 completed interviews before quarterly data submission, and
  - **Review a sample of noncomplete cases (i.e., something other than 120 or 310) against the original source of information that resulted in the case being finalized (NEW)**.

Changes to Model QAP (Appendix P)

- New Guidance:
  - Include English and Spanish survey materials, if administrating both languages (implemented with the 2023 QAP Update), and
  - Include discussion of approved mode(s) versus mode(s) actively implementing.

CMS-approved Modes of Survey Administration and Active Administration

QAPs must include a clear description of the HHCAHPS implementation for *ALL* of the survey mode(s) the vendor is approved for by CMS, and indicate which of the CMS-approved survey mode(s) are actively being administered for current home health agency clients.

Throughout the QAP, vendors should:

- focus on the modes they are actively administering when providing detailed descriptions, documentation, and timelines in Sections III. Sampling Plan, IV. Survey Implementation Plan and V. Data Security, Confidentiality, and Privacy Plan, and
- include copies of actively-administered HHCAHPS Survey materials in VI. Questionnaire and Materials Attachments.

Vendor Action:
Updating Vendor Application Form

What's Different?

New Name:

~~Vendor Participation Form~~

Vendor Application Form

New Look:

- Updated formatting throughout

Updated Content:

- Streamlined, where possible
- Mirrored content to updated Vendor Minimum Business Requirements

See Appendix A in Protocols and Guidelines Manual, Version 16.0

Home Health Care CAHPS Survey - Vendor Application Form

Introduction:

This application is to be completed by survey vendor organizations who wish to be approved to conduct the Home Health Care CAHPS (HHCAHPS) Survey.

Before completing this application, organizations should review the Minimum Business Requirements (MBRs) document on the HHCAHPS website.

Application Restrictions:

Please note that any organization that owns, operates, or provides staffing for a home health agency (HHA) will not be permitted to administer its own HHCAHPS Survey or administer the survey on behalf of any other HHA. Therefore, if your organization partly or wholly owns, operates, or provides staffing for an HHA or if your organization does not meet the minimum business requirements, please do not complete and submit this application.

Definitions:

- **Vendor organization or vendor**: The survey vendor organization submitting this application. The vendor oversees the work of any subcontractor (if applicable) and bears ultimate responsibility for oversight and data quality on the HHCAHPS Survey.
- **Subcontractor**: A separate organization that the vendor contracts with to conduct one or more of the following activities on the HHCAHPS Survey: telephone survey data collection, printing, mail assembly, other mailout activities, mail or questionnaire receipt and processing, construction of XML data files, HHCAHPS toll-free hotline management.
- **You**: "You" refers to the individual completing this application on behalf of the vendor organization.

Instructions For Completing This Form:

When completing this application, note the following:

- You will need to provide an answer to all relevant questions.
- You will need to "Save and Continue" each section before moving to the next section. To save a section, click on the "Save and Continue" button at the bottom of the screen.
- In order to "Save and Continue," you must complete all items in the section. You have 60 minutes to complete and save each section before the application times out. If the application times out, you will need to re-complete any section that you did not save.
- When you have completed all parts of the application and are ready to submit it, please click the "Submit" button that appears on the lower left of the screen.
- After you submit the application, you will receive a confirmation email message with a link that you may use to access your application at any time.
- Each time you access and update your application, you must submit the application again.
- The application should be updated if any of the information in the form changes. For example, when key personnel change, the organization is acquired/merges with another survey vendor, a subcontractor is added/removed, or when applying for approval to conduct a new survey mode.

All survey vendors must designate an HHCAHPS Survey Administrator who will be the main point of contact for the HHCAHPS Coordination Team (see "Organization and Contact Information" tab of the Vendor Application below). This individual must complete, sign, notarize, and submit a vendor consent form, which will be available from your Dashboard once you submit your application. Completion and submission of this application certifies that you, on behalf of the vendor organization, have read and met the MBRs for the HHCAHPS Survey and will abide by the requirements included in this application.

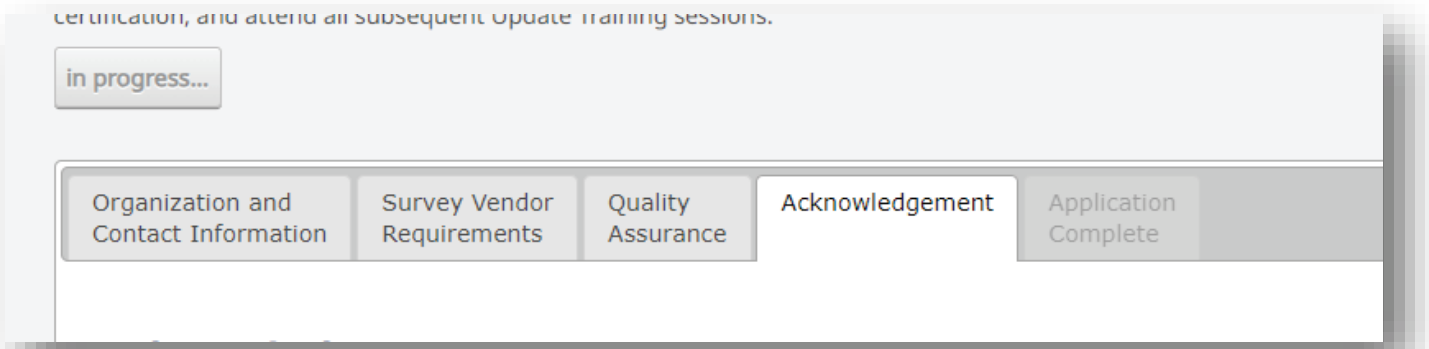
Requirement to Reapply

Vendor organizations that do not have any HHA clients after two years from the date of their interim approval will have their approval revoked. If you wish to maintain your approved vendor status at that time, you must reapply. To reapply, you must update your online vendor application, review the self-paced Introduction to the HHCAHPS Survey, complete and pass the associated training certification, and attend all subsequent Update Training sessions.

Update Application

New Look of HHCAHPS Vendor Application

- Moved information about vendor business requirements to the new Minimum Business Requirements document, available under “Forms for Vendors” menu.
- Modified layout to appear in tabs.
- “Save and Continue” at bottom of each tab.



New Look of HHCAHPS Vendor Application (cont'd)

- Subcontractor section restructured
  - For each survey mode, indicate if a subcontractor will be used for any mail and/or telephone activities.
  - Pop-up form to fill in information about subcontractor.
  - Subcontractor table listing all input information.

Update Subcontractor Details

* Subcontractor Name:

* Number of years of experience that the subcontractor has been conducting mail surveys:

* Please describe in detail the role and tasks this subcontractor will be performing on the HHCAHPS Survey:

* Please list specific equipment and systems that this subcontractor will use to accomplish the task:

Save Details | Cancel

New Look of HHCAHPS Vendor Application (cont'd)

Former Item Layout (Example)

Facilities and Systems - Applicant Organization

1. Has physical facilities for processing and storage of all data collection materials. ○ Yes ○ No
2. Has computers and computer software and any other equipment needed for survey implementation (e.g., scanners, printers, computer-assisted telephone interviewing [CATI] or alternative electronic system, data entry system). ○ Yes ○ No
3. Has an electronic survey management system to track fielded surveys throughout the data collection period. ○ Yes ○ No
4. Has call center or telephone bank facilities for telephone survey implementation. ○ Yes ○ No ○ N/A
5. Is capable of offering and manning a toll-free telephone number to receive and address calls from survey participants, required for ALL modes. ○ Yes ○ No

NEW Item Layout (Example)

Facilities, Systems and Security Policies—Vendor and Subcontractor(s)

Please answer the following items focusing on the Vendor and subcontractor's experience and capabilities with facilities, systems, and security policies.

* 1. Has a secure commercial work environment.
○ Yes, Vendor and/or Subcontractor ○ Yes, Vendor Only ○ No, Neither

* 2. Meets all local commercial code requirements.
○ Yes, Vendor and/or Subcontractor ○ Yes, Vendor Only ○ No, Neither

* 3. Will conduct all HHCAHPS operations within the United States.
○ Yes, Vendor and/or Subcontractor ○ Yes, Vendor Only ○ No, Neither

* 4. Have the physical facilities, electronic equipment, and software to receive sample files from participating HHAs and upload HHCAHPS data to the Data Center.
○ Yes, Vendor and/or Subcontractor ○ Yes, Vendor Only ○ No, Neither

* 5. Has physical facilities for processing and storage of all data collection materials.
○ Yes, Vendor and/or Subcontractor ○ Yes, Vendor Only ○ No, Neither

Updated Content of HHCAHPS Vendor Application

- Streamlined content by…
  - Removing separate subcontractor section on experience and qualifications
  - Capturing subcontractor and vendor applicant information throughout
  - Removing contracted HHAs section
  - Adding programming logic to only see applicable sections/items
  - Moving vendor personnel information to beginning of form (HHCAHPS Survey Administrator and key staff)
- Content mirrors updated Vendor minimum business requirements, available through the "Forms for Vendors" menu on the HHCAHPS website and ***Chapter III*** of the *Protocols and Guidelines Manual, Version 16.0*.

Updated Content of HHCAHPS Vendor Application (cont'd)

- **NEW** Requirements:
  - Disclose work with other organizations (as a subcontractor, partner, or prime through collaboration, merger or acquisition) to ensure compliance with all HHCAHPS protocols
  - Disclose work with RTI International (e.g., other divisions at RTI) to avoid a potential conflict of interest
  - Have at least two individuals who serve in key HHCAHPS roles
  - Identify a lead Computer Programmer who meets HHCAHPS's qualifications
  - Have facilities and systems to conduct survey implementation, including live monitoring of interviewers

Example of NEW Requirements Found in Application

In "Organization and Contact Information" tab

2. Personnel—Vendor

Please answer the following questions focusing on the Vendor's personnel experience and capabilities.

* 1. Can your organization designate an HHCAHPS Project Manager with relevant survey experience? Note: This designated person must be a different person than the Sampling Manager.

◉ Yes ○ No

Please indicate the name of the Project Manager assigned to the HHCAHPS Survey:

Carla Smith

* 2. Does your organization employ and have available to work on the HHCAHPS Survey a Sampling Manager with sample frame development and sample selection experience, including experience using different sampling methods (simple random sampling, proportionate stratified random sampling, and disproportionate stratified random sampling)? Note: This designated person must be a different person than the Project Manager.

◉ Yes ○ No

Please indicate the name of the Sampling Manager assigned to the HHCAHPS Survey:

Jerry Jones

* 3. Does your organization employ and have available to work on HHCAHPS a Computer Programmer(s) with experience receiving encrypted data files in different formats/software packages electronically from an external organization; processing survey data needed for survey administration and survey response data; preparing data files for electronic submission; and submitting data files to an external organization?

◉ Yes ○ No

Please indicate the name of the Lead Computer Programmer assigned to the HHCAHPS Survey:

Sam Thomas

4. Please explain any "No" responses above:

Vendor Action: Update Vendor Application

- Coordination Team will transfer as much information as possible from original Application to updated Application.
- Vendors will soon receive an email request from the Coordination Team to…
  - review and update their Application, focusing only on new, unanswered items based on your current organization/staff experience and capabilities (as opposed to what they were at the time of application), and
  - complete updates **by April 30, 2024**.

NOTE: To submit Application update, must go to last "Acknowledgement" tab, enter brief notes about what was updated in Application, and click "Submit."

Reminder: How RTI Uses HHCAHPS Survey Administrator Field

1. Vendor's HHCAHPS Survey Administrator

Each Vendor must designate a Survey Administrator. The Survey Administrator will be responsible for the following:

1. Serving as the main point of contact with the HHCAHPS Survey Coordination Team.
2. Designating another individual within the organization as the backup Administrator.
3. Approving each staff member within the organization who will have access to the HHCAHPS Survey website.
4. Removing access or approving the removal of access for users who should no longer be authorized to access the HHCAHPS Survey website.
5. Notifying the Coordination Team if a new HHCAHPS Survey Administrator needs to be identified (example: personnel change).
6. Maintaining the confidentiality of all data submitted to the HHCAHPS Data Center.

In the space below, please provide the contact information of the person whom you are designating as the HHCAHPS Survey Administrator for your organization. You'll notice the Name and Email Address fields are pre-filled based on the information that was provided on the online Vendor Registration Form.

* Name:	Carla Smith
Title:	
Degree/License (e.g., BA, PhD, MBA. PMA):	
Mailing Address 1:	
Mailing Address 2:	
City:	
State:	--Select One--
ZIP Code:	
(Area Code) Telephone number:	
(Area Code) Fax number:	
* Email address:	carlasmith@abcvendor.com

- This is the person who will receive targeted emails from the Coordination Team.
- Example: When an announcement is posted and emailed, the designated Survey Administrator will receive the email message.

Questions?

HHCAHPS Survey Administration and Vendor Oversight Updates

Vendor Oversight Highlights CY2023

We conducted 15 virtual site visits - here are some of the kudos they received:

General

- Use of encrypted website submission process to receive HHA files
- Excellent documentation, including verification of why agencies did not participate prior to XML data submission

Staffing

- Stability of project team over time
- Deep bench, cross-trained, well-staffed
- Longstanding working relationships with clients

Phone vendors

- Excellent interviewers and no errors in data quality
- Excellent call distribution

Mail vendors

- Low mail survey coding error rates
- Robustness of their quality control operations (e.g., 100% double keying by two different people and resolution by third person)

Quality Control

- Accurate XML data capture
- Improved survey process documentation for staff

Deepening Vendor Success – Growth Areas

Based on observed issues, we provided the following feedback to vendors during recent visits:

Processing Patient Data Files

- Follow up with HHAs on missing records for all key variables that inform eligibility criteria and Patient Mix Adjustment.
- If a private pay patient also had Medicare or Medicaid as a payer source, they meet the payer source eligibility criteria.

Sampling

- Avoid sampling above 90% for very small HHAs to maintain month-to-month eligible sample.
- Maintain updated step-by-step process documentation for all sampling activities.

Phone Vendors

- Regularly review the HHCAHPS website announcements for updates to Survey Materials.
- Conduct regular live monitoring for all interviewers.
- Conduct Quality Circle meetings on the importance of probing on unclear answers and providing neutral feedback to show respondent they are listening.

Mail Vendors

- Code mail received after the 6-week data collection as 350—No Response After Maximum Attempts.
- Include an identifier on each questionnaire indicating if it was a wave one or two mailing for tracking, receipting, and QC purposes.

Data and File Management

- Review a random selection of at least 10% of raw survey data against the XML file.
- Monitor agencies with response rates under 5% to identify and resolve challenges.

Virtual Site Visits - What to Expect This Year

- All CY2024 oversight visits will remain virtual. We will host all live calls via HIPAA-compliant Zoom sessions.
- Before each site visit, we will request a roster of all staff and subcontractors expected to attend
  - For security purposes unidentified attendees will not be admitted from the session waiting rooms.
  - The RTI site visit team will "lock" the call once all expected attendees have joined, which will not allow any additional persons to join.
- **Remember**: Information shared during the site visit process, including the content of the RTI reports is for vendor use only and not for marketing, public use, or client communications.

Virtual Site Visits – Live Monitoring

- CMS now requires live monitoring for oversight visits and for monthly data collection.
- CMS recommends:
  - Simultaneous visual screen monitoring AND audio monitoring
  - Ongoing quality control (QC) to include a *combination* of live and recorded interviews.

Vendor Oversight – Goals This Year

Concern:

- CMS wants to improve the conditions that lead to low participation by patients at some agencies.

Goal:

- Strengthen vendor staffing, training, survey accessibility and communication with agencies to improve participation.

Action:

- We will review agency-level response rates across quarters to observe HHAs with eligible sample but 0-5% response rates.
- During site visits, we will ask vendors to consider where they identify greatest challenges in capturing these patient experiences.

CMS's 2024 Priorities – Vendor Staffing

Having 2 or more reliable and well-trained staff in each key project area strengthens processes that impact response rates.

A few example benefits to adequate staffing include…

Sampling

- Reduces risk of under-sampling, erroneous sampling of ineligible patients and increases ability to catch and follow up on missing patient data by promoting vendor's ability to complete sampling and QC in a timely manner.

Survey Management

- Increases bandwidth for consistent communication with all client HHAs and project team members about updates needed to data, processes or instrumentation

Survey Operations

- Timely data collections
- Easy to understand survey delivery (correctly assembled mailings; well-trained TIs)
- Clear instructions for participation (good command of survey FAQs; responsive Customer Support Line services)

Data Systems and File Preparations

- Accurate and consistent coding of final disposition codes.
- Timely processing of all required materials and records.

Deepening Vendor Success – Guidance this year

CMS and the HHCAHPS Coordination Team provide both requirements and recommendations for data review processes that will help contribute to survey success.

Telephone Vendors

- Required: Capability to conduct live monitoring
- Required: Compare CATI survey data with recorded interview to ensure responses accurately captured

Telephone Vendors

- Recommended: Monitor refusal and proxy rates by telephone interviewers to identify interviewers that require additional coaching
- Recommended: Review partially completed surveys (coded 310 – Breakoff) to verify that 310 is the most appropriate code.

Mail Vendors

- Required: Review returned surveys for handwritten comments *before* final coding.
- Recommended: Collect patients' preferred language on monthly information file to know which language to print surveys.

ALL Vendors

- Required: Monitor RRs
- Required: Check sample of completed surveys against the XML data
- Required: Check audit trail for sample of non-completed cases

Deepening Vendor Success – Living Facilities and Hard to Reach Patients

Vendor Contacts a Living Facility (i.e., group housing residence)

Reaches patient?

No

Vendor should contact HHA(s) to request a direct number or mailing address for **all** patients at that facility (those sampled and not sampled to protect patient confidentiality)

If direct contact info is unavailable

Ask HHA to contact the living facility to explain the importance of the HHCAHPS Survey and speaking with patients directly

- If the vendor contacts the facility again and is still blocked by a gatekeeper, **assign disposition code 340 (bad phone number)** to just those sampled cases with that number.

Yes

Administer the HHCAHPS Survey

HHCAHPS Website Resources to Share with HHA Clients

Website Resources for Your Client HHAs

Information for HHAs

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

- HHA Participation Exemption Request Form
  (2025 Form Available)
- HHCAHPS Exemption Information
  (Updated 4/3/23)
- HHCAHPS Participation Periods
  (Updated 4/3/23)
- HHA Responsibilities

Home | General Information

Resources on the homepage: Information for HHAs panel

- Authorize Survey Vendor
- HHA Responsibilities
- Patient-Mix Adjustment Memo

Resources on the General Information Menu

- CTQR Newsletter
- Archived Publicly Reported Data

Patient-Mix Adjustment Factors Memo

- Updated quarterly.
- Technical memo explaining PMA factors for HHCAHPS.
  - Includes two tables

Table 1. "Top Box" HHCAHPS Patient-Mix Adjustment Factors (Four-Quarter Average for the October 2023 Public Reporting Period, April 2022 through March 2023 Home Health Patients)

Patient Mix Characteristic Patient Mix Level	Overall Rating	Willingness to Recommend	Care of Patients	Communication	Specific Care Issue
Proxy					
Proxy	-0.002	0.001	-0.005	-0.005	0.006
Non-English survey response					
Non-English survey response	-0.056	-0.046	0.009	0.006	-0.035
Age					
18–49	0.058	0.049	0.029	0.018	0.024
50–64	0.025	0.012	0.015	0.009	0.006
65–74	RC	RC	RC	RC	RC
75–84	0.004	0.012	0.004	0.011	0.019
85+	0.013	0.030	0.011	0.026	0.035
Education					
< 8th grade	-0.004	-0.008	0.003	0.001	-0.026
Some high school	-0.010	-0.010	-0.001	-0.001	-0.018
High school graduate/GED	RC	RC	RC	RC	RC
Some college	0.020	0.011	0.010	0.011	0.017
College graduate or more	0.044	0.024	0.019	0.021	0.047
esidence status					
tient lived alone	0.028	0.037	0.023	0.025	0

Table 2. National Means on Patient-Mix Adjustment Factors (Four Quarter Average for the October 2023 Public Reporting Period, April 2022 through March 2023 Home Health Patients)

Patient Mix Characteristic Patient Mix Level	Mean
Proxy respondent used	0.11
Non-English survey response	0.05
Age	
18–49	0.03
50–64	0.09
65–74	0.27
75–84	0.35
85+	0.26
Education	
8th grade or less	0.07
Some high school	0.09
High school graduate/GED	0.33
Some college	0.27
College graduate or more	0.24
Residence status	

HHCAHPS Archived Publicly Reported Data

Archived Publicly Reported Data

	State and National Averages	HHA-level Data	Star Ratings Cut points	Linearized Adjustment Factors
April 2022 - March 2023				
January 2022 - December 2022				
October 2021 - September 2022				
July 2021 - June 2022				
April 2021 - March 2022				
January 2021 - December 2021				
October 2020 - September 2021				
July 2020 - June 2021				

We're Here to Help!

Feel free to direct your client HHAs to us anytime:

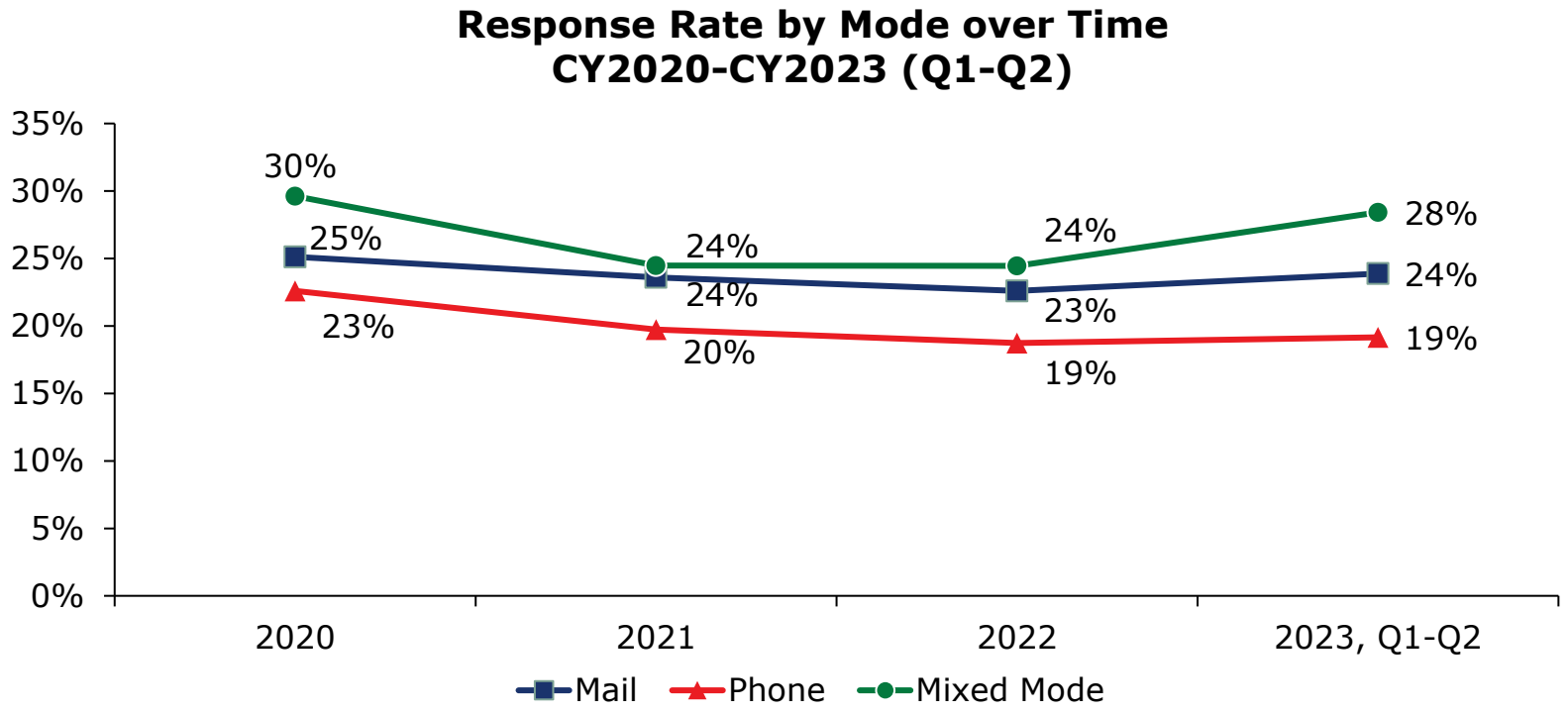
hhcahps@rti.org

1-866-354-0985

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.***

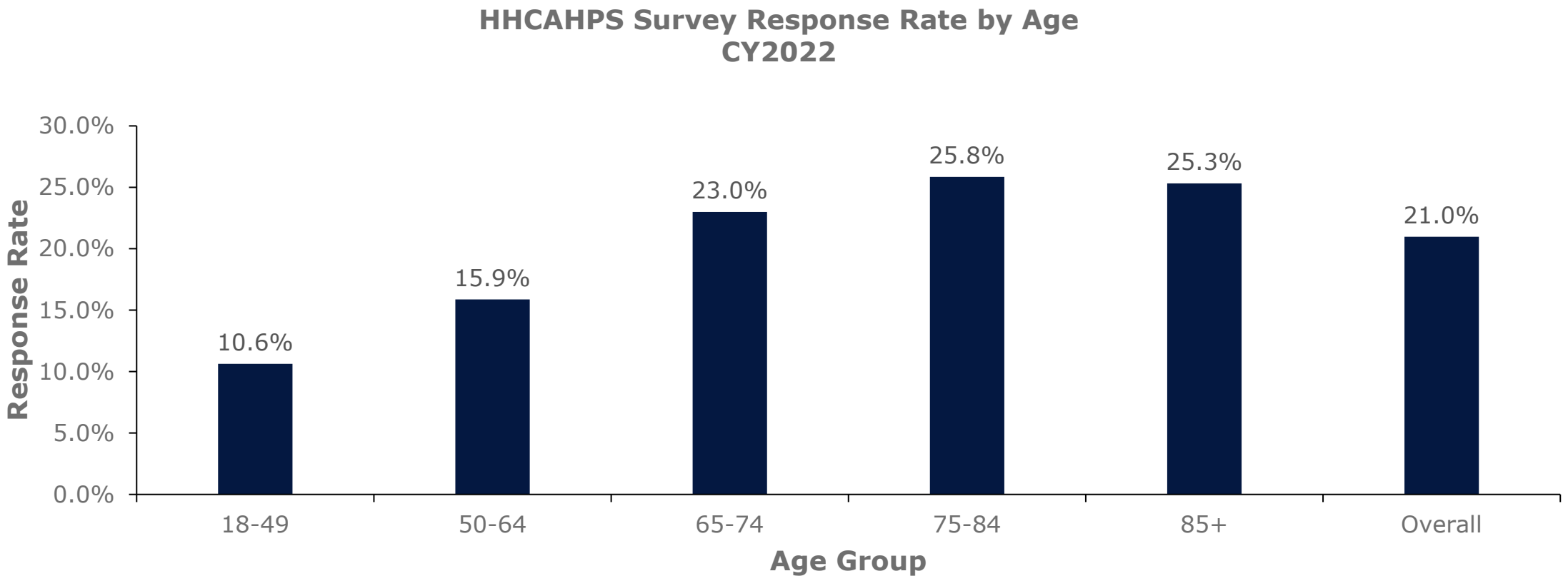
Average Response Rates: CY22,Q1-Q2 vs. CY23,Q1-Q2

Average Vendor Response Rates for Phone Mode		
	CY2022, Q1-Q2	CY2023, Q1-Q2
Avg. RR range	# Vendors	# Vendors
0%-25%	7	8
26%-29%	1	0
≥30%	5	5

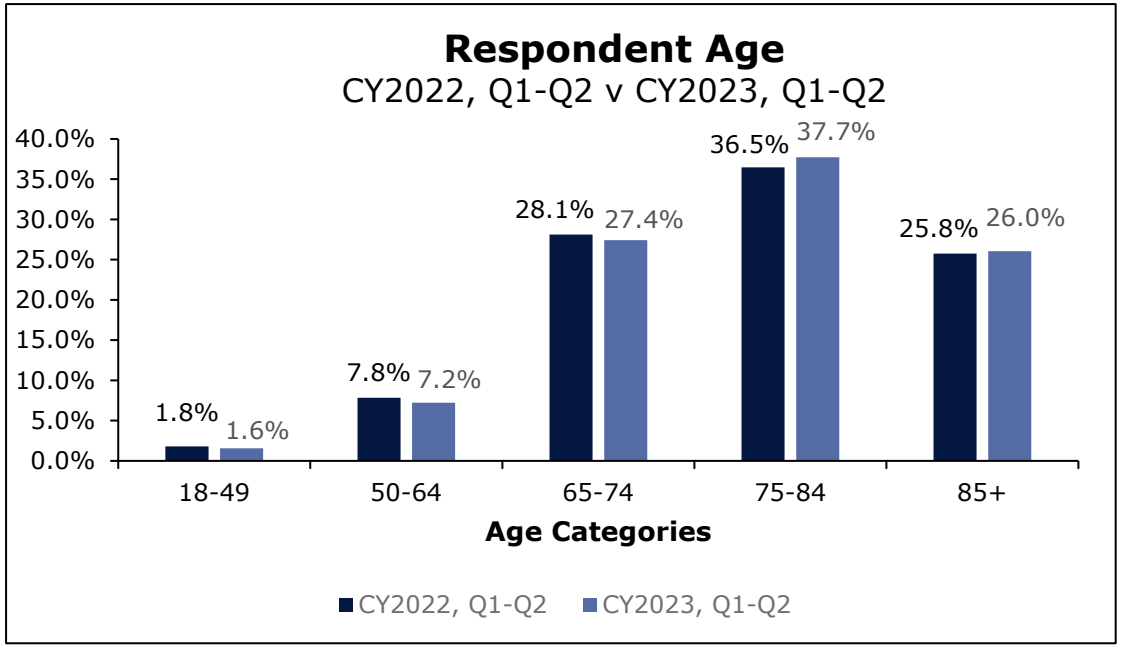
Average Vendor Response Rates for Mail Mode		
	CY2022, Q1-Q2	CY2023, Q1-Q2
Avg. RR range	# Vendors	# Vendors
0%-25%	10	10
26%-29%	5	3
≥30%	1	1

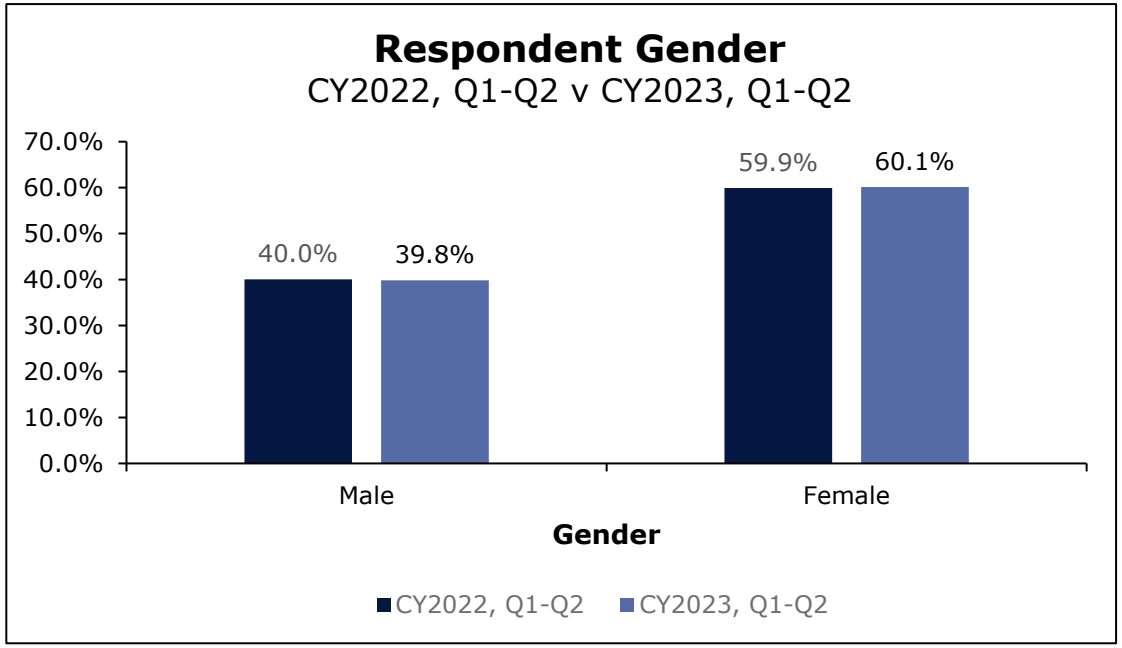
Average Vendor Response Rates for Mixed Mode		
	CY2022, Q1-Q2	CY2023, Q1-Q2
Avg. RR range	# Vendors	# Vendors
0%-25%	2	1
26%-29%	2	2
≥30%	1	1

HHCAHPS Survey Response Rate by Age: 2022

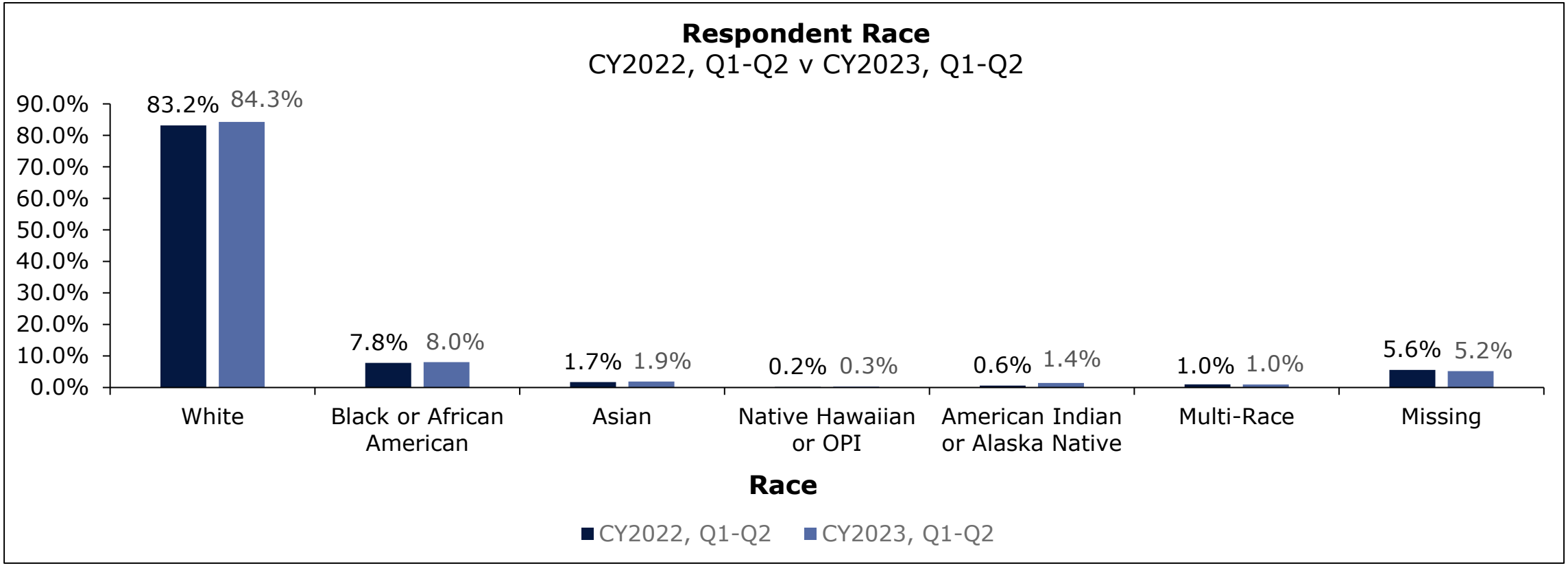


HHCAHPS Survey Respondent Characteristics

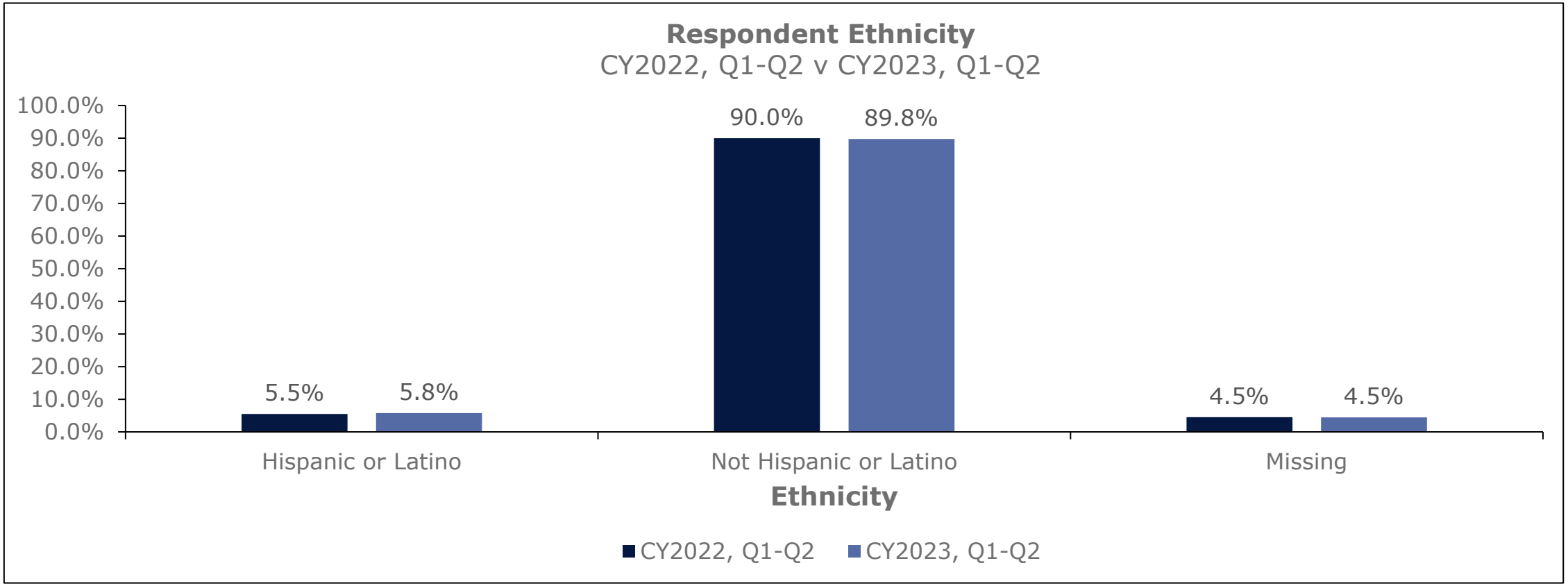




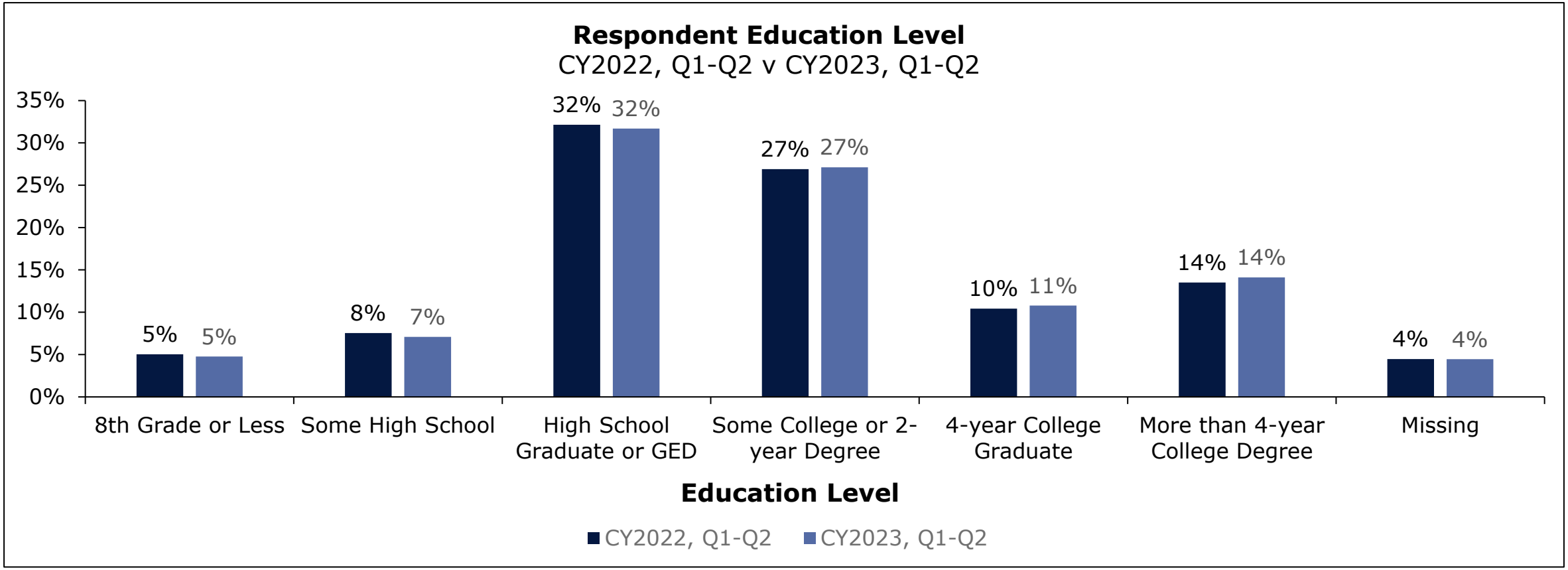
Respondent Characteristics (cont'd)



Respondent Characteristics (cont'd)



Respondent Characteristics (cont'd)



Respondent Characteristics (cont'd)

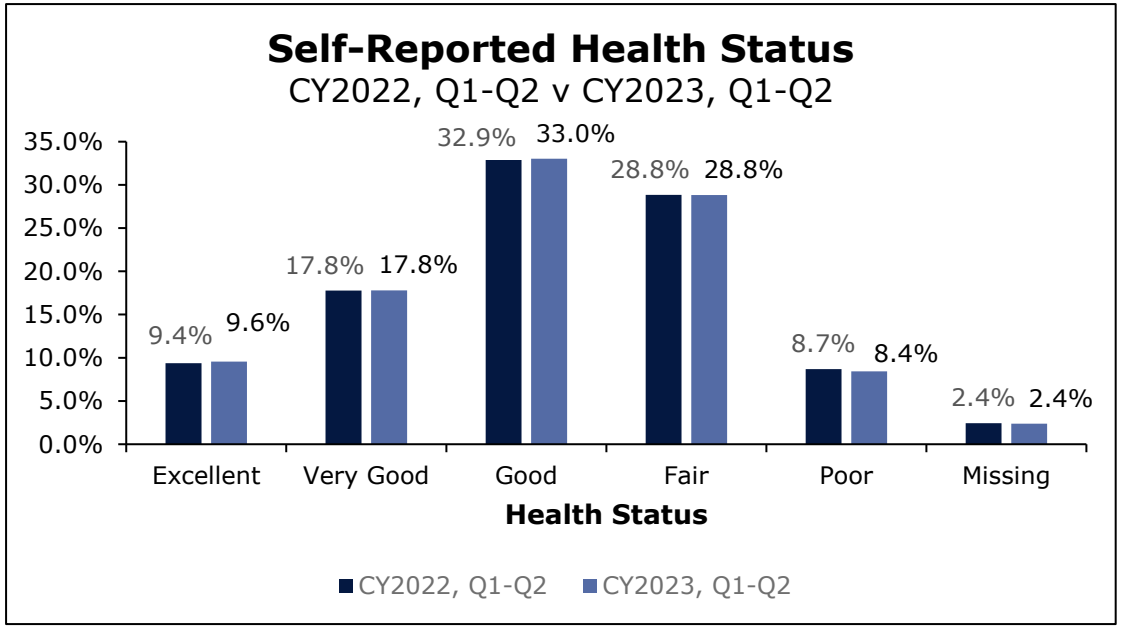
Completed Responses by Education Level, by Mode Assignment

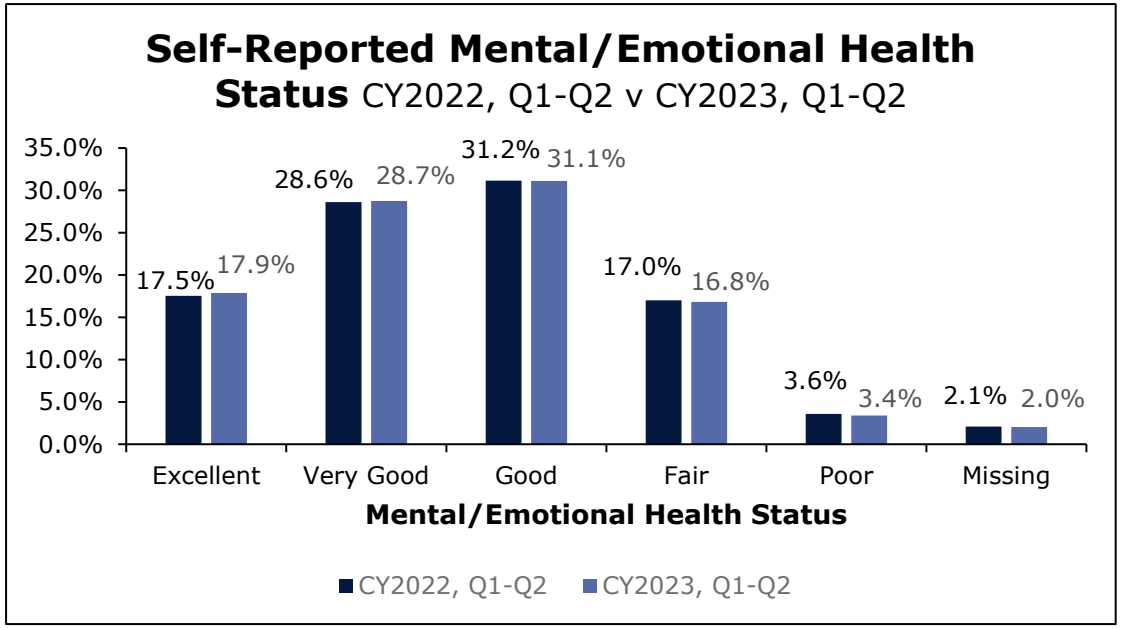
Education Level	CY2022 Mail	CY2022 Phone	CY2022 Mixed
8th Grade or Less	5%	9%	8%
Some High School	7%	9%	8%
High School Graduate or GED	32%	29%	28%
Some College or 2-year Degree	27%	26%	26%
4-year College Graduate	11%	9%	11%
More than 4-year College Degree	14%	10%	13%
Missing	4%	8%	7%

Completed Responses by Education Level for Mixed Mode Only

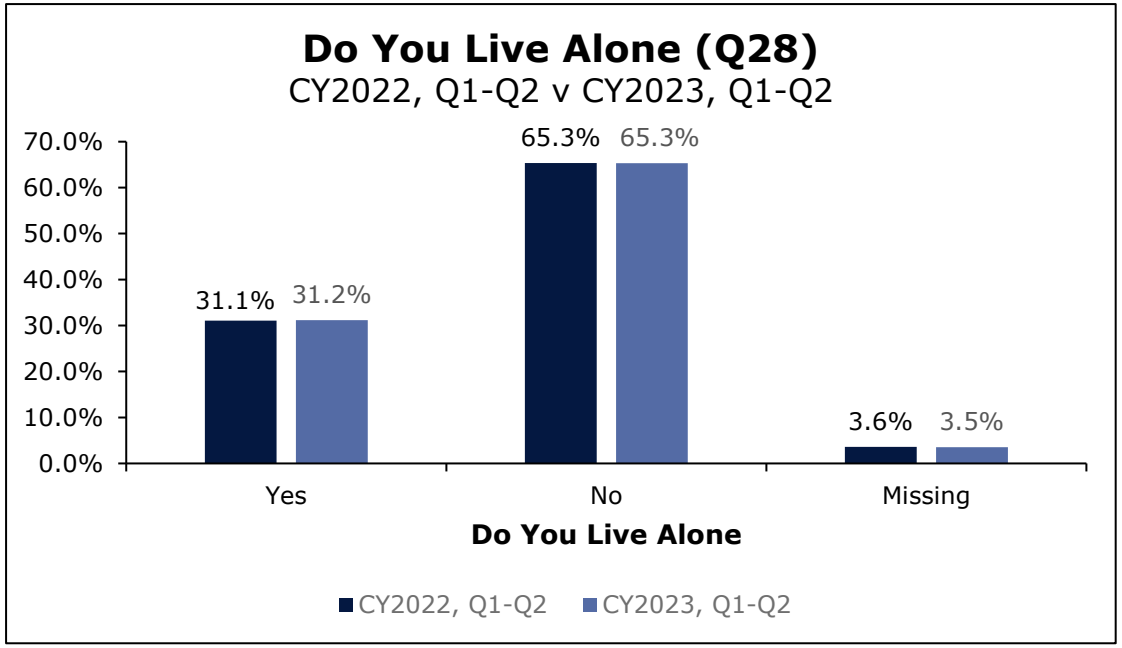
Education Level	CY2022 Mail	CY2022 Phone
8th Grade or Less	6%	11%
Some High School	7%	9%
High School Graduate or GED	29%	28%
Some College or 2-year Degree	27%	24%
4-year College Graduate	12%	9%
More than 4-year College Degree	15%	10%
Missing	5%	9%

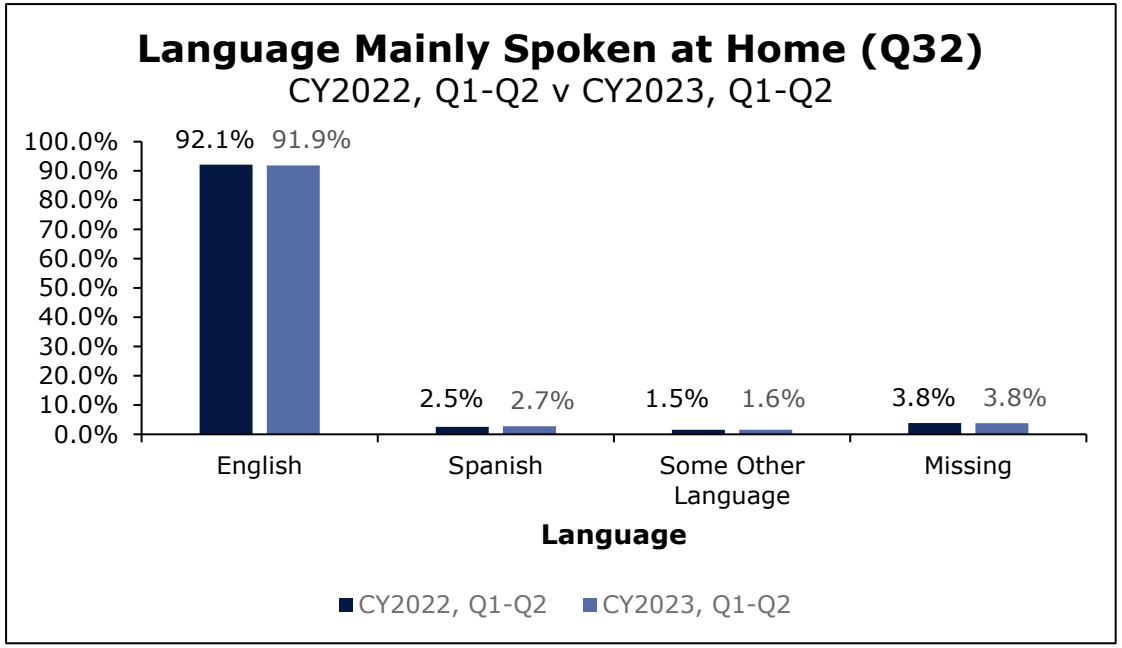
Respondent Characteristics (cont'd)



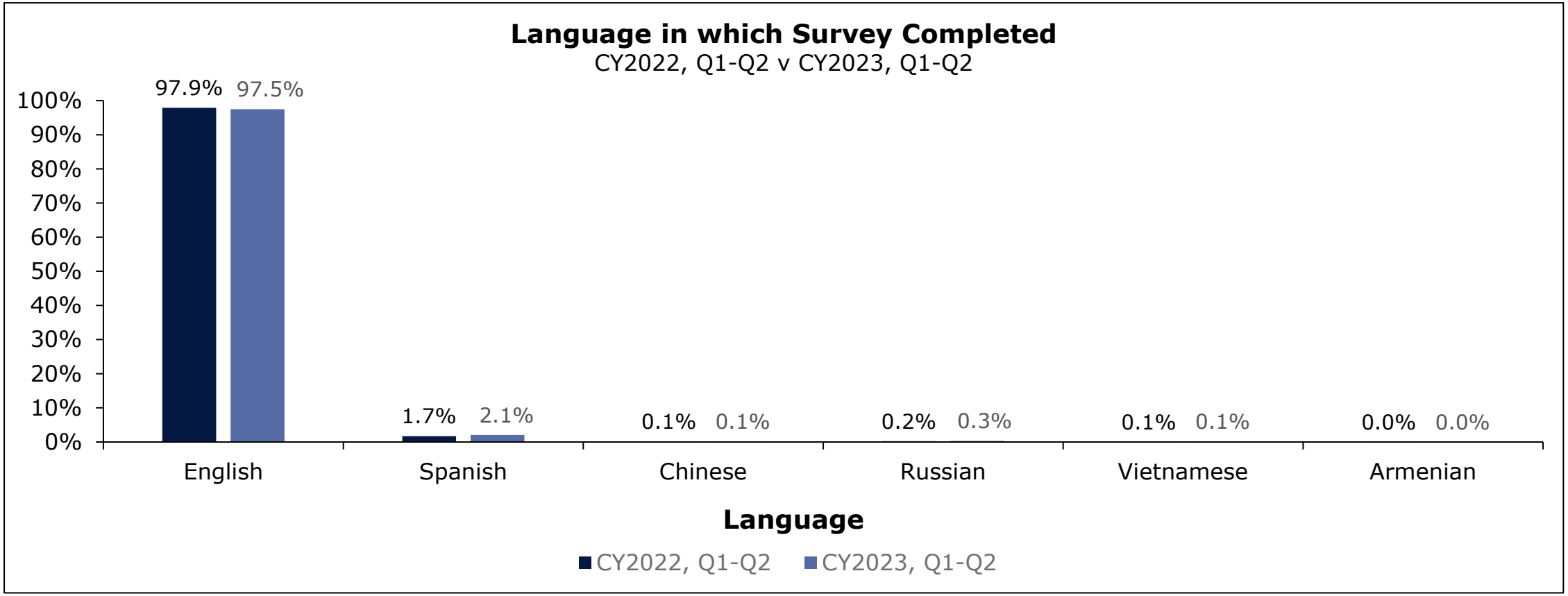


Respondent Characteristics (cont'd)

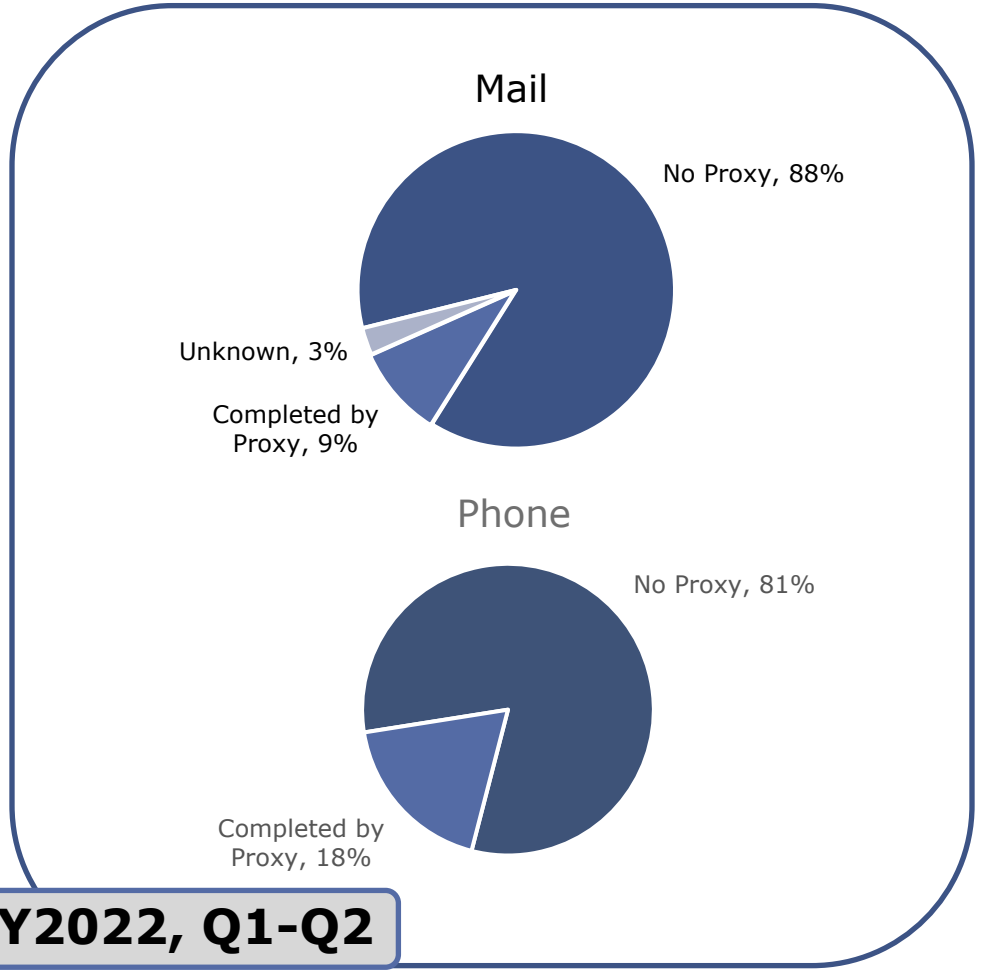


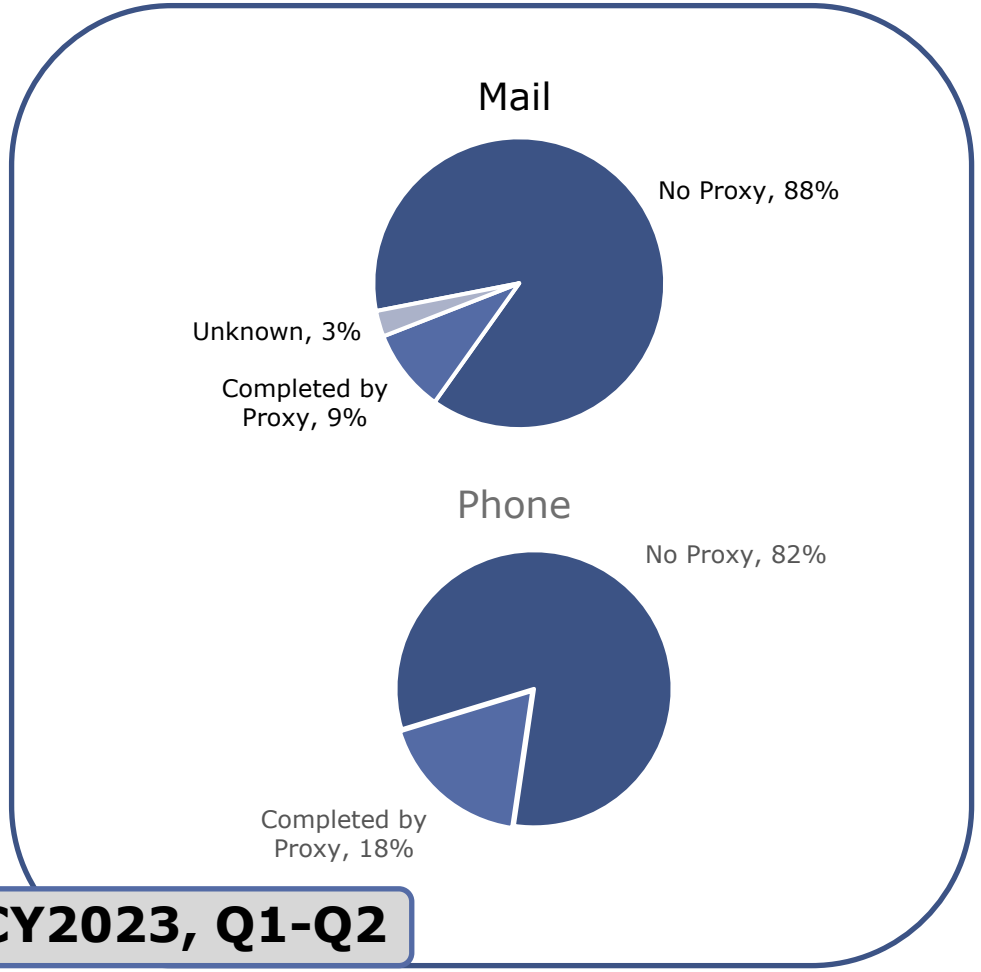


Language in Which the HHCAHPS Survey Was Completed

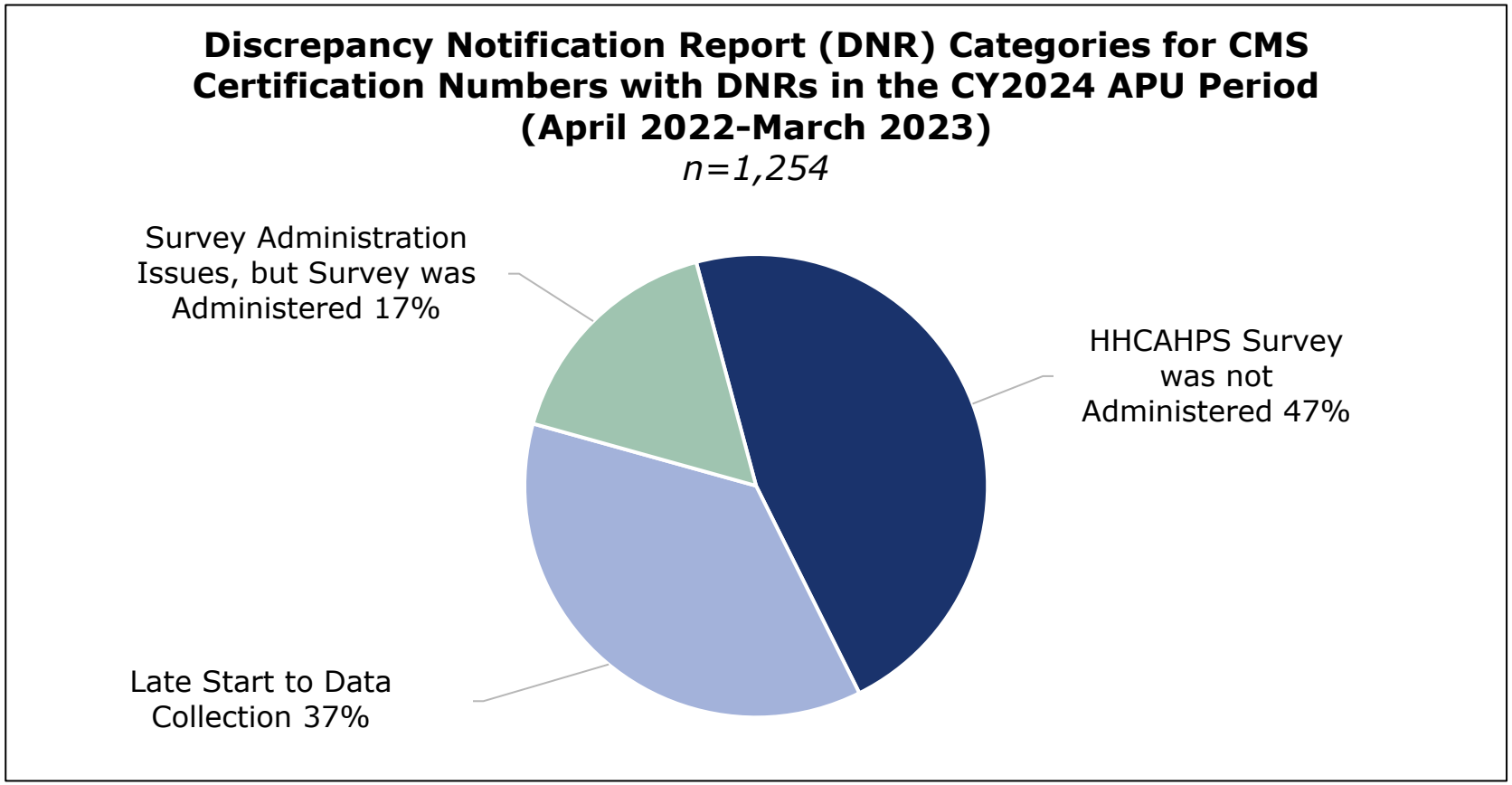


Proxy Rates

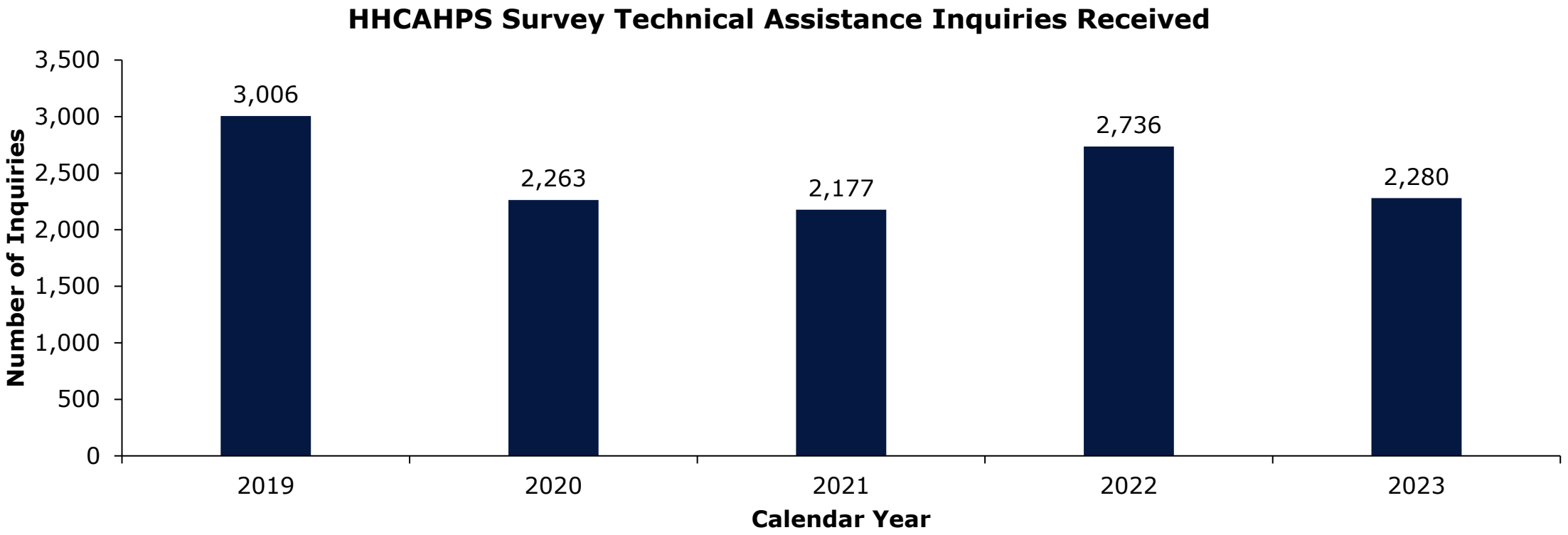

Mail
No Proxy, 88%
Unknown, 3%
Completed by Proxy, 9%
Phone
No Proxy, 81%
Completed by Proxy, 18%
CY2022, Q1-Q2


Mail
No Proxy, 88%
Unknown, 3%
Completed by Proxy, 9%
Phone
No Proxy, 82%
Completed by Proxy, 18%
CY2023, Q1-Q2

Discrepancy Notification Reports (DNRs) Received for the CY 2024 APU Period



Technical Assistance Inquiries



HHA Technical Assistance Topics in 2023

Topic	Percent
HHA Credentialing Process	43.7
Switching Vendors	13.4
HHA Exemption	11.4
Vendor Authorization	8.9
Meant to Contact Vendor, OASIS, or other CAHPS	6.4
Public Reporting	4.2
Participation Requirements	2.8
Survey Instrument	2.1
Star Ratings	1.6
Reports (data submission, other)	1.4

Questions?

Thank You

- 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.