

# **Introduction to HCAHPS Survey Training**

February 2019



# Introduction to HCAHPS Survey Training

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## Welcome!

### HCAHPS Training Objectives:

- Explain purpose and use of HCAHPS Survey
- Provide instruction on managing the survey
- Discuss modes of survey administration
- Instruct on sampling, data preparation, data submission, and public reporting
- Review oversight and quality checks activities

## Quality Assurance Guidelines

- This presentation is based on the HCAHPS *Quality Assurance Guidelines (QAG) V14.0*
  - QAG V14.0 will take effect October 1, 2019, applying to all patients discharged October 1, 2019 and forward
- Survey vendors and hospitals are responsible for reviewing and familiarizing themselves with all of content in the QAG

## Background of the HCAHPS Survey



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## Overview

- Background and Development of HCAHPS
- Composition of the Survey
- Roles and Responsibilities

## The Name of the Survey

- Official name:

**CAHPS<sup>®</sup> HOSPITAL SURVEY**

- Also known as **Hospital CAHPS<sup>®</sup>** or

**HCAHPS**

➔ Pronounced "*H-caps*"

*CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality, a U.S. Government agency.*

## The Method of HCAHPS

- Ask patients (survey)
- Collect in standardized, consistent manner
- Analyze and adjust data
- Publicly report hospital results
- Use to improve hospital quality of care

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## HCAHPS 101

### Participating Hospitals:

- Short-term, acute care hospitals
  - “*General Hospitals*” (AHA)
    - IPPS and Critical Access Hospitals
      - IPPS hospitals penalized if don’t participate
      - PPS-Exempt Cancer Hospitals can voluntarily participate
  - Excludes pediatric, psychiatric and specialty hospitals

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## How the Survey is Administered

Participating hospitals, second quarter 2018 (4,554):

- Mail: 2,893 hospitals; ~ 64%
- Telephone: 1,654 hospitals; ~ 36%
- Mixed Mode: 2 hospitals; 0.04%
- IVR: 5 hospitals; 0.11%

## Who Administers the Survey

### **Second quarter 2018:**

- 28 Approved survey vendors
  - 99.84% of surveys
- 38 Self-administering hospitals
  - 0.07% of surveys
- 1 Multi-site hospital
  - 0.09% of surveys

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## HCAHPS Never Rests

- April 2019 publicly reported scores are based on approximately **3 million completed surveys** from patients at **4,482 hospitals**
- **Every day** almost 8,000 patients **complete** the HCAHPS Survey

## Composition of HCAHPS Survey

HCAHPS contains **29 items** (*for October 1, 2019 Discharges and Forward*):

- **Items 1-22:** Core of HCAHPS (22 questions)
  - Beginning of survey; do not alter; keep together
    - *19 substantive questions*
    - *3 "screener" items*
- **Items 23-29:** "About You" (7 questions)
  - Follow the Core questions; keep together; do not alter

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## Example of HCAHPS Survey Items: *"Your Care From Nurses"*

1. During this hospital stay, how often did nurses treat you with courtesy and respect?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

2. During this hospital stay, how often did nurses listen carefully to you?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

3. During this hospital stay, how often did nurses explain things in a way you could understand?

- 1  Never
- 2  Sometimes
- 3  Usually
- 4  Always

## Roles and Responsibilities

### Hospitals

- Comply with all HCAHPS Survey protocols (whether self-administering or contracting with an approved survey vendor)
- Produce patient discharge list with complete administrative data in a timely manner
- Use survey versions in the language of patients
- Review data warehouse reports
- Do not influence patients about HCAHPS Survey
  - Communication with patients
  - Concurrent surveys

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## Roles and Responsibilities *(cont'd)*

### Hospitals Using a Survey Vendor

- The *Vendor's role* in data collection and submission:
  - Create sample frame of eligible discharges
  - Draw sample of eligible patients and administer survey
  - Submit HCAHPS data in standard format via the QualityNet Secure Portal
  - Monitor data submission reports
    - Including HCAHPS Data Review and Correction Report
  - Comply with oversight process, including site visits
  - Conduct ongoing quality assurance activities
    - Including data quality checks
  - Monitor HCAHPS Web site for updates

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## Roles and Responsibilities *(cont'd)*

### **CMS: Support, Report & Oversight**

- Provide training and technical assistance
- Accumulate, clean and adjust data
- Calculate and publicly report results, including Star Ratings
- Analyze results
- Provide scores to CMS programs, such as Hospital Value-Based Purchasing (VBP)
- Oversee all survey processes, survey vendors and self-administering hospitals

## Using HCAHPS Scores for Intra-Hospital Comparisons

- HCAHPS was designed and intended for *inter-hospital* (hospital-to-hospital) comparisons
  - Identified by CMS Certification Number (CCN)
- CMS does **not** review or endorse the use of HCAHPS scores for *intra-hospital* comparisons
  - Such as comparing a ward, floor or individual staff members
  - Such comparisons are unreliable unless large sample sizes are collected at the ward, floor, or individual level
  - HCAHPS questions do not specify individual doctors/nurses

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## Unofficial use of HCAHPS Survey

- The HCAHPS Survey results are not intended to be used for marketing or promotional activities
  - **Only the HCAHPS scores published on the Hospital Compare Web site are the “official” scores**
  - **Scores derived from any other source are “unofficial” and must be labeled as such**
- The HCAHPS Survey and the questions that comprise it are in the public domain and thus can be used outside of official HCAHPS purposes (e.g., for non-HCAHPS eligible patients, etc.)
  - **However, when used in an unofficial capacity**
    - **The HCAHPS OMB language must not be used**
    - **All references to “HCAHPS” must be removed**
    - **The copyright statement for the Care Transition Measure (CTM) items must be used**



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## Advertising Guidelines

- The Hospital Compare Web site is the official source of HCAHPS results
  - Reports created by survey vendors or others that mention anything other than the official HCAHPS scores, such as estimates or predictions, must note that such scores or results are “unofficial.” This is done in two ways:
    - The introduction or executive summary of such reports must include the following statement:
      - “This report has been produced by [Survey Vendor] and does not represent official HCAHPS results, which are published on the Hospital Compare Web site (<https://www.medicare.gov/hospitalcompare>).”
    - Each page of the report where unofficial results are displayed (print or electronic) must contain the following statement:
      - “This report has been produced by [Survey Vendor] and does not represent official HCAHPS results.”
- CMS does not endorse hospitals or survey vendors
  - *Or commercial Hospital VBP tools, etc.*
- Hospital Compare is designed to provide objective information to help consumers make informed decisions about hospitals

## Participation and Program Requirements

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## Participation Overview

- HCAHPS Web site and Technical Support
- Rules of Participation
  - Step 1: Introduction to HCAHPS Survey Training
  - Step 2: Program Participation Form and Teleconference
  - Step 3: The QualityNet Secure Portal Registration
  - Step 4: Data Collection
  - Step 5: Participate in Oversight Activities
  - Step 6: Public Reporting
  - Step 7: Future Update Training
- Minimum Requirements



# Introduction to HCAHPS Survey Training

## HCAHPS Web site and Technical Support

<http://www.hcahpsonline.org>

- Official web site for content, announcements, *HCAHPS Bulletins*, updates, reminders
- Monitor weekly for “What’s New”
- Quick links to Current News, Background, Participation, etc.

**HCAHPS**  
Hospital Consumer Assessment of  
Healthcare Providers and Systems

CAHPS® Hospital Survey

Home Page

Search



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## HCAHPS Web site Home Page

**HCAHPS**  
Hospital Consumer Assessment of  
Healthcare Providers and Systems

CAHPS® Hospital Survey

Home Page

- Home
- What's New
- Executive Insight**
- Facts
- Mode & Patient-Mix Adj
- Summary Analyses
- HCAHPS Star Ratings**
- HCAHPS and Hospital VBP
- Discrepancy Report
- Exception Request
- Approved Vendor List
- Quality Assurance
- Training Information
- Training Registration
- Training Materials
- Podcasts
- Technical Specifications
- Survey Instruments
- Contact Us/Links
- Sitemap

**Quick links:** [Current News](#) | [Background](#) | [About the Survey](#) | [New Communication About Pain Composite Measure Released](#) | [CMS Presentation on the HCAHPS Survey and Opioid Misuse](#) | [Commentary on the HCAHPS Survey and Opioid Misuse](#) | [HCAHPS Publications by the HCAHPS Project Team](#) | [Participation](#) | [For More Information](#) | [To Provide Comments or Questions](#) | [Internet Citation](#)

**Current News**

- [HCAHPS 2019 Training Registration Now Open](#)
- [Updated Hospital/Survey Vendor HCAHPS Minimum Survey Requirements to Administer the HCAHPS Survey \(Minimum Business Requirements\)](#)
- [Updated 32-Question HCAHPS Mail Survey with OMB Expiration Date Now Available](#)
- [Extraordinary Circumstances Extension/Exception \(ECE\) due to California Wildfires](#)
- [The 29-Item HCAHPS Survey Is Now Open for 60-day Public Comment Period on the Federal Register](#)
- [CMS Introduces HCAHPS Survey Individual Question Top-Box Scores to the Summary Analyses Page](#)
- [Extraordinary Circumstances Extension/Exception \(ECE\) due to Hurricane Michael](#)
- [CY 2019 OPPS Final Rule Now Published](#)
- [Communication About Pain Measure Will Not Be Publicly Reported but Included in Preview Reports](#)
- [Important Changes to the HCAHPS Survey in 2019](#)
- [Hospital Compare Has Been Refreshed](#)
- [Summary Analyses Page Tables Have Been Updated](#)
- [The Star Ratings Distributions Have Been Updated](#)
- [Patient-Mix Coefficients for January 2019 HCAHPS Results Have Been Posted](#)
- [Star Ratings January 2019 Technical Notes Have Been Posted](#)
- [Updated Extraordinary Circumstances Extension/Exception \(ECE\) due to Hurricane Florence](#)
- [FY 2019 IPPS Final Rule Has Been Published](#)
- [HCAHPS Public Reporting Periods for April 2018 Through July 2020 Have Been Posted](#)
- [Self-Rated Mental Health to be Added to HCAHPS Patient-Mix Adjustment Model Beginning with July 2018 Discharges](#)
- [Updates to All Documents Pertaining to April 2018 Public Report and the Pain Management Composite](#)
- [Beginning With the July 2018 Public Report, CMS Will No Longer Report the HCAHPS Pain Management Composite Measure](#)
- [HCAHPS Patient-Mix Adjustment for Service Line and Gender Have Been Posted](#)

**Background**



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## HCAHPS Technical Support

- Email: [hcahps@hcqis.org](mailto:hcahps@hcqis.org)
  - Hospital 6 digit CMS Certification Number (CCN)
  - Contact information
  - Hospital name
- Telephone: 1-888-884-4007
  - Hospital 6 digit CCN
  - Contact information
  - Hospital name

## HCAHPS Technical Support

- QualityNet Help Desk
  - When opening a QualityNet Help Desk Incident Ticket for HCAHPS data-related issues, please forward the email correspondence with the Incident Ticket Number to the HCAHPS Technical Assistance email ([hcahps@hcqis.org](mailto:hcahps@hcqis.org)) for tracking purposes

# Introduction to HCAHPS Survey Training

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## Step 1: Introduction to HCAHPS Survey Training

- Who is required to participate?
  - Organizations intending to apply for approval to administer the HCAHPS Survey
    - Hospitals applying to self-administer HCAHPS
    - Hospitals applying to conduct HCAHPS for multiple sites
    - Survey vendors applying to conduct HCAHPS for client hospitals
    - Subcontractors and other organizations who would have responsibility for major survey administration functions
  - New project managers with currently approved organizations
- Who is recommended to participate?
  - New staff assigned to work on HCAHPS administration
  - Hospitals contracting with a survey vendor or another hospital for survey administration

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## Step 2: Program Participation Form and Teleconference

- Available online at <http://www.hcahpsonline.org>
  - March 1, 2019 through March 22, 2019
- Who needs to submit a Participation Form?
  - Organizations intending to apply for approval to administer the HCAHPS Survey
    - Hospitals applying to self-administer HCAHPS
    - Hospitals applying to conduct HCAHPS for multiple sites
    - Survey vendors applying to conduct HCAHPS for client hospitals
  - *Not required for hospitals contracting with survey vendor*

## Step 2: Program Participation Form and Teleconference *(cont'd)*

- Participation Form must be completed in its entirety
  - Organizations approved to administer the HCAHPS Survey must conduct all business operations within the United States, applicable to all staff and subcontractors
  - An applicant's prior CAHPS Survey administration experience will be considered when reviewing Participation Forms
  - Additional explanations must be provided, if applicable
  - Staff assigned as key HCAHPS project staff must be identified
  - Subcontractors must meet the minimum requirements for the roles they are performing

## Step 3: The QualityNet Secure Portal Registration

- Contact:
  - QualityNet Help Desk (hospitals)
  - HCAHPS Information and Technical Support (survey vendors)
- If already registered with QualityNet, register specifically for HCAHPS and obtain necessary roles
  - Contact QualityNet Help Desk for questions on how to complete the forms
    - [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org)

## Step 4: Data Collection

- Hospitals/Survey vendors will:
  - Adhere to the HCAHPS *QAG V14.0*
  - Submit an Exception Request Form for consideration of approval for requesting variations to HCAHPS protocols
  - Review the compliance and the accuracy of their data collection processes
  - Alert HCAHPS Project Team to any discrepancies occurring during survey administration and submit a Discrepancy Report online via the HCAHPS Web site
  - Submit data by HCAHPS data submission deadline

## Step 5: Participate in Oversight Activities

- Submit HCAHPS Quality Assurance Plan (QAP)
- Submit additional information as requested
- Comply with on-site visit requests
- Comply with conference call requests
- Implement corrective action(s), as necessary

## Step 6: Public Reporting

- HCAHPS results will be publicly reported on a quarterly basis on the Hospital Compare Web site (<https://www.medicare.gov/hospitalcompare>)
- The appropriate pledges must be signed and on file
  - Contact the QualityNet Helpdesk for more details

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## Step 7: Future Update Trainings

- As scheduled by CMS
- Details to be posted on <http://www.hcahpsonline.org>
- Required for all approved survey vendors, hospitals conducting survey for multiple sites, self-administering hospitals, subcontractors and other organizations
- Recommended for hospitals using a survey vendor

## Minimum Business Requirements

1. Relevant survey experience (also applies to subcontractor)
  - Demonstrated **recent** (within the time period, as specified in the QAG) experience in fielding patient-specific surveys as an organization using requested mode(s) of administration
    - Number of years conducting patient-specific surveys
    - Number of years in business
    - Sampling experience

## Minimum Business Requirements *(cont'd)*

### 2. Organizational survey capacity

- Capability and capacity to handle a required volume of surveys and conduct surveys in specified time frame
  - Personnel *(no volunteers are permitted)*
  - System resources
  - Sample frame creation
  - Survey administration
  - Data submission
  - Data security
  - Data retention and storage
  - Technical assistance/customer support
  - Organizational confidentiality requirements

## Minimum Business Requirements *(cont'd)*

### 2. Organizational survey capacity *(cont'd)*

- The following activities must be performed by staff directly employed by the organization approved to administer the survey
  - Sampling process
  - Data submission

## Minimum Business Requirements *(cont'd)*

### 3. Quality control procedures

- Established systems for conducting and documenting quality control activities
  - In-house training for staff and subcontractors involved in survey operations
  - Quality control activities
    - Documentation and discussion
  - Data quality checks
    - Traceable data trail
    - Review of data files
    - Review of electronic programming code
    - Accuracy of data processing activities
- QAP documentation requirements (update annually and as needed)

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## Minimum Business Requirements *(cont'd)*

- HCAHPS Minimum Business Requirements fully apply to all HCAHPS approved self-administering hospitals/survey vendors/multi-site hospitals for as long as the organization is approved to administer the HCAHPS Survey
- Includes maintaining adequate and sufficient resources (e.g., staffing, system resources, etc.) in order to fully comply with HCAHPS protocols, deadlines and HCAHPS Project Team requests

## Steps to Join HCAHPS in 2019

- 1. Complete HCAHPS Training requirements**
- 2. Submit the HCAHPS Participation Form**
  - Hospitals applying to self-administering HCAHPS
  - Hospitals applying to conducting HCAHPS for multiple sites
  - Survey vendors applying to conduct HCAHPS for client hospitals
  - Form available online, **March 1, 2019**
- 3. If approved, collect and submit HCAHPS Survey data on a continuous basis**

## Sampling Protocol

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## Overview

- Steps of Sampling Process
- Methods of Sampling
- Quality Control for Sampling
- Sampling Facts

## Steps of Sampling Process

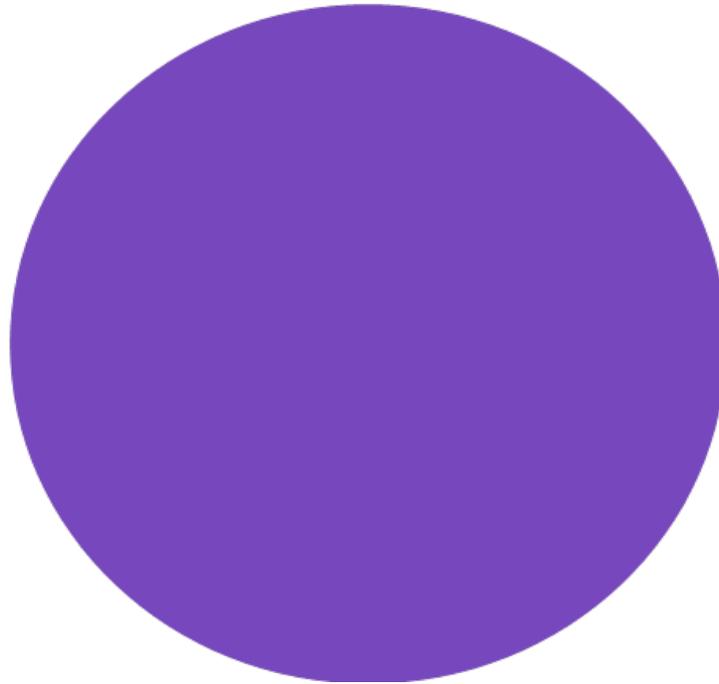
- A. Population (All Patient Discharges)
- B. Identify *Initially* Eligible Patients
- C. Remove Exclusions
- D. Perform De-Duplication
- E. HCAHPS Sample Frame
- F. Draw Sample

**See *QAG V14.0*, HCAHPS Sampling Protocol Illustration**

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## Step A: Population (All Patient Discharges)

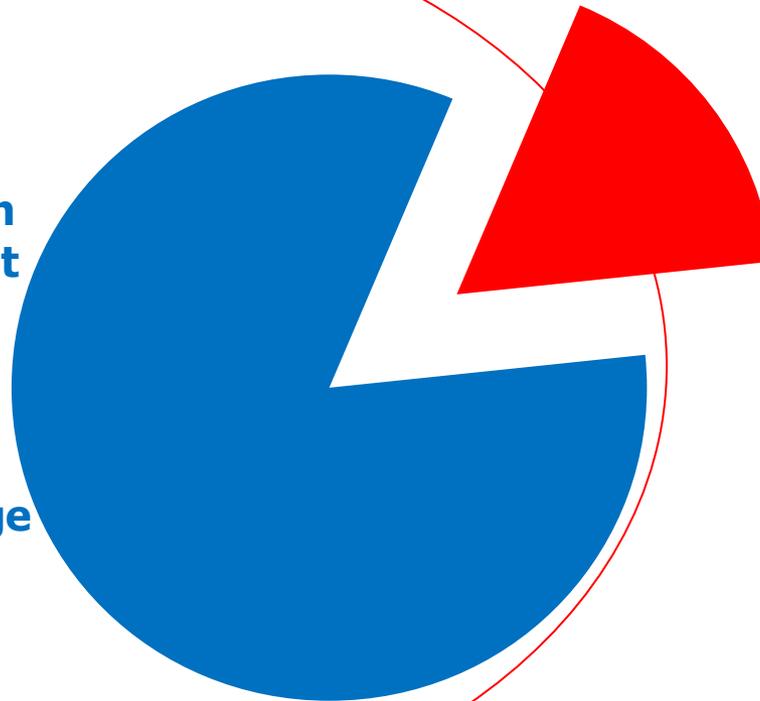


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## Step B: Identify *Initially* Eligible Patients

### *All Initially Eligible Patients*

- 18 years or older at the time of admission
- Admission includes at least one overnight stay in hospital
- Non-psychiatric MS-DRG/principal diagnosis at discharge
- Alive at the time of discharge

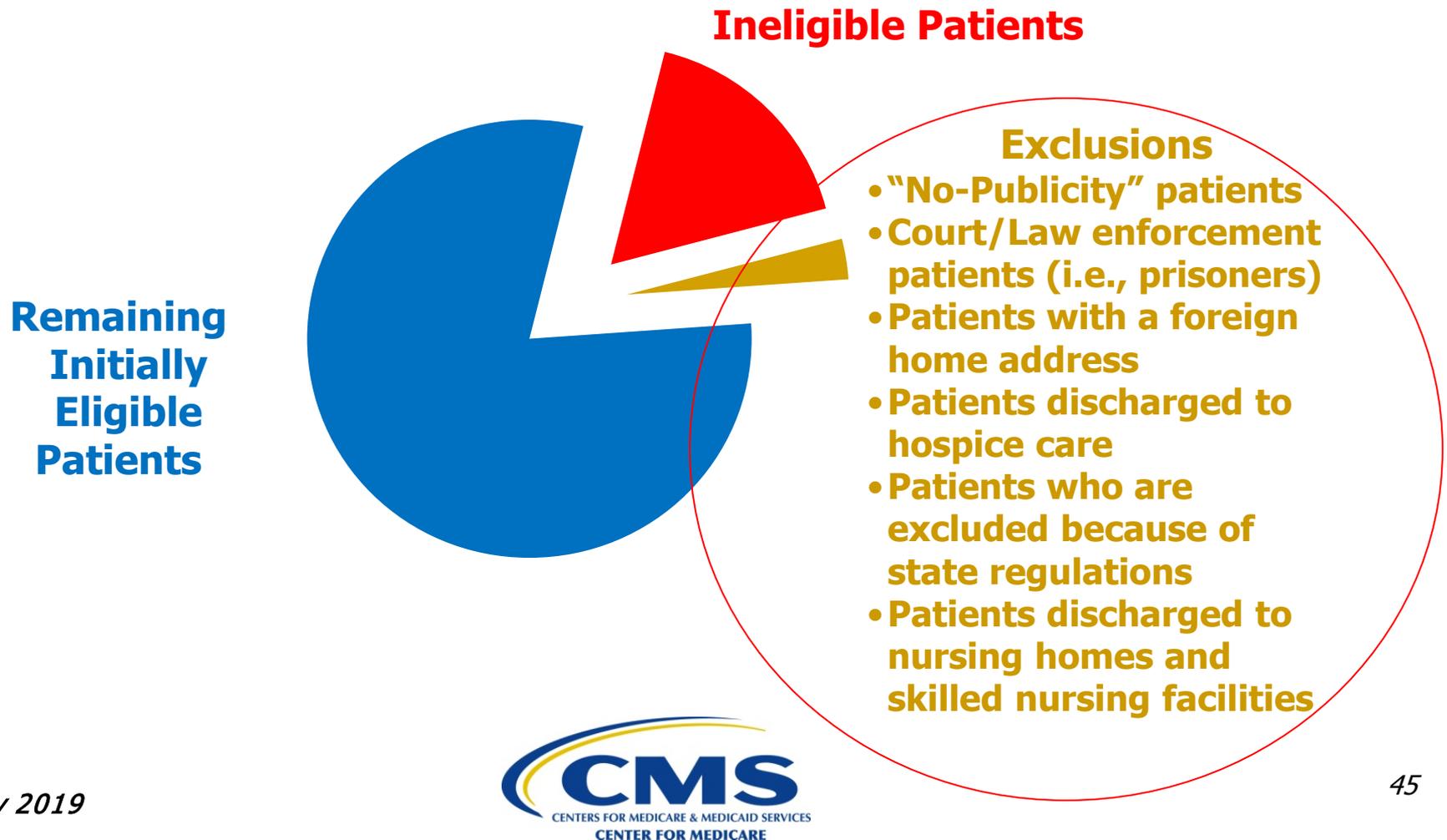


### **Ineligible Patients**

- *Record count of ineligible patients*

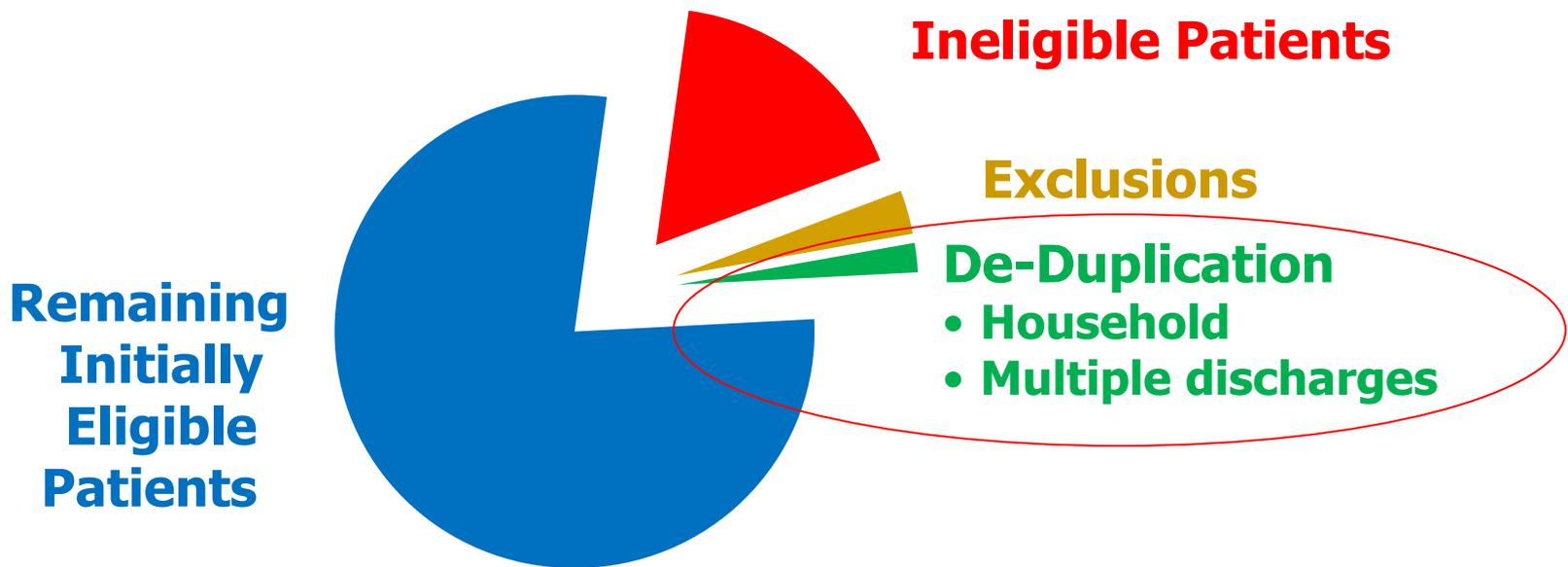
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## Step C: Remove Exclusions



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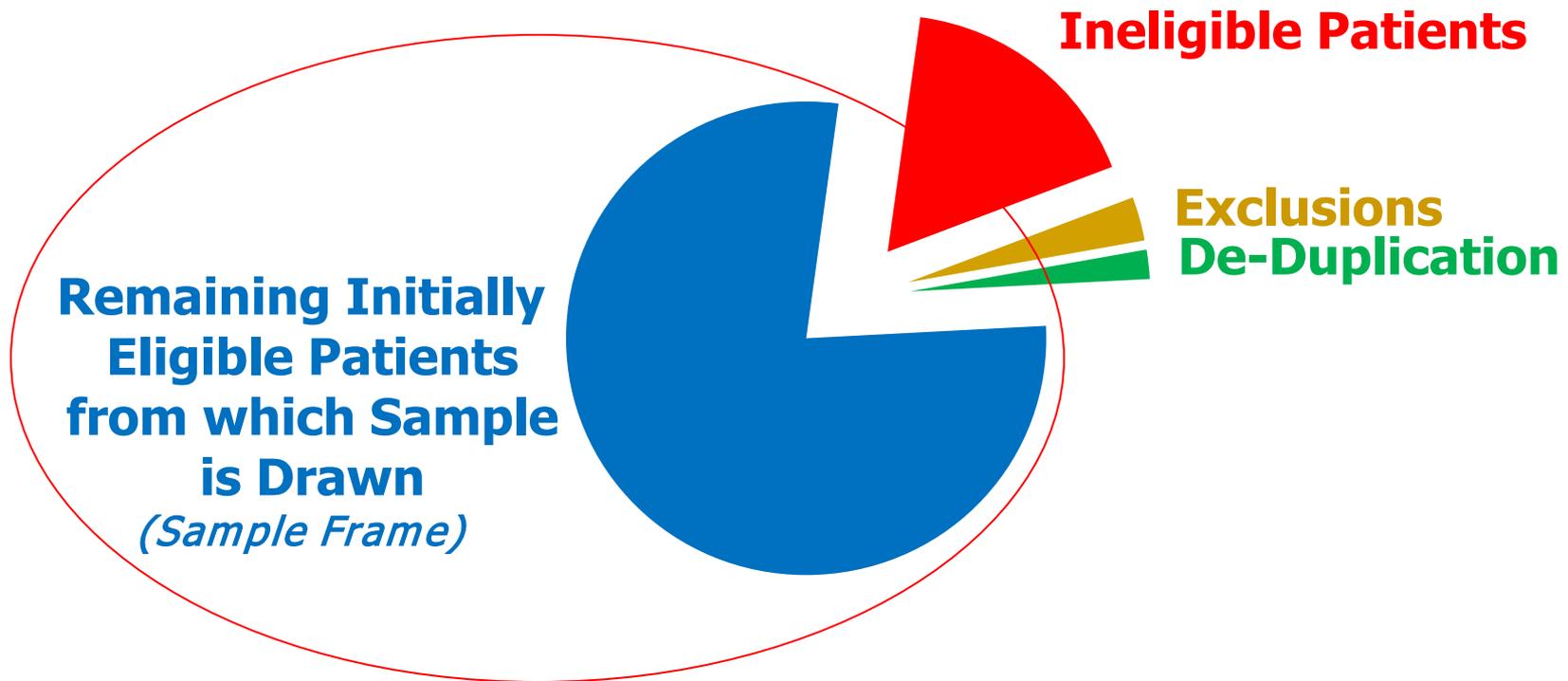
## Step D: Perform De-Duplication



Note: De-duplication must be performed using the **sample frame, not the sample**, within each calendar month, utilizing address information (or telephone number for Telephone, Mixed and IVR modes) and the patient's medical record number (or other unique identifier)

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## Step E: HCAHPS Sample Frame

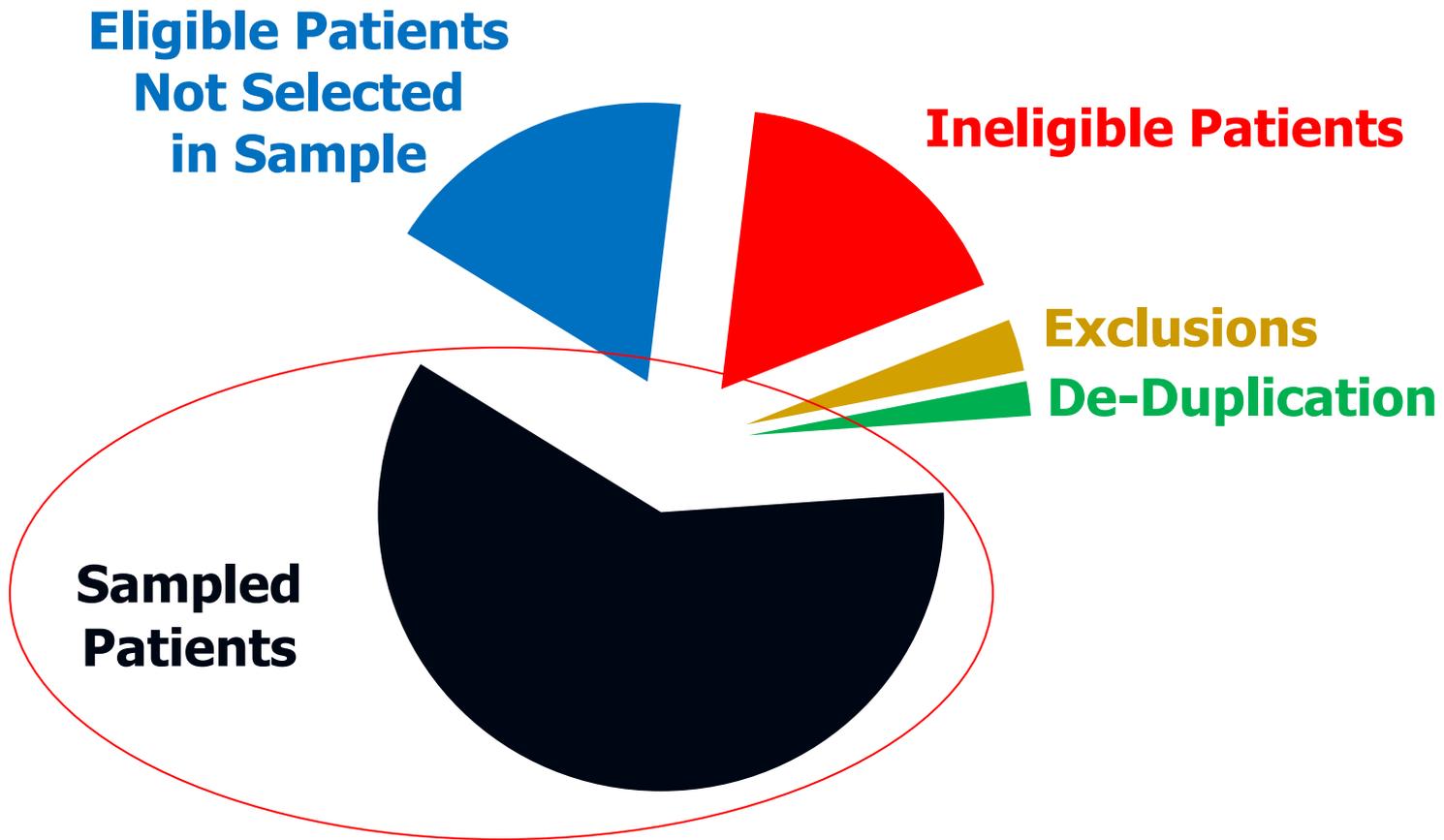


## Step E: HCAHPS Sample Frame *(cont'd)*

- Example of sample frame layout (Appendix P)
  - Strongly recommend that hospitals/survey vendors collect all of the elements from this layout
  - File content (i.e., All Patient Discharges or HCAHPS Sample Frame)
  - Total number of ineligibles
  - Total number of exclusions and number in each exclusions category
  - Total number of patient discharges
- Must maintain sample frame for a minimum of three years

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## Step F: Draw Sample



## Step F: Draw Sample *(cont'd)*

- Requirement: Obtain at least 300 completed HCAHPS Surveys in a rolling four-quarter period
  - Small hospitals
    - If cannot obtain 300 completed surveys, sample all eligible discharges

## Step F: Draw Sample *(cont'd)*

- Why 300?
  - For statistical precision of the ratings, which is based on a reliability criterion
  - At least 300 completes ensures that the reliability for the publicly reported measures will be 0.80 or higher
  - Calculate sample size based on target of **335** completes
    - To ensure attaining 300 completes most of the time

## Step F: Draw Sample *(cont'd)*

- Draw a random sample of eligible discharges on a monthly basis
  - Sampling may be daily, weekly, bi-weekly, or at the end of the month
  - Sample frame must include eligible discharges from the entire month
  - All eligible discharges must have a chance of being sampled

## Step F: Draw Sample *(cont'd)*

- Draw sample for each unique CCN
- Hospitals that share CCN
  - At least 300 completes for CCN
  - All hospitals sharing one CCN must participate
  - Use same survey vendor
  - Use same mode of administration
  - Use same sampling type and frequency

## Step F: Draw Sample *(cont'd)*

### Sample Size Calculation

- Estimate the proportion of patients expected to complete the survey:

I = proportion of discharged patients who are ineligible

R = expected response rate among eligible patients

P = the proportion of discharged patients who actually respond to the survey

$$P = (1 - I) \times R$$

## Step F: Draw Sample *(cont'd)*

- How many patients need to be sampled to consistently produce at least 300 completes?

C = Number of completed surveys targeted (335)

$N_{12}$  = Number of discharges to be sampled over 12 month period

$N_1$  = Number of discharges sampled each month

$$N_{12} = C/P$$

$$N_1 = N_{12}/12$$

## Step F: Draw Sample *(cont'd)*

### Example: Sample Size Calculation

#### Assumptions:

- ~17% of discharged patients will be ineligible for the survey
  - Source: National Hospital Discharge Survey
- ~26% of eligible patients will respond to the survey
  - Source: Current national average for HCAHPS
- Ineligible rates and response rates should be adjusted based on each hospital's experience

## Step F: Draw Sample *(cont'd)*

### Example: Sample Size Calculation

1. Estimate the proportion of patients expected to complete the survey:

$$\begin{aligned} P &= (1 - I) \times R \\ &= (1 - 0.170) \times 0.260 \\ &= 0.216 \end{aligned}$$

## Step F: Draw Sample *(cont'd)*

### Example: Sample Size Calculation

- Determine how many discharges are needed to produce 335 completes:

#### Per 12-month

$$\begin{aligned} N_{12} &= C/P \\ &= 335/0.216 \\ &= 1,551 \end{aligned}$$

#### Per month

$$\begin{aligned} N_1 &= N_{12}/12 \\ &= 1,551/12 \\ &= 129 \end{aligned}$$

## Step F: Draw Sample *(cont'd)*

- Should estimate I and R from hospital's own data
- Should adjust the target in subsequent quarters if not regularly obtaining at least 300 completed surveys
  - Sampling rates should be consistent among the months in a given quarter

## Step F: Draw Sample *(cont'd)*

- If More than 300 Completed Surveys:
  - Do not stop surveying when a total of 300 is reached
  - Continue to survey every patient in the sample
  - Surveying must continue even if hospital's predetermined target (quota) has been met
  - Full protocol for each mode of administration must be completed
  - Submit the entire sample

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## Step F: Draw Sample *(cont'd)*

- If Less Than 300 Completed Surveys:
  - Attempt to obtain as many as possible
  - Survey all eligible discharges
  - All hospital results will be publicly reported on Hospital Compare Web site
  - The lower precision of scores based on less than 100 and less than 50 completed surveys will be noted in public reporting

## Methods of Sampling

- **Option 1: Simple Random Sample (SRS)**
  - Group of patients randomly selected from a larger group
  - Census sample of all eligible patients is considered a simple random sample
  - *All patients have equal probability of selection (equiprobable)*

## Methods of Sampling *(cont'd)*

- **SRS Example 1: Daily simple random sampling throughout the month**

- Based on randomly sorting each day's eligible discharges and sampling 40% from each day

### Day 1:

- 10 eligible discharges are randomly sorted, then numbered 1 through 10
- 4 patients (40%) would be selected for Day 1
- Since patients are randomly sorted, the first 4 patients are chosen

[**1, 2, 3, 4**, 5, 6, 7, 8, 9, 10]

### Day 2:

- 8 eligible discharges are randomly sorted, then numbered 1 through 8
- 40% of 8 patients is 3.2, which rounds to 3 patients
- Again, since random sorting was performed, the first 3 patients are selected

[**1, 2, 3**, 4, 5, 6, 7, 8]

## Methods of Sampling *(cont'd)*

- **SRS Example 2: Census sampling**

- Hospital chooses to sample all eligible discharges
  - Each patient has an equal chance (100%) of being included in the sample and the patients are not stratified in any manner
- Hospital has 80 eligible discharges for a given month
  - Each of the 80 eligible patients is included in the hospital's HCAHPS sample

## Methods of Sampling *(cont'd)*

- **Option 2: Proportionate Stratified Random Sample (PSRS)**
  - Patient discharge population divided into strata
    - Due to sampling (by day or by week)
    - Divided by hospital unit, or floor, etc.
    - Multiple hospitals share the same CCN and the random sample is drawn separately from each hospital before each hospital's data are combined
  - Same sampling ratio applied to each stratum
    - *All eligible discharges have equal probability of selection (equiprobable)*
  - Exception Request Form not required

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## Methods of Sampling *(cont'd)*

- **PSRS Example 1: Weeks—Strata are defined as weeks within a month**
  - Sample is pulled each week, creating 5 strata: Wk1, Wk2, Wk3, Wk4, Wk5
  - Even though the number of eligible discharges differs across the five weeks, the same proportion (or percentage) of “sampled” discharges is used each week
  - 20% of eligible discharges are randomly pulled from each stratum
  - Results in different number sampled from each week, but each eligible discharge had an equal chance of being chosen

Stratum	Week	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	20	<b>0.20</b>	$20 * 0.20 = 4$
2	2	25	<b>0.20</b>	$25 * 0.20 = 5$
3	3	30	<b>0.20</b>	$30 * 0.20 = 6$
4	4	15	<b>0.20</b>	$15 * 0.20 = 3$
5	5	10	<b>0.20</b>	$10 * 0.20 = 2$

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## Methods of Sampling *(cont'd)*

- **PSRS Example 2: Hospital Units—Strata are defined as units within a hospital**
  - Sample is pulled from three units, creating 3 strata: Unit 1, Unit 2, and Unit 3
  - Even though the number of eligible discharges is different in each of the three units, the same sampling ratio is used for each unit
  - 30% of eligible discharges are randomly pulled from each stratum
  - Results in different number sampled from each unit, but each eligible discharge had an equal chance of being chosen

Stratum	Unit	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	150	<b>0.30</b>	$150 * 0.30 =$ <b>45</b>
2	2	50	<b>0.30</b>	$50 * 0.30 =$ <b>15</b>
3	3	400	<b>0.30</b>	$400 * 0.30 =$ <b>120</b>

## Methods of Sampling *(cont'd)*

- **Option 3: Disproportionate Stratified Random Sample (DSRS)**
  - Patient discharge population divided into strata
  - Dissimilar sampling ratio applied to each stratum
    - *Some patients have higher probability of selection (not equiprobable)*
  - Sample a minimum of 10 eligible discharges in every stratum in every month
  - Additional information collected to weight data
  - Exception Request Form must be submitted for CMS review and approval

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## Methods of Sampling *(cont'd)*

- **DSRS Example 1: Hospital Units—Strata are defined as units within a hospital**
  - A sample is pulled for three units in each month, creating three strata: Unit 1, Unit 2, and Unit 3
  - Even though the number of eligible discharges is different in each of the three units, the same number of eligible discharges from each unit is selected
  - Ten eligible discharges are randomly pulled from each unit
  - The number of eligible discharges selected for the sample does not result in the same proportion of discharges across the three units

Stratum	Unit	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	20	<b>0.50</b>	$20 * 0.50 = \mathbf{10}$
2	2	40	<b>0.25</b>	$40 * 0.25 = \mathbf{10}$
3	3	100	<b>0.10</b>	$100 * 0.10 = \mathbf{10}$

# Introduction to HCAHPS Survey Training

## Methods of Sampling *(cont'd)*

- **DSRS Example 2: Weeks—Strata are defined as weekly time periods**
  - A sample is pulled in each week of the month
  - Sampling rates used are: 10%, 50%, 50%, 10%, and 50% for Week 1, Week 2, Week 3, Week 4, and Week 5, respectively

Stratum	Week	Eligible Discharges	Sampling Rate	Sampled Patients
1	1	100	<b>0.10</b>	$100 * 0.10 = \mathbf{10}$
2	2	108	<b>0.50</b>	$108 * 0.50 = \mathbf{54}$
3	3	102	<b>0.50</b>	$102 * 0.50 = \mathbf{51}$
4	4	110	<b>0.10</b>	$110 * 0.10 = \mathbf{11}$
5	5	30	<b>0.50</b>	$30 * 0.50 = \mathbf{15}$

# Introduction to HCAHPS Survey Training

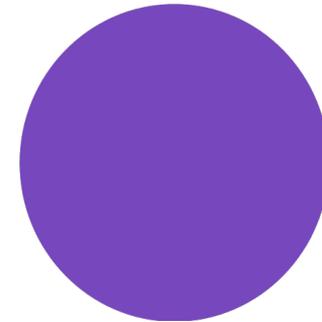
## Population, Sample Frame and Sample

Hospital Population (All Patient Discharges) = 1 + 2 + 3 + 4 + 5

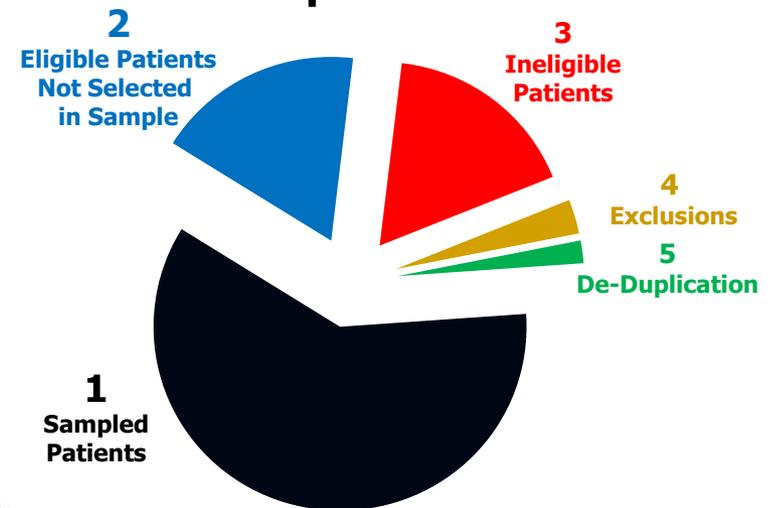
HCAHPS Sample Frame = 1 + 2

Sampled Patients = 1

Population (All Patient Discharges)



Sample Drawn



## Quality Control for Sampling

- Receipt of patient discharge list
  - Within 42-day initial contact period
  - Secure file transfer
- Application of eligibility and exclusion criteria
- Method used to determine HCAHPS Service Line
- Update patient discharge information
- All patients have opportunity to be selected

## Key Sampling Facts

- Same sampling type must be maintained throughout the quarter
- Sample must include discharges from each month in the 12-month reporting period
- HCAHPS sample drawn first if multiple surveys administered
- Do not stop sampling/surveying if 300 completed surveys are attained

## Survey Administration



# Introduction to HCAHPS Survey Training

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## Overview

- Survey Management
- Survey Instruments and Materials
- Supplemental Questions
- Modes of Survey Administration
  - Mail Only
  - Telephone Only
  - Mixed Mode (Mail with Telephone Follow-up)
  - Active Interactive Voice Response (IVR)

## Survey Management

- Establish survey management process to administer survey (Section V *QAG V14.0*)
  - System resources
  - Customer support lines
  - Personnel training
  - Monitoring and quality oversight
  - Safeguarding patient confidentiality and privacy
  - Data security
  - Data retention
  - Disaster recovery plan

## Survey Management *(cont'd)*

- System resources
  - Adequate physical plant resources available to handle survey volume
  - Survey system to track sampled patients through the data collection protocol
    - Store the sample frame
    - Track key events
    - Assign random, unique, de-identified IDs and match to outcome for each sampled patient

## Survey Management *(cont'd)*

- Requirements for hospital/survey vendor customer support telephone lines
  - Survey vendor must maintain a toll-free customer support line
  - Telephone staffed live during business hours
  - Voice mail is acceptable “after hours,” but must be regularly monitored and replied to within one business day
  - Voice mail recording must specify that the caller can leave a message about the HCAHPS Survey or hospital survey
  - Database or tracking log of calls maintained

## Survey Management *(cont'd)*

- Customer support lines provided by hospitals that contract with survey vendors
  - The survey vendor is responsible for monitoring the hospital's customer support line, **at a minimum on a quarterly basis**
  - Blind calls are placed to each hospital client's customer support line to check the accuracy of responses to questions and to assess hospital compliance with HCAHPS customer support guidelines
  - Questions from Appendix O, Section I of *QAG V14.0*, should be used during the quarterly monitoring/assessment activity
  - Hospitals/Survey vendors must document questions and responses

## Survey Management *(cont'd)*

- Personnel training
  - HCAHPS project staff (no volunteers permitted)
    - Customer support
    - Mailout and data entry
    - Telephone interviewers/IVR operators
    - Programmers
  - Monitoring and quality oversight of staff
    - Ongoing monitoring of staff and subcontractors
    - System to evaluate patterns of errors
    - Detection and correction of performance problems
    - Documentation of QA activities

## Survey Management *(cont'd)*

- Safeguarding patient data
  - Follow HIPAA guidelines
  - Obtain confidentiality agreements, which contain language related to HIPAA regulations and the protection of patient information, from staff and subcontractors who have access to confidential information
    - Review and re-sign periodically at a minimum of every 3 years
  - Establish protocols for identifying security breaches and instituting corrective actions

## Survey Management *(cont'd)*

- Safeguarding patient confidentiality
  - Protocols must be established to limit the use or disclosure of protected health information to the minimum necessary to accomplish the intended purpose
    - Ensure that the identity of patients who respond to the HCAHPS Survey is not shared with hospital direct care staff
    - Direct care staff should not be able to identify the individual patients who provided survey responses
    - Social Security numbers must not be used to identify patients and must not be included in HCAHPS discharge lists that are sent to survey vendors

## Survey Management *(cont'd)*

- Data security
  - Establish protocols for secure patient discharge file transfer from hospitals
    - Emailing of PHI via unsecure email is prohibited
  - Recommend that hospital's HIPAA privacy officer confirm that hospital's transmission method for patient discharge files are in compliance with HIPAA regulations
  - HCAHPS Survey question responses are confidential and private, and are de-identified in submission to CMS

## Survey Management *(cont'd)*

- Physical and electronic data security guidelines
  - Returned mail surveys and electronically scanned questionnaires are stored in secure and environmentally controlled location
  - All HCAHPS-related files, including patient discharge files, must be retained for a minimum of three years
  - Firewalls and other mechanisms are employed for preventing unauthorized system access
  - Access levels and security passwords are used to safeguard sensitive data

## Survey Management *(cont'd)*

- Physical and electronic data security guidelines
  - Physical and electronic data files must be easily retrievable regardless of whether they have been archived
  - Backup procedures are in place to safeguard system data
  - Frequent saves are made to media to minimize data losses
  - Electronic data backup files must be tested quarterly
  - Security safeguards for physical location
  - Disaster recovery plan in place

## Survey Instruments and Materials

- HCAHPS Survey (*for October 1, 2019 Discharges and Forward*)
  - 29 question survey
    - Questions 1-22 are Core questions
    - Questions 23-29 are “About You” questions
  - Mail questionnaire, translations and materials found in QAG Appendices A through G
  - Telephone and IVR scripts and translations found in QAG Appendices H through M

# Introduction to HCAHPS Survey Training

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## Communicating with Patients about the HCAHPS Survey

- Hospitals are allowed to inform and encourage all patients that they may receive the HCAHPS Survey after discharge asking about their stay in the hospital
  - However, cannot show the HCAHPS Survey or cover letter to patients prior to discharge from the hospital
- Hospitals may use posters or other written communications to notify patients that they may receive a survey and inform patients of the importance and value of their participation in the survey
- Hospitals are not allowed to introduce bias to survey results

## Program Requirements

- **Guidelines for using other hospital inpatient surveys with HCAHPS**
  - HCAHPS should be the first survey patients receive about their hospital experience
  - Questions must not resemble any HCAHPS items or their response categories
  - Refer to HCAHPS Bulletin Number 2009-01 Revised which is posted on the HCAHPS Web site
  - **Section III QAG V14.0 and Appendix Z**
    - Examples provided of not permissible and alternate questions

## Supplemental Questions

- May add a reasonable number of supplemental questions to the HCAHPS Survey but only after all of the HCAHPS Survey questions (Questions 1-29)
  - Supplemental questions will begin with Q30
- As an additional note, it is **strongly recommended** that hospitals refrain from using any supplemental questions that are related to pain management or pain communication

# Introduction to HCAHPS Survey Training

## Supplemental Questions *(cont'd)*

- **Required:** The transition statement below is mandatory and must be used before any supplemental questions that are added at the end of the HCAHPS Survey
  - “[This next question is] / [These next questions are] from [NAME OF HOSPITAL] and [is/are] not part of the official survey.”
- **Optional:** May include additional transition statements following the required transition statement. Examples include:
  - “Now [NAME OF HOSPITAL] would like to gather some additional detail on topics previously examined. These items use a somewhat different way of asking for your response since they are getting at a slightly different way of thinking about the topics.”
  - “The following questions focus on additional care you may have received from [NAME OF HOSPITAL].”
  - “This next set of questions is to provide [NAME OF HOSPITAL] additional feedback about your hospital stay.”

## Supplemental Questions *(cont'd)*

- When asking patients to provide their name, telephone number or other contact information
  - There must be explanatory text identifying why the request to *optionally* provide the patient name, telephone number or other contact information is included on the survey
  - This text must appear before the requested information and state the purpose for the patient to *optionally* provide the requested information. It is NOT sufficient to only state that this information is optional.
  - The following are examples of permissible explanatory text:
    - “If you wish to be contacted by the hospital, please provide your name and telephone number. This information is not required.”
    - “By providing your name and telephone number you may be contacted by the hospital regarding your survey responses. This information is not required.”

## Modes of Administration Overview

- Data collection begins between 48 hours and 6 weeks (42 calendar days) after discharge from hospital
- No proxy respondents
- No communication to patients that is intended to influence survey results
- No incentives of any kind
- If a patient is found to be ineligible, discontinue survey administration for that patient

# Introduction to HCAHPS Survey Training

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## Modes of Administration Overview *(cont'd)*

- No changes are permitted to the content or order of the HCAHPS questions or answer categories for the HCAHPS Core or “About You” questions
- The Core HCAHPS questions (1-22) and the “About You” HCAHPS questions (23-29) must remain together
- Final data files are submitted to CMS via the QualityNet Secure Portal by the data submission deadline

# Introduction to HCAHPS Survey Training

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## Modes of Administration Overview *(cont'd)*

- Copyright language must be added to the HCAHPS Survey:
  - *"Questions 1-19 and 23-29 are part of the HCAHPS Survey and are works of the U.S. Government. These HCAHPS questions are in the public domain and therefore are NOT subject to U.S. copyright laws. The three Care Transitions Measure<sup>®</sup> questions (Questions 20-22) are copyright of Eric A. Coleman, MD, MPH, all rights reserved."*

## Mail Only Mode

- Protocol
  - Send first questionnaire with initial cover letter to sampled patient(s) between 48 hours and 6 weeks (42 calendar days) after discharge
  - Send second questionnaire with follow-up cover letter to non-respondent(s) approximately 21 calendar days after the first questionnaire mailing
  - Complete data collection within 42 calendar days after the first questionnaire mailing
  - Submit data to CMS via the QualityNet Secure Portal by the data submission deadline

# Introduction to HCAHPS Survey Training

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## Mail Only Mode

- Mail materials
  - Standardized HCAHPS cover letters and questionnaires provided in Appendices A (English), B (Spanish), C (Chinese), D (Russian), E (Vietnamese), F (Portuguese) and G (German) in *QAG V14.0*

## Mail Only Mode *(cont'd)*

- Cover letter specifications
  - Name and address of sampled patient included
    - “To Whom It May Concern” is not acceptable salutation
  - OMB language and expiration date included
  - Letter is not attached to the survey
  - Customization is acceptable; cannot add content that would introduce bias
  - Letter printed on hospital or survey vendor letterhead
  - Signed by hospital administrator or survey vendor project director
    - Electronic signature acceptable

# Introduction to HCAHPS Survey Training

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## Mail Only Mode *(cont'd)*

- Cover letter specifications *(cont'd)*
  - Language indicating the purpose of the unique patient identifier must be printed either on the cover letter or after the survey instructions on the questionnaire (or on both)
    - “You may notice a number on the survey. This number is used to let us know if you returned your survey so we don’t have to send you reminders.”
  - Hospital name and discharge date to make certain that the patient completes the survey based on the hospital stay associated with that particular discharge date
  - The term “discharged on” must be used in the cover letters

# Introduction to HCAHPS Survey Training

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## Mail Only Mode *(cont'd)*

- Cover letter language requirements
  - Purpose of survey
    - “Questions 1-22 in the enclosed survey are part of a national initiative sponsored by the United States Department of Health and Human Services to measure the quality of care in hospitals.”
  - Participation is voluntary
  - Hospital name and discharge date of patient
  - Patient’s health benefits will not be affected by participation in the survey
  - Customer support number
  - If applicable, add language that answers will be shared with hospitals for purposes of quality improvement



# Introduction to HCAHPS Survey Training

## Mail Only Mode *(cont'd)*

- Cover letter requirements
  - OMB Paperwork Reduction Act language: "According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0981 (Expires TBD). The time required to complete this information collected is estimated to average 7 minutes for questions 1-22 on the survey, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, C1-25-05, Baltimore, MD 21244-1850."

# Introduction to HCAHPS Survey Training

## Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting requirements
  - Question and answer category wording must not be changed
  - No changes are permitted in the order of the response categories for either the Core or “About You” HCAHPS questions
  - Question and answer categories remain together in the same columns and on the same pages
  - Randomly generated unique identifiers for patient tracking purposes are placed on the first or last pages of the survey and may appear on all pages
    - Internal codes **must not** contain any patient identifiers such as the patient’s discharge date, doctor or hospital unit

# Introduction to HCAHPS Survey Training

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## Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting requirements *(cont'd)*
  - All instructions on the top of the survey are copied verbatim
  - The patient's name is not printed on the survey
  - Name and return address of hospital/survey vendor must be printed on the last page of questionnaire
    - If hospital/survey vendor name is used, must not use alias or tag line
  - The OMB control number (OMB #0938-0981) and expiration date must appear on the front page of the survey
  - The OMB language must appear on either the front or back page of the questionnaire or on the cover letter, and may appear on both

# Introduction to HCAHPS Survey Training

## Mail Only Mode *(cont'd)*

- Questionnaire guidelines and formatting requirements *(cont'd)*
  - Question and response options must be listed vertically
    - Response options listed horizontally or in a combined vertical and horizontal format are not allowed
    - No matrix formats allowed for question and answer categories
  - Wording that is underlined in the HCAHPS questionnaire must be underlined in the hospital or survey vendor questionnaire
  - Arrows | → | that show skip patterns in the HCAHPS questions or response options must be included in hospital or survey vendor questionnaire
  - Survey materials must be in a readable font (e.g. Arial, Times New Roman) with a font size of 10-point or larger

## Mail Only Mode *(cont'd)*

- Mail Out-Requirements
  - Guidelines for mailings
    - Addresses acquired from hospital record
    - Addresses updated using commercial software
    - Mailings sent to patients by name
  - Mailing content
    - Survey mailings include:
      - Cover letter
      - Questionnaire
      - Self-addressed, stamped business reply envelope
      - Outgoing envelope, with first class postage or indicia, suggested

## Mail Only Mode *(cont'd)*

- Patients without Mailing Addresses
  - Hospitals/Survey vendors must make every reasonable attempt to obtain a patient's address, including recontacting the hospital client to inquire about an address update for patients with no mailing address
    - Hospitals/Survey vendors have flexibility in not sending mail surveys to patients without fixed mailing addresses, such as the homeless
      - *Note: these patients cannot be removed from the sample*
  - Attempts to obtain patient's address must be documented

# Introduction to HCAHPS Survey Training

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## Mail Only Mode *(cont'd)*

- Data receipt and entry
  - Key entry or scanning allowed for data capture
    - Key-entered data is entered a second time by different staff and any discrepancies between the two entries are identified; discrepancies should be reconciled
    - Programs verify that record is unique and has not been returned already
    - Programs identify invalid or out-of-range responses

## Mail Only Mode *(cont'd)*

- Data receipt and entry *(cont'd)*
  - Record survey receipt in a timely manner
  - Surveys are date stamped
  - Ambiguous responses follow HCAHPS decision rules
  - Calculate lag time
  - Assign final survey status code
  - Capture mail wave attempt

## Mail Only Mode *(cont'd)*

- Data retention and storage guidelines
  - Paper questionnaires that are key-entered must be stored in a secure and environmentally controlled location for a minimum of three years
  - Optically scanned questionnaire images must be retained in a secure manner for a minimum of three years and are easily retrievable

## Mail Only Mode *(cont'd)*

- Quality control guidelines
  - Hospitals/Survey vendors must:
    - Update address information
    - Check quality and inclusion of all survey materials
    - Check a sample of mailings for inclusion of all sampled patients
    - Provide ongoing oversight of staff and any subcontractor(s), such as printers and fulfillment houses
      - Hospitals/Survey vendors must conduct on-site verification of printing and mailing data collection processes
        - Must be performed on an annual basis, at a minimum

## Mail Only Mode *(cont'd)*

- Quality control guidelines *(cont'd)*
  - Hospitals/Survey vendors must:
    - Perform interval checking of printed mailing pieces on an ongoing and continuous basis throughout the survey administration period
    - Conduct seeded (embedded) mailings to designated hospital or survey vendor HCAHPS project staff on a quarterly basis to check for:
      - Timeliness of delivery
      - Accuracy of address
      - Accuracy and quality of mailing contents
    - Document results of all oversight activities

## Telephone Only Mode

- Protocol
  - Initiate first telephone attempt with sampled patients between 48 hours and 6 weeks (42 calendar days) after discharge
  - Complete data collection within 42 calendar days after the first telephone attempt
    - Maximum of five telephone attempts made at different times of day, on different days of the week, spanning more than one week (**eight days or more**), between 9AM and 9PM patient time
    - It is strongly recommended that telephone attempts are made not only on weekdays, but on weekends also
  - Submit data to CMS via the QualityNet Secure Portal by the data submission deadline

## Telephone Only Mode *(cont'd)*

- Telephone Script
  - Standardized HCAHPS telephone script provided in Appendices H (English), I (Spanish), J (Chinese), and K (Russian) in *QAG V14.0*
    - Entire telephone script must be read verbatim
  - Question and answer category wording must not be changed nor the order of questions and answer categories
  - The Core HCAHPS questions (Questions 1-22) and the “About You” HCAHPS questions (Questions 23-29) must remain together
  - Only one language (English, Spanish, Chinese, or Russian) may appear on the interviewing screen at a time

## Telephone Only Mode *(cont'd)*

- Interviewing Systems
  - Electronic telephone interviewing, including CATI or other alternative systems (required of survey vendors and of hospitals conducting surveys for multiple sites)
    - Programmed with standardized HCAHPS telephone script
    - Linked electronically to survey management system
  - Manual data collection (allowed only for hospitals self-administering surveys)
    - Follow standardized HCAHPS telephone script using paper questionnaires to record responses
    - Key entry, scanning

## Telephone Only Mode *(cont'd)*

- Interviewing Systems *(cont'd)*
  - Survey administration must be conducted in accordance with the Telephone Consumer Protection Act (TCPA) regulations
    - Cell phone numbers must be identified so that CATI systems with auto dialers do not call cell phone numbers without the permission of the respondent. Survey vendors may identify cell phone numbers through a commercial database and hospitals may identify cell phone numbers upon patient admission.
    - Predictive dialing may be used as long as there is a live interviewer to interact with the patient, and the system is compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations

## Telephone Only Mode *(cont'd)*

- Interviewing Systems *(cont'd)*
  - Monitoring and recording of telephone calls
    - Follow state regulations
  - Caller ID
    - May be programmed to display “on behalf of [HOSPITAL NAME]” with permission and compliance of hospital’s HIPAA/Privacy officer
  - Every question should have a “MISSING/DON’T KNOW” option available
    - Interviewers should not read as a response option
  - All underlined content must be emphasized
  - Skip patterns and conventions should be programmed into system

## Telephone Only Mode *(cont'd)*

- Obtaining Telephone Numbers
  - Main source of telephone numbers is hospital discharge records
  - Attempts must be made to update missing or incorrect telephone numbers using:
    - *Commercial software*
    - *Internet directories*
    - *Directory assistance*
    - *Other tested methods*

## Telephone Only Mode *(cont'd)*

- Definition of a Telephone Attempt
  - Telephone rings six times with no answer
  - Interviewer reaches a wrong number
  - An answering machine or voice mail is reached (do not leave message)
  - Interviewer reaches the household and is told that the patient is not available to come to the telephone or has a new number
  - Interviewer reaches the patient and is asked to call back at a more convenient time
    - Hospitals/Survey vendors must schedule a telephone callback that accommodates a patient's request within a specific day and time
    - Callback must be scheduled at the patient's convenience between the hours of 9 AM and 9 PM respondent time within the data collection time period

## Telephone Only Mode *(cont'd)*

- Definition of a Telephone Attempt *(cont'd)*
  - Busy signal
    - At the discretion of the hospital/survey vendor a telephone attempt can consist of three consecutive telephone attempts made at approximately 20-minute intervals
  - “Screening” number
    - If interviewer reaches a “screening” number (e.g., privacy screen, privacy manager, phone intercept or blocked call)
    - Count this as one telephone attempt and continue to make additional attempts (up to five) to reach the patient before dispositioning the call as “8 – Non-response after maximum attempts”

## Telephone Only Mode *(cont'd)*

- Data Receipt and Data Entry
  - Maintain a crosswalk of interim disposition codes to HCAHPS Final Survey Status codes
  - Assign final survey status code
  - Capture the telephone attempt in which the final disposition of the survey is determined
  - Calculate lag time

## Telephone Only Mode *(cont'd)*

- Data Retention and Data Storage
  - Data collected through electronic telephone interviewing systems and optically scanned paper questionnaire images must be maintained in a secure manner for a minimum of three years
  - Paper questionnaires collected manually and then key-entered must be stored in a secure and environmentally controlled location for a minimum of three years

## Telephone Only Mode *(cont'd)*

- Quality Control Guidelines
  - Telephone monitoring and oversight of staff and subcontractors
    - At least 10% of HCAHPS call attempts and interviews must be monitored (on an ongoing and continuous basis throughout the survey administration period) by survey vendor and its subcontractor (if applicable)
    - All interviewers conducting HCAHPS Surveys must be monitored
    - All language translations in which the survey is administered must be monitored

## Telephone Only Mode *(cont'd)*

- Quality Control Guidelines *(cont'd)*
  - Hospitals/Survey vendors are responsible for the quality of work performed by any subcontractor(s), such as call centers
    - Hospitals/Survey vendors must conduct on-site verification of call centers, including live call monitoring and floor rounding
      - **Must** be performed on an annual basis, at a minimum

## Telephone Only Mode *(cont'd)*

- Interviewer Training

- Formal interviewer training **is required** to ensure standardized, non-directive interviews

- Interviewers should be knowledgeable about the survey and prepared to answer questions
- See HCAHPS FAQs in Appendix O

- Survey Introduction

- Interviewing Guidelines and Conventions

- System Conventions
- Avoiding Refusals
- Probing for Complete Answers

# Introduction to HCAHPS Survey Training

## Telephone Only Mode *(cont'd)*

- Survey Introduction
  - Introduction script provides survey purpose
  - Verifies eligibility of the respondent
    - Confirm hospital and discharge date
  - Informs respondent that survey will take about seven minutes or [HOSPITAL/SURVEY VENDOR SPECIFY]
  - Survey vendors that subcontract call center services must state survey vendor name in the CATI script introduction for the data collection contractor: "...calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]..."
  - Provides guidance for people wishing to act as a proxy for sampled patients

## Telephone Only Mode *(cont'd)*

- Interviewing Guidelines and Conventions
  - System conventions
    - Text that appears in lower case letters must be read out loud
    - Text in UPPER CASE letters must **not** be read out loud
    - Text that is underlined must be emphasized
    - Characters in < > must **not** be read out loud
    - [Square brackets] are used to show programming instructions that must not actually appear on the computerized interviewing screens
    - Skip patterns should be programmed into the electronic telephone interviewing system

## Telephone Only Mode *(cont'd)*

- Interviewing Guidelines and Conventions *(cont'd)*
  - Asking questions and probing:
    - Questions, transitions and response choices are read ***exactly*** as worded on script
    - Do not provide extra information or lengthy explanations to respondent questions
    - End the survey by thanking the respondent for his or her time
  - Avoiding refusals
    - Be prepared to convert a soft refusal into a completed survey
    - Emphasize importance of participation
    - Never argue with or antagonize a patient
    - Remember! First moments of the interview are most critical for gaining participation

## Telephone Only Mode *(cont'd)*

- Interviewing Guidelines and Conventions *(cont'd)*
  - Probing for complete data
    - When respondent fails to provide adequate answer
    - Never interpret answers for respondents
    - Code “MISSING/DON’T KNOW” when respondent cannot/does not provide complete answer **after** probing
      - In instances where the patient is reluctant to answer “Yes” or “No” to the HCAHPS Survey question(s) and the patient’s intended response(s), either positive or negative is clear, the patient’s response should be accepted

## Telephone Only Mode *(cont'd)*

- Interviewing Guidelines and Conventions *(cont'd)*
  - Types of probes:
    - Repeat question and answer categories
    - Interviewer may state:
      - “Take a minute to think about it”
      - “So would you say...”
      - “Which would you say is closer to the answer?”

## Telephone Only Mode *(cont'd)*

- **Example of response probe: Overall Health (Question 24)**

In general, how would you rate your overall health?  
Would you say that it is...

- <1> Excellent,
- <2> Very good,
- <3> Good,
- <4> Fair, or
- <5> Poor?
- <M> MISSING/DK

## Telephone Only Mode *(cont'd)*

- **Example of response probe: Overall Health (Question 24) *(cont'd)***
  - Patient 1 Answers
    - “My health is okay.”
  - Probe for Patient 1
    - “We’re asking you to choose one response. Would you say your overall health is...”  
**[Repeat all answer categories]**
  - Patient 2 Answers
    - “My health is great.”
  - Probe for Patient 2
    - “Would you then rate your overall health as **Excellent, Very good or Good?**”

## Telephone Only Mode *(cont'd)*

- **Example of response probe: Education (Question 26)**

What is the highest grade or level of school that you have **completed**? Please listen to all six response choices before you answer. Did you...

- <1> Complete the 8<sup>th</sup> grade or less,
- <2> Complete some high school, but did not graduate,
- <3> Graduate from high school or earn a GED,
- <4> Complete some college or earn a 2-year degree,
- <5> Graduate from a 4-year college, or
- <6> Complete more than a 4-year college degree?
- <M> MISSING/DK

## Telephone Only Mode *(cont'd)*

- **Example of response probe: Education (Question 26) *(cont'd)***

- Patient 1 Answers
  - “I graduated from school.”
- Probe for Patient 1
  - “We’re asking you about the highest grade or level of school that you completed. Would you say you completed...” [**Repeat all answer categories**]

- Patient 2 Answers
  - “I graduated from college.”
- Probe for Patient 2
  - “We’re asking you about the highest grade or level of school that you completed. So would you say **completed some college or earned a 2-year degree, graduated from a 4-year college, or completed more than a 4-year college degree?**”

# Introduction to HCAHPS Survey Training

## Telephone Only Mode *(cont'd)*

### Race Question (Question 28)

When I read the following, please tell me if the category describes your race. I am required to read all five categories. Please answer yes or no to each of the categories.

Q28A	Are you White?	<1>	YES/WHITE
		<0>	NO/NOT WHITE
		<M>	MISSING/DK
Q28B	Are you Black or African- American?	<1>	YES/BLACK OR AFRICAN- AMERICAN
		<0>	NO/NOT BLACK OR AFRICAN- AMERICAN
		<M>	MISSING/DK
Q28C	Are you Asian?	<1>	YES/ASIAN
		<0>	NO/NOT ASIAN
		<M>	MISSING/DK
Q28D	Are you Native Hawaiian or other Pacific Islander?	<1>	YES/NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
		<0>	NO/NOT NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
		<M>	MISSING/DK
Q28E	Are you American Indian or Alaska Native?	<1>	YES/AMERICAN INDIAN OR ALASKA NATIVE
		<0>	NO/NOT AMERICAN INDIAN OR ALASKA NATIVE
		<M>	MISSING/DK

# Introduction to HCAHPS Survey Training

## Mixed Mode

- Protocol – Mail followed by Telephone
  - Follow guidelines for Mail Only mode
    - Use one questionnaire mailing instead of two
    - Send questionnaire with cover letter to sampled patients between 48 hours and six weeks (42 calendar days) after discharge
  - Follow guidelines for Telephone Only mode
    - Initiate first telephone attempt for all non-respondents approximately 21 calendar days after mailing the questionnaire
      - Maximum of five telephone attempts made at different times of day, on different days of the week spanning more than one week (**eight days or more**), between 9AM and 9PM patient time
      - It is strongly recommended that telephone attempts are made not only on weekdays, but on weekends also
    - Complete telephone sequence within 42 calendar days of Mixed Mode initiation
  - Submit data to CMS via the QualityNet Secure Portal by the data submission deadline

# Introduction to HCAHPS Survey Training

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## Mixed Mode *(cont'd)*

- Hospitals/Survey vendors must keep track of the mode and attempt in which each survey was completed (i.e., Mail or Telephone):
  1. For completed surveys, retain documentation in survey management system that the patient completed the survey in the Mail phase **or** Telephone phase of the Mixed Mode of survey administration, then
  2. Assign the appropriate "Survey Completion Mode" and the "Number of Survey Attempts – Telephone" in which the survey was completed or final survey status is determined

## Active Interactive Voice Response (IVR) Mode

- Protocol
  - Initiate first IVR attempt with sampled patient(s) between 48 hours and six weeks (42 calendar days) after discharge
  - Complete data collection within 42 calendar days after the first IVR attempt
    - Maximum of five IVR attempts made at different times of day, on different days of the week spanning more than one week (**eight days or more**), between 9AM and 9PM patient time
    - It is strongly recommended that telephone attempts are made not only on weekdays, but on weekends also
  - Submit data to CMS via the QualityNet Secure Portal by the data submission deadline

## Active IVR Mode *(cont'd)*

- IVR Interviewing Systems
  - Programmed with standardized HCAHPS IVR script provided in Appendices L and M of *QAG V14.0*
  - Follow Telephone Only mode system conventions
  - English and Spanish
  - Capable of recording and storing patient answers
  - Capable of touch tone key pad response
  - Telephone interviewing option must be available for patients who do not want to continue with IVR

## Active IVR Mode *(cont'd)*

- Live Operator
  - Reads IVR introduction script, then transitions patient to IVR
  - Must be available to answer questions/FAQs
  - Must be available to triage patients to another electronic system (CATI) or to conduct the interview themselves for reluctant respondents
- Follow Telephone Only Mode Guidelines
  - Data collection, data receipt and retention
  - Quality control guidelines
    - Staff/Subcontractor training
    - Monitoring and oversight
    - Documentation

## Active IVR Mode *(cont'd)*

- Hospitals/Survey vendors must keep track of the mode and attempt in which each survey was completed (i.e., IVR or Telephone):
  1. For completed surveys, retain documentation in the survey management system that the patient completed the survey in the IVR mode **or** Telephone mode of the IVR mode of survey administration, then
  2. Assign the appropriate "Survey Completion Mode" and "Number of Survey Attempts – Telephone" in which the survey was completed or final survey status is determined

## Data Specifications & Coding



## Data Coding Overview

- General Data Coding
- Decision Rules for Data Capture (Mail)
- Decision Rules for Screener and Dependent Questions (All Modes)
- Final Survey Status/Disposition Codes
  - Definition of a Completed Survey

## General Data Coding

- Enter survey responses as answered by the patient
- For surveys with "Final Survey Status" codes of "1 – Completed Survey" or "6 – Non-response: Break-off"
  - A value must be entered for all survey questions
  - Appendix Q: Data File Structure Version 4.2 (effective 4Q 2019 discharges) provides valid values
- Include decision rules and coding guidelines, and quality control procedures in materials and training

## Decision Rules for Data Capture (Mail)

- Standardized rules ensure consistency across hospitals/survey vendors
- Apply decision rules to both scanned and key-entered data
- If a patient completes two surveys for the same hospital visit, use the first survey returned

# Introduction to HCAHPS Survey Training

## Decision Rules for Data Capture *(cont'd)*

- If a mark falls between two choices and is obviously closer to one choice than another, select the choice to which the mark is closest

### Example 1 (Mail)

Never

Sometimes

Usually

Always



Code as:

**“2 - Sometimes”**

# Introduction to HCAHPS Survey Training

## Decision Rules for Data Capture *(cont'd)*

- If a mark falls equidistant between two choices, code the value of the item as “M – Missing/Don’t Know”
- Do not impute a response

### Example 2 (Mail)

- Never
- x
- Sometimes
- Usually
- Always



Code as:

**“M - Missing/Don’t Know”**

# Introduction to HCAHPS Survey Training

## Decision Rules for Data Capture *(cont'd)*

- When more than one response choice is marked, code the value as “M – Missing/Don’t Know”
  - Do not impute a response
- **Exception:** For Question 28 (*What is your race?*), enter responses for ALL of the categories that the respondent selected

### Example 3 (Mail)

- Never
- Sometimes
- Usually
- Always



Code as:

“M - Missing/Don’t Know”

# Introduction to HCAHPS Survey Training

## Decision Rules for Data Capture *(cont'd)*

- When more than one response choice is marked, but the respondent's intent is clear, code the intended response

### Example 4 (Mail)

~~Never~~

Sometimes

Usually

Always



Code as:

**“2 - Sometimes”**

## Decision Rules for Screener and Dependent Questions (All Modes)

- Screener Question – instructs patient to skip subsequent questions for select response choices
  - Questions 10, 12, 15
- Dependent Question – questions skipped based on patient's response to screener question
  - Questions 11, 13, 14, 16, 17

## Decision Rules for Screener and Dependent Questions (All Modes) *(cont'd)*

- Code appropriately skipped questions as “8 – Not Applicable”
- Code other scenarios as answered by the patient (do not “clean” skip pattern errors)
- Hospitals/Survey vendors apply this rule to data collected via mail, telephone and IVR

# Introduction to HCAHPS Survey Training

## Decision Rules for Screener and Dependent Questions *(cont'd)*

12. During this hospital stay, were you given any medicine that you had not taken before?

- Yes
- No → If no, Go to Question 15

### Example 1 (Mail)

Code as:  
"1 - Yes"

13. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

- Never
- Sometimes
- Usually
- Always

Code as:  
"M - Missing/Don't Know"

# Introduction to HCAHPS Survey Training

## Decision Rules for Screener and Dependent Questions *(cont'd)*

12. During this hospital stay, were you given any medicine that you had not taken before?

- Yes
- No → If no, Go to Question 15

### Example 2 (Mail)

Code as:  
"1 - Yes"

13. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

- Never
- Sometimes
- Usually
- Always

Code as:  
"3 - Usually"

# Introduction to HCAHPS Survey Training

## Decision Rules for Screener and Dependent Questions *(cont'd)*

12. During this hospital stay, were you given any medicine that you had not taken before?

- Yes
- No → If no, Go to Question 15

### Example 3 (Mail)

Code as:  
"2 - No"

13. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

- Never
- Sometimes
- Usually
- Always

Code as:  
"8 - Not Applicable"

# Introduction to HCAHPS Survey Training

## Decision Rules for Screener and Dependent Questions *(cont'd)*

12. During this hospital stay, were you given any medicine that you had not taken before?

- Yes
- No → If no, Go to Question 15

### Example 4 (Mail)

Code as:  
"2 - No"

13. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

- Never
- Sometimes
- Usually
- Always

Code as:  
"2 - Sometimes"

# Introduction to HCAHPS Survey Training

## Decision Rules for Screener and Dependent Questions *(cont'd)*

12. During this hospital stay, were you given any medicine that you had not taken before?

- Yes
- No → If no, Go to Question 15

### Example 5 (Mail)

Code as:  
"M - Missing/Don't Know"

13. Before giving you any new medicine, how often did hospital staff tell you what the medicine was for?

- Never
- Sometimes
- Usually
- Always

Code as:  
"3 - Usually"

## Decision Rules for Screener and Dependent Questions *(cont'd)*

- For the **Telephone** and **IVR survey** modes, skip patterns should be programmed into the electronic telephone interviewing/IVR system
  - If screener questions are answered either “No” or “Another Health Facility,” then the appropriately skipped dependent questions should be coded as “8 – Not applicable”
  - If screener questions are not answered (“Missing/Don’t Know”), then the appropriately skipped dependent questions should be coded as “M – Missing/Don’t Know”

## Final Survey Status/ Disposition Codes

- 1 – Completed Survey
  - At least 50 percent of the 17 questions applicable to all patients are answered
  - Questions applicable to all patients are *included*
    - Questions 1 through 10, 12, 15, and 18-22
  - Questions not applicable to all patients (e.g., skip pattern and “About You” questions) are *excluded*
    - Questions 11, 13, 14, 16, 17, and 23–29
  - See Completed Survey Calculation Example in *QAG V14.0*

## Final Survey Status/ Disposition Codes *(cont'd)*

### Ineligible

- 2 – Deceased
  - Patient was alive at the time of discharge but deceased by time of survey administration

# Introduction to HCAHPS Survey Training

## Final Survey Status/ Disposition Codes *(cont'd)*

### Ineligible *(cont'd)*

- 3 – Not in Eligible Population
  - Patient's ineligibility is determined **after** the sample is drawn

#### **Eligibility Criteria**

- 18 years old or older at the time of hospital admission
- Admission includes at least one overnight stay in the hospital as an inpatient
- Non-psychiatric principal diagnosis at discharge
- Alive at the time of discharge

#### **Exclusions**

- "No-Publicity" patient
- Court/Law enforcement patient (i.e., prisoners) (does not apply to patients residing in halfway houses) (admission source code of 8; discharge status codes of 21, 87)
- Has a foreign home address
- Discharged to hospice (whether at home or another facility) (discharge status codes of 50, 51)
- Eliminated from participation based on State regulations
- Patients discharged to nursing home or skilled nursing facility (discharge status codes of 3, 61, 64, 83, 92)

## Final Survey Status/ Disposition Codes *(cont'd)*

### Ineligible *(cont'd)*

- 4 – Language barrier
  - Evidence that the patient does not read or speak the language in which the survey is being administered

## Final Survey Status/ Disposition Codes *(cont'd)*

### Ineligible *(cont'd)*

- 5 – Mentally or physically incapacitated
  - Patient is unable to complete the survey because he/she is mentally or physically incapacitated, or visually/hearing impaired
  - Do not automatically assign this code to patients discharged to health care facilities (e.g., long-term care facilities, assisted living facilities, rehab, etc.)
    - Hospitals/Survey vendors must attempt to contact these patients

## Final Survey Status/ Disposition Codes *(cont'd)*

### Non-Response

- 6 – Break-off
  - At least one HCAHPS Core question is answered, but too few questions are answered to meet the criteria for a completed survey
    - Includes patients who refuse to complete the survey, but answered at least one HCAHPS Core question
  - See Break-off Survey Calculation Example in *QAG V14.0*

## Final Survey Status/ Disposition Codes *(cont'd)*

### Non-Response *(cont'd)*

- 7 – Refusal
  - When a patient returns a blank survey with a note stating they do not wish to participate, or when a patient verbally refuses to begin the survey
  - When it is determined a survey has been completed by a proxy respondent, which is not permitted for the HCAHPS Survey

*Note: If the patient answered some HCAHPS Core questions, but refused to complete the survey, the "Final Survey Status" is coded as either "1 – Completed Survey" or "6 – Non-response: Break-off," depending on the completion criteria*

## Final Survey Status/ Disposition Codes *(cont'd)*

### Non-Response *(cont'd)*

- 8 – Non-response after maximum attempts
  - Patient has not completed the survey by the end of the survey administration time period
  - Lag time is greater than 84 calendar days

## Final Survey Status/ Disposition Codes *(cont'd)*

### Non-Response *(cont'd)*

- 9 – Bad address
- 10 – Bad/no phone number
  - Assume the contact information is viable unless there is sufficient evidence to suggest the contrary
    - Attempts must be made to contact every sampled patient whether or not there is a complete mailing address and/or telephone number
    - Hospitals/Survey vendors have flexibility in not sending mail surveys to patients without mailing addresses (i.e., homeless) after making every reasonable attempt to obtain an address

## Data Preparation

- File Specifications Version
- File Layout
- Preparing the Data File
- Data Submission Timeline

## File Specifications Version

- Standardized file layouts
  - Appendix Q – Data File Structure Version 4.2
  - Appendix R – XML File Layout Version 4.2

*Note: Version 4.2 applies to 4Q2019 discharges and forward*

## File Layout

### 1. Header Record

- Complete once per monthly file
  - The survey mode and sample type must be the same for all three months within a quarter. Once you have uploaded your first month of data, you have the ability to re-upload that month and change the survey mode or sample type.
  - Once you have uploaded data for two months within a given quarter, you are **locked** into that survey mode and sample type and **cannot** change it for that quarter.

### 2. Patient Administrative Data Record

- Complete for every patient in the sample
  - Number of Patient Administrative Data Records must equal the number of sampled patients (“Sample Size”)

## File Layout *(cont'd)*

### 3. Patient Response/Survey Results Record

- Complete for patients who responded to the survey
  - Number of Patient Response/Survey Results Records must equal the number of Final Survey Status codes of “1 – Completed Survey” and “6 – Non-response: Break-off”
- Enter missing responses as “M – Missing/Don’t Know” or “8 – Not Applicable”

## Header Record

- Contains hospital identification and sampling information
- All fields in the Header Record must have a valid value
  - Exceptions:
    - NPI (*optional*)
    - DSRS Strata Name (*required only if DSRS*)
    - DSRS Eligible (*required only if DSRS*)
    - DSRS Sample Size (*required only if DSRS*)
- Survey Mode and Sampling Type must be the same for all three months within a quarter

## Header Record *(cont'd)*

- CMS Certification Number (CCN)
  - Valid 6-digit CCN (formerly known as Medicare Provider Number)
  - Sample per unique CCN
  - Hospitals that share a common CCN must obtain a combined total of at least 300 completes per CCN per 12-month reporting period

# Introduction to HCAHPS Survey Training

## Header Record *(cont'd)*

- Eligible Discharges
  - Number of eligible discharges in the sample frame
    - All eligible discharges are included in the count
    - Include eligible discharges even if the patients' information is received from the hospital with discharge dates that are beyond the 42 calendar day initial contact period
      - **However, these patients must NOT be included in the HCAHPS Survey sample nor included in the "Sample Size" field count**
      - **A Discrepancy Report must be filed when patient information is received beyond the 42 calendar day initial contact period**

## Header Record *(cont'd)*

- Eligible Discharges *(cont'd)*
  - In calculating the “Eligible Discharges” field, do **not** include patients later determined to be ineligible or excluded, regardless of whether they are selected for the survey sample

## Header Record *(cont'd)*

- Eligible Discharges *(cont'd)*
  - If a patient was selected for the survey sample and later determined to be ineligible (i.e., “Final Survey Status” code of **“3 – Ineligible: Not in eligible population”**), the patient must be subtracted when reporting the “Eligible Discharges” field (number of eligible discharges in sample in the month)
    - Does NOT apply to “Final Survey Status” codes of:
      - “2 – Ineligible: Deceased
      - “4 – Ineligible: Language barrier,”
      - “5 – Ineligible: Mental/Physical incapacity”
    - “Sample Size” can therefore be larger than the number of “Eligible Discharges”

# Introduction to HCAHPS Survey Training

## Header Record *(cont'd)*

### Example 1: Eligible Discharges Calculation

100 = Number of eligible patients in original sample frame (Eligible Discharges)

100 = Number of patients selected for sample (Sample size)

2 = Number of patients with "Final Survey Status" code of "2 – Ineligible: Deceased"

-5 = Number of patients with "Final Survey Status" code of "3 – Ineligible: Not in eligible population"

2 = Number of patients with "Final Survey Status" code of "4 – Ineligible: Language barrier"

4 = Number of patients with "Final Survey Status" code of "5 – Ineligible: Mental/Physical incapacity"

95 = Number reported in the "Eligible Discharges" field

## Header Record *(cont'd)*

- Eligible Discharges *(cont'd)*
  - If a patient was **not** selected for the survey sample, but later determined to be ineligible (i.e., received an update with an ineligible MS-DRG code for the patient), the patient must be subtracted when reporting the “Eligible Discharges”

# Introduction to HCAHPS Survey Training

## Header Record *(cont'd)*

### Example 2: Eligible Discharges Calculation

- 100 = Number of eligible patients in original sample frame (Eligible Discharges)
- 50 = Number of patients selected for sample (Sample size)
- 2 = Number of patients with "Final Survey Status" code of "2 – Ineligible: Deceased"
- 5 = Number of patients with "Final Survey Status" code of "3 – Ineligible: Not in eligible population"
- 2 = Number of patients with "Final Survey Status" code of "4 – Ineligible: Language barrier"
- 4 = Number of patients with "Final Survey Status" code of "5 – Ineligible: Mental/Physical incapacity"
- 10 = Number of patients ineligible due to an updated MS-DRG code (These patients were NOT selected for the survey sample)
- 85 = Number reported in the "Eligible Discharges" field

## Header Record *(cont'd)*

- Sample Size
  - Number of sampled patient discharges in the month
    - Must equal the number of Patient Administrative Data Records
  - When 100% of the eligible population (census) is sampled, then “Eligible Discharges” equals the “Sample Size”

## Patient Administrative Data Record

- All fields in the Patient Administrative Data Record must have a valid value
  - Use code “M – Missing/Don’t Know” for all missing fields, with the following exceptions:
    - “Point of Origin for Admission or Visit”— code as “9 – Information not available”
- Number of Patient Administrative Data Records must equal the number of sampled patients (“Sample Size”)

## Patient Administrative Data Record *(cont'd)*

- Patient administrative information must be submitted for all patients selected in the survey sample
  - If a sampled patient is later found to be ineligible or excluded, the patient administrative information still must be submitted
    - The patient should be assigned a “Final Survey Status” code of “3 – Ineligible: Not in eligible population”

# Introduction to HCAHPS Survey Training

## Patient Administrative Data Record *(cont'd)*

- Patient Identification (ID) Number
  - Hospital/Survey vendor is responsible for assigning a random, unique, de-identified Patient ID Number for each patient in the sample
  - Used to track and report whether the patient has returned the survey, or needs a repeat mailing or phone call
  - Does not disclose the patient's true identity
  - Does not include any existing identifiers that can be linked back to the patient (i.e., SSN, DOB, medical record number, discharge date, hospital unit, patient initials)
  - Assign a new Patient ID each month; numbers must not be repeated from month to month or used in a sequential numbering order unless the patient discharge list is randomized prior to the assignment of the Patient ID
  - Can be up to 16 characters in length (alphanumeric)

# Introduction to HCAHPS Survey Training

## Patient Administrative Data Record *(cont'd)*

- Service Line (Reason for Admission)
  - Based on one of the accepted methodologies for Determination of Service Line in the Header Record
  - *It is strongly recommended that hospitals/survey vendors assign the HCAHPS Service Line based on the hospital information (e.g., patient MS-DRG code at discharge)*
    - Missing or invalid MS-DRG code does not exclude a patient from being drawn into the sample frame
  - Should not be coded as “M – Missing/Don’t Know”
  - Male patients should not be reported in the “Maternity Care” service line

## Patient Administrative Data Record *(cont'd)*

- Final Survey Status
  - Disposition of survey
  - Patients with a “Discharge Status” of “Expired” (codes 20, 40, 41, 42)
    - Code “Final Survey Status” as “2 – Ineligible: Deceased”
    - Must not have “Final Survey Status” coded as “1 – Completed Survey” or “6 – Non-response: Break-off”

# Introduction to HCAHPS Survey Training

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## Patient Administrative Data Record *(cont'd)*

- Survey Completion Mode
  - Survey mode used to complete a survey administered in the Mixed or IVR modes
    - 1 – Mixed Mode-Mail
    - 2 – Mixed Mode-Phone
    - 3 – IVR Mode-IVR
    - 4 – IVR Mode-Phone
    - 8 – Not applicable

# Introduction to HCAHPS Survey Training

## Patient Administrative Data Record *(cont'd)*

- Survey Completion Mode **must** correspond with Survey Mode in the Header Record

Patient Administrative Data Record	Header Record
Survey Completion Mode	Survey Mode
"1-Mixed Mode – Mail"	"3-Mixed Mode"
"2-Mixed Mode – Phone"	
"3-IVR Mode – IVR"	"4-IVR"
"4-IVR Mode – Phone"	

# Introduction to HCAHPS Survey Training

## Patient Administrative Data Record *(cont'd)*

- Number Survey Attempts – Telephone
  - Telephone attempt upon which the final survey was completed or final survey status was determined
    - 1 - First telephone attempt
    - 2 - Second telephone attempt
    - 3 - Third telephone attempt
    - 4 - Fourth telephone attempt
    - 5 - Fifth telephone attempt
    - 8 - Not applicable
  - Required when:
    - “Survey Mode” is “2 – Telephone Only” or “4 – IVR”
    - “Survey Mode” is “3 – Mixed Mode” and “Survey Completion Mode” is “2 – Mixed Mode-Phone”

# Introduction to HCAHPS Survey Training

## Patient Administrative Data Record *(cont'd)*

- Number Survey Attempts – Mail
  - Mail wave for which survey attempt was completed or final survey status determined
    - 1 - First wave mailing
    - 2 - Second wave mailing
    - 8 - Not applicable
  - Must differentiate between the first mail survey wave and the second mail survey wave in mailing materials
    - Unreturned surveys from the second wave mailing are coded as “2 – Second wave mailing”
  - **Required** when:
    - “Survey Mode” is “1 – Mail Only”



# Introduction to HCAHPS Survey Training

## Patient Administrative Data Record *(cont'd)*

- Survey Language
  - Identify the language in which the survey was administered, even if the patient does not complete the survey
    - “1 – English” (All modes)
    - “2 – Spanish” (All modes)
    - “3 – Chinese” (Mail, Telephone)
    - “4 – Russian” (Mail, Telephone)
    - “5 – Vietnamese” (Mail only)
    - “6 – Portuguese” (Mail only)
    - “7 – German” (Mail only)
  - **All** patient records should contain the actual Survey Language in which the survey was administered or attempted to be administered

# Introduction to HCAHPS Survey Training

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## Patient Administrative Data Record *(cont'd)*

- Lag Time
  - Calculated for each patient in the sample
  - Defined as the number of days between the patient's **discharge date** from the hospital and the **date that data collection activities ended** for the patient
  - **All** patient records **must** contain the actual Lag Time
    - Do **NOT** use code "888 – Not Applicable"

## Patient Administrative Data Record *(cont'd)*

- Supplemental Question Count
  - Count of maximum number of supplemental questions **available** to the patient **regardless whether or not the questions** are asked and/or answered
    - Include skip pattern questions
    - Include open-ended questions
    - Include questions asked as sub-questions (each response item counts as one question)
  - Must be submitted for all sampled patients even if they did not complete survey

## Patient Response/ Survey Results Record

- Required when “Final Survey Status” in the Patient Administrative Data Record is coded as “1 – Completed Survey” or “6 – Non-response: Break-off”
  - Number of Patient Response/Survey Results Records must equal the number of Final Survey Status codes of “1 – Completed Survey” and “6 – Non-response: Break-off”
- All fields must have a valid value, including “M – Missing/Don’t Know” or “8 – Not Applicable”

## Preparing the Data File

- Check data file
  - Check for missing values
  - Check for out of range values
  - Check frequency distributions of values
  - Check for valid file structure
- Submit data file via the QualityNet Secure Portal
- Retain all survey-related documentation, e.g., paper surveys/scanned images, patient discharge files and de-identified electronic data files for a minimum of three years

# Introduction to HCAHPS Survey Training

## Data Submission Timeline

<b>Month of Patient Discharges</b>	<b>Data Submission Deadline</b>	<b>Review and Correct Period</b>	<b>File Specifications Version</b>	<b>HCAHPS Survey Version</b>
October, November and December 2018 (4Q18)	April 3, 2019	April 4-10, 2019	Version 4.1	32-Item Survey
January, February and March 2019 (1Q19)	July 3, 2019	July 4-10, 2019	Version 4.1	32-Item Survey
April, May and June 2019 (2Q19)	October 2, 2019	October 3-9, 2019	Version 4.1	32-Item Survey
July, August and September 2019 (3Q19)	January 2, 2020	January 3-9, 2020	Version 4.1	32-Item Survey
<b>October, November and December 2019 (4Q19)</b>	<b>April 1, 2020</b>	<b>April 2-8, 2020</b>	<b>Version 4.2</b>	<b>29-Item Survey</b>

## HCAHPS Data Submission via the QualityNet Secure Portal



## Overview

- Section XII *QAG V14.0*
  - Public and Secure Page Access
  - Registration Process for QualityNet Security Administrators and Non-Administrators
  - Submission of HCAHPS Data via the QualityNet Secure Portal
  - Authorizing/Switching Survey Vendors
  - HCAHPS Warehouse Submission Reports
  - HCAHPS Warehouse Feedback Reports

# Introduction to HCAHPS Survey Training

## QualityNet

Public Access: <https://www.qualitynet.org>

The screenshot shows the QualityNet website interface. At the top left is the QualityNet logo. To its right is a navigation bar with 'Home', 'My QualityNet', and 'Help' buttons. Below this is a horizontal menu with dropdowns for 'Hospitals - Inpatient', 'Hospitals - Outpatient', 'Physician Offices', 'Ambulatory Surgical Centers', 'PPS-Exempt Cancer Hospitals', 'ESRD Facilities', 'Inpatient Psychiatric Facilities', and 'Quality Improvement'. The main content area features a 'QualityNet News' section with a 'More News >' link. The news article is titled 'Fiscal Year (FY) 2021 Hospital IQR Program Chart-Abstracted Hospitals Randomly Selected for Validation' and discusses the CMS Hospital IQR Program's selection of random samples for validation. A 'Full Article >' link is provided below the article. On the right side, there is a 'Log in to QualityNet Secure Portal' section with a 'Login' button and a list of resources: 'Download Symantec ID (required for login)', 'Portal Resources', and 'Secure File Transfer Resources'. At the top right of the page, there is a search bar and a 'Log in to QualityNet Secure Portal (formerly MyQualityNet)' link with a 'Log In' button.



## QualityNet Resources

- QualityNet User's Guide
- QualityNet Help Desk
- QualityNet WebEx Recorded Sessions

# Introduction to HCAHPS Survey Training

## QualityNet WebEx Training



Log in to QualityNet Secure Portal (formerly MyQualityNet)

Log In

Search

Home

My QualityNet

Help

Hospitals -  
Inpatient

Hospitals -  
Outpatient

Physician  
Offices

Ambulatory  
Surgical Centers

PPS-Exempt  
Cancer Hospitals

ESRD  
Facilities

Inpatient  
Psychiatric Facilities

Quality  
Improvement

### Getting Started with QualityNet

- Registration
- Sign-In Instructions
- Security Statement
- Password Rules
- QualityNet System Security Policy, PDF
- QualityNet Rules of Behavior (RoB), PDF

### QualityNet Training

To learn more about the features and functions of QualityNet, choose from the following recorded training sessions. (All presentations are in WRF format, unless otherwise indicated.)

#### For All Users

- [QualityNet Secure Portal: New User Enrollment Training](#), WMV-19 min. (07/16/14)
- [QualityNet Secure Portal Reports Module](#), WMV-19 min. (04/15/14)

#### For users with special (authorized) roles

- [Vendor Authorization](#), WMV-10 min. (06/19/15)
- [Reset Password for Selected User](#), 6 min. (02/22/08)

#### For hospitals, health care systems, hospital data vendors

- [WBDCT Meaningful Use \(MU\) Objectives and Clinical Quality Measures \(CQM\)](#), WMV-25 min. (09/29/17)
- [Annual Payment Update \(APU\) Dashboard Overview](#), WMV-40 min. (06/28/13)
- [Submitting Hospital Quality Reporting Health Information Technology for Economic and Clinical Health \(HITECH\)/Quality Reporting Document Architecture \(QRDA\) Data](#), WMV-17 min. (09/21/16)
- [Global Initial Patient Population and Sampling](#), 27 min. (12/21/11)
  - [Transcript](#), PDF-56 KB
- [HCAHPS Online Data Entry](#), WMV-19 min. (07/16/14)

### Training

- QualityNet Training
- QualityNet Event Center
- Question and Answer Tool Training, MP4
  - Transcript, PDF

### WebEx Player

To view the recorded trainings, download the WebEx (.WRF) Player.



## QualityNet Secure Portal

- URL: <https://www.qualitynet.org>
- The QualityNet Secure Portal is used to submit HCAHPS data to the HCAHPS Data Warehouse
- QualityNet account becomes deactivated after 120 days of inactivity

# Introduction to HCAHPS Survey Training

## QualityNet Secure Portal *(cont'd)* (Log in to Secure Location)

**CMS.gov** | QualityNet  
Centers for Medicare & Medicaid Services

**Log In to QualityNet** \*Required Field  
Please enter your CMS User ID and password, followed by your Symantec VIP Security Code, then click Submit.

\* User ID

\* Password

\* Security Code

CANCEL SUBMIT

**Help**

**Start/Complete New User Enrollment**

[Forgot your password?](#)

[Trouble with your Security Code?](#)

[Need to register for a QualityNet account?](#)

QualityNet Home CMS.gov | QualityNet

A federal government website managed by the Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Baltimore, MD 21244



## QualityNet Secure Portal Registration

- Types of Users:
  1. Security Administrator (Primary and Backup)
  2. Non-Administrator
- Hospitals and Survey Vendors **cannot** delegate administrator role outside of their organization
- Check for existing Security Administrators within the organization

## Administrator Registration for all *Hospitals*

- Obtain the QualityNet Security Administrator Registration Form and Instructions via the QualityNet Web site: <https://www.qualitynet.org>
- Complete the form
  - Highest-level executive at your organization sign and date the Administrator Authorization Form

## **Administrator Registration** *Survey Vendor*

- Request the QualityNet Security Administrator Form and Instructions from the HCAHPS Project Team
- Complete the form
  - Highest-level executive at your organization sign and date the Security Administrator Authorization Form
  - Mail the completed form to the HCAHPS Project Team

## Non-Administrator Registration *Hospital/Survey Vendor*

- Notify the Security Administrator at your organization that you need to become a new user
- Provide information to the Security Administrator or designee who enters the registration online and prints a registration form
- Mail the **original** registration form to the QualityNet Help Desk

## Submission Option 1

- XML File Upload
  - XML File Format – conversion commercial software
  - *50MB file size limit*
  - Files must meet proper version specifications
    - Version 4.1: 3Q18 through 3Q19 patient discharges
    - Version 4.2: 4Q19 patient discharges and forward

# Introduction to HCAHPS Survey Training

## HCAHPS Data Upload – XML

The screenshot displays the CMS QualityNet web application interface. At the top, there is a navigation bar with links for Alerts (0), Notifications (0), Secure File Transfer, User Profile, and Log Out. Below this is the CMS.gov logo and a search bar. A yellow navigation menu contains links for Home, Quality Programs, My Data, My Measures, My Scores, and My Reports. The main content area is titled 'Quality Reporting System: My Tasks' and lists several task categories:

- User Role Management**: Create User, Approve User, Edit User, Reactivate User, Create Group, Edit Group, Create Exchange Group, Edit Exchange Group.
- Hospital Reporting Inpatient / Outpatient**: View / Edit Population and Sampling.
- Manage Measures**: View/Edit Structural/ Web-Based Measures/Data Acknowledgement (DACA).
- Manage Security**: Manage Multifactor Credentials, In-Person Proofing.
- Report Authorization**: View/Request/Approve Access.
- Patient Satisfaction Data Entry**: Online Survey Entry.
- Hospital Reporting Inpatient**: View / Edit Measure Designation.
- EHR Incentive Program Hospital eCQM Reporting**: IQR Measure Selection Intention / Denominator Declaration.

# Introduction to HCAHPS Survey Training

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## HCAHPS Data Upload – XML *(cont'd)*

- Log-in to the QualityNet Secure Portal
- Verify status of files – HCAHPS Warehouse Submission Reports
- Files **must** be successfully accepted to the HCAHPS Data Warehouse before the HCAHPS Data Submission Deadline

# Introduction to HCAHPS Survey Training

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## HCAHPS Data Upload – XML *(cont'd)*

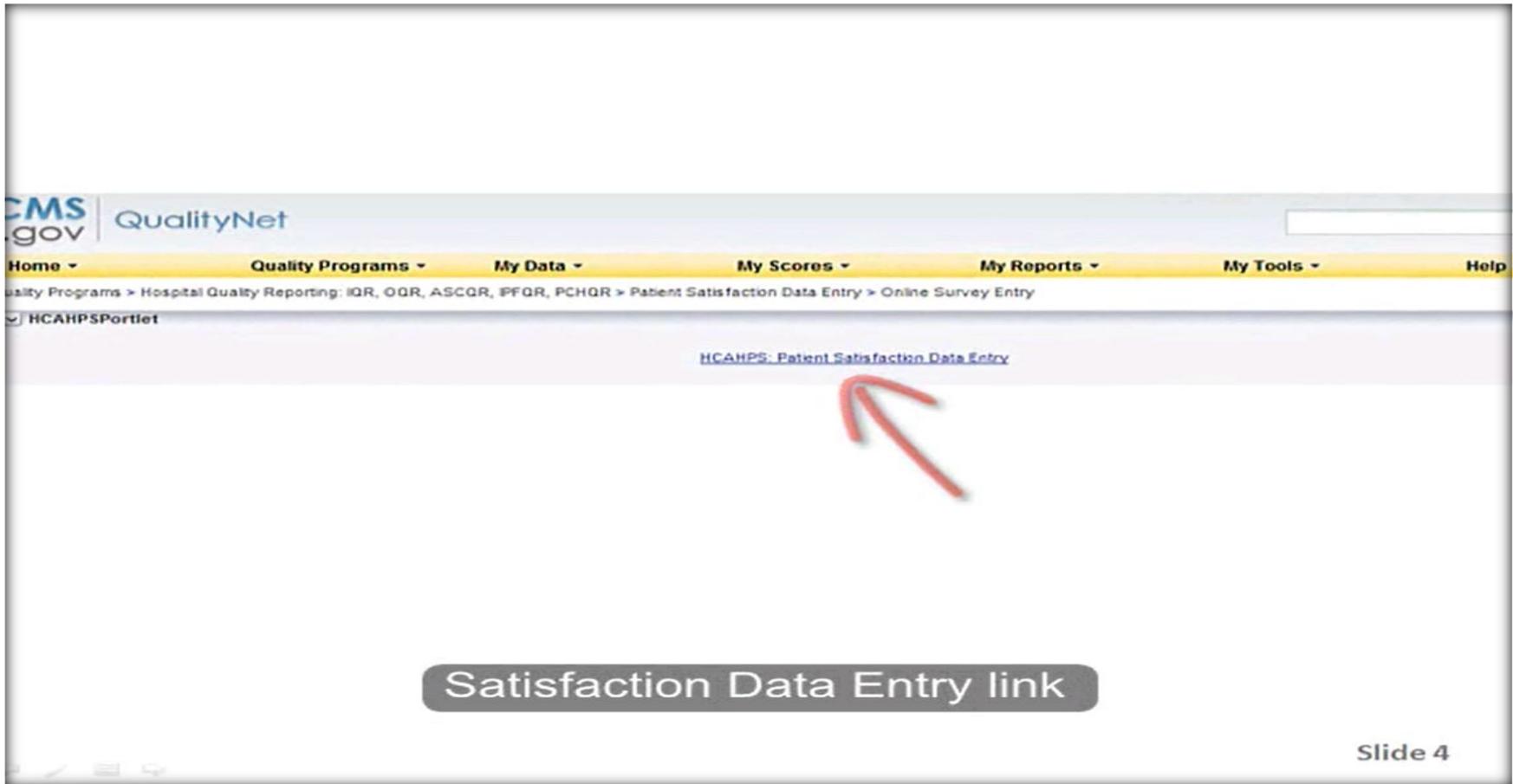
- One XML file per Month per Provider
  - File must include all data for the month
- Important to note that valid resubmitted data will **overwrite** previously submitted data
  - The **last** file successfully submitted before the data submission deadline becomes the only data in the warehouse for that month

## Submission Option 2

- HCAHPS Online Data Entry Tool
  - An option for small self-administering hospitals who are not able to use XML File Upload
  - Not to be used by survey vendors
  - Steps
    - Log-in to the QualityNet Secure Portal
    - Click on the Patient Satisfaction (HCAHPS) Data Entry link
    - Create a new or edit an existing survey month
    - Click on Add Patient Survey
    - Enter Administrative data and Survey data results (if available)
    - Exit the HCAHPS Online Data Entry Tool

# Introduction to HCAHPS Survey Training

## HCAHPS Online Data Entry Tool



The screenshot displays the CMS QualityNet portal interface. At the top left, the CMS.gov logo and QualityNet text are visible. A navigation bar contains links for Home, Quality Programs, My Data, My Scores, My Reports, My Tools, and Help. Below this, a breadcrumb trail reads: Quality Programs > Hospital Quality Reporting: IQR, OQR, ASCQR, PFQR, PCHQR > Patient Satisfaction Data Entry > Online Survey Entry. A section titled 'HCAHPSPortlet' contains a link labeled 'HCAHPS: Patient Satisfaction Data Entry'. A red arrow points to this link. A grey callout box at the bottom of the screenshot contains the text 'Satisfaction Data Entry link'. The text 'Slide 4' is located in the bottom right corner of the screenshot area.

## Authorizing Survey Vendor to Submit HCAHPS Data

- All hospitals must authorize their HCAHPS approved survey vendor via the QualityNet Secure Portal
  - Authorization updates in real time
  - QualityNet Secure Portal – *Authorize Vendors to Submit Data*
  - Approved survey vendors are listed on <http://www.hcahpsonline.org>

# Introduction to HCAHPS Survey Training

## Vendor Authorization - New

*Authorizing a New HCAHPS Survey Vendor*

	Discharge Date	Data Transmission Date (MM/DD/YYYY)
Start Date	10/1/2019	10/1/2019
End Date	↓	↓

**Strongly recommended that the End Date fields be left blank until survey authorization is terminated**



## Switching Survey Vendors

- Understand the contract dates for current and new vendors
  - Current Vendor – Last discharge date for eligible patients
    - Must be at the end of a quarter
    - Submission deadline and review and correct period for that discharge quarter
  - New Vendor – First discharge date for eligible patients
    - Must be at the beginning of a quarter
    - First date that vendor can submit for those patients
- Survey vendors should work closely with their hospital clients, who are unfamiliar with the QualityNet Secure Portal, to complete the authorization at least 90 days prior to the data submission deadline

# Introduction to HCAHPS Survey Training

## Vendor Authorization - Switch

⌵

Day 1 – Close Out “Current” HCAHPS Survey Vendor

	Discharge Date	Data Transmission Date (MM/DD/YYYY)
Start Date	07/01/2018	07/01/2018
End Date	09/30/2019	01/10/2020
	(Last day of the month for eligible discharge data collection)	(One day after HCAHPS Data Submission Deadline Review and Correct Period)

Discharge Dates CANNOT Overlap between old and new survey vendors

Data Transmission Dates CAN Overlap between old and new survey vendors

Day 2 – Authorize “New” HCAHPS Survey Vendor

	Discharge Date	Data Transmission Date (MM/DD/YYYY)
Start Date	10/1/2019	10/1/2019
End Date		

Strongly recommend that the End Date fields be left blank until survey authorization is terminated



## HCAHPS Warehouse Submission Reports

1. Hospitals Authorizing Vendor to Upload Data
2. HCAHPS Warehouse Data Submission Detail
3. HCAHPS Warehouse Submission Summary
4. HCAHPS Data Review and Correction Report
  - HCAHPS Data Upload Role – **required**
  - Submission Reports available to submitter of data

# Introduction to HCAHPS Survey Training

Alerts (1) | Notifications (130) | Secure File Transfer | User Profile | Log Out

CMS.gov | QualityNet

Home | Quality Programs | My Reports | My Tools | Help

Home > Welcome

**QualityNet Secure Portal** Established by the Centers for Medicare and Medicaid Services (CMS), QualityNet provides healthcare quality improvement news, resources, data reporting tools and applications for use by healthcare providers and others. QualityNet is the only CMS-approved site for secure communications and healthcare quality data exchange between: Quality Improvement Organizations (QIOs), Hospitals, Physician offices, Nursing homes, End Stage Renal Disease (ESRD) networks, facilities, and data vendors.

To Request Access to a specific report and/or application select **Access Instructions**  
If you need further assistance contact the **QualityNet Help Desk**



**QualityNet News**

- CMS releases April 21 reports
- Hospital Compare up results for three value
- Hospitals randomly se data validation

More News.....

Announcements from Q

CMS.gov | QualityNet

SecureTransport

Remote folder

Upload | Download | Organize

Name	Permissions	Modified	Size	Kind
remote/DataUpload/proddata/hcahps				

Items: 0, size: 0 b

MAILBOX: Compose Mail, Sent, Drafts, Inbox (1), Manage Folders, Search

MY COMPUTER

# Introduction to HCAHPS Survey Training

CMS.gov QualityNet

Home - Quality Programs - My Data - My Reports - My Tools - Help -

My Reports > Run Reports

Start Run Report(s) Search Report(s) Favorites

### Start Reports

This reporting portlet allows you to run and access reports on quality program data to which you are granted access.

**I'd Like To...**

- [Run Report\(s\)](#)
- [Search Report\(s\)](#)
- [View Favorite Reports](#)

# Introduction to HCAHPS Survey Training

**Report Program**  
IQR

**Report Category**

VIEW REPORTS

REPORT NAME	REPORT DESCRIPTION
No Reports are available.	

# Introduction to HCAHPS Survey Training

My Reports > Run Reports

Start Run Report(s) Search Report(s) Favorites

Select Program, Category and Report Report Parameters Confirmation

### Select Program, Category and Report

The available reports are grouped by program and category combination. If you have access to a single program, your program is pre-selected, and if the category related to the selected program has a single value, then it too will be pre-selected. Choose a program, then category, and then click on VIEW REPORTS to view your report choices. Select the report you wish to run from the table below by clicking on its name.

Report Program: IQR Report Category: HCAHPS Warehouse Feedback Reports [VIEW REPORTS](#)

[Search Report](#)

REPORT NAME	REPORT DESCRIPTION
HCAHPS Data Review and Correction Report	The HCAHPS Data Review and Correction report displays a frequency distribution of every variable submitted as part of the Patients' Perspective on Hospital Care Survey.
HCAHPS Hospital Authorizing Vendor to Upload Data	The HCAHPS Hospital Authorizing Vendor to Upload Data report displays hospitals that have authorized the vendor to upload HCAHPS data. The report includes authorized transmission information.
HCAHPS Warehouse Data Submission Detail Report	The HCAHPS Data Submission Detail report displays detailed file information of selected uploaded data.
HCAHPS Warehouse Provider Survey Status Summary Report	Summary of HCAHPS Warehouse provider survey submission status per Discharge Month (number of Admin and Survey data accepted).
Hospital Reporting - Provider Participation Report	The Provider Participation report displays a summary of requirements data for participation in the Hospital Quality Reporting Program.

## HCAHPS Warehouse Feedback Reports

1. Provider Survey Status Summary
2. Data Submission Detail
3. Hospital Inpatient Quality Reporting (IQR) Provider Participation Report
4. HCAHPS Review and Correction Report

# Introduction to HCAHPS Survey Training

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## Summary

- QualityNet Secure Portal registration required to participate
- Two types of QualityNet Secure Portal users
- HCAHPS-specific roles
- Two options to submit HCAHPS data
- Submitter has access to HCAHPS Warehouse Submission Reports to check status of uploaded files
- Hospital should review HCAHPS Warehouse Feedback Reports – ultimate responsibility

# Introduction to HCAHPS Survey Training

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## QualityNet Help Desk

<u>Phone:</u>	866-288-8912
<u>Fax:</u>	888-329-7377
<u>E-mail:</u>	<a href="mailto:qnetsupport@hcqis.org">qnetsupport@hcqis.org</a>
<u>Availability:</u>	8 AM – 8 PM ET, Mon – Fri

**Note:** When opening a QualityNet Help Desk Incident Ticket for HCAHPS data-related issues, please forward the email correspondence with the Incident Ticket Number to the HCAHPS Technical Assistance email ([hcahps@hcqis.org](mailto:hcahps@hcqis.org)) for tracking purposes



## Data Quality Checks

# Introduction to HCAHPS Survey Training

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## Goals

- Ensure integrity of HCAHPS data
  - Data collection
  - Minimize errors in data handling
  - Identify and explain unusual changes in data
  - Submission of complete and accurate final data files

## Suggested Quality Checks

- Traceable Data Trail
- Review of Data Files
- Accuracy of Data Processing Activities

## Traceable Data Trail

- **Must** save both original and processed versions of HCAHPS data files
  - Allows for easier backtracking when possible errors are found
- Version control for data files, reports, and software code
- Do not delete old data files
  - Keep for a minimum of three years
- All data files must be traceable throughout the entire HCAHPS Survey administration process, from receipt of the patient discharge list through data submission

# Introduction to HCAHPS Survey Training

## Traceable Data Trail *(cont'd)*

- Track data file receipts with summary tables:

Received	CCN	Discharge Month	Patient Records	Comments/ <i>Action</i>
2-11-2019	A	1	30	First receipt
2-14-2019	A	1	27	Updated file (why 3 fewer patients?) <i>Investigate.</i>
2-14-2019	B	1	110	Substantial change in # of records from previous month. <i>Investigate.</i>
2-15-2019	C	1	72	Count of patients as expected

## Review of Data Files

- Unusual or unexpected changes in HCAHPS data elements
  - Verify that data is associated with the correct hospital CCN
  - Trending data for a hospital over time
    - Examine hospital-level counts (e.g., eligible counts), patient administrative records and survey responses

# Introduction to HCAHPS Survey Training

## Review of Data Files *(cont'd)*

- Sampling protocol example:

	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019
All Patients	418	438	456	441	428	<b>150</b>
Ineligible Patients	40	51	61	50	44	<b>5</b>
Exclusions	34	25	27	31	38	<b>3</b>
De-Duplicated Patients	4	2	3	5	6	<b>0</b>
HCAHPS Sample Frame	340	360	365	355	340	<b>142</b>
Sampled Patients	255	270	274	266	255	<b>107</b>

- Look for inconsistent patient counts and investigate substantial variation

# Introduction to HCAHPS Survey Training

## Review of Data Files *(cont'd)*

- Patient administrative data example:

	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019
Sample Size	247	284	265	254	291	257
Maternity	8%	11%	9%	12%	<b>31%</b>	<b>30%</b>
Medical	74%	71%	72%	70%	53%	43%
Surgical	18%	19%	17%	18%	15%	4%
Missing	1%	<1%	2%	<1%	1%	<b>23%</b>

- Notice a large increase in Maternity % for February 2019 and March 2019
- Why was Service Line coded as Missing for 23% of sampled patients in March 2019?

# Introduction to HCAHPS Survey Training

## Review of Data Files *(cont'd)*

- Survey example: Question 1 – Nurse Courtesy and Respect

	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019
Completed Surveys	140	134	157	127	132	139
Q1 = Never	2%	1%	2%	1%	2%	1%
Q1 = Sometimes	3%	4%	3%	2%	4%	2%
Q1 = Usually	13%	12%	14%	11%	13%	9%
Q1 = Always	81%	82%	80%	82%	81%	70%
Q1 Missing	0%	1%	0%	1%	0%	<b>18%</b>

– Note that Missing rate is high for March 2019

## Accuracy of Data Processing Activities

- Ensure data processing was conducted in accordance with required HCAHPS protocols
  - Basic quality checks related to sampling
  - Evaluate frequency of break-off surveys and/or unanswered questions
  - Verification that errors did not occur during data submission process
    - HCAHPS Warehouse
      - Submission Reports
      - Feedback Reports
      - Review and Correction Report

## Accuracy of Data Processing Activities *(cont'd)*

- Sampling quality checks
  - Verify that each eligible discharge has a chance of being sampled
    - For SRS and PSRS, each eligible discharge should have the same probability of being sampled
    - For DSRS, eligible discharges may have unequal probabilities of being sampled
      - Verify that each stratum contains at least 10 sampled patients per month

# Introduction to HCAHPS Survey Training

## Accuracy of Data Processing Activities *(cont'd)*

- Monitor Response Rates every month

Response Rate = Completed Surveys/(Sample Size – Ineligible Patients\*)

\*Determined Ineligible after sampling

	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019
Sample Size	247	284	265	254	291	<b>68</b>
Ineligible Patients (post-sampling)	0	2	1	3	2	0
Completed Surveys	75	78	71	73	85	<b>68</b>
Response Rate	30%	28%	27%	29%	29%	<b>100%</b>

- Notice changes in Sample Size and Response Rate

## Accuracy of Data Processing Activities *(cont'd)*

- HCAHPS Warehouse Submission Reports
  - Summary and detail information about each data file submitted to the HCAHPS Warehouse
- HCAHPS Warehouse Feedback Reports
  - For hospitals to check the status of data being submitted on their behalf

## Accuracy of Data Processing

### Activities *(cont'd)*

- HCAHPS Data Review and Correction **Report**
  - Hospitals/survey vendors are strongly urged to access and review the HCAHPS Data Review and Correction Report every time file is uploaded
  - Report shows eligible discharges, sample size and frequencies for all HCAHPS data elements
  - Available within 48 hours after data submission via QualityNet
    - Available after every data upload
- HCAHPS Review and Correct **Period**
  - Review and Correct is the seven days immediately after the data submission deadline for a given quarter
  - If errors are identified in the HCAHPS data in the warehouse after the data submission deadline:
    - Hospitals/survey vendors have the opportunity to upload corrected files during the Review and Correct Period

# Introduction to HCAHPS Survey Training

## Accuracy of Data Processing Activities *(cont'd)*

- HCAHPS Data Review and Correction Report

HCAHPS Data Review and Correction Report  
Submitter: 888888  
Provider: 999999  
Discharge Quarter: mm/dd/yyyy – mm/dd/yyyy

### Survey Record Data

Q1 <nurse-courtesy-respect>	Valid Value	Frequency	%
Never	1	3	2.27%
Sometimes	2	5	3.79%
Usually	3	17	12.88%
Always	4	107	81.06%
Missing/Don't Know	M	0	0.00%
<b>Total</b>		<b>132</b>	<b>100.00%</b>

## Summary of Data Quality Checks

- Traceable Data Trail
  - Detailed data file receipts
  - Data file storage and retention
- Review of Data Files
  - Unusual/Unexpected changes in HCAHPS data elements (use of trending)
- Accuracy of Data Processing Activities
  - Sampling protocols
  - HCAHPS Warehouse reports

## Data Adjustment and Public Reporting



# Introduction to HCAHPS Survey Training

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## Overview

- CMS Hospital Compare Web site and Measures Reported
- Data Adjustment
  - Adjust for Patient Mix
  - Adjust for Mode of Survey Administration
- Reporting HCAHPS Results
- Hospitals with Five or Fewer HCAHPS Eligible Patients
- Footnotes
- Forms for Public Reporting
- Suppression of Results

## HCAHPS Results Updated Quarterly

- Composite measures publicly reported
  - Communication with Nurses (Q1, Q2, Q3)
  - Communication with Doctors (Q5, Q6, Q7)
  - Responsiveness of Hospital Staff (Q4, Q11)
  - Communication About Medicines (Q13, Q14)
  - Discharge Information (Q16, Q17)
  - Care Transition (Q20, Q21, Q22)
- Individual items publicly reported
  - Cleanliness of Hospital Environment (Q8)
  - Quietness of Hospital Environment (Q9)
- Global ratings publicly reported
  - Hospital Rating (Q18)
  - Recommend the Hospital (Q19)

## Data Adjustment

- Purpose
  - Differences in hospital ratings should reflect differences in quality only
  - To permit valid comparison of all hospitals regardless of the mode
- Will adjust the results to “level the playing field”
  - That is, adjust for factors not directly related to hospital performance
- Adjusted as needed for data comparability:
  - Patient mix
  - Mode of administration

## Adjust for Patient Mix

- Purpose
  - Certain patient characteristics impact how someone might respond to the survey
- Patient-Mix Adjuster Variables
  - Type of **Service** (Medical, Surgical and Maternity Care)
    - Gender
  - **Age**
  - **Education**
  - Self-reported **general health status**
  - **Language Spoken at Home** – English, Spanish, Chinese, Russian, Vietnamese, Portuguese, German, Other
  - **Response Percentile** (All completed surveys for a given month and hospital are ranked by Lag Time)
- Adjustments updated quarterly and published on <http://www.hcahpsonline.org>

## Mode Experiments

- Conducted a Mode Experiment in Spring 2006 to test mode effects
  - Summary document of Mode Experiment results is available on HCAHPS Web site (<http://www.hcahpsonline.org>)
- Conducted a Mode Experiment in late 2008 to test possibility of Internet mode of survey administration
- Conducted a Mode Experiment in 2012 to test new Care Transition survey items
- Conducted a Mode Experiment in 2016 to assess the effect of mode of survey administration on response propensity and response patterns

## Adjust for Survey Mode

- Purpose
  - Patient responses are affected by mode of survey administration
  - Choice of mode affects cross-hospital comparisons
- Survey modes
  - Mail Only
  - Telephone Only
  - Mixed Mode (Mail with Telephone follow-up)
  - Active Interactive Voice Response (IVR)

## Reporting HCAHPS Results

- Official HCAHPS Scores are publicly reported on Hospital Compare <https://www.medicare.gov/hospitalcompare>
  - Also available in the Downloadable Data Base (DDB) located on <https://Data.Medicare.gov>
- Results are reported for the six composites, two individual items and two global items
- Number of completed surveys and response rate also reported
- HCAHPS results include:
  - Top-box, middle-box, bottom-box
  - HCAHPS Star Ratings
    - 10 HCAHPS measures
    - HCAHPS Summary Star Rating
    - Linear mean scores

## Reporting HCAHPS Results *(cont'd)*

- Results aggregated into rolling four quarters (12 months) by hospital
- Hospital's results are displayed with national and state averages
- Results are updated quarterly

## Public Reporting Periods

- Reporting is based on 12 months of discharges
- Public Reporting occurs in April, July, October, and January

### **HCAHPS PUBLIC REPORTING: April 2019**

- QUARTERS INCLUDED: 3Q17, 4Q17, 1Q18, 2Q18
- PREVIEW PERIOD: February 2019
- PUBLIC REPORTING: April 2019

# Introduction to HCAHPS Survey Training

## Hospital Compare

Medicare.gov | Hospital Compare

The Official U.S. Government Site for Medicare

Hospital Compare  
Home

About Hospital  
Compare

About the data

Resources

Help

Home

+ Share

The January refresh of *Hospital Compare* will move to February. Please check back for updates.

### Find a hospital

A field with an asterisk (\*) is required.

\* **Location**

Example: 45802 or Lima, OH or Ohio

**Hospital name (optional)**

Search



# Introduction to HCAHPS Survey Training

## Hospital Compare Profile

### Hospital profile

[Back to Results](#)

General information

Survey of patients' experiences

Timely & effective care

Complications & deaths

Unplanned hospital visits

Use of medical imaging

Payment & value of care

#### HOSPITAL NAME

Hospital Information

Distance : 1.2 miles

[Add to my Favorites](#)  
[Map and directions](#)

Hospital type:  
Provides emergency services:

#### Survey of patients' experiences

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) is a national survey that asks patients about their experiences during a recent hospital stay. Use the results shown here to compare hospitals based on 11 important hospital quality topics.

- Find out why these measures and the star ratings are important.
- Learn more about the data and star ratings.
- Get the current data collection period.
- Get tips for printing star images (Internet Explorer 8,9).

[Show Graphs](#)

[View More Details](#)

	HOSPITAL NAME	STATE AVERAGE	NATIONAL AVERAGE
<b>Patient survey summary star rating. More stars are better.</b> <a href="#">Learn more</a>	★★★★●		
Patients who reported that their nurses "Always" communicated well	84%	79%	79%
Patients who reported that their doctors "Always" communicated well	82%	81%	82%



## Hospitals with Five or Fewer HCAHPS Eligible Patients in a Given Month

- Hospitals are not required to collect and submit HCAHPS data for that month
  - A header record must be submitted to the QualityNet Secure Portal through the HCAHPS Online Data Entry Tool or XML file submission
- These hospitals can voluntarily collect and submit data for these months

## Public Reporting Footnotes

- Footnote 1
  - *The number of cases/patients is too few to report*
    - Since December 2016, Hospital Compare no longer displays HCAHPS scores for hospitals with fewer than 25 completed HCAHPS Surveys
      - In their stead, “N/A” and Footnote 1 appears
      - However, these hospitals continue to see their HCAHPS scores on their Hospital Compare Preview Reports
- Footnote 3
  - *Results are based on a shorter time period than required*
- Footnote 5
  - *Results are not available for this reporting period*

## Public Reporting Footnotes *(cont'd)*

- Footnote 6
  - *Fewer than 100 patients completed the HCAHPS Survey. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.*
- Footnote 10
  - *Very few patients were eligible for the HCAHPS Survey. The scores shown reflect fewer than 50 completed surveys. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.*

## Public Reporting Footnotes *(cont'd)*

- Footnote 11
  - *There were discrepancies in the data collection process*
    - Footnote 11 is applied when there have been deviations from HCAHPS data collection protocols. CMS is working with survey vendors and/or hospitals to correct any discrepancies.
- Footnote 15
  - *The number of cases/patients is too few to report a star rating*

# Introduction to HCAHPS Survey Training

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## Forms for Public Reporting

- Hospitals must submit the appropriate pledge form to have their data displayed on Hospital Compare <https://www.medicare.gov/hospitalcompare>
- Forms are accessible on the QualityNet Secure Portal <https://www.qualitynet.org>

## Suppression of Results: IPPS Hospitals

- IPPS hospitals **cannot** suppress their results from Hospital Compare
  - Must withdraw from Hospital Inpatient Quality Reporting (IQR) program to suppress

## Suppression of Results: CAHs

- CAHs **may** suppress their results
  - Must suppress complete set of HCAHPS results
    - Will receive Footnote 5
- To suppress results, a CAH must complete the appropriate pledge form and submit it to QualityNet Help Desk

## Exception Request and Discrepancy Report

# Introduction to HCAHPS Survey Training

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## Purpose

- Exception Request
  - Request alternative methodologies
  - Approval, if granted, will be for up to 2 years
- Discrepancy Report
  - Notification of variation from HCAHPS protocols during survey administration

## Exception Request

- Common Exception Requests
  - Disproportionate Stratified Random Sampling (DSRS)
  - HCAHPS Service Line determination
  - Notification of participation in another CMS/CMS-sponsored inpatient initiative
- Exception Request must include how the proposed exception will maintain the integrity of data collection
- *Exceptions not allowed for alternative modes of survey administration*

## Exception Request *(cont'd)*

- Request for exception
  - Submit Exception Request Form(s) online
    - Submit Exception Request Form through <http://www.hcahpsonline.org>
  - Exception Request must be submitted and approved **prior** to implementing
  - **Exceptions must be submitted by survey vendors on behalf of their contracted hospitals**

# Introduction to HCAHPS Survey Training

## HCAHPS Survey EXCEPTION REQUEST FORM

To complete and submit the Exception Request Form online, visit the HCAHPS Web site at [www.hcahpsonline.org](http://www.hcahpsonline.org). Section I is to be completed by the organization submitting this form. The hospital(s) for which this Exception Request relates to must be listed in Section II along with each hospital's CMS Certification Number (CCN). All required fields are indicated with an asterisk (\*).

### I. General Information

#### 1. Organization

1a. Organization Name: \*

1b. Medical Provider Number (CCN): \*

1c. Mailing Address 1: \*

1d. Mailing Address 2:

1e. City: \*

1f. State: \*

1g. Zip Code: \*

1h. Telephone: \* (xxx-xxx-xxxx)

EXT:

1i. Website:

#### 2. Contact Person

2a. First Name: \*

2a. Middle Initial:

2a. Last Name: \*

2b. Title: \*

2c. Degree (e.g., RN, MD, PhD):

2d. Mailing Address 1: \*

2e. Mailing Address 2:

2f. City: \*

2g. State: \*

2h. Zip Code: \*

2i. Telephone: \* EXT:

Fax Number:

2j. Email Address: \*



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## 3. Survey Vendor Organization

This section is to be completed for hospitals using survey vendor to conduct the survey.

### 3a. Organization Name:

### 3b. Contact Person:

First Name:

Middle Initial:

Last Name:

3c. Title:

3d. Degree (e.g., RN, MD, PhD)

3e. Mailing Address 1:

3f. Mailing Address 2:

3g. City:

3h. State

3i. Zip Code:

3j. Telephone:                      EXT.

Fax:

3k. E-mail Address

## II. Exception Request

Please complete items 1, 2 and 3 below for each requested exception.

### 1. Exception Request For (Check one in each box):

<input type="checkbox"/> New Exception <input type="checkbox"/> Update of List of Applicable Hospitals <input type="checkbox"/> Appeal of Exception Denial
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<input type="checkbox"/> Disproportionate Stratified Random Sampling <input type="checkbox"/> Determination of Service Line <input type="checkbox"/> Participating in Another CMS or CMS-sponsored Inpatient Initiative <input type="checkbox"/> Other Exception (specify) <input type="text"/>
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## 2. List of Hospitals applicable to this Exception Request

This section is to be completed by survey vendors or hospitals administering the survey for multiple sites.

Do you currently have hospitals applicable to this Exceptions Request?  Yes  No

*Note: the fields to add detailed information for each hospital will appear after completing section 3 "Description of Exceptions Request" below and clicking the "Submit Form" button.*

## 3. Description of Exception Request

3a. Purpose of Proposed Exception Requested (e.g., sampling, other): \*

3b. Rationale for Proposed Exception Requested: \*

3c. Explanation of Implementation of Proposed Exception Requested: \*

3d. Evidence that Exception Will Not Affect Results: \*

Submit Form

Hospital Name: *	CCN: *

The Exception Request Form must be completed and submitted online at [www.hcahpsonline.org](http://www.hcahpsonline.org).



## Exception Request *(cont'd)*

- Request to use Disproportionate Stratified Random Sampling (DSRS)
  - The following information must be submitted for each hospital
    - Name of each stratum to be used in the DSRS sample
    - Estimated number of eligible patients for each stratum in a given month
    - Estimated number of sampled patients for each stratum
    - A plan for sampling a minimum of 10 eligible discharges in each stratum

## Exception Request *(cont'd)*

- Appeals process for unapproved exception
  - Written notification with explanation provided by HCAHPS Project Team
  - Hospital/Survey vendor has five business days to appeal an unapproved exception
  - Use Exception Request Form

## Discrepancy Report

- Notification of deviations from HCAHPS data collection protocols
  - Examples: missing eligible discharges from a particular date or computer programming issues that caused an otherwise eligible discharge to be excluded from the sample frame
- **Discrepancy Reports must be submitted by survey vendors on behalf of their contracted hospitals**
  - It is **strongly recommended** that survey vendors notify their client hospital prior to or upon the submission of a Discrepancy Report

## Discrepancy Report *(cont'd)*

- Complete and submit report immediately upon discovery of issue(s)
  - Provide sufficient detail
    - Hospital name and CCN
    - How issue was discovered
    - Average monthly eligible count
    - Number of eligible discharges affected
    - Average monthly sample size
    - Number of sampled patients affected
    - Corrective action plan
    - Specific time period affected
    - Other details and information, including initial and follow up DR numbers

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## HCAHPS Survey DISCREPANCY REPORT FORM

Section 1 is to be completed by the organization submitting this form. The requested information regarding the affected hospitals must be provided in Section 4 in order to complete the HCAHPS Discrepancy Report. THIS FORM MUST BE SUBMITTED ONLINE ([www.hcahpsonline.org](http://www.hcahpsonline.org)). All required fields are indicated with an asterisk (\*). Enter "To be updated" in "" required fields, only if an updated Discrepancy Report submission will be necessary.

Indicate whether this report is an Initial Discrepancy Report or an Updated Discrepancy Report.

<input type="checkbox"/> <b>Initial Discrepancy Report *</b> (Must be submitted within 24 hours after the discrepancy has been discovered.)			
<input type="checkbox"/> <b>Updated Discrepancy Report *</b> (If needed, must be submitted within two weeks of initial Discrepancy Report.)			
Date of initial Discrepancy Report submission: *	<input type="text"/>	Initial Discrepancy Report ID: *	<input type="text"/>

### 1. General Information

Unique ID	Submission Date	1a. Name of Organization submitting Discrepancy Report *
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### 1b. Type of Organization: \*

Check one:

- Survey Vendor
- Multi-Site
- Self-Administering Hospital
- Hospital Contracted with a Survey Vendor:

Name of Survey Vendor

- Other



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## 2. Contact Person for this Discrepancy Report (Confirmation email will be sent to the Contact Person.)

2a. First Name: *	2b. Last Name: *	
<input type="text"/>	<input type="text"/>	
2c. Mailing Address 1: *	2d. Mailing Address 2:	
<input type="text"/>	<input type="text"/>	
2e. City: *	2f. State: *	2g. Zip Code: *
<input type="text"/>	<input type="text"/>	<input type="text"/>
2h. Telephone: * (xxx-xxx-xxxx)	EXT:	2i. Fax Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
2j. Email Address: *		
<input type="text"/>		

## 3. Information about the Discrepancy

3a. Description of the discrepancy: \*

3b. Description of how the discrepancy was identified: \*

3c. Description of the corrective action to fix the discrepancy, including estimated time for implementation: \*

3d. Additional information that would be helpful that has not been included above: \*





## Discrepancy Report *(cont'd)*

- Review Process
  - The Discrepancy Report(s) will be thoroughly reviewed by the HCAHPS Project Team, therefore there may be a delay before results of review are communicated
  - Review(s) may result in assignment of footnotes to publicly reported results
  - Additional information may be requested
  - Notification of review outcome

## Oversight Activities

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## Overview

- Purpose of Oversight
- Description of Oversight Activities
- Quality Assurance Plan (QAP) Requirements
- On-Site Visits and Conference Calls
- Oversight and Compliance

## Purpose of Oversight

- To ensure **compliance** with HCAHPS protocols
- To ensure that all data collected and submitted are complete, valid and timely
- To ensure standardization and transparency of publicly reported results
- *Increasing scrutiny with Hospital VBP*

## Description of Oversight Activities

- The HCAHPS Project Team (HPT):
  - Reviews Quality Assurance Plans
  - Reviews survey materials
  - Analyzes submitted data
  - Conducts on-site visits and conference calls

## Quality Assurance Plan

- Documents understanding, application and compliance with HCAHPS protocols
- Serves as an organization-specific guide for administering and training project staff to conduct the HCAHPS Survey
  - Describes role of subcontractors, if any
- Must reflect *actual* survey processes and practices
- Provides a guide for the HPT on-site visit or call
- Ensures high quality data collection and continuity in survey processes

## Quality Assurance Plan *(cont'd)*

- New QAP submitted *after participation approval* by CMS as self-administering hospital, hospital administering multiple sites or survey vendor
- QAP must be **updated annually** *and* when changes in key events or key project staff occur
- HPT "*accepts*" the QAP
  - Acceptance does not imply approval of data collection processes

## On-site Visits/Conference Calls

- Purpose: To ensure compliance with HCAHPS Survey protocols
  - Visits and calls are scheduled by the HPT
- Site visits must be conducted at formal business locations

FY 2014 IPPS Final Rule codified that:

*"Approved HCAHPS survey vendors and self-administering hospitals must fully comply with all HCAHPS oversight activities, including allowing CMS and its HCAHPS Project Team to perform site visits at the hospitals' and survey vendors' company locations."*

## On-site Visits/Conference Calls *(cont'd)*

- HPT reviews survey systems, resources and facilities
- Discussions with project staff, *including subcontractors*
  - HCAHPS Project Manager/Director must be physically present during the site visit
- All materials related to survey administration are subject to review
  - Including survey forms, letters, outgoing survey envelopes, scripts, screen shots, monitoring procedures and practices, etc.
- HPT also reviews reports that survey vendors produce for client hospitals

## On-site Visits/Conference Calls *(cont'd)*

- **Feedback Report** will include the HPT's observations on topics including:
  - Survey administration
  - Data preparation, specifications, coding and submission
  - Data quality checks
  - Staff training
  - Action items for follow-up
- Documentation of any corrections is required
- Follow-up review may occur

## Analysis of Submitted Data

- Each quarter, the HPT carefully examines all data submitted to HCAHPS warehouse
  - Outliers, anomalies, trends, unusual patterns, etc.
- High rates of missingness
- Unusually high/low response rates
- High rates of “break-offs”
- Contact hospitals/survey vendors regarding submitted data and HCAHPS scores, as necessary

## HCAHPS Oversight

- If a hospital (*or its survey vendor*) fails to adhere to HCAHPS protocols, it must develop and implement corrective actions
  - *Footnotes may be added to publicly reported HCAHPS scores, as appropriate*
- If problems persist, **the hospital** may not qualify as meeting the Annual Payment Update (APU) requirements for HCAHPS
  - *The hospital's APU may be jeopardized*
  - *Possible consequences for Hospital VBP*
- Survey vendors that are non-compliant with HCAHPS protocols may lose their approval status

## HCAHPS Oversight *(cont'd)*

- HCAHPS and **Hospital VBP** Program
  - With pay-for-performance (Hospital VBP), increased scrutiny and greater emphasis on compliance for:
    - All participating hospitals
    - Multi-site hospitals
    - Survey vendors

## HCAHPS Oversight *(cont'd)*

- **A participating hospital should:**
  - Work closely with its survey vendor (if using one)
  - Monitor HCAHPS Warehouse Feedback Reports
    - Including Review and Correct Period
  - Read the HCAHPS QAG
  - Visit the HCAHPS Web site for news, updates and announcements
  - Comply with all HCAHPS oversight activities

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## Next Steps

- Hospitals/Survey vendors:
  - Complete training requirements as outlined in the Training Instructions
  - Submit Program Participation Form
    - March 1– 22, 2019
  - If approved:
    - Submit QAP and survey materials
    - Submit QNet Registration Form
    - Begin data collection
    - Monitor Submission/Feedback Reports
    - Participate in future HCAHPS Update Training
    - Monitor our Web site <http://www.hcahpsonline.org>
    - Contact us



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## More Information and Resources

- Registration, applications, background information, reports, and HCAHPS *Executive Insight* can be found on the official HCAHPS Survey Web site:

<http://www.hcahpsonline.org>

- Submitting HCAHPS data:

<https://www.qualitynet.org>

- Publicly reported HCAHPS results:

<https://www.medicare.gov/hospitalcompare>

- HCAHPS results Downloadable Database (DDB):

<https://Data.Medicare.gov>



## Contact Us

### HCAHPS Information and Technical Support

- Web site: <http://www.hcahpsonline.org>
- Email: [hcahps@hcqis.org](mailto:hcahps@hcqis.org)
- Telephone: 1-888-884-4007