

HCAHPS Update Training

HCAHPS Update Training

March 2021



HCAHPS Update Training

Welcome!

In the Update Training session, we will present:

- HCAHPS Program Updates
- Updates to HCAHPS *Quality Assurance Guidelines (QAG) V16.0*
- Common Challenges in HCAHPS Survey Administration
- 2021 HCAHPS Mode Experiment and Investigation of Possible New HCAHPS Survey Content



HCAHPS Update Training

Online Question Submission Illustration 1

The screenshot displays a Zoom meeting window titled "HCAHPS Update Training" with a subtitle "March 2021". The Zoom logo and "CENTERS FOR MEDICARE & MEDICAID SERVICES" are visible in the bottom left. The bottom toolbar includes "Connect audio", "Share", a menu icon, and a red close button. On the right, a sidebar menu is open, showing "Expand panel to show video", "Participants (14)", "Q&A", and "All (0)". A red arrow points to the "Q&A" section. Below the menu is a text input field with the instruction "Select a question and then type your answer here. There's a 256-character limit." and buttons for "Send" and "Send Privately...".

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Online Question Submission *(cont'd)* Illustration 2

The screenshot shows a Zoom meeting window. The main content area displays a slide with the following text:

HCAHPS Update Training

March 2021

At the bottom of the slide, there is a CMS logo and the text "March 2021".

The Zoom interface at the bottom includes a toolbar with the following elements from left to right:

- Connect audio (muted)
- Share
- More options (three dots)
- Close (red X)
- Participants (with a red arrow pointing to it)
- QA (with a question mark icon)

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Online Question Submission *(cont'd)* Illustration 3

The image shows a presentation slide on the left and a software interface on the right. The slide, titled "HCAHPS Update Training" and dated "March 2021", features the CMS logo. The interface on the right is a sidebar with a "Participants" section containing "Panelist: 1" and "Attendee:". Below it is a "Q&A" section with "All (0)" questions. At the bottom of the sidebar is an "Ask:" dropdown menu set to "All Panelists", a text input field with the placeholder "Select a panelist in the Ask menu first and then type your question", and a "Send" button. Two red arrows point from the interface to the slide: one points to the vertical line separating the sidebar from the slide content, and the other points to the "Ask:" dropdown menu.

March 2021



March 2021

HCAHPS Update Training

HCAHPS Program Updates March 2021



HCAHPS Update Training

Overview

- Problems with Q3 2020 Data Submission
- Public Health Emergency (PHE) Adaptations
- New Hospital Inpatient Accommodations
- Impact of Exempted Q1 and Q2 2020 on HCAHPS Public Reporting
- Impact of Exempted Q1 and Q2 2020 on Hospital VBP
- HCAHPS 2021 Mode Experiment Update
- Collect Patient Email Address and Preferred Language
- *"Hospital Compare"* is Now *"Care Compare"*
- HCAHPS Downloadable Database now in Provider Data Catalog
- New HCAHPS Letters and Telephone Script
- HCAHPS Never Rests



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Problems With Q3 2020 Data Submission

- Problems occurred in the transition from the legacy data warehouse to the new cloud facility
- Necessitated extensions of the data submission deadline
 - From January 6 to March 17, 2021
- CMS IT staff and contractors are developing solutions
- No change is anticipated to the Q4 2020 data submission deadline
 - April 7, 2021
- Thank you for your patience



Public Health Emergency (PHE) Adaptations

- CMS recognized that the continuing COVID-19 public health emergency affected survey operations
- Approved survey vendors are permitted to conduct survey operations from a remote location (other than their place of business)
 - Complete and submit an Exception Request Form online via the HCAHPS Web site (www.hcahpsonline.org)
- Survey vendors and self-administering hospitals should take necessary steps to protect staff's personal health and safety

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New Hospital Inpatient Accommodations

- In response to the COVID-19 PHE, state and local governments, hospitals, and others developed alternate care sites (ACS) to expand capacity and provide needed care to patients
 - Emergency 1135 Waivers & Health System Flexibility
 - Under its Hospitals Without Walls initiative, CMS waived several Medicare conditions of participation at 42 CFR Part 482 and provider-based rules at 42 CFR §413.65 on a national basis. These so-called “blanket” waivers give hospitals flexibilities to respond to the COVID-19 PHE and to furnish care in ACSs, including retrofitted locations (e.g., tents, gymnasiums, and even the patient’s home).
 - Available at <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>



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New Hospital Inpatient Accommodations *(cont'd)*

- NUBC created a new Point of Origin Code G: "Transfer from a Designated Disaster Alternative Care Site (ACS)"
 - For more information about these changes in coding point of admission, please see the MLN Matters document at <https://www.cms.gov/files/document/MM11836.pdf>
 - To learn more about ACS, visit the CMS Web site at <https://www.cms.gov/files/document/covid-state-local-government-fact-sheet-hospital-alternate-care-sites.pdf>

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Impact of Exempted Q1 and Q2 2020 on HCAHPS Public Reporting

- In November 2020, CMS announced that due to the COVID-19 PHE, the HCAHPS data on Hospital Compare/Care Compare would not be updated for the January and April 2021 Public Reports
 - Data currently on Care Compare (Q1–Q4 2019 discharges) will remain
- *July 2021* public reporting will be based on Q4 2019 and Q3 2020
- October 2021 public reporting will be based on Q3 2020 and Q4 2020
- January 2022 public reporting will be based on Q3 2020, Q4 2020, and Q1 2021



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Impact of Exempted Q1 and Q2 2020 on HCAHPS Public Reporting *(cont'd)*

- The 300 completed HCAHPS Surveys standard does NOT apply to any 4-quarter roll-up period in which HCAHPS data collection was not required for one or more quarters
- Due to the COVID-19 exemption for Q1 2020 and Q2 2020, the 300 completes standard does NOT apply to the following 4-quarter roll-up periods:
 - Q4 2019 / Q1 2020 / Q2 2020 / **Q3 2020** *(July 2021 public reporting)*
 - Q1 2020 / Q2 2020 / **Q3 2020** / **Q4 2020** *(October 2021 public reporting)*
 - Q2 2020 / **Q3 2020** / **Q4 2020** / **Q1 2021** *(January 2022 public reporting)*
- Please refer to the CMS Exceptions and Extension for Quality Reporting Requirements memorandum dated March 27, 2020, for Q1 and Q2 2020 information



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Impact of Exempted Q1 and Q2 2020 on Hospital VBP

- IPPS hospitals must achieve at least 100 completed HCAHPS Surveys in a calendar year in order to participate in the Hospital Value-Based Purchasing (HVBP) program
 - Because data from Q1 and Q2 2020 will not be used in HVBP, IPPS hospitals must achieve at least 100 completed surveys in Q3 and Q4 2020 in order to participate in the HCAHPS portion of the FY 2022 HVBP program

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Impact of Exempted Q1 and Q2 2020 on Hospital VBP *(cont'd)*

- On September 2, 2020 CMS released additional guidance for HVBP via an interim final rule
 - Under the revised ECE, CMS will not use any Q1 2020 or Q2 2020 excepted HVBP data that hospitals had optionally submitted to calculate total performance scores (TPS) for the FY 2022 through FY 2025 program years, or baseline scores for the FY 2024 through FY 2030 program years
 - CMS will use optionally submitted Q4 2019 HVBP Program data to calculate TPS for those hospitals for the FY 2021 through FY 2024 program years and baseline scores for the FY 2026 through FY 2029 program years
 - No additional ECE is necessary for Q1, Q2 2020 for the HVBP program

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HCAHPS 2021 Mode Experiment Update

- CMS and its HCAHPS partners (HSAG and RAND) have recruited a random, representative group of hospitals to participate in the mode experiment
- CMS is testing new and revised survey items, new “About You” items, changes to item order, etc.
- Some patients discharged April-September 2021 from participating hospitals will receive the experimental survey
- Testing new mixed modes that include email, allowing proxy respondents, and other revised protocols
- CMS will provide ample prior notice of any changes to HCAHPS content or protocols



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Collect Patient Email Address

- CMS **strongly encourages** hospitals to collect patient's email address and submit to their survey vendor as administrative data
- Doing so will facilitate potential use of an email survey mode in the future
- *Reminder: patient protected health information, such as email address, is not submitted to CMS*



Collect Patient Preferred Language

- CMS **strongly encourages** hospitals to collect patient's preferred language and submit to their survey vendor as administrative data
 - *Note: CMS is moving toward requiring that HCAHPS be administered in Spanish (if Spanish is the patient's preferred language)*

HCAHPS Update Training

“Hospital Compare” is Now “Care Compare”

- Care Compare empowers patients when making important health care decisions
 - Streamlined redesign of eight existing CMS healthcare compare tools available on Medicare.gov
 - Care Compare for Hospitals contains HCAHPS Survey results and many other hospital measures
 - <https://www.medicare.gov/care-compare/>
 - Care Compare displays:
 - “Patient survey rating” (HCAHPS Overall Star Rating)
 - Top-box scores for all ten HCAHPS measures
 - State and national rates for HCAHPS measures



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Care Compare

Medicare.gov

Login

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Find & compare doctors, hospitals
& other providers near you.

[Learn more about the types of providers listed here](#)

Feedback

MY LOCATION

ZIP code or city

PROVIDER TYPE

Select one



KEYWORDS (OPTIONAL)

Search

What's New?



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Care Compare

Medicare.gov

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Hospital

Hospital Name

LOCATION

PHONE NUMBER

Overall rating:



Patient survey rating:



📍 Add to Favorites

Ratings Quality Details Location

RATINGS

Overall rating



The overall rating is based on how well a hospital performs across different areas of quality, like treating heart attacks and pneumonia, readmission rates, and safety of care.

[Learn how Medicare calculates this rating](#)

View Rating Details

Patient survey rating



The patient survey rating measures patients' experiences of their hospital care. Recently discharged patients were asked about important topics like how well nurses and doctors communicated.



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Care Compare

Hospital Name

Patient survey rating

 Print

The HCAHPS star ratings summarize patient experience, which is one aspect of hospital quality. Use the star ratings along with other quality information when making decisions about choosing a hospital.

[Learn how the patient survey rating is measured](#)

[Get current data collection period](#)

Patient survey rating



The patient survey rating is typically based on a one year response period.

Number of completed surveys 7,123

Survey response rate 36%

Patients who reported that their nurses "Always" communicated well.

81%

National average: 81%
average: 81%

Patients who reported that their doctors "Always" communicated well.

81%

National average: 82%
average: 81%

Patients who reported that they "Always" received help as soon as they wanted.

65%

National average: 70%
average: 69%

Patients who reported that the staff "Always" explained about medicines before giving it to them.

67%

National average: 66%
average: 65%

Patients who reported that their room and bathroom were "Always" clean.

68%

National average: 66%
average: 65%



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HCAHPS Downloadable Database Now Part of Provider Data Catalog

- The Provider Data Catalog (PDC) contains complete HCAHPS results, including:
 - Top-box, middle-box and bottom-box results
 - Star ratings for all HCAHPS measures
 - HCAHPS linear mean scores
 - Individual item scores
 - Response rates and number of completed surveys
- <https://data.cms.gov/provider-data/dataset/dgck-syfz>



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New HCAHPS Letters and Telephone Script

- Beginning with July 1, 2021 discharges, hospitals **MUST** use the newly revised
 - Initial cover letter
 - Follow-up cover letter
 - Standard Telephone, IVR and Mixed Mode scripts

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HCAHPS Never Rests

- October 2020 publicly reported scores based on ~2.8 million completed surveys from patients at 4,517 hospitals
- ~7,700 patients complete the HCAHPS Survey daily
- HCAHPS scores are used in CMS's public reporting, Hospital Value-Based Purchasing, and Hospital Overall Star Ratings
- HCAHPS scores also used in the Comprehensive Care for Joint Replacement and PPS-Exempt Cancer Hospital programs
- 395 published research articles used HCAHPS (*PubMed*, February 2021)



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More Information on HCAHPS

- Registration, applications, background information, and reports:
<https://www.hcahpsonline.org>
- Submitting HCAHPS data:
<https://hqr.cms.gov/>
- Publicly reported HCAHPS results on Care Compare:
<https://www.medicare.gov/care-compare/>
- HCAHPS results in the Provider Data Catalog:
<https://data.cms.gov/provider-data/dataset/dgck-syfz>
- HCAHPS in Hospital Value-Based Purchasing:
<https://qualitynet.cms.gov/inpatient/hvbp>



HCAHPS Update Training

Updates to HCAHPS *Quality Assurance Guidelines V16.0 (QAG)*



HCAHPS Update Training

Overview

- Updates to the HCAHPS Survey
 - Cover Letters
 - Scripts
- Key Changes to the QAG V16.0
 - Annual Updates
 - Survey Management
 - Sample Frame
 - Data Preparation and Submission Chapter
 - Exception Request
- Quality Control Activities
- Oversight Activities
 - Survey Materials
 - Attestation Statement



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Updates to the HCAHPS Survey



HCAHPS Update Training

Initial and Follow-up Cover Letters: Mail Only and Mixed Modes

V15.0 Initial Cover Letter

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT NAME]
[ADDRESS]
[CITY, STATE ZIP]

Dear [SAMPLED PATIENT NAME]:

Our records show that you were recently a patient at [NAME OF HOSPITAL] and discharged on [DATE OF DISCHARGE (mm/dd/yyyy)]. Because you had a recent hospital stay, we are asking for your help. This survey is part of an ongoing national effort to understand how patients view their hospital experience. Hospital results will be publicly reported and made available on the Internet at www.medicare.gov/hospitalcompare. These results will help consumers make important choices about their hospital care, and will help hospitals improve the care they provide.

Questions 1-29 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. Your participation is voluntary and will not affect your health benefits.

We hope that you will take the time to complete the survey. Your participation is greatly appreciated. After you have completed the survey, please return it in the pre-paid envelope. Your answers may be shared with the hospital for purposes of quality improvement. [OPTIONAL: 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.]

If you have any questions about the enclosed survey, please call the toll-free number 1-800-xxx-xxxx. Thank you for helping to improve health care for all consumers.

Sincerely,

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

V16.0 Initial Cover Letter

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT NAME]
[ADDRESS]
[CITY, STATE ZIP]

Dear [SAMPLED PATIENT NAME]:

Our records show that you were recently a patient at [NAME OF HOSPITAL] and discharged on [DATE OF DISCHARGE (mm/dd/yyyy)]. Because you had a recent hospital stay, we are asking for your help.

The enclosed survey is part of an effort to understand how patients view their hospital care. Questions 1-29 in the survey are sponsored by the United States Department of Health and Human Services and should take about 7 minutes to complete.

Your participation is voluntary and your answers will be kept private. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on the Care Compare Web site (www.medicare.gov/care-compare).

After you have completed the survey, please return it in the enclosed pre-paid envelope. If you have any questions about the survey, please call this toll-free number: 1-xxx-xxx-xxxx.

We greatly appreciate your help in improving hospital care.

Sincerely,

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]



HCAHPS Update Training

Initial and Follow-up Cover Letters: Mail Only and Mixed Modes *(cont'd)*

V15.0 Follow-up Cover Letter

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT NAME]
[ADDRESS]
[CITY, STATE ZIP]

Dear [SAMPLED PATIENT NAME]:

Our records show that you were recently a patient at [NAME OF HOSPITAL] and discharged on [DATE OF DISCHARGE (mm/dd/yyyy)]. Approximately three weeks ago we sent you a survey regarding your hospitalization. If you have already returned the survey to us, please accept our thanks and disregard this letter. However, if you have not yet completed the survey, please take a few minutes and complete it now.

Because you had a recent hospital stay, we are asking for your help. This survey is part of an ongoing national effort to understand how patients view their hospital experience. Hospital results will be publicly reported and made available on the Internet at www.medicare.gov/hospitalcompare. These results will help consumers make important choices about their hospital care, and will help hospitals improve the care they provide.

Questions 1-29 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. Your participation is voluntary and will not affect your health benefits. Please take a few minutes and complete the enclosed survey. After you have completed the survey, please return it in the pre-paid envelope. Your answers may be shared with the hospital for purposes of quality improvement. [OPTIONAL: 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.]

If you have any questions about the enclosed survey, please call the toll-free number 1-800-xxx-xxxx. Thank you again for helping to improve health care for all consumers.

Sincerely,

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]

V16.0 Follow-up Cover Letter

[HOSPITAL LETTERHEAD]

[SAMPLED PATIENT NAME]
[ADDRESS]
[CITY, STATE ZIP]

Dear [SAMPLED PATIENT NAME]:

A few weeks ago, we sent you a survey asking for your feedback on your recent experience at [NAME OF HOSPITAL] discharged on [DATE OF DISCHARGE (mm/dd/yyyy)]. If you have already returned the survey to us, please accept our thanks and disregard this letter. However, if you have not yet completed the survey, please take a few minutes and complete it now.

The enclosed survey is part of an effort to understand how patients view their hospital care. Questions 1-29 in the survey are sponsored by the United States Department of Health and Human Services and should take about 7 minutes to complete.

Your participation is voluntary and your answers will be kept private. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on the Care Compare Web site (www.medicare.gov/care-compare).

After you have completed the survey, please return it in the enclosed pre-paid envelope. If you have any questions about the survey, please call this toll-free number: 1-xxx-xxx-xxxx.

We greatly appreciate your help in improving hospital care.

Sincerely,

[HOSPITAL ADMINISTRATOR]
[HOSPITAL NAME]



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Initial and Follow-up Cover Letters: Mail Only and Mixed Modes *(cont'd)*

- **Required Elements**

- Font Size, 12-point font at minimum
- Sponsor of the survey and length of time
 - “Questions 1-29 in the survey are sponsored by the United States Department of Health and Human Services and should take about 7 minutes to complete.”
- Participation voluntary and private
 - “Your participation is voluntary, and your answers will be kept private.”
- Purpose of the survey and where to find hospital ratings
 - “Your responses will help improve the quality of hospital care and help other people make more informed choices about their care. You can see current survey results and find hospital ratings on the Care Compare Web site (www.medicare.gov/care-compare).”



Follow-up Cover Letter: Mail Only Mode

- **Optional Elements**

- Reply-by date may be added to Follow-up Cover Letter:
 - Top of the Follow-up cover letter above the salutation
 - “Please reply-by: [DATE (mm/dd/yyyy)]”
 - After the sentence, “After you have completed the survey, please return it in the pre-paid envelope.”
 - An example of allowable reply-by text includes, “Please fill out the enclosed survey and mail it by [DATE (mm/dd/yyyy)] in the pre-paid envelope.”
- It is recommended that the reply-by date be calculated as 35 days from the initial mailing to make sure the survey is returned before the data collection closes

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Survey and Cover Letter Required Language: Mail Only and Mixed Modes

- **Added to Appendices A through G**
 - OMB Paperwork Reduction Act Language (*placement preferred on questionnaire*)
 - Mandatory Transition Statement for Supplemental Questions
 - Unique Identifier Language (*placement preferred on questionnaire*)
 - Copyright Statement
 - Reply-by Date (*Follow-up Cover Letter only; optional*)

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Scripts: Telephone Only, Mixed and Active IVR Modes

- **Script Revisions**

- IF ASKED IF YOU WOULD LIKE TO SPEAK TO “SR.” OR “JR.”

IF ASKED IF YOU WOULD LIKE TO SPEAK TO “SR.” OR “JR.”:

I would like to speak with [PATIENT NAME] who is approximately [AGE RANGE]. Is that person available?

- CALL BACK TO COMPLETE A PREVIOUSLY STARTED SURVEY

CONFIRM PATIENT FOR A PREVIOUSLY STARTED SURVEY: This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. I would like to confirm that I am speaking with [SAMPLED PATIENT NAME]. I am calling to continue the survey started on an earlier date. CONTINUE SURVEY WHERE PREVIOUSLY LEFT OFF.

CONFIRM PATIENT FOR A CALL BACK: This is [INTERVIEWER NAME] calling from [DATA COLLECTION CONTRACTOR] on behalf of [HOSPITAL NAME]. I would like to confirm that I am speaking with [SAMPLED PATIENT NAME]. I am calling back at the time you requested to take the survey.



HCAHPS Update Training

Scripts: Telephone Only, Mixed and Active IVR Modes *(cont'd)*

- **Script Revisions** *(cont'd)*

- SPEAKING WITH SAMPLED PATIENT, INTRO

SPEAKING WITH SAMPLED PATIENT

INTRO

Hi, this is [INTERVIEWER NAME], calling (OPTIONAL TO STATE from [DATA COLLECTION CONTRACTOR]) on behalf of [HOSPITAL NAME]. (MIXED MODE OPTIONAL TO STATE: A few weeks ago, we mailed you a survey about your recent experience at [HOSPITAL NAME] and now we would like to follow up.) [HOSPITAL NAME] is participating in a survey about the care people receive in the hospital. Your responses will help improve the quality of hospital care and help other people make more informed choices about their care.

Participation in the survey is completely voluntary and your answers will be kept private. It should take about 7 minutes [OR HOSPITAL/SURVEY VENDOR SPECIFY] to complete.

This call may be monitored (OPTIONAL TO STATE and/or recorded) for quality improvement purposes.



HCAHPS Update Training

Scripts: Telephone Only, Mixed and Active IVR Modes *(cont'd)*

- **Additional Script Instructions**
 - Question 28A - If the patient replies that they are Caucasian, code as White
 - Mandatory Transition Statement for supplemental questions is included in Appendices H through M

HCAHPS Update Training

Key Changes to the QAG V16.0



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Key Changes to the QAG

- QAG V16.0 is effective July 1, 2021, applying to all patient discharges July 1, 2021 and forward
 - <https://www.hcahpsonline.org>
 - QAG V16.0
 - QAG V16.0 Change Matrix

HCAHPS
Hospital Consumer Assessment of
Healthcare Providers and Systems

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Key Changes to the QAG *(cont'd)*

- **Annual Updates**

- HCAHPS Development, Data Collection and Public Reporting Timeline
- FY 2021 IPPS Final Rule ([85 FR 58432 through 59107](#))
- Codes to Determine Service Line
 - V.38 MS-DRG Codes were effective October 1, 2020
 - V.39 MS-DRG Codes will be effective October 1, 2021

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Key Changes to the QAG *(cont'd)*

- **Annual Updates** *(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

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Key Changes to the QAG *(cont'd)*

- **Annual Updates** *(cont'd)*
 - File Specifications change to Version 4.4, effective July 1, 2021 patient discharges
 - Appendix Q – Data File Structure Version 4.4
 - Appendix R – XML File Layout Version 4.4
 - Added Admission Source code "G - Transfer from a Designated Disaster Alternative Care Site (ACS)" for **July 1, 2021** patient discharges and forward
 - Currently (August 3, 2020 through June 30, 2021 patient discharges), Point of Origin code G should be crosswalked to Admission Source code "6 - Transfer from Another Healthcare Facility"

HCAHPS Update Training

Key Changes to the QAG *(cont'd)*

- **Annual Updates** *(cont'd)*
 - Data Submission Timeline

Month of Patient Discharges	Data Submission Deadline	Review and Correct Period	File Specifications Version
October, November and December 2020 (4Q20)	April 7, 2021	April 8-14, 2021	Version 4.3
January, February and March 2021 (1Q21)	June 30, 2021	July 1-7, 2021	Version 4.3
April, May and June 2021 (2Q21)	October 6, 2021	October 7-13, 2021	Version 4.3
July, August and September 2021 (3Q21)	January 5, 2022	January 6-12, 2022	Version 4.4

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Key Changes to the QAG *(cont'd)*

- **Survey Management**
 - Business Continuity Planning
 - Develop a disaster recovery plan to support continued business operations or recovery in the event of a natural or human-related disaster
 - Define primary and secondary staff roles and contacts
 - Data Breaches
 - Hospitals/Survey vendors must notify the HCAHPS Project Team within 24 hours upon discovery of a data breach that potentially affects HCAHPS Survey administration with their organization, including subcontractors or client hospitals

Key Changes to the QAG *(cont'd)*

- **Sample Frame**

- Patient Preferred Language: Not required for data submission; however, strongly recommend it be collected

- Suggested Valid Values

- 1 – English
- 2 – Spanish
- 3 – Chinese
- 4 – Russian
- 5 – Vietnamese
- 6 – Portuguese
- 7 – German
- 9 – Some other language
- M – Missing

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Key Changes to the QAG *(cont'd)*

- **Data Preparation and Submission Chapter**
 - Hospital Quality Reporting (HQR) System (formerly QualityNet Secure Portal): <https://hqr.cms.gov/>
 - Registration for Data Submission and Assignment of an HQR Security Administrator
 - HCAHPS Survey Vendor Authorization Process
 - HCAHPS Data Submission and Feedback Reports
 - XML Data File Submission and HCAHPS Data Form Submission (formerly the Online Data Entry Tool)
 - For assistance with navigating HQR, contact the QualityNet Help Desk (qnetsupport@hcqis.org, 1-866-288-8912) and email Incident Ticket Number to HCAHPS Technical Assistance (hcahps@hsag.com)

Key Changes to the QAG *(cont'd)*

- **Exception Request (ER)**
 - ERs must include sufficient detail for the HPT to assess the exception. Timely approval of an ER is contingent upon hospital/survey vendor including complete documentation
 - Approved ERs will be limited to a two-year timeframe unless otherwise specified
 - Approved ERs may be implemented **only** at the **beginning of a quarter**
 - Approval of a renewal ER will align with the beginning of a quarter and expire at the end of a quarter

Key Changes to the QAG *(cont'd)*

- **Exception Request: Types of Exceptions**
 - Determination of Service Line based on a single service line (e.g., Medical, Surgical, Maternity) requires additional documentation:
 - Electronic or written confirmation from the hospital that they are unable to provide MS-DRG codes or other preferred means of establishing the HCAHPS Service Line Category
 - Electronic or written confirmation from the hospital delineating which patient populations are served (Medical, Surgical or Maternity)

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Key Changes to the QAG *(cont'd)*

- **Exception Request: Types of Exceptions**
(cont'd)
 - Other: Conduct HCAHPS Survey operations from a remote location due to the public health emergency
 - Hospitals/Survey vendors may submit an ER to request approval to conduct survey operations from a remote location (other than hospital's/survey vendor's place of business) for the duration of the public health emergency

Quality Control Activities

- Quality checks must be performed and documented for all the key components or steps of survey administration, and data processing on an **ongoing and continuous** basis, including:
 - electronic programming code
 - the performance of all staff involved with any aspect of programming, sample frame creation, sampling, processing of response data
 - ensuring compliance with HIPAA regulations
 - conducting on-site verification of subcontractor processes (strongly recommended on an annual basis, at a minimum)

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Oversight Activities

- **Survey Materials**

- Hospitals/Survey vendors must submit survey materials for review to HCAHPS Technical Assistance by **Friday, April 2, 2021**
 - *If using supplemental questions, submit the mandatory transition statement that is placed prior to the supplemental questions at the end of the survey*
- Submit survey materials that will be used for July 1, 2021 patient discharges and forward

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Oversight Activities *(cont'd)*

- **HCAHPS Attestation Statement**
 - Due by **Friday, April 2, 2021**
 - Includes attestation that the Quality Assurance Plan (QAP) has been updated
 - QAP should **not** be submitted at this time
 - Attestation Statement Form is available in Appendix Y of the QAG V16.0

HCAHPS Update Training

Summary

- Based on the HCAHPS *Quality Assurance Guidelines (QAG) V16.0*
 - QAG V16.0 will take effect July 1, 2021, applying to all patient discharges July 1, 2021 and forward
- Hospitals and survey vendors are responsible for reviewing and familiarizing themselves with all of the content in the QAG

Common Challenges in HCAHPS Survey Administration



HCAHPS Update Training

Overview

- Survey Management
- Survey Administration
- Data Coding and Processing
- Quality Control Activities Best Practices

HCAHPS Update Training

Survey Management

- Disaster Recovery/Business Continuity Plan

Issue	Solution
Insufficient physical and staff resources available to administer the volume of surveys	Must have appropriate organizational back-up physical and staff resources to step in if primary resources/staff are not available
Back-up staff not in place for all key aspects of survey administration	Appropriate staff should be cross-trained in key administration activities, in order to be able to take on other responsibilities in the case of unforeseen staffing turnover or absence

HCAHPS Update Training

Survey Management *(cont'd)*

- Safeguarding Patient Confidentiality and Data Security

Issue	Solution
Unauthorized access to data systems and files	Notify the HCAHPS Project Team within 24 hours upon discovery of a data breach that potentially affects HCAHPS Survey administration
Lack of testing of backup files	<ul style="list-style-type: none">• At a minimum on a quarterly basis, make sure files are easily retrievable and working• If routine backup testing is conducted by the hospital/survey vendors' IT department, confirm backup files are tested on a regular basis
Limited documentation of destruction of data	Obtain a certificate of the destruction of data

HCAHPS Update Training

Survey Management *(cont'd)*

- Customer Support Operations

Issue	Solution
HCAHPS Customer Support FAQs not being used	Monitor the customer support telephone line and processes, including retraining of staff as necessary and reviewing the questions and responses log, on an ongoing basis
Voicemail not replied to within one business day	
Patient questions and responses are not documented in customer support database or tracking log	

HCAHPS Update Training

Survey Administration

- Patient's Contact Information

Issue	Solution
Contact information is missing or inaccurate	<ul style="list-style-type: none">• Must update patient contact information using commercial software or other means• Strongly recommend updating patient information prior to and during fielding
All available telephone numbers not being used when needed	Strongly recommend collecting and using both the patient's primary (Patient Telephone Number 1) and secondary (Patient Telephone Number 2) telephone numbers

HCAHPS Update Training

Survey Administration *(cont'd)*

- Patient's Preferred Language

Issue	Solution
Offering only the English version of the HCAHPS Survey	<ul style="list-style-type: none">• Offer the survey in all official HCAHPS languages relevant to the hospital population
Patient's language preference is Spanish	<ul style="list-style-type: none">• Strongly recommend administering the survey in Spanish

HCAHPS Update Training

Survey Administration *(cont'd)*

- HCAHPS Service Line

Issue	Solution
Missing service line	<ul style="list-style-type: none">• Obtain updated patient discharge files• Work with client hospitals to provide accurate and timely patient information
Outdated codes used to determine service line	<ul style="list-style-type: none">• V.38 MS-DRG Codes effective October 1, 2020• V.39 MS-DRG Codes effective October 1, 2021
Method for determining service line does not align with assignment of HCAHPS Service Line	<ul style="list-style-type: none">• Confirm assignment of HCAHPS Service Line on an annual basis, at a minimum

HCAHPS Update Training

Data Coding and Processing

- Patient Administrative Data

Issue	Solution
<p>Changes to hospital's Electronic Medical Records (EMR) system not reflected in hospital/survey vendor's internal systems</p> <ul style="list-style-type: none">• Incorrect conversion of data elements• Missing/incomplete data elements• Eligible patients omitted from discharge list	<ul style="list-style-type: none">• Review accuracy and completeness of patient administrative data<ul style="list-style-type: none">- Confirm new EMR codes are accurately imported and converted to HCAHPS codes- Hospitals/Survey vendors should be kept aware of hospital changes to EMR system that affect HCAHPS administration

HCAHPS Update Training

Data Coding and Processing *(cont'd)*

- Programming Code

Issue	Solution
Coding errors or code not updated in accordance with current HCAHPS protocols	<ul style="list-style-type: none">• Review programming code on an annual basis, at a minimum

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Data Coding and Processing *(cont'd)*

- Data Submission

Issue	Solution
Missed data submission deadline	<ul style="list-style-type: none">Confirm files were successfully accepted into the HCAHPS Data Warehouse before the HCAHPS data submission deadline
Data submitted to the HCAHPS Data Warehouse does not match internal records	<ul style="list-style-type: none">Review HCAHPS Reports (Data Submission Reports, HCAHPS Submission Results Reports)Conduct quality checks to verify that errors did not occur during data submission process

HCAHPS Update Training

Quality Control Activities

- Sampling
 - Ensure timely receipt of patient discharge list
 - Examine hospital-level counts (e.g., eligible discharges and sample size)
 - Review accuracy and completeness of patient administrative data
 - Obtain updated patient discharge files

HCAHPS Update Training

Quality Control Activities *(cont'd)*

- Mail
 - Perform ongoing checking of printed mailing pieces
 - Review data processing procedures
 - Review timeliness of delivery and accuracy of address
- Telephone
 - Conduct ongoing telephone monitoring to include live calls
 - Review script programming
 - Review accuracy of telephone numbers

Quality Control Activities *(cont'd)*

- Data Processing
 - Review unusual or unexpected changes in data elements (high missingness, inconsistent patterns)
 - The number of Administrative Data Records submitted to the HCAHPS Data Warehouse should match the Sample Size value
 - Evaluate frequency of break-off surveys and/or unanswered questions
 - Monitor response rates

Quality Control Activities *(cont'd)*

- Quality Assurance Plan (QAP)
 - Use the outline provided in Appendix S
 - Updates are highlighted in red text
 - Note in the QAP when a required item is not applicable
 - Do not omit from the QAP, instead call it out as N/A
 - Identify primary and back-up staff for each key administrative activity
 - Include templates of documentation or QA activities (no PHI or PII)
 - Update the “Lessons Learned” section
 - Identify the specific timeline for incorporating the current Quality Assurance Guidelines changes into the survey administration process

2021 HCAHPS Mode Experiment and Investigation of Potential New HCAHPS Survey Content

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2021 HCAHPS Mode Experiment



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HCAHPS Mode Experiments, 2006-2016

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

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2021 HCAHPS Mode Experiment

- The 2021 HCAHPS Mode Experiment is the 5th HCAHPS Mode Experiment
- Nationally representative hospitals sampled and invited
 - Regardless of the extent to which hospitals collect email addresses
- All HCAHPS Mode Experiments randomize a representative sample of HCAHPS-eligible patients into survey modes within hospitals
 - Allows unbiased assessment of effects of mode protocols on response rate, representativeness, and patient-mix adjusted HCAHPS scores
- Goals are to:
 - Evaluate new candidate modes
 - Evaluate new candidate items
 - Evaluate revised survey protocols
 - Update/develop mode adjustments for existing and candidate items

Anticipated Mode Experiment Timeline

- CMS received approval from OMB to test the web mode survey administration across multiple surveys
- Will be in the field approximately April –December 2021
 - Will use patient discharges from April 1 to September 30, 2021
 - Will continue until all September 2021 discharges are processed
 - Continuation of the public health emergency may delay the start date
 - Data will be analyzed in 2022
- Possible additional iteration with stakeholders based on results
- No major changes in HCAHPS Survey content or protocols are expected before 2023
 - Prior notice will be given of any changes

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5th HCAHPS Mode Experiment Implementation

- Exclude discharges that do not meet HCAHPS eligibility criteria
- Use multiple arms to test several survey mode protocols including mixed mode survey administration protocols that include web (e.g., web+mail)
- Survey will include core HCAHPS Survey items plus supplemental items to allow testing of new or proposed content
- As in previous HCAHPS mode experiments, survey administration will be limited to English language



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Mixed Modes Involving Web Will Be Explored in the 2021 HCAHPS Mode Experiment

- Web-Mail
- Web-Telephone
- Web-Mail-Telephone

Patients without email addresses who are randomly assigned to a mode involving Web first will only experience the remaining mode(s). Initiation of the remaining mode(s) will be delayed to synchronize those mode(s) with patients receiving the full protocol.

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Design of Mode Experiment Web Survey

- Web version will respond to different browser sizes and work across different platforms (computer, laptop, tablet, mobile device)
- Web page layout
 - One question per web page
 - Navigation buttons labeled “Back” and “Next”
 - Page header displays survey name: HCAHPS Survey
 - Page footer displays phone number and email address for technical assistance
 - No graphics
 - Limited use of color
- Web survey will retain the underlining and font styles used in the mail survey
- Web survey will be 508 compliant
- Approach informed by ED CAHPS experiments



Web-Mail Mixed Mode Protocol

- Send email survey invitation containing link to web survey and personalized PIN between 48 hours and 42 calendar days post-discharge
- Send mail survey to non-respondent(s) after the emailed survey invitation
 - Initial and follow-up letters conform to QAG V16.0 specifications
 - For patients without an email address, the mail survey is the first contact
- Complete data collection within 49 calendar days of emailed survey invitation

Web-Telephone Mixed Mode Protocol

- Send email survey invitation containing link to web survey and personalized PIN between 48 hours and 42 calendar days post-discharge
- Initiate first telephone attempt to non-respondent(s) after the emailed survey invitation
 - Maximum of 5 telephone attempts at different times of day and day of week spanning 8 or more days
 - Telephone script conforms to QAG V16.0 guidelines
 - For patients without an email address, the telephone survey is the first contact
- Complete data collection within 49 calendar days of emailed survey invitation

HCAHPS Update Training

Web-Mail-Telephone Mixed Mode Protocol

- Send email survey invitation containing link to web survey and personalized PIN between 48 hours and 42 calendar days post-discharge
- Send mail survey to non-respondent(s) after the emailed survey invitation
 - Initial and follow-up letters conform to QAG V16.0 specifications
 - For patients without an email address, the mail survey is the first contact
- Initiate first telephone attempt to non-respondent(s) at end of the mail phase
 - Maximum of 5 telephone attempts at different times of day and day of week spanning 8 or more days
 - Telephone script conforms to QAG V16.0 guidelines
- Complete data collection within 49 calendar days of emailed survey invitation

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Modes Will Be Assessed for Response Rate and Representativeness

- To what extent does nonresponse vary by:
 - Hospital
 - Email address availability
 - Age, sex, service line
 - Survey response variables such as race/ethnicity, health and education

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Investigation of Potential New HCAHPS Survey Content



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2019-21 HCAHPS Survey Refinement Process Similar to Original HCAHPS Survey Development

- Input from stakeholders, including hospitals, patient advocacy groups, CAHPS Consortium, other patient experience experts
- Examination of peer-reviewed research literature
- Focus groups to explore and confirm aspects of inpatient care important to patients
 - Also assessed relevance, currency, and appropriateness of existing HCAHPS items
- Multiple rounds of cognitive interviews (English and Spanish) to assess and refine survey item wording

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Potential New Survey Topics Discussed With Technical Expert Panel (TEP) July 2020

- Care Coordination Within Hospitals
- Discharge Experience
- Communication with Patient's Family or Caregiver
- Safety and Security
 - Medical safety
 - Emotional support/security
 - Physical safety
- Sleep and Rest
- Summoning Help
- Admission Process
- Discharge Process
- Experience With Telehealth

TEP Comments and Recommendations (1 of 2)

- Important to measure coordination of care across hospital staff during stay and coordination of care with post-discharge providers and caregivers
- Questions that ask “did you get information in writing” are passive and may set a low bar for care delivery. TEP felt it was important to measure whether information given to patients was understood.
- Important to ask about communication of information to caregiver (family or friend), readiness of patient and caregiver for post-discharge care at home or in another care setting

TEP Comments and Recommendations (2 of 2)

- Emotional safety/support is an important topic, but some TEP members had concerns that such measures placed additional burdens on hospital staff, particularly nurses
- TEP recommended that any new sleep items focus on rest and recovery, regardless of time of day, rather than interruptions at night
- Adding new questions about admission or discharge process, and physical safety were perceived as lower priority compared to other candidate topics
- TEP members perceive telehealth as an important topic, but one that is not quite ready for measurement via HCAHPS
 - Recommended continued monitoring of hospital use of telehealth by patients and family for future consideration

New Survey Topics to Be Tested in the Mode Experiment

- Care Coordination
 - Within hospital
 - Post-discharge/Care transition
- Discharge Experience
- Communication with Patient's Family or Caregiver
- Emotional Support/Security
- Sleep and Rest
- Summoning Help

HCAHPS Update Training

Candidate Items From This Process Will Be Empirically Tested via the HCAHPS Mode Experiment

- Items that show strong psychometric properties (reliability, validity, absence of ceiling/floor effects) and which are not redundant with existing items will be considered for addition to the current HCAHPS survey instrument
- No major changes in HCAHPS Survey content or protocols are expected before 2023
 - Prior notice will be given of any changes

HCAHPS Update Training

Questions?



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Next Steps

- Hospitals/Survey vendors:
 - Update QAP
 - Submit HCAHPS Attestation Statement
 - Due by April 2, 2021
 - Monitor the HCAHPS Web site for this document
 - Submit HCAHPS Survey materials
 - Due by April 2, 2021
 - Monitor the HCAHPS Web site:
<https://www.hcahpsonline.org>

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More Information and Resources

- Registration, applications, background information, and reports:
<https://www.hcahpsonline.org>
- Submitting HCAHPS data:
<https://hqr.cms.gov/>
- Publicly reported HCAHPS results:
<https://www.medicare.gov/care-compare/>
- HCAHPS results in the Provider Data Catalog:
<https://data.cms.gov/provider-data/dataset/dgck-syfz>



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Contact Us

HCAHPS Information and Technical Support

- Web site: <https://www.hcahpsonline.org>
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