



Home Health (HHCAHP)
Hospice (CAHPS)

The Centers for Medicare & Medicaid Services (CMS) has implemented the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice Survey to measure the experiences that patients and their caregivers have with hospice care

01

Provide a source of information from which selected measures could be publicly reported to beneficiaries and their family members as a decision aid for the selection of a hospice program.

02

Aid hospices with their internal quality improvement efforts and external benchmarking with other facilities.

03

Provide CMS with information for monitoring the care provided.



Purpose of the CAHPS Hospice Survey Program Requirements

The CAHPS Hospice Survey and its administration protocols are designed to produce standardized information about decedents'/caregivers' perspectives of care that allow objective and meaningful comparisons of hospices on topics that are important to consumers. Public reporting for CAHPS Hospice Survey results creates incentives for hospices to improve the quality of care while enhancing accountability in healthcare by increasing transparency.

Hospice Survey – 47 Questions

The standardized 47-question CAHPS Hospice Survey instrument is composed of the following measures: Communication with Family, Getting Timely Help, Treating Patient with Respect, Emotional and Spiritual Support, Help for Pain and Symptoms, Training Family to Care for Patient, Rating of this Hospice, and Willingness to Recommend this Hospice.

CAHPS Hospice Survey
Compliance in CY 2024



Affects
FY 2026 APU

Timeline for 2023-2024

Data Collection and Submission

| Month of Death | Initial Contact with Sampled Decedents/Caregivers | Data Submission to the CAHPS Hospice Survey Data Warehouse |
|----------------|---|--|
| April 2023 | July 1, 2023 | November 8, 2023 |
| May 2023 | August 1, 2023 | |
| June 2023 | September 1, 2023 | |
| July 2023 | October 1, 2023 | February 14, 2024 |
| August 2023 | November 1, 2023 | |
| September 2023 | December 1, 2023 | |
| October 2023 | January 1, 2024 | May 8, 2024 |
| November 2023 | February 1, 2024 | |
| December 2023 | March 1, 2024 | |
| January 2024 | April 1, 2024 | August 14, 2024 |
| February 2024 | May 1, 2024 | |
| March 2024 | June 1, 2024 | |

Timeline for 2024-2025

Data Collection and Submission

| Month of Death | Initial Contact with Sampled Decedents/Caregivers | Data Submission to the CAHPS Hospice Survey Data Warehouse |
|----------------|---|--|
| April 2024 | July 1, 2024 | November 13, 2024 |
| May 2024 | August 1, 2024 | |
| June 2024 | September 1, 2024 | |
| July 2024 | October 1, 2024 | February 12, 2025 |
| August 2024 | November 1, 2024 | |
| September 2024 | December 1, 2024 | |
| October 2024 | January 1, 2025 | May 14, 2025 |
| November 2024 | February 1, 2025 | |
| December 2024 | March 1, 2025 | |
| January 2025 | April 1, 2025 | August 13, 2025 |
| February 2025 | May 1, 2025 | |
| March 2025 | June 1, 2025 | |

Public Reporting Periods

| Reporting Period (Dates of Death) for CAHPS Hospice Survey Measure Scores | Provider Preview Period* | Care Compare Refresh Dates* |
|---|--------------------------|-----------------------------|
| Q1 2021 - Q4 2022 | August/September 2023 | November 2023 |
| Q2 2021 - Q1 2023 | November/December 2023 | February 2024 |
| Q3 2021 - Q2 2023 | February/March 2024 | May 2024 |
| Q4 2021 - Q3 2023 | May/June 2024 | August 2024 |

*Exact dates will be announced by CMS



- The CAHPS Hospice Survey is designed to be administered to the person who is most knowledgeable (primary informal caregiver) about the hospice care received by the decedent.
- The caregiver's relationship to the decedent should fall into one of the following categories: spouse/partner, parent (or step-parent), child (or stepchild), other family members, friend, or other. **A non-familial legal guardian or non-familial paid caregiver cannot be considered** a primary informal caregiver for the purposes of the CAHPS Hospice Survey. Caregiver must be 18 years or older at the time of the patient's death.
- The hospice is responsible for identifying the primary information caregiver that may be eligible to receive and respond to the CAHPS Hospice Survey. Please note, hospices should not necessarily prioritize a primary informal caregiver that is a family member over a friend, as one caregiver category does not automatically have preference over another.
- Staff members or employees of the hospice or care setting in which the patient received care should **NOT** be considered primary informal caregivers.

CAHPS Hospice Survey Quality Measures and Constituent Items

Composite Measures

Communication with Family

- While your family member was in hospice care, how often did the hospice team keep you informed about when they would arrive to care for your family member?
- While your family member was in hospice care, how often did the hospice team explain things in a way that was easy to understand?
- How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?
- While your family member was in hospice care, how often did the hospice team keep you informed about your family member's condition?
- While your family member was in hospice care, how often did the hospice team listen carefully to you?
- While your family member was in hospice care, how often did anyone from the hospice team give you confusing or contradictory information about your family member's condition or care?

Getting Timely Help

- While your family member was in hospice care, when you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?
- How often did you get the help you needed from the hospice team during evenings, weekends, or holidays?

Treating Patient with Respect

- While your family member was in hospice care, how often did the hospice team treat your family member with dignity and respect?
- While your family member was in hospice care, how often did you feel that the hospice team really cared about your family member?

CAHPS Hospice Survey Quality Measures and Constituent Items

Emotional and Spiritual Support

- While your family member was in hospice care, how much emotional support did you get from the hospice team?
- In the weeks after you family member die, how much emotional support did you get from the hospice team?
- Support for religious or spiritual beliefs includes talking, praying, quiet time, or other ways of meeting your religious or spiritual needs. While your family member was in hospice care, how much support for your religious and spiritual beliefs did you get from the hospice team?

Help for Pain and Symptoms

- Did your family member get as much help with a pain as he or she needed?
- How often did your family member get the help he or she needed for trouble breathing?
- How often did your family member get the help he or she needed for trouble constipation?
- How often did your family member get the help he or she needed from the hospice team for feelings of anxiety or sadness?

Training Family to Care for Patient

- Did the hospice team give you the training you needed about what side effects to watch for from pain medicine?
- Did the hospice team give you the training you needed about if and when to give more pain medicine to your family member?
- Did the hospice team give you the training you needed about how to help your family member if he or she had trouble breathing?
- Did the hospice team give you the training you needed about what to do if your family member became restless or agitated?
- Side effects of pain medicine include things like sleepiness. Did any member of the hospice team discuss side effects of pain medicine with you or your family member?

Global Measures

Rating of Hospice

- Using any number from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible, what number would you use to rate your family member's hospice care?

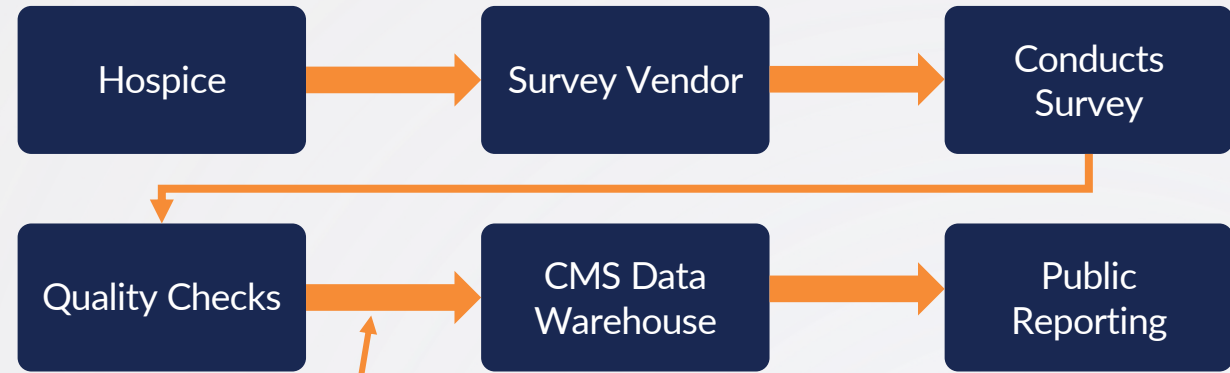
Willingness to Recommend this Hospice

- Would you recommend this hospice to your friends and family?

Each month, each hospice must submit to its contracted survey vendor

- Decedents/Caregivers List
 - Hospices must submit all required variables
 - Hospice should submit a value of 'N/A' if the Facility Name is not available or does not apply
 - Decedents of all payer types are eligible
 - Decedents with no caregiver are identified by the Caregiver Relationship '8 - No Caregiver Record' and those with only a paid caregiver are '9 - Paid Caregiver'
 - Hospices must not apply eligibility criteria prior to submitting the list
- A count of all decedents
 - Include all patients who died during the month
 - Do not remove 'no publicity' cases from this count
- A count of Live Discharges
- A count of 'No Publicity' cases (expected to be rare)
- A count of hospice offices covered under a single CCN
 - i.e., the number of administrative or practice offices for the CCN NOT individual facilities or settings





Successful submission to the Data Warehouse is how hospice compliance is measured

New: Data Submission Deadline



The quarterly data submission deadline has changed...

- Final survey data files **must be submitted by survey vendors by 8:00 pm Eastern Time on the required submission date.**
- This change is **effective for Q1 2024** data submission (Deadline August 14, 2024)

Survey vendors must submit files early to allow enough time to resubmit if necessary and still meet the deadline.

Roles and Responsibilities of Hospice

- Participate in the CAHPS Hospice Survey, if eligible
- Authorize a survey vendor by submitting a CAHPS Hospice Survey Vendor Authorization Form
 - A hard copy CAHPS Hospice Survey Vendor Authorization Form should be submitted through December 31, 2023; an online form should be submitted beginning January 1, 2024.
 - The project team will send a confirmation email that the form has been processed.
 - Data will be rejected by the Data Warehouse if the survey vendor is not authorized to submit.
- Obtain user account(s) for the CAHPS Hospice Survey Data Warehouse
- Provide complete and accurate decedents/caregivers lists and required counts to the survey vendor – Understand Data Submission due dates
- Review Data Submission Reports in the Data Warehouse
- Avoid influencing caregivers as to how to answer the survey questions



Participation Exemption for Size

The Participation Exemption for Size process has been created to provide hospices that have **fewer** than 50 survey-eligible decedents/caregivers in the 'reference period' (see table below) with a means to request an exemption from participation in the CAHPS Hospice survey. For the calendar year (CY) 2023 data collection period, Medicare-certified hospices that served fewer than 50 survey-eligible decedents/caregivers in CY 2022 (January 1, 2022, through December 31, 2022) can apply for an exemption for CY 2023 CAHPS Hospice Survey data collection and reporting requirements.

The Participation Exemption for Size Form will be available to complete on the CAHPS Hospice Survey website until **December 31, 2023**. Please note, exemptions on the basis of size are active for one year only. If a hospice continues to meet the eligibility requirements for this exemption in subsequent years, the organization will need to again request the exemption.

| 'Reference Period' or Decedent Date of Death | Participation Calendar Year | Exemption Form Deadline | Exemption Request Review by CMS | Affects APU |
|--|-----------------------------|-------------------------|---------------------------------|-------------|
| Jan 1 to Dec 31, 2020 | 2021 | Dec 31, 2021 | 2022 | FY 2023 |
| Jan 1 to Dec 31, 2021 | 2022 | Dec 31, 2022 | 2023 | FY 2024 |
| Jan 1 to Dec 31, 2022 | 2023 | Dec 31, 2023 | 2024 | FY 2025 |
| Jan 1 to Dec 31, 2023 | 2024 | Dec 31, 2024 | 2025 | FY 2026 |

APU – Annual Payment Update; FY – Fiscal Year

Home Health HHCAHP

The Centers for Medicare & Medicaid Services (CMS) has partnered with the Agency for Healthcare Research and Quality (AHRQ), another agency within the United States Department of Health and Human Services, to develop surveys measuring patient perspectives of care. Beginning in 1995 as part of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) initiative, AHRQ and its CAHPS grantees began to develop survey and reporting products focusing on health plans. Since 1995, the initiative has expanded to cover a range of surveys of health care services at multiple levels of the delivery system, including patients receiving care from both ambulatory and institutional settings. *The intent of the CAHPS initiative is to provide a standardized survey instrument and data collection methodology for measuring patients' perspectives on patient care.* CAHPS is meant to complete the data that providers collect to support improvements in internal customer services and quality-related activities.

The HHCAHPS Survey instrument contains 34 items that cover topics such as access to care, communications, and interactions with the agency and with agency staff.

| HHCAHPS Survey-Based Component Name/ Short Name and Component Question | Type | NQF ID | Data Source | Response Categories |
|--|---------|--------|-------------|--|
| Care of Patients/Professional Care | Outcome | 0517 | CAHPS | |
| Q9. In the last 2 months of care, how often did home health providers from this agency seem informed and up-to-date about all the care and treatment you got at home? | | | | Never, Sometimes, Usually, Always |
| Q16. In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible? | | | | Never, Sometimes, Usually, Always |
| Q19. In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect? | | | | Never, Sometimes, Usually, Always |
| Q24. In the last 2 months of care, did you have any problems with the care you got through this agency? | | | | Yes, No |
| Communication between Providers and Patients/Communication | Outcome | 0517 | CAHPS | |
| Q2. When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get? | | | | Yes, No |
| Q15. In the past 2 months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home? | | | | Never, Sometimes, Usually, Always |
| Q17. In the past 2 months of care, how often did home health providers from this agency explain things in a way that was easy to understand? | | | | Never, Sometimes, Usually, Always |
| Q18. In the past 2 months of care, how often did home health providers from this agency listen carefully to you? | | | | Never, Sometimes, Usually, Always |
| Q22. In the past 2 months of care, when you contacted this agency's office did you get the help or advice you needed? | | | | Yes, No |
| Q23. When you contacted this agency's office, how long did it take for you to get the help or advice you needed? | | | | Same day; 1 to 5 days; 6 to 14 days; more than 14 days |
| Specific Care Issues/Team Discussion | Outcome | 0617 | CAHPS | |
| Q3. When you first started getting home health care from this agency, did someone from the agency talk with you about how to set up your home so you can move around safely? | | | | Yes, No |
| Q4. When you started getting home health care from this agency, did someone from the agency talk with you about the prescription medicines you are taking? | | | | Yes, No |
| Q5. When you started getting home health care from this agency, did someone from the agency ask to see all the prescription medicines you were taking? | | | | Yes, No |
| Q10. In the past 2 months of care, did you and a home health provider from this agency talk about pain? | | | | Yes, No |
| Q12. In the past 2 months of care, did home health providers from this agency talk with you about the purpose for taking your new or changed prescription medicines? | | | | Yes, No |
| Q13. In the last 2 months of care, did home health providers from this agency talk with you about when to take these medicines? | | | | Yes, No |
| Q14. In the last 2 months of care, did home health providers from this agency talk with you about the important side effects of these medicines? | | | | Yes, No |
| Overall rating of home health care/overall rating | Outcome | 0517 | CAHPS | |
| Q20. What number would you use to rate your care from this agency's home health providers? | | | | Use a rating scale (0-10) (0 is worst, 10 is best) |
| Willingness to recommend the agency/willing to recommend | Outcome | 0517 | CAHPS | |
| Q25. Would you recommend this agency to your family or friends if they needed home health care? | | | | Definitely no; Probably no; Probably yes; Definitely yes |

Home Health HHCAHPS

Of the 25 core questions, 17 core questions are grouped into three survey 'composites' or groupings of like topics, for the purpose of public reporting.

The three composites that are publicly reported are:

- Care of Patients
- Communications Between Providers and Patients
- Specific Care Issues

CMS Responsibilities

CMS is responsible for ensuring that the HHCAHPS Survey is administered using standardized survey protocols and data collection and processing methods. CMS works very closely with its HHCAHPS Survey Coordination Team to provide training, technical assistance, and oversight to approved survey vendors. Technical assistance is also provided to HHAs.

HHAs are responsible for contracting with an approved survey vendor to conduct the HHCAHPS Survey on their behalf and for providing a patient information file containing data about patients served during the sample month to their survey vendor each month. Survey vendors are responsible for conducting the HHCAHPS Survey on behalf of their client HHAs following the standard protocols and guidelines described in this manual.



Home Health Agencies Responsibilities

It is the responsibility of Medicare-certified HHAs to participate every month in the HHCAHPS Survey to obtain the annual payment update (APU) from CMS. The majority of HHAs are eligible to participate; however, some may be exempted from participation for a given APU period.

If an HHA is eligible to participate, it must...

- Contract with an approved HHCAHPS survey vendor to conduct its survey;
- Authorize the contracted survey vendor to collect and submit HHCAHPS Survey data to the HHCAHPS Survey Data Center on the agency's behalf;
- Work with its approved vendor to determine a date each month by which the vendor will need the monthly patient information file for sampling and fielding the survey;
- By the agreed-upon date each month, compile and deliver to the survey vendor a complete and accurate list of patients (i.e., the monthly patient information file) and information that will enable the vendor to administer the survey;
- Use a secure method to transmit monthly patient information files to the survey vendor, ensuring that data are **encrypted** prior to sending to the vendor;
- Review data submission reports on the HHCAHPS Survey website to confirm that its survey vendor has submitted data on time and without data problems;
- Review HHCAHPS Survey results prior to public reporting;
- Avoid influencing patients in any way about how to answer the HHCAHPS Survey; for example, HHAs may not hand out any information to patients about how to answer the survey (please refer to the section in this chapter titled Communications with Patients About the HHCAHPS Survey); and
- Understand the APUs, including key date ranges and deadline dates; again, information about APU Periods and Medicare Certification eligibility cutoff dates is provided in the Home Health Prospective Payment System (HH PPS) Final Rule for each calendar year.





HHAs should include the files submitted to survey vendors all patients who meet the HHCAPHS Survey eligibility criteria:

- Patients who are at least 18 years of age by the end of the sample month.
- Patients whose home care was paid for by Medicare or Medicaid. This includes patients who are enrolled in Medicare fee-for-service plans and those enrolled in Medicare Advantage (MA) plans or Medicaid managed care health plans.
- Patients who had at least one home health visit for skilled nursing care, physical therapy, occupational therapy, or speech therapy during the sample month.
- Patients who had at least two home health visits for skilled nursing care, physical therapy, occupational therapy, or speech therapy during the lookback period (includes the sample month and the preceding month).
- Patients who are not deceased.
- Patients who are not currently receiving hospice care.
- Patients who received home visits for services other than routine maternity care in the sample month.



Exemptions for HHCAHPS:

- If an HHA received Medicare certification for CMS after the cutoff date for a given APU period, it is considered too new to participate in the upcoming APU. This is a one-time exemption only, and HHAs do not need to apply for it.
- If an HHA was certified before the cutoff date specified in the HH PPS Rule, that HHA may only receive an exemption if it served 59 or fewer survey-eligible patients during the 12-month period that the APU covers. To request an exemption, an HHA must submit a Participation Exemption Request (PER) form for that APU period through the HHCAHPS website. HHAs must submit a PER for every APU year that they believe they qualify for and which to seek an exemption from participating in the HHCAHPS Survey.

HHCAHPS figured into STAR measures

Crosswalk of Composite Measures and Global Ratings to Medicare's Care Compare Website Text

| HHCAHPS Composite Measurements/ Global Ratings | HHCAHPS Questions Included in Composite/ Global Rating | Text Displayed on Medicare's Care Compare Website |
|---|---|---|
| Care of Patients | Q9, Q16, Q19, and Q24 | How often the home health team gave care in a professional way |
| Communications Between Providers and Patients | Q2, Q15, Q17, A18, Q22, and Q23 | How well did the home health team communicate with patients |
| Specific Care Issues | Q3, Q4, Q5, Q10, Q12, Q13, and Q14 | Did the home health team discuss medicines, pain, and home safety with patients |
| Overall Rating of Care | Q20 | How do patients rate the overall care from the home health agency |

Manual & Website

The Home Health Care CAHPS Survey Protocols and Guidelines Manual is updated annually to reflect changes to participation requirements and changes in survey protocols, materials, and procedures; however, CMS and the Coordination Team use the HHCAHPS website to disseminate important interim updates and news about the HHCAHPS Survey, including information related to participation requirements, updates and changes to survey protocols or survey materials, information about upcoming events (e.g., data submission deadlines, vendor training sessions), and public reporting. Announcements posted on the HHCAHPS Survey website may clarify or supersede existing protocols.





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Thank You

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References

[Palliative Care Policies](#)

[2023 CAHPS Hospice Survey Update Training – September 2023 \(hospicecahpssurvey.org\)](#)

<https://hospicecahpssurvey.org>

[Medicare Claims Processing Manual \(cms.gov\)](#)

<https://homehealthcahps.org>

[Find Healthcare Providers: Compare Care Near You | Medicare](#)

[Federal Register :: Medicare Program; FY 2024 Hospice Wage Index and Payment Rate Update, Hospice Conditions of Participation Updates, Hospice Quality Reporting Program Requirements, and Hospice Certifying Physician Provider Enrollment Requirements](#)