

CAHPS Insider

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INSIGHTS AND UPDATES FOR
EFFECTIVE COMPLIANCE



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OAS CAHPS

OAS CAHPS Additional-Language Option

The Centers for Medicare and Medicaid Services (CMS) approved an additional-language version of the OAS CAHPS Survey.

The following materials are now available in Korean:

1. Two sample cover letters
2. One mail questionnaire
3. Alternative instructions for scannable form
4. Consent to Share question
5. OMB disclosure statement

These new materials will be incorporated into the next version of the Protocols and Guidelines Manual. [Click here](#) to access the new materials. NRC Health will work with our clients to determine if patient populations warrant expanded language fielding. Please contact your Account Manager for minimum patient population requirements, etc.

OAS CAHPS New FAQ Resource Document

CMS and the OAS CAHPS Survey Coordination Team created a new resource document: Frequently Asked Questions (FAQs) for Hospitals and Ambulatory Surgery Centers (ASCs). This new resource document is available under “Quick Links” on the OAS CAHPS homepage. It contains the questions most frequently asked through the OAS CAHPS technical assistance email and toll-free line. [Click here](#) to access the new FAQs for Hospitals and ASCs.

OAS CAHPS Additional Exemption Information for ASCs

In accordance with the Final Rule, an ASC that qualifies for the exemption from the ASC Quality Reporting (ASCQR) Program would also qualify for the exemption from the OAS CAHPS Survey for the same time period. An ASC qualifies for the exemption when it has had fewer than 240 Medicare claims (Medicare primary and secondary payer) in the year prior to the data-collection year for the applicable payment determination. Therefore, these ASCs are not required to submit a participation-exemption request form for the OAS CAHPS Survey for the same time period.

OAS CAHPS Eligibility for Observation Patients

The OAS CAHPS Coordination Team will revise the next edition of the Protocols and Guidelines Manual to reflect an updated response for the FAQs for Telephone Interviewers (Appendix J). The next edition of the Protocols and Guidelines Manual will be revised as follows:

“My surgery was not outpatient/ambulatory, because I stayed overnight at the hospital/facility. This survey is not for me.”

“This survey is for people who had outpatient surgeries, including those who went home on the same day and those who stayed overnight for observation. As long as you went home after observation and you were not discharged to a hospital as an inpatient, then this survey is for you.”

[Click here](#) to access the most recent edition of the OAS CAHPS Protocols and Guidelines Manual.

OAS CAHPS Citation

<https://oascahps.org/> Centers for Medicare & Medicaid Services, Baltimore, MD. April 14, 2017.

OAS CAHPS Website

<https://oascahps.org/>

HCAHPS

HCAHPS FY 2018 IPPS Proposed Rule

The Centers for Medicare and Medicaid Services (CMS) have issued a proposed rule to update fiscal year (FY) 2018 Medicare payment policies and rates under the Inpatient Payment System (IPPS) and the Long-Term Care Hospital (LTHC) Prospective Payment System (PPS). [Click here](#) to access more information regarding the proposed rule, including information about public reporting.

CMS has proposed changes related to the HCAHPS pain-management questions. NRC Health has highlighted some of the specific information related to the pain-management questions below:

CMS is proposing to update the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey measure by replacing the three existing questions about pain management with three new questions that address “Communication About Pain During the Hospital Stay,” beginning with the FY 2020 payment determination.

If the proposal to revise the HCAHPS pain-management measure with the HCAHPS “Communication About Pain During the Hospital Stay” composite measure is finalized, CMS would begin to use the new pain-management items on the HCAHPS Survey in January of 2018. Once they have collected four consecutive quarters of responses to the HCAHPS “Communication About Pain During the Hospital Stay” composite-measure questions, they will create scores for the composite measure.

Please contact your Account Manager if you have any questions related to the FY 2018 Proposed Rule.

HCAHPS Hospital Compare Preview Reports Available

The July 2017 Hospital Compare Preview Reports became available on the QualityNet Secure Portal to participating providers and Quality Improvement Organizations (QIOs) on April 6, 2017. The Preview Reports will be available through May 5, 2017. The data that appear in the Preview Reports will be reported on [Hospital Compare](http://www.hospitalcompare.gov), the Centers for Medicare & Medicaid Services website for Medicare beneficiaries and the general public, in July 2017.

HCAHPS Citation

<http://www.hcahpsonline.org> Centers for Medicare & Medicaid Services, Baltimore, MD. April 14, 2017.

HCAHPS Website

<http://www.hcahpsonline.org>

ICH CAHPS

ICH CAHPS Spring Fielding Timeline

Activity	Date
Begin data collection	5/05/2017
Mail questionnaire package to sample patients in mail-only and mixed-mode samples	5/05/2017
Begin calling sample patients in telephone-only samples	5/05/2017
Mail second questionnaire package to nonrespondents in the mail-only sample	6/02/2017
Begin telephone follow-up with mixed-mode sample patients who do not respond by mail	6/02/2017
End data-collection activities	7/14/2017
Begin cleaning/processing final data, and construct XML file	7/17/2017
Submit data to ICH CAHPS data center	7/26/2017

ICH CAHPS Citation

<https://ichcahps.org/Home.aspx> Centers for Medicare & Medicaid, Baltimore, MD. April 14, 2017.

ICH CAHPS Website

<https://ichcahps.org/>

CAHPS Hospice

CAHPS Hospice Survey Participation Exemption

The Participation Exemption for Size Form is now available. For calendar year (CY) 2017's data-collection period, Medicare-certified hospices that served fewer than 50 survey-eligible decedents/caregivers in CY 2016 (January 1, 2016, through December 31, 2016) can apply for an exemption from CAHPS Hospice Survey CY 2017 data-collection and reporting requirements. To complete the Participation Exemption for Size Form, please click [here](#). The Participation Exemption for Size Form is available until December 31, 2017.

CAHPS Hospice Citation

<https://www.hospicecahpssurvey.org> Centers for Medicare & Medicaid, Baltimore, MD. April 14, 2017.

CAHPS Hospice Website

<http://www.hospicecahpssurvey.org/>

Home Health CAHPS

Home Health CAHPS HHA Responsibilities

To access a document summarizing the responsibilities of Medicare-certified Home Health Agencies (HHAs), [click here](#). This document describes HHA responsibilities once their participation in HHCAHPS has begun, lists the steps HHAs must take before beginning their participation in the survey, and explains CY 2017 annual payment update (APU) requirements.

The HHCAHPS Survey Coordination Team updated this document to reflect the HHCAHPS Survey CY 2019 Annual Payment Update participation period that began on April 1, 2017.

Home Health CAHPS Participation Periods

(A) APU CY	(B) Did the HHA serve 60 or more survey-eligible patients during the 12-month period specified below?	(C) If the HHA served 60 or more survey-eligible patients during the 12-month period specified in Column B, to receive the annual payment update for a specific calendar year, the HHAs must administer the survey and submit an HHCAHPS data file for each month as noted below.	(D) If the HHA served 59 or fewer survey-eligible patients during the 12-month period specified in Column B, the HHA is eligible for an exemption from participating in the HHCAHPS Survey for the 12-month period specified in Column C. To receive an exemption, the HHA must submit a Participation Exemption Request Form by the date noted below.
2018	April 1, 2015–March 31, 2016	April 2016–March 2017	March 31, 2017
2019	April 1, 2016–March 31, 2017	April 2017–March 2018	March 31, 2018
2020	April 1, 2017–March 31, 2018	April 2018–March 2019	March 31, 2019

1. Medicare-certified HHAs that serve 59 or fewer survey-eligible patients during the 12-month period specified in Column B are eligible for an exemption from participating in the HHCAHPS Survey for the corresponding months shown in Column C.
2. HHAs that qualify for an exemption should note that the exemption for each annual payment-update calendar year expires on March 31 of that year. Therefore, to receive an exemption, a Participation Exemption Request Form must be submitted on an annual basis.
3. The Participation Exemption Request Form for 2019 APU is available on the HHCAHPS website at <https://homehealthcahps.org/ForHHAs/ParticipationExemptionRequestForm.aspx> beginning April 1, 2017.
4. Patient survey-eligible criteria are included in Chapter IV of the HHCAHPS Protocols and Guidelines Manual, which is available on the HHCAHPS website at <https://homehealthcahps.org/SurveyandProtocols/SurveyMaterials.aspx>.

Home Health CAHPS Coordination Team Quarterly Review (CTQR)

The next issue of the HHCAHPS Coordination Team Quarterly Review (CTQR) has been posted on the HHCAHPS website. The CTQR highlights important information about HHCAHPS to HHAs on a quarterly basis. The CTQRs are located under the “General Information” tab on the HHCAHPS website. [Click here](#) to access the April 2017 CTQR.

Home Health CAHPS Public Reporting Results Refresh

HHCAHPS Survey results are now reported on the Home Health Compare link on <http://www.Medicare.gov/>. These survey results are based on responses from patients who received home health care from Medicare-certified HHAs from **October 2015 through September 2016**.

These data are also available on the HHCAHPS website through the “Archived Publicly Reported Data” link under the “General Information” tab. [Click here](#) to access the HHCAHPS Survey results.

Home Health CAHPS Exemption from Participation for CY19 APU

The Participation Exemption Request (PER) Form for CY 2019 APU is now available on the HHCAHPS website. In addition, the PER Form has been updated to reflect the HHCAHPS Survey’s CY 2019 APU participation period that began on April 1, 2017. [Click here](#) to access the PER Form.

As a reminder, HHAs that submitted a PER Form for CY 2018 APU must complete a new PER Form annually if they remain eligible for the exemption. You can find the eligibility requirement described on the PER Form (linked above).

Home Health CAHPS Citation

<https://homehealthcahps.org> Centers for Medicare & Medicaid, Baltimore, MD. April 14, 2017.

Home Health CAHPS Website

<https://homehealthcahps.org/>

CAHPS for ACO

CAHPS for ACO 2017 Survey

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey for Accountable Care Organizations (ACOs) lets accountable-care organizations participating in the Medicare Shared Savings Program (Shared Savings Program ACOs) and Next Generation ACO Model meet their requirement to measure patient experience of care.

The yearly CAHPS Survey for ACOs collects data through a survey mailing and a follow-up phone call to non-respondents to measure the seven required patient experience-of-care summary survey measures included in the Medicare Shared Savings Program and Next Generation ACO Model. CAHPS asks patients about the interpersonal aspects of healthcare—aspects concerning which patients may be the best, if not the only source of information, and that patients themselves have identified as being important to them.

ACOs are groups of doctors, hospitals and other healthcare providers, who come together voluntarily to give coordinated high-quality care to their Medicare patients.

All ACOs must select a CMS-approved CAHPS for ACOs Survey vendor, such as NRC Health. ACOs must complete the 2017 CAHPS for ACOs Survey vendor authorization process, which will open in late July. The survey vendor authorization process must be completed no later than September 19, 2017. Each ACO participating in the CAHPS for ACOs Survey will receive information about how to access the electronic vendor registration in July 2017. ACOs must select a vendor from the final list of 2017 CMS-approved survey vendors, to be posted in late July 2017.

The survey administration allows two types of ACOs to meet their requirement to measure patient experience of care:

Next Generation ACO Model

CMS launched this new ACO model in 2016, partnering with ACOs that are experienced in coordinating care for populations of patients and whose provider groups are ready to assume higher levels of financial risk and reward. This is in accordance with the Administration's goal of tying 30 percent of traditional, or fee-for-service, Medicare payments to alternative payment models, such as ACOs, by the end of 2016—and 50 percent by the end of 2018. Next Generation ACOs are selected through an open and competitive process, and 2018 application materials and information are available now. [Click here](#) to access the 2018 application materials. Applications for the Next Generation ACO Model will be due in May 2017.

Shared Savings Program

This national program aims to help healthcare providers coordinate care to improve overall quality of care for Medicare fee-for-service beneficiaries. This program accepts applications each year from organizations to become Shared Savings Program ACOs.

CMS has provided two versions of the CAHPS for ACOs Survey to assess patient experience for ACOs in reporting period 2017: ACO-9 and ACO-12.

The ACO-9 survey captures the core CG-CAHPS Survey plus the Summary Survey Measures that are part of the ACO quality standard and that were finalized in the Shared Savings Program Final Rule.

Measure	SSM Content	Source
ACO-1–7	Getting Timely Care, Appointments and Information How Well Your Providers Communicate Patient's Rating of Provider Access to Specialists Health Promotion and Education Shared Decision Making Health Status and Functional Status	CG CAHPS Core, CG CAHPS Supplemental, Program-Specific—Scored

ACO-34	Stewardship of Patient Resources	CG CAHPS Supplemental—Scored
CG-CAHPS CORE requirement	Courteous and Helpful Office Staff	CG CAHPS Core—Not Part of ACO Quality Score

ACO-12 is the survey that was used to measure reporting periods 2012 and 2013, and has been an optional survey version since the 2014 reporting period.

Measure	SSM Content	Source
ACO-1–7	Getting Timely Care, Appointments and Information How Well Your Providers Communicate Patient's Rating of Provider Access to Specialists Health Promotion and Education Shared Decision Making Health Status and Functional Status	CG CAHPS Core, CG CAHPS Supplemental, Program-Specific—Scored
ACO-34	Stewardship of Patient Resources	CG CAHPS Supplemental—Scored
CG-CAHPS CORE requirement	Courteous and Helpful Office Staff	CG CAHPS Core—Not Part of ACO Quality Score
Additional SSMs	Care Coordination Between Visit Communication Helping You Take Medications as Directed	CAHPS Supplemental, Program Specific Items—Not Part of ACO Quality Score

ACOs contracting with an approved vendor for reporting period 2017 data collection have the option of using either the ACO-9 or ACO-12 survey. The CAHPS for ACOs Data Warehouse will accept data for both versions of the survey.

The two survey versions can be found on the Survey Instruments page. [Click here](#) to access the Survey Instruments page.

The survey is administered through a mixed-mode data-collection protocol, involving:

1. One CMS pre-notification letter
2. Two survey mailings
3. Up to six follow-up phone call(s) to non-respondents

Please contact your Account Manager with specific questions related to CAHPS for ACOs.

CAHPS for ACOs Citation

<http://acocahps.cms.gov/> Centers for Medicare & Medicaid Services, Baltimore, MD. April 19, 2017.

CAHPS for ACOs Website

<http://acocahps.cms.gov>

CAHPS for MIPS

CAHPS for MIPS Registration for Group Web Interface and CAHPS Reporting

CAHPS for MIPS is the same as CAHPS for PQRS, but with a new name. The survey is no longer mandatory for group practices with 100 or more providers, but is voluntary for group practices with two or more providers. Although CAHPS for MIPS is not mandatory, it is highly incentivized.

The registration period for groups who choose Merit-based Incentive Payment System (MIPS) Web Interface and/or CAHPS for MIPS Survey as their data submission method is open through June 30, 2017. Groups participating in the MIPS track of the Quality Payment Program are not required to register, except for groups that intend to utilize the CMS Web Interface and/or administer the CAHPS for MIPS survey.

For 2017, only groups of 25 or more eligible clinicians that have registered can report via the CMS Web Interface. Groups that participate in MIPS through a qualified registry, qualified clinical data registry or electronic health record data-submission mechanisms do not need to register. For 2017, only groups of two or more eligible clinicians that have registered can participate in the CAHPS for MIPS Survey.

As a courtesy, CMS automatically registered groups for the CMS Web Interface for the 2017 performance period that previously registered for group reporting under the Physician Quality Reporting System (PQRS) via the Group Practice Reporting Option (GPRO) Web Interface. If you need to remove your registration because your group now has fewer than 25 eligible clinicians, you should “cancel” your registration. If your group wants to administer the CAHPS for MIPS Survey, your group will need to make an election via the registration system.

To register, [click here](#) to visit the Quality Program website.

CMS Citation

<https://qpp.cms.gov/> Centers for Medicare & Medicaid Services, Baltimore, MD. April 14, 2017.

External Submission Deadlines

*Tentative deadline.

	Q4 2016 Discharges	Q1 2017 Discharges	Q2 2017 Discharges	Q3 2017 Discharges	Q4 2017 Discharges
HCAHPS		7/5/2017	10/4/2017	1/3/2018	4/4/2018
HHCAHPS		7/20/2017	10/19/2017	1/18/2018	4/19/2018
CAHPS Hospice	5/10/2017	8/9/2017	11/8/2017	2/14/2018	5/9/2018
OAS CAHPS		7/12/2017	10/11/2017	1/10/2018	4/11/2018
ICH CAHPS		7/26/2017 (Spring 2017)		1/31/2018 (Fall 2017)	
ACO CAHPS		2/8/2018*			
CAHPS for PQRS		2/8/2018*			