

Home Health Care CAHPS Survey Vendor Update Webinar Training Session

February 2018



Vendor Update Training Session

Home Health Care CAHPS Survey

- Welcome and Introductions
- Overview of the Training Session
- Training Session Logistics

Training Session Overview

- During this session we will cover:
 - CY 2018 Final Rule and APU Reconsiderations
 - Protocols and Guidelines Manual—version 10.0
 - Mail and Telephone Protocol Updates and Reminders
 - HHCAHPS Survey Implementation and QC Reminders
 - Public Reporting
 - Future Efforts on HHCAHPS
 - Important Upcoming Dates

Training Session Logistics and Reminders

A few reminders.

- If you leave the session at any time, please do not disconnect from either the web or telephone connections.
- If you get disconnected and have problems accessing the session, call the webinar provider at:

1-866-779-3239

Training Session Logistics and Reminders (cont'd)

- We will stop for questions after each topic is presented.
- If you would like to ask a question, you can use the Q&A box. Your question will come directly to the presenters. No one will see your question, and we will not identify your organization when we respond.
- We will mute your telephone during the presentation and unmute it for those of you who would like to ask questions during the Q&A sessions. Just use the “raise hand” icon, and we will unmute your phone.

CY 2018 Final Rule and APU Reconsiderations

CY18 Final Rule and Current Info

- Final Rule (82 FR 214 51676) published November 7, 2017
- Hurricane/weather policy updates on www.cms.gov
- APU Compliance Review:
 - HHCAHPS is part of the HH QRP Program and conforms with that for any exceptions because of weather, etc.
 - Of all Medicare-certified HHAs, most are compliant. For CY 2012, 10% noncompliant. In recent years, 5%-6% noncompliant.

Reconsideration Reviews

Some key reasons for noncompliance:

- HHAs mistakenly believed they did not have enough patients to qualify for required participation for the APU
- HHAs completed the PER form but for the wrong CY APU
- HHAs mistakenly believed that because of changes of ownership they were not accountable for the noncompliant actions of the prior owners
- HHAs did not know about the HHCAHPS requirements
- HHAs did not understand how to count their patients
- HHAs did not understand that if their patient count declined in the current period they needed to continue HHCAHPS
- HHAs switched vendors incorrectly (concerning reason to us)

Questions?

Protocols and Guidelines Manual, v. 10.0

Protocols and Guidelines Manual version 10.0

Organizational changes to version 10.0

- Streamlined information in Chapters 8-11.
- Moved proxy coding instructions from Chapter 10 (Website and File Submissions) to **Chapter 9** (Data Processing and Coding), to consolidate all of the coding guidance into one chapter.
- Removed the old Appendix M. It was redundant with the information provided in the **old** Appendix N.

Protocols and Guidelines Manual version 10.0 (Cont'd)

Survey and protocol changes to version 10.0

- Vendors cannot include HHA names or logos on outgoing mailing envelopes without submitting an Exceptions Request
- English, Spanish, Vietnamese, and Russian CATI scripts: new “resume partial interview” scripting
- Clarified the definition of disposition code 230—Ineligible, language barrier
- Appendix G—Russian Survey Materials (reflects correction to Q31 already posted on HHCAHPS website in March 2017)
- Appendix K—FAQs, added instructions to interviewers about when it is acceptable to use the suggested responses

Mail and Telephone Protocol Updates and Reminders

Mail Survey Protocol

Vendor-requested topics:

- Review Challenging Situations for Mail Surveys:
 - Group Homes
 - Response Coding Scenarios
- Protocol Updates
- General Reminders

Mail Protocol Challenges: Group Homes

- Vendor-provided scenario: Mail returned from the sample member's assisted living facility with forwarding address (not from post office).
 - Is the forwarded addressee an appropriate proxy?
- Can facility personnel serve as proxies?
 - What to do when multiple sample members are all at the same facility?

Mail Protocol Challenges: Coding Question Responses

- One keyer coded this as M; another as "2": which is correct?
- Was the rest of the questionnaire answered?
- What type of marks were used?

33. Did someone help you complete this survey?
- 1 Yes
- 2 ~~No~~ → **If No, please return the completed survey in the postage-paid envelope.**
34. How did that person help you? Check all that apply.
- 1 Read the questions to me
- 2 Wrote down the answers I gave
- 3 Answered the questions for me
- 4 Translated the questions into my language
- 5 ...

Mail Protocol Challenges: Coding Question Responses (Cont'd)

- One keyer coded this as a blank survey; one coded it as a refusal
- Was this the first or second mailing?

| SURVEY INSTRUCTIONS | |
|--|---|
| <ul style="list-style-type: none"> • Answer all the questions by checking the box to the left of your answer. • You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this: | <p>3. When you first started getting health care from this agency, someone from the agency talked to you about how to set up your home so you can move around safely?</p> <p>¹ <input type="checkbox"/> Yes</p> <p>² <input type="checkbox"/> No</p> <p>³ <input type="checkbox"/> Do not remember</p> |
| <p><input checked="" type="checkbox"/> Yes → If Yes, go to Q1 on Page 1.</p> <p><input type="checkbox"/> No</p> | <p>4. When you started getting home health care from this agency, did someone from the agency talk with you about the prescription and over-the-counter medicines you were taking?</p> <p>¹ <input type="checkbox"/> Yes</p> <p>² <input type="checkbox"/> No</p> <p>³ <input type="checkbox"/> Do not remember</p> |
| YOUR HOME HEALTH CARE | |
| <p>1. According to our records, you got care from the home health agency, INIJ Home Health Care. Is that right?</p> <p>-----</p> <p>As you answer the questions in this survey, think only about your experience with this agency.</p> <p>¹ <input type="checkbox"/> Yes</p> <p>² <input type="checkbox"/> No → If No, please stop and return the survey in the envelope provided.</p> | <p>5. When you started getting home health care from this agency, did someone from the agency ask to see a prescription and over-the-counter medicines you were taking?</p> <p>¹ <input type="checkbox"/> Yes</p> <p>² <input type="checkbox"/> No</p> <p>³ <input type="checkbox"/></p> |

Mail Protocol Updates

- Vendors are not permitted to include HHA names or logos on outgoing mailing envelopes unless they submit an Exceptions Request Form (ERF).
 - HHA name/logo should be included on the questionnaires or cover letters
 - Vendors that use window envelopes cannot show the agency logo through the envelope window (unless they submit an ERF).

Mail Protocol Updates (cont'd)

Use of HHA Logos: in Chapters 5 and 7 (pages 56 and 82), new language is bolded below.

- The HHA name or logo should appear on the survey or the cover letter **but cannot appear on the envelopes (for privacy), unless vendors submit an Exceptions Request Form indicating that there are no HIPAA risks and they have the agency's approval to display the name or logo on the envelope.** Survey vendors cannot include any promotional messages or materials, including indications that either the HHA or the survey vendor has been approved by the Better Business Bureau, on the HHCAHPS cover letter, questionnaire, or outgoing or incoming mailing envelopes.

Mail Protocol: General Reminders

- Handling “White Mail” and Inbound Calls
 - Documented audit trail for final code disposition assignments from returned mail surveys and customer service phone calls.
- Documentation for non-interview codes will be reviewed during vendor oversight visits.
 - Call log
 - Original hardcopy questionnaire with comments
 - Attachments received with the survey
 - Notes within your control system

Mail Protocol: General Reminders (cont'd)

- Vendors should identify non-interview questionnaires (e.g., deceased, incapable) before scanning or keying.
- Non-interview cases should not be submitted to the HHCAHPS Data Center, even if there are data.
 - This is not the same as a partial interview

Telephone Survey Protocol

Vendor-requested topics:

- Review of Challenging Situations
 - Proxy interviewing
 - Handling break-offs
 - Responses to Race question that don't fit categories
 - What to do in the interview when patient gender does not match gender on administrative record
- Protocol Updates
- Reminders

Telephone Protocol Challenges: Proxy Interviewing

- When is it ok to ask for a proxy?
- What should we do if an interview has already started?
- How to convince a proxy to participate
- What are typical proxy rates for mail/phone surveys?

Proxy coding instructions are in Chapter 9 of the *Protocols and Guidelines Manual, v. 10.0*

Telephone Protocol Challenges: Proxy Interviewing (cont'd)

When is it ok to ask for a proxy respondent?

- Anytime before OR during an interview when you feel that the sample member is not capable
- Signs that you may need a proxy:
 - sample member is confused,
 - doesn't remember the home health agency,
 - can't answer the questions, or
 - cannot hear you.

Telephone Protocol Challenges: Proxy Interviewing (cont'd)

How do you convince a proxy to participate?

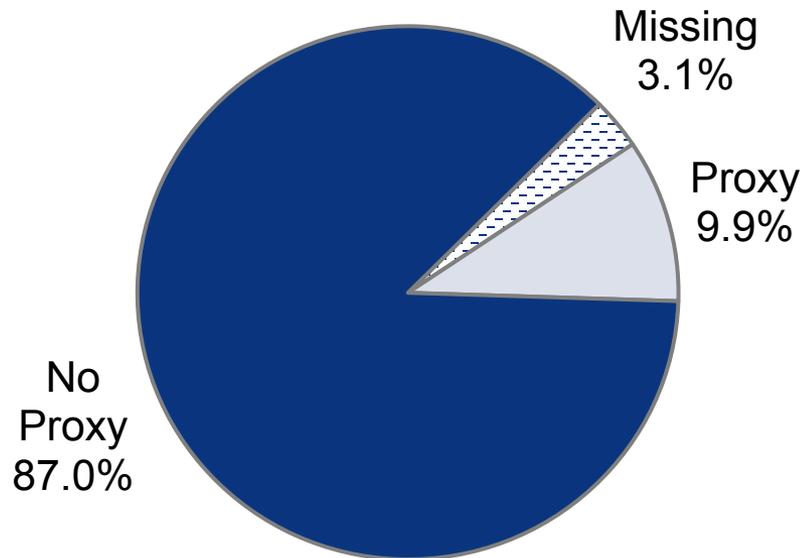
- Train interviewers to quickly ask if there is a family member or friend who is familiar with the sample member's health care experiences.
- And, train them to quickly get to the proxy intro script because it allows you to say that you are calling on behalf of Home Health Agency ABC.

What should we do if an interview has already started?

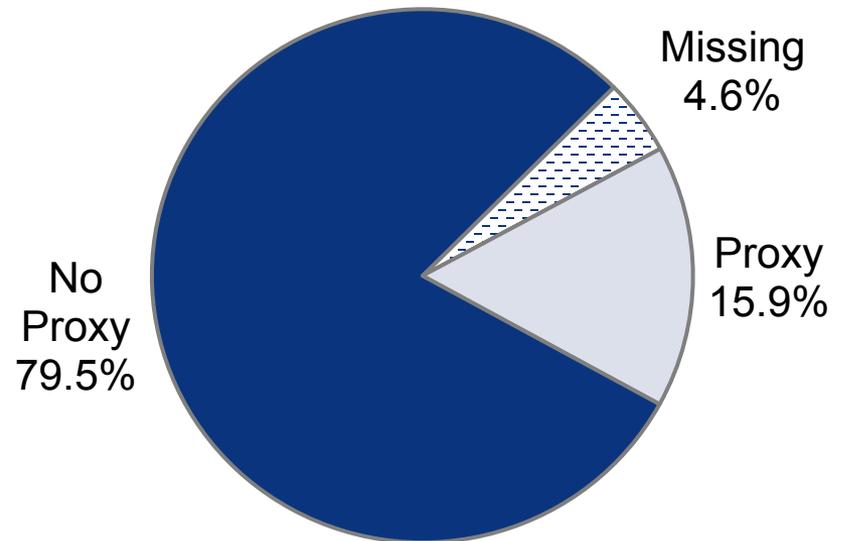
- Break off the interview and access the proxy script from the beginning.

Proxy Rates: Mail and Telephone

**Mail Survey Proxy Rates:
CY17, Q1+Q2**



**Phone Survey Proxy Rates:
CY17, Q1+Q2**



Telephone Protocol Challenges: Handling Breakoffs

- Sample member refuses after Question 1
- Sample member is confused after answering three or four questions and no proxy is available
- Sample member says he or she never got a visit from the home health agency

Telephone Protocol Challenges: Ambiguous Responses

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.

- What if a respondent says “I’m Hispanic?”
- (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).
- Interviewers must read all responses. Do not stop reading if the respondent interrupts you with an answer.

Telephone Protocol Challenges: Handling Gender Identification Issues

The HHCAHPS Survey does not ask respondents their gender since it's provided by the HHA in monthly patient data files.

- If no gender is provided by HHA and interviewer is conducting a proxy interview, how should they refer to the sample member?
- What do you do if the interviewer believes that the respondent is clearly male based on what the interviewer hears over the phone (for example), but the patient name and HHA-supplied gender is female?

Telephone Protocol: Updates

Updated language shown in bolded text.

- 230 - Ineligible: Language Barrier: Assign this code to sample members who do not speak any of the HHCAHPS Survey language(s) **which the vendor is administering for that HHA. The language barrier code only applies to the sample member and should not be assigned until a determination is made that the sample member cannot speak the language(s) being administered.**

Telephone Protocol: Updates (cont'd)

New scripts for resuming partial interviews:

INTRO3 and INTRO4: NOTE THAT THE SAMPLE MEMBER MUST HAVE ANSWERED AT LEAST ONE QUESTION IN THE SURVEY IN A PRECEDING CALL.

INTRO3: Hello, may I please speak to [SAMPLE MEMBER'S NAME]?

IF ASKED WHO IS CALLING:

This is [INTERVIEWER NAME] calling from [VENDOR]. I'd like to speak to [SAMPLE MEMBER'S NAME] about a study about health care.

INTRO4: Hello, I am calling to continue the survey that we started in a previous call, regarding the care that you received from [HOME HEALTH AGENCY]. I'd like to continue with the interview now.

Telephone Protocol: Updates (cont'd)

- Telephone Interviewer FAQs. (Appendix K) clarifies that suggested answers can only be used when interviewer is speaking with the sampled patient.
[The following questions and answers are to be used only when the interviewer is speaking with the sampled patient. If the interviewer is not speaking with the patient, the interviewer should only indicate that the study is about health care.]
- Russian Survey Materials. For Question 31 in the regular and proxy telephone instruments, script corrected to read “select all that apply” rather than “select one.”
[These revised scripts were posted to the HHCAHPS website on March 8, 2017].

Telephone Protocol: General Reminders

- Calls to Group Homes (assisted living, nursing homes, etc.)
- Interviewers cannot provide additional information to respondents
- Length of interview “12 minutes vs. some other number of minutes”

Telephone Protocol: General Reminders (cont'd)

- If a respondent cannot complete the call in one attempt, interviewers should reschedule to attempt to complete it at another time
- Telephone calls must be distributed across days of the week, time of the day, and weeks in the data collection period
- Vendors should use the full 3-week (for mixed mode) or 6-week (for telephone only) period as needed, to reach or complete interviews

Telephone Protocol: General Reminders (cont'd)

- Example of a Call Schedule: January 2018 sample month

| Attempt | Date/Time | Outcome |
|----------------|------------------------|-------------------|
| Attempt 1 | Wed., Feb. 21 10:00 am | Answering machine |
| Attempt 2 | Sat., Feb. 24 2:00 pm | Ring, no answer |
| Attempt 3 | Thurs., Mar. 1 6:00 pm | Answering machine |
| Attempt 4 | Fri., Mar. 9 7:30 pm | Ring, no answer |
| Attempt 5 | Mon., Mar. 19 4:00 pm | Ring, no answer |

Questions?

HHCAHPS Survey Implementation and QC Reminders

HHCAHPS Survey Implementation Reminders: All Modes

- Respondent comments cannot be used for HHA marketing purposes
- HHAs switching vendors must authorize their new vendor on the HHCAHPS website
- Excel files submitted with DNRs must have the same date as the online DNR
- Quality Checks are important!
- Coordination Team's review of quarterly data

HHCAHPS Survey Implementation Reminders: All Modes (cont'd)

- Respondent comments cannot be used for HHA marketing purposes
 - This includes HHA websites and marketing materials
 - Same policy as on other CAHPS surveys

HHCAHPS Survey Implementation Reminders: All Modes (cont'd)

Vendors with new HHA clients must make sure that the clients have authorized them on the HHCAHPS website!

- Lack of updated authorizations caused many APU failures for HHAs that switched vendors
- Vendors should check authorizations every quarter in case an HHA put an END DATE on the authorization or selected the wrong START DATE
- If you provide submission results to your clients, make sure they understand that they need to check their *HHCAHPS data submission reports* to confirm that the submission was successful

HHCAHPS Survey Implementation Reminders: All Modes (cont'd)

- Excel spreadsheets submitted with online DNRs must be submitted on the same date as the online DNR.

Online DNR Form

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

Home Vendor Dashboard General Information Trai

Forms for Vendors / Discrepancy Notification Report

Home Health Care CAHPS Survey - Discrepancy Notification Report

Date Submitted: 11/21/2017

I. GENERAL INFORMATION

The following general information should be filled out about the survey

1. SURVEY VENDOR ORGANIZATION INFO

DNR Excel Template

| | A | B | C | D |
|---|------------|---------------|--------|-----------------------|
| 1 | Vendor | Date original | CCN | HHA Name |
| 2 | Name | Submitted | | |
| | | DO NOT CHANGE | | |
| 3 | ABC Vendor | 11/21/2017 | 112233 | HOME HEALTH HHA, INC. |
| 4 | | | | |

HHCAHPS Survey Implementation Reminders: All Modes (cont'd)

- If the Coordination Team asks you to update the online DNR or the accompanying DNR Excel spreadsheet...
 - Update and resubmit both the online DNR **and** the accompanying DNR Excel spreadsheet.
 - IMPORTANT: The date on which the updated DNR Excel file is resubmitted to the Coordination Team (via e-mail) must be the same date on which the online DNR update is submitted.
 - Date listed in Column B of the Excel spreadsheet (“Date original DNR Submitted”) should **not** be changed.
- DNRs are used in the APU consideration process.
- For audit purposes, these dates must match.

HHCAHPS Survey Implementation Reminders: All Modes (cont'd)

Example DNR with Missing Information

II. DISCREPANCY INFORMATION

1. Description of discrepancy, how it was discovered, and the affected timeframe

A second questionnaire mailing was not sent to sample patients because an internal (Example Vendor, Inc.) interim code was not applied. This was discovered when Example Vendor, Inc. was preparing the XML data files for Q3, 2017.

2. Number of eligible patients affected by the discrepancy

Total of 220 affected cases across all sample months.

3. Description of corrective action to be taken to address discrepancy, along with proposed timeline

Example Vendor, Inc. has corrected the bug in our internal systems and thoroughly tested the correction. Additional QC checks will be implemented to verify that this issue has been resolved.

4. Additional information not provided above which will help the coordination team understand the discrepancy

None.

- This original DNR does not specify the affected sample months or number of affected cases broken out by sample month.

HHCAHPS Survey Implementation Reminders: All Modes (cont'd)

Example DNR with Missing Information (cont'd)

II. DISCREPANCY INFORMATION

1. Description of discrepancy, how it was discovered, and the affected timeframe

A second questionnaire mailing was not sent to sample patients because an internal (Example Vendor, Inc.) interim code was not applied. This was discovered when Example Vendor, Inc. was preparing the XML data files for Q3, 2017. *The affected sample months are July, August, and September 2017.*

2. Number of eligible patients affected by the discrepancy

Total of 220 affected cases across all sample months *(72 affected cases in July 2017; 67 affected cases in August 2017; and 81 affected cases in September 2017).*

- Red text is information added to this updated DNR example.
- This updated DNR now includes the affected sample months (July, August, and September) and the number of affected cases broken out by sample month.

HHCAHPS Survey Implementation Reminders: All Modes (cont'd)

Example DNR with Missing and Inconsistent Information

II. DISCREPANCY INFORMATION

1. Description of discrepancy, how it was discovered, and the affected timeframe

Our client agency submitted their monthly patient information file on November 21, 2017. Data collection activities were initiated late.

2. Number of eligible patients affected by the discrepancy

September 2017 – 15 sampled cases

3. Description of corrective action to be taken to address discrepancy, along with proposed timeline

This is a new client. We are working with and training their HHCAHPS Survey Administrator so future patient file submissions are accurate and on time.

4. Additional information not provided above which will help the coordination team understand the discrepancy

None.

- This is a late start DNR. The original DNR does not specify the data collection dates, and the date information under item #1 or item #2 appears incorrect.

HHCAHPS Survey Implementation Reminders: All Modes (cont'd)

Example DNR with Missing and Inconsistent Information (cont'd)

II. DISCREPANCY INFORMATION

1. Description of discrepancy, how it was discovered, and the affected timeframe

Our client agency submitted their monthly patient information file on November 21, 2017. Data collection activities were initiated on November 23, 2017.

2. Number of eligible patients affected by the discrepancy

October 2017 – 15 sampled cases

- The updated DNR now includes the date in which data collection began, and the corrected sample month information.

HHCAHPS Survey Quality Control Reminders: All Modes

Quality Checks are Important!

- Vendors should check their XML files against the original HHA patient data files
 - Admission source, payer source, patient age, etc.
- Vendors should incorporate a monthly or quarterly check of XML files against the hardcopy questionnaires or CATI records
 - Catches scanning, XML file coding, and coder errors
 - Can also catch proxy coding or language coding errors

HHCAHPS Survey Quality Control Reminders: All Modes (cont'd)

Quality Checks are Important!

- Review distributions of key administrative, response rate, and computed variables
 - Payer source
 - Age
 - Q1—confirm care received
 - Q20—Overall Rating,
 - Q25—Willingness to Recommend agency,
 - Q31—Race
 - Proxy flag
 - Language in which survey completed

HHCAHPS Survey Quality Control Reminders: All Modes (cont'd)

Quality Checks are Important!

- Review response rates by HHA
 - What are the reasons completion rates are low?
 - Poor telephone numbers → work with HHA or run numbers through telephone update service
 - Sample members live in group homes or assisted living facilities → is telephone the best mode? Can HHA provide direct telephone numbers rather than main facility number?
 - Large percentage of non-English speakers → is there another language that would be beneficial for HHCAHPS to translate?

HHCAHPS Survey Quality Control Reminders: All Modes (cont'd)

Quality Checks are Important!

- Telephone survey vendors should listen to recordings to confirm accurate coding of responses
- If possible, listen to non-interview cases to confirm correct assignment of disposition codes
- Ongoing disposition code review is important (e.g., 310, 220, 240)—case notes facilitate this review

HHCAHPS Survey Quality Control Reminders: All Modes (cont'd)

Quality Checks are Important!

- Review disposition code assignment by telephone interviewer (for telephone vendors)
- Review coding error rates by data coder (for mail vendors)

Thanks to vendors implementing the above checks more consistently, the HHCAHPS site visit teams have noticed that the quality of data has improved!

Quarterly Review of Submitted Data

Reviews reveal:

- Incorrect application of completeness algorithm (cases coded as breakoff that should be complete, and vice versa). Observed for both mail and phone.
- Overall Rating of Care (Q20) only has values of 9 or 10 (missing a broader range).
- Incorrect proxy codes (no values of "2," just values of 1 or M).

Quarterly Review of Submitted Data (cont'd)

Reviews reveal:

- Language in which the survey was completed only has a value of 1—English, even though vendor conducts survey in multiple languages
- Incomplete distribution of disposition codes, such as no codes of language barrier (230), incapable (240), breakoffs (310), or ineligible (220)

Remember to validate any changes you make to your programs or processes before implementing!

Questions?

Public Reporting

Quality of Patient Care and Patient Survey Results

- On Home Health Compare, OASIS data are called “Quality of Patient Care” and HHCAHPS data are called “Patient Survey Results.”
- The reporting periods for the displayed data on Home Health Compare are similar but not the same dates, for the Quality of Patient Care and Patient Survey Results. The dates for the displays are on every page, whether the data are in tables or in graphs.
- The data for both Quality of Patient Care and Patient Survey Results are updated quarterly and the Star Ratings are adjusted accordingly every quarterly period.
- The archived data are available on data.medicare.gov and the HHCAHPS data are available for prior Home Health Compare reporting periods on <https://homehealthcahps.org>.

Questions?

Future Efforts on HHCAHPS

Future Efforts on HHCAHPS

CMS is conducting a review of the HHCAHPS Survey instrument

- Multiphase process
- Focus groups and telephone interviews conducted with home health patients in 2016
- Learned about what “quality” home health means to patients
- See October 2016 issue of the CTQR under “General Information” tab on the HHCAHPS website for “most important factors”

Future Efforts on HHCAHPS (cont'd)

HHCAHPS Coordination Team will be conducting telephone interviews with patient advocates, industry representatives, and others

- Questions/measures that would be useful to patients and families (in helping them choose an HHA) or providers (for quality improvement efforts)

Any changes to the instrument need to go through internal CMS review, OMB, NQF endorsement (potentially), and the legislative process

- We will keep everyone updated

Questions?

Important Project Dates

- April 1 starts a new APU participation period (CY2020 APU)
- April data submission: April 19, 2018 deadline
- April 30, 2018 Vendor Annual QAP Updates due
 - (new request for 2018) Please let us know which languages you offer (and are implementing)
 - Still only need to submit English versions of letters, questionnaire, and CATI scripts

Important Project Dates (cont'd)

- Several materials on the HHCAHPS website have been or will be updated to reflect the CY2020 APU.
 - Information for HHAs box on home page: Exemption from HHCAHPS Participation, HHCAHPS Participation Periods, and HHA Responsibilities.
 - For vendors—APU Participation Summary Reports
- February through August 2018, the Coordination Team will be conducting 10 site visits

Questions?

Thank You

- Thank you for participating in the Vendor Update Training Session.
- Complete the HHCAHPS Vendor Update Training Session Evaluation Form before disconnecting from this session.