

CAHPS Insider

MARCH 2017

INSIGHTS AND UPDATES FOR
EFFECTIVE COMPLIANCE



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OAS CAHPS

OAS CAHPS On-site Visit

As a certified vendor for OAS CAHPS, NRC Health hosted members of the OAS CAHPS Survey Coordination Team at our Lincoln, NE office on February 23. During this visit, NRC Health was able to highlight our survey process and give a tour of our facilities. Initial feedback from the Coordination Team was positive.

OAS CAHPS Patient Eligibility Review

When providing your patient data file to NRC Health, the file must include the following:

1. All patients whose outpatient surgery or procedure was given in an HOPD or ASC setting
2. All patients who had at least one outpatient surgery/procedure during the sample month
 - If multiple survey eligible surgeries and/or procedures were performed during the sample month for a patient, all of these surgeries and/or procedures should be included in the sample file duplicating all patients, regardless of insurance or method of payment

The file must exclude the following:

1. Patients who cannot be surveyed because of state regulations
2. No-publicity patients
3. Prisoners (if known)
4. Nursing home residents (if known)
5. Deceased patients (if known)

OAS CAHPS Mandate

CMS came out with the OAS CAHPS Mandate announcement in November 2016. Starting with January 2018 procedures for 2020 payment determination, all facilities billing under OOP/ASC program with 60 or more procedures a year must participate in OAS CAHPS.

A CMS-certified vendor, such as NRC Health, must field the survey.

The OAS CAHPS survey includes 37 questions which include the following reporting measures:

1. About the Facilities and Staff
2. Communications about the Procedures
3. Preparations for Discharge and Recovery
4. The Overall Rating of Facility
5. Patient Willingness to Recommend HOPD or ASC to Family or Friends

For more information regarding the OAS CAHPS mandate, please follow-up with your Account Manager.

Citation

CMS November 2017 Final Rule.

https://oascahps.org/OAS_CY2017FinalRule.pdf

OAS CAHPS Citation

<https://oascahps.org/> Centers for Medicare & Medicaid Services, Baltimore, MD. March 20, 2017.

OAS CAHPS Website:

<https://oascahps.org/>

HCAHPS

HCAHPS Vendor Update Training

NRC Health recently completed vendor update training for HCAHPS. Following successful completion of training and all follow-up requirement, NRC Health received continued vendor approval status.

Hospital Value-Based Purchasing Program

The Centers for Medicare & Medicaid Services (CMS) made Baseline Measures Reports for fiscal year (FY) 2017 Hospital Value-Based Purchasing (VBP) Program available. The FY 2017 report allows hospitals to monitor their baseline period performance for all domains and measures required for the Hospital VBP Program.

To access your reports, you must be registered for the QualityNet Secure Portal. Once you have an active QualityNet account, follow the steps below to access the report:

1. Select “Run Reports” from “My Reports” drop down
2. Select “IQR” for the Report Program and “Hospital Value-Based Purchasing—Feedback Report” for the Report Category
3. Select View Reports and then “Hospital Value-Based Purchasing—Baseline Measures Report” to enter your desired report parameters and run the report

For more information on how to read your FY 2019 Baseline Measures Report, [Click here](#).

HCAHPS Mode Adjustments

Based on a mode experiment completed in 2016, CMS is revising survey mode adjustments to be applied starting with April 2017 discharges. As you know, mode adjustments are applied so all hospitals’ scores are equivalent to what would have been obtained in mail-only mode, making hospital scores comparable across all four modes. Mode adjustments are applied to telephone only, mixed and IVR modes. This table shows the current telephone only mode adjustments along with the adjustment to be applied to April 2017 and beyond discharges.

New HCAHPS Mode Adjustments – Telephone Only Mode

Measure	2006 ME	2012 ME	2016 ME
Nurse	-4.0%	-	-4.2%
Doctor	-1.3%	-	-2.8%
Staff	-4.7%	-	-0.9%
Pain	-4.7%	-	-3.7%
RX Communication	-3.9%	-	-1.7%
Clean	-5.5%	-	-2.8%
Quiet	-6.3%	-	-8.6%
Discharge	-1.3%	-	-1.7%
CTM	-	-3.3%	-0.6%
Rating	-2.8%	-	-2.0%
Recommend	-4.4%	-	-3.5%
Average	-3.8%	-	-3.0%

Patient-Mix Coefficients Results

Patient-Mix Coefficients for the April 2017 HCAHPS Publicly Reported HCAHPS results are now available. Click [here](#) to access the Mode & Patient-Mix Adjustment page.

HCAHPS Patient Eligibility Review

There is a two-stage process for determining whether a discharged patient can be included in the HCAHPS sample frame. The first stage is to determine whether the discharged patient meets the HCAHPS eligibility requirements.

1. Eighteen (18) years or older at the time of admission
2. Admission includes at least one overnight stay in the hospital
3. Non-psychiatric MS-DRG/principal diagnosis at discharge
4. Alive at the time of discharge

If the patient meets the eligibility criteria, then a second set of criteria should be applied: Exclusions from the HCAHPS Survey. Patients who meet the eligible population criteria outlined above are to be included in the HCAHPS sample frame. However, there are a few categories of otherwise eligible patients who should be excluded from the sample frame:

1. "No-Publicity" patients – Patients who request that they not be contacted
2. Court/Law enforcement patients (i.e., prisoners)
3. Patients with a foreign home address
4. Patient discharged to hospice care
5. Patients who are excluded because of state regulations
6. Patients discharged to nursing homes and skilled nursing facilities

Hospitals must retain documentation that verifies all exclusions and ineligible patients for a minimum of three years. If a hospital excludes patients from the discharge list, they must submit a count of patients by exclusion category to the survey vendor, at minimum on a monthly basis.

HCAHPS Citation:

<http://www.hcahpsonline.org> Centers for Medicare & Medicaid Services, Baltimore, MD. *March 20, 2017.*

HCAHPS Website:

<http://www.hcahpsonline.org>

ICH CAHPS

ICH CAHPS Vendor Update Training

NRC Health recently completed vendor update training for ICH CAHPS. Following successful completion of training and all follow-up requirement, NRC Health received continued vendor approval status.

ICH CAHPS Patient Eligibility Review

ICH CAHPS patients will be eligible to be included in the sample for the semiannual ICH CAHPS Survey if they meet the following criteria:

1. Are 18 years or older on the last day of the sampling window
2. Were alive as of the last day of the sampling window
3. Received hemodialysis on an **outpatient basis** from their current facility for 3 months or longer

ICH CAHPS Spring Fielding Timeline

Activity	Date
Distribute sample to survey vendors	3/31/2017
Vendors attest to receipt of sample file	4/04/2017
Mail prenotification letter	4/21/2017
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. March 20, 2017

ICH CAHPS Website:

<https://ichcahps.org/>

CAHPS Hospice

CAHPS Hospice Survey Participation Exemption

The Participation Exemption for Size Form is now available. For the calendar year (CY) 2017 data collection period, Medicare-certified hospices that have 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. The Participation Exemption for Size Form is available on the CAHPS Hospice Survey website (www.hospicecahpsurvey.org) until December 31, 2017.

To complete the Participation Exemption for Size Form, please click [here](#).

CAHPS Hospice Decedent/Caregiver Eligibility

Records for all decedents who died within the sample month should be included in the patient date file with the exception of:

1. Live discharges
2. Decedents or caregivers who have requested that their names not be released to third parties; “No Publicity” decedents/caregivers

As you work towards finalizing your patient date file layout for ongoing data submissions, NRC Health is available to answer any data-related questions.

CAHPS Hospice Citation

<https://www.hospicecahpssurvey.org> Centers for Medicare & Medicaid, Baltimore, MD. March 20, 2017

CAHPS Hospice Website:

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

Home Health CAHPS

Home Health CAHPS Annual Payment Update

The calendar year (CY) 2019 Annual Payment Update (APU) data collection requirement for HHCAHPS Survey participation begins with the April 2017 sample month. If you have not registered to participate in HHCAHPS, please use the link below to access registration.

<https://homehealthcahps.org/ForHHAs/RegisterforLoginCredentials.aspx>.

Once you have completed online registration using the above link, you must also complete online vendor authorization.

[Click here](#) for vendor authorization instructions.

Home Health CAHPS Patient Eligibility Review

HHAs should include all patients who meet the HHCAHPS Survey eligibility criteria in their files submitted to NRC Health.

HHCAHPS Survey eligibility criteria are:

1. Patients at least 18 years of age by end of sample month
2. Patients whose home care was paid for by Medicare or Medicaid
3. Patients who had at least one home health visit for skilled nursing care, physical therapy, occupational therapy, or speech therapy during the sample month
4. Patients not deceased
5. Patients not currently receiving hospice care
6. Patients who received home visits for services other than routine maternity care in the sample month

HHAs should exclude any patients who meet the following criteria from their file:

1. Patients who received home visits ONLY for routine maternity care in the sample month
2. Patients who have harmed or endangered the health or well-being of a home health provider or attempted to harm or endanger the health or well-being of a home health provider
3. State-regulated patients
4. “No Publicity” patients – patients who requested the HHA not release their name and contact information to anyone other than agency personnel

Home Health CAHPS Preview Reports

Preview Reports reflecting results from the Home Health CAHPS (HHCAHPS) Survey from October 2015 through September 2016 are now available on <https://homehealthcahps.org> under the “For HHAs” tab.

The Preview Reports present the publicly reported results with Star Ratings for those agencies with a sufficient number of completed interview to receive Star Ratings. Agencies must have data for 40 or more patient surveys in the reporting period in order to have Star Ratings.

To access your agency's HHCAHPS Preview Reports following these steps:

1. Log into the HHCAHPS website (using your username and password)
2. Select the "Preview Reports" link (under "For HHAs" tab)

If you have comments about your HHCAHPS Star Ratings on the Preview Reports, you can email the following information to the HHCAHPS Coordination Team at hhcahps@rti.org by April 7, 2017.

1. Your name, your facility name, your CCN and your phone number and email address.
2. Your comments about preview reports.
3. If you believe your HHCAHPS Star Ratings are not correct, submit evidence showing why the Star Ratings are incorrect.

Home Health CAHPS Citation:

<https://homehealthcahps.org> Centers for Medicare & Medicaid, Baltimore, MD. March 13, 2017

Home Health CAHPS Website:

<https://homehealthcahps.org/>

CAHPS for ACOs

CAHPS for ACO Patient Eligibility Review

CMS will select the sample for the CAHPS for ACOs Survey for the reporting period. To be included in the random sample for the survey, fee-for-service Medicare beneficiaries have to be 18 years of age or older at the time of the sample draw and be assigned to the ACO based on a plurality of primary care claims received in the first three quarter of the reporting period. CMS will make efforts to exclude deceased beneficiaries or beneficiaries who are known to be institutionalized at the time of the sample draw.

CAHPS for ACOs Citation:

<http://acocahps.cms.gov/> Centers for Medicare & Medicaid Services, Baltimore, MD. March 20, 2017.

CAHPS for ACOs Website:

<http://acocahps.cms.gov>

CAHPS for MIPS

CAHPS for MIPS Overview

What is MIPS? The acronym stands for the Merit Based Incentive Payment System. It is part of the MACRA Act, which was finalized on October 14, 2017 in the Federal Register. MIPS is also a component of the new Quality Payment Program.

MIPS streamlines reporting and payments into four performance categories:



Quality



Cost



Improvement
Activities



Advancing Care
Information

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

The process and timing of the CAHPS for MIPS survey will remain the same as in previous years. For more information on the Quality Payment Program and CAHPS for MIPS, please contact your Account Manager.

CMS Citation:

<https://www.cms.gov/> Centers for Medicare & Medicaid Services, Baltimore, MD. March 20, 2017.

Cancer CAHPS

Cancer CAHPS Overview

CMS has released three new surveys that assess the experience of cancer patients. These surveys include three separate assessments for both inpatients and outpatients, including:

1. Radiation Therapy
2. Drug Therapy
3. Cancer Surgery

The Cancer CAHPS surveys are intended for all facility types, for example:

1. Independent community oncology practices
2. Cancer centers at community hospitals
3. Cancer centers at academic medical centers (including those designated as comprehensive cancer centers by the National Cancer Institute (NCI)).

CMS Citation:

CAHPS Cancer Care Survey. Content last reviewed March 2017. Agency for Healthcare Research and Quality, Rockville, MD.
<http://www.ahrq.gov/cahps/surveys-guidance/cancer/index.html>

RTI National Pilot Test for Inpatient Rehab and Long Term Care Patient Experience

RTI National Pilot Test

RTI, a CMS contractor, will be contacting facilities to participate in a national pilot. The national pilot will test the effects of different patient factors and mode of administration for the newly developed Inpatient Rehab Patient Experience of Care Survey and the Long Term Care Hospital Inpatient Rehab Patient Experience Survey.

Both surveys were developed and field-tested in 2016. The pilot is scheduled to be conducted this spring and summer. The pilot test will determine if adjustments are needed based on patient factors and methodology. Phone, mail and mixed mail/phone methodologies will be tested.

CMS Citation:

<https://www.cms.gov/> Centers for Medicare & Medicaid Services, Baltimore, MD. March 20, 2017.

External Submission Deadlines

*tentative deadline

	Q4 2016 Discharges	Q1 2017 Discharges	Q2 2017 Discharges	Q3 2017 Discharges	Q4 2017 Discharges
HCAHPS	4/5/2017	7/5/2017	10/4/2017	1/3/2018	4/4/2018
HHCAHPS	4/20/2017	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	4/12/2017	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*			