

CAHPS Insider

MARCH 2018

INSIGHTS AND UPDATES FOR
EFFECTIVE COMPLIANCE



TABLE OF CONTENTS

HCAHPS	2
HCAHPS Survey Vendor Update Training	2
Hospital VBP Program Fiscal Year 2020 Baseline Measures Report - Now Available	4
CAHPS Hospice	5
Public Reporting of CAHPS Hospice Survey Results - Launched	5
CAHPS Hospice Score and Analysis Updates	6
Home Health CAHPS	7
Calendar Year 2020 Annual Payment Update - Preparation	7
Home Health CAHPS Preview Reports with Star Ratings – Now Available	7
ICH CAHPS	8
ICH CAHPS Newsletter	8
2018 ICH CAHPS Data Collection Schedule	8
OAS CAHPS	9
OAS CAHPS Definition Updates	9
OAS CAHPS Website User and Data Submission Manual, Version 1.0 – Now Available	10
Physician Compare	10
What’s New with Physician Compare	10
External Submission Deadlines	12

HCAHPS



HCAHPS Survey Vendor Update Training

NRC Health completed the HCAHPS Survey Vendor Update Training on February 28, 2018. During this training, the HCAHPS Project team provided new and updated information surrounding the HCAHPS survey. The HCAHPS Project team also released [V13.0 of the HCAHPS Quality Assurance Guidelines](#). NRC Health has compiled several of the key topics covered during the survey vendor update training below for your convenience:

Data Submission Reminders

NRC Health is here to assist you in promptly entering survey vendor authorizations in *QualityNet* Exchange to avoid errors. Another great way to avoid any submission errors is to provide your HCAHPS data as soon as possible. This will allow NRC Health to perform the necessary quality checks prior to submitting to CMS.

Service Line Adjustments

New service line adjustments uses five categories rather than three:

	5 th Percentile	Mean	95 th Percentile
Female Medical	8.9%	28.7%	63.2%
Female Surgical	0.0%	18.6%	32.4%
Maternity	0.0%	12.7%	30.0%
Male Medical	3.5%	23.9%	48.1%
Male Surgical	0.0%	17.9%	27.7%

(Note: reference category is Female Medical)

General Adjustment Patterns for Service Line x Gender

Maternity top-box patient-level adjustment continues to be the most negative adjustment. Relative to Female Medical, median patient-level adjustments across the 11 HCAHPS measures was -12.33%. Male Surgical adjustments came in as the next most negative adjustment with a median adjustment of -6.19%. Median adjustment for Female Surgical was -2.93%, followed by Male Medical at -1.01%.

There were also noted differences in adjustment by gender. Male Medical adjustments generally were more positive than Female Medical with the biggest difference related to Cleanliness (-6.59%). Male Surgical adjustments were generally more negative than Female Surgical, also having the biggest difference related to Cleanliness (-7.16%).

New Patient-Level Top-Box Adjustments for Service Line x Gender

HCAHPS Measure	Male Medical	Male Surgical	Female Surgical	Maternity
Nurse Comm.	-1.01%	-0.82%	0.46%	-6.3%
Doctor Comm.	0.53%	-7.70%	-8.21%	-12.33%
Staff Resp.	-2.06%	-3.12%	-0.85%	-13.99%
Pain Mgmt.	-0.38%	-3.88%	-2.74%	-12.81%
RX Comm.	-3.28%	-6.24%	-1.51%	-13.48%
Cleanliness	-6.59%	-7.13%	0.03%	-0.11%
Quietness	0.29%	-1.34%	-2.93%	-11.87%
Discharge Info.	-2.35%	-6.19%	-5.08%	-5.84%
Care Transition Rating	-0.87%	-4.42%	-2.95%	-5.14%
Recommend	-2.08%	-7.25%	-4.98%	-15.61%

Effects of Implementing New Patient-Mix Adjustment Model

The effects of implementing the new Patient-Mix Adjustment (PMA) model was small for most hospitals. For 10 of the 11 Top-box measures (all but Cleanliness), the middle 98% of hospitals had adjustment changes between -1% and +1%. Hospitals with unusually large or small proportions of female non-Maternity (Medical or Surgical) patients saw larger adjustments.

The impact of New Service Line categories was similar in magnitude to the impact of New Language categories. See table below:

HCAHPS Measure	2014 Language Spoken at Home Update: STD DEV of Difference	2017 Service Line x Gender Update: STD DEV of Difference
Nurse Comm.	0.15	0.10
Doctor Comm.	0.16	0.05
Staff Resp.	0.21	0.20
Pain Mgmt.	0.32	0.07
RX Comm.	0.16	0.43

HCAHPS Measure	2014 Language Spoken at Home Update: STD DEV of Difference	2017 Service Line x Gender Update: STD DEV of Difference
Cleanliness	0.15	0.61
Quietness	0.13	0.07
Discharge Info.	0.03	0.20
Care Transition	N/A	0.10
Rating	0.63	0.06
Recommend	0.38	0.20

Timeline: Adjustment for Service Line x Gender

The new service line x gender adjuster variable went into effect beginning with Quarter 1, 2017 score adjustments. New adjustments will roll in one quarter at a time. Detailed PMAs will continue to be posted on the HCAHPS website. [Click here](#) to view the most recent postings.



Hospital VBP Program Fiscal Year 2020 Baseline Measures Report - Now Available

The Fiscal Year (FY) 2020 Hospital Value-Based Purchasing (VBP) Program Baseline Measures Reports are now available through the *QualityNet Secure Portal* for participating hospitals. The Hospital VBP Baseline Measures Report allows hospitals to monitor their baseline period performance for all domains and measures required for the Hospital VBP Program.

To access the report, users must have an active *QualityNet* account and access to the *QualityNet Secure Portal*.

To access *QualityNet*:

1. Navigate to the *QualityNet* [website](#)
2. Select **Login**, under the *Login to QualityNet Secure Portal* header
3. Enter your *QualityNet* User ID, Password, and Security Code
4. Select **Submit**
5. Read the Terms and Conditions statement and select **I Accept** to proceed

To run your Hospital VBP Baseline Measures Report, select the following:

1. **Run Reports** from the *My Reports* drop-down
2. **IQR** from the *Report Program* drop-down

3. **Hospital Value-Based Purchasing – Feedback Report** from the list in the *Report Category* drop-down
4. **View Reports** The selected report will display under *Report Name*
5. **Hospital Value-Based Purchasing – Baseline Measures Reports** under *Report Name*
6. Enter the desired report parameters
7. **Run Report**

If you are unsure on how to read your report, [click here](#) to access the **How to Read Your FY 2020 Baseline Measures Report** document. This document includes answers to questions related to the FY 2020 Baseline Measures Report and is available on *QualityNet*.

To access the **How to Read Your FY 2020 Baseline Measures Report** document via *QualityNet*, select the following:

1. **Hospitals – Inpatient** tab drop-down
2. **Hospital Value-Based Purchasing (HVBP)** link
3. **Resources** link from the navigation pane on the left-hand side

HCAHPS Citation:

<http://www.hcahpsonline.org> Centers for Medicare & Medicaid Services, Baltimore, MD. March 23, 2018.
<https://www.qualitynet.org> Centers for Medicare & Medicaid Services, Baltimore, MD. March 23, 2018.

HCAHPS website:

<http://www.hcahpsonline.org>

CAHPS Hospice



Public Reporting of CAHPS Hospice Survey Results - Launched

On February 20, 2018, CMS announced the initial publication of results from the CAHPS Hospice Survey on Hospice Compare. Survey results are published for all Medicare-certified hospices that had at least 30 completed surveys during the eight quarters from Quarter 2, 2015 (April 1, 2015) through Quarter 1, 2017 (March 31, 2017).

[Click here](#) to access Hospice Compare.



CAHPS Hospice Score and Analysis Updates

The CAHPS Hospice Survey Project Team has made several updates to the Scoring and Analysis page on the CAHPS Hospice website.

Some of the updates include:

Updates to the following documents:

1. Calculating CAHPS Hospice Survey Top-, Middle-, Bottom-Box Scores
2. Case-Mix Adjustment for Q2 2017 Publicly Reported CAHPS Hospice Survey Results

These documents have been posted on the Scoring and Analysis page via the CAHPS Hospice website. [Click here](#) to access the updated documents.

Update to the CAHPS Hospice Survey Response Rate

The CAHPS Hospice Survey response rate for the upcoming public reporting period (Q3, 2015 through Q2, 2017) is now available. [Click here](#) to access the updated CAHPS Hospice Survey Response Rate. For details regarding the formula CMS uses to calculate the survey response rate, [click here](#), to access the CAHPS Hospice Survey Quality Assurance Guidelines, Version 4.0.

Updated Podcast for Public Reporting of CAHPS Hospice Survey Scores

This podcast discusses public reporting of CAHPS Hospice Survey Scores, including:

1. Overview of the process
2. How to interpret your scores
3. How to request CMS review your scores

[Click here](#) to access the Public Reporting podcast. For the Public Reporting of CAHPS Hospice Survey Scores podcast transcript, [click here](#).

CAHPS Hospice Citation:

<http://www.hospicecahpssurvey.org/en/> Centers for Medicare & Medicaid Services, Baltimore, MD. March 23, 2018.

CAHPS Hospice website:

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

Home Health CAHPS



Calendar Year 2020 Annual Payment Update - Preparation

Now is the time to start preparing for the Calendar Year (CY) 2020 Annual Payment Update (APU). The CY 2020 APU data collection requirement for HHCAHPS Survey participation begins with the April 2018 sample month. If you are not yet participating in HHCAHPS, [click here](#) to register as soon as possible.

Once you register to participate in HHCAHPS and have a contract in place with NRC Health, [click here](#) for detailed instructions on how to authorize NRC Health as your HHCAHPS Survey vendor.

If you have any questions, please reach out to the NRC Health Compliance Team at compliance@nrchealth.com.



Home Health CAHPS Preview Reports with Star Ratings - Now Available

Preview Reports reflecting results from the Home Health CAHPS (HHCAHPS) Survey from October 2016 through September 2017 are now available on the [HHCAHPS website](#) 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 surveys 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 follow 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 hcahps@rti.org by April 6, 2018.

1. Your name, your facility name, your CCN, 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 Services, Baltimore, MD. March 26, 2018.

Home Health CAHPS website:

<https://homehealthcahps.org/>

ICH CAHPS



ICH CAHPS Newsletter

The ICH CAHPS Survey Coordination team will be creating a newsletter targeted to both facilities and survey vendors. The newsletter will provide announcements, interesting facts, and things to note. The newsletter will be sent electronically through email and will be posted on the ICH CAHPS website. NRC Health will continue to provide updates and important announcements via our CAHPS Insider.

Please reach out to the NRC Health Compliance team with any questions at compliance@nrchealth.com



2018 ICH CAHPS Data Collection Schedule

Activity	Date
Sampling Window	7/1/2017-9/30/2017
Sample Files Uploaded on ICH CAHPS Website	3/30/2018
Vendors Attest to Receipt of Sample File	4/3/2018
Mail Prenotification Letters	4/20/2018
Mail 1 st Questionnaire (mail only and mixed mode)/Begin Telephone data collection (phone only mode)	5/4/2018
Mail 2 nd Questionnaire (mail only)/Begin phone follow-up (mixed mode)	6/1/2018
Data Collection Ends	7/13/2018
Vendors Clean/Process Final Data and Construct XML File	7/16/2018-7/25/2018

ICH CAHPS Citation:

<https://ichcahps.org/Home.aspx> Centers for Medicare & Medicaid, Baltimore, MD. March 23, 2018.

ICH CAHPS website:

<https://ichcahps.org/>

OAS CAHPS



OAS CAHPS Definition Updates

The National OAS CAHPS Survey Coordination team refined the definitions of an eligible HOPD and an eligible ASC. Below are the definitions provided by the National OAS CAHPS Survey Coordination Team:

The new definition of an eligible HOPD removes mention of office location. The definition now reads:

1. An HOPD is an outpatient surgery department or specialized department of a hospital that performs outpatient surgeries and procedures.
2. A hospital is eligible to participate in the OAS CAHPS Survey if it has an HOPD or any department that meets **all** of the following criteria:
 - a. Performs procedures that are within the OAS CAHPS–eligible range of CPT-4 Codes for Surgery (i.e., CPT codes between 10021 and 69990) or one of the following G-codes: G0104, G0105, G0121, or G0260;
 - b. Is Medicare-certified and has a CMS Certification Number (CCN);
 - c. Bills under the Outpatient Payment Prospective System (OPPS) using CMS-1450 claim form for provider-based offices (not CMS-1500 claim form used for the Physician Fee Schedule), excluding emergency department procedures; and
 - d. Has an agreement with CMS and meets the general conditions and requirements in accordance with 42 CFR 419 subpart B.

The new definition of an eligible ASC removes mention of office location. The definition now reads:

1. An ASC is a freestanding medical facility that performs outpatient surgeries and procedures. Specifically, CMS defines eligible ASCs as distinct entities that operate exclusively for the purpose of furnishing outpatient services to patients.
2. An ASC is eligible to participate in the OAS CAHPS Survey if it meets **all** of the following criteria:
 - a. Performs procedures that are within the OAS CAHPS–eligible range of CPT-4 Codes for Surgery (i.e., CPT codes between 10021 and 69990) or one of the following G-codes: G0104, G0105, G0121, or G0260;
 - b. Is Medicare-certified and has a CCN;
 - c. Bills under ASC Payment System; and
 - d. Has an agreement with CMS and meets the general conditions and requirements in accordance with 42 CFR 416 subpart B.



OAS CAHPS Website User and Data Submission Manual, Version 1.0 - Now Available

CMS and the OAS CAHPS Survey Coordination Team created the first edition of the OAS CAHPS Website User and Data Submission Manual, hereafter referred to as the “Data Submission Manual”. This manual can be used by hospitals and ambulatory surgery center (ASC) users for guidance on the OAS CAHPS Survey website and its functionality.

The Data Submission Manual can be accessed on the Data Submission Resources page. [Click here](#) to access the Data Submission Manual. If you have any questions, please feel free to reach out to the NRC Health Compliance team at compliance@nrchealth.com.

OAS CAHPS Citation

<https://oascahps.org/> Centers for Medicare & Medicaid Services, Baltimore, MD. March 23, 2018.

OAS CAHPS website:

<https://oascahps.org/>

Physician Compare

What’s New with Physician Compare

CMS recently held two “What’s New with Physician Compare” webinars. During these webinars, they shared information about the recent Performance Year (PY) 2016 measures release on Physician Compare, star ratings, and upcoming additions to the website including the future release of the Quality Payment Program performance information. A few key topics shared during these webinars included:

Outlining criteria to be listed on Physician Compare:

Clinicians must:

1. Be in approved status in Provider Enrollment Chain, and Ownership System (PECOS)
2. Provide at least one practice location address
3. Have at least one specialty noted in PECOS
4. Have submitted a Medicare fee-for-service claim or be newly enrolled in PECOS within the last 6 months

Groups must:

1. Be in approved status in PECOS
2. Have a valid practice location address
3. Have submitted a Medicare fee-for-service claim or be newly enrolled in PECOS within the last 6 months

4. Have a legal business name
5. Have at least two active Medicare health care professionals reassign their benefits to the group's TIN

Reminder to keep information up-to-date

1. Make sure your information is up-to-date in Internet-based PECOS.
 - a. It can take up to two to four months for changes in PECOS to be reflected on Physician Compare.
2. Visit the [Physician Compare Initiative page](#) to learn more about which information can be updated via PECOS and which data can be updated by contacting the Physician Compare Support Team.

Merit-based Incentive Payment System (MIPS)

The following 2017 MIPS data are available for public reporting for clinicians and groups in late 2018:

1. Quality
2. Improvement Activities
3. Advancing Care Information
4. Cost
5. Final Score

It is important to remember that although data are considered "available for public reporting", not all data will be publicly reported. The Physician Compare support team will share more information about what will be publicly reported as it becomes available. Aggregate MIPS information will be periodically publicly reported.

Future Rulemaking Items

In the Quality Payment Program Year 2 proposed rule, CMS and the Physician Compare support team sought comments on:

1. Patient experience narrative data
2. Stratification by social risk factors

CMS and the Physician Compare support team will take the feedback into consideration for possible inclusion in future rulemaking. For more information shared during these webinars and to access the presentation materials, [click here](#).

If you are interested in providing input on the future Physician Compare, you can email the Physician Compare support team at PhysicianCompare@Westat.com. If you would like to sign up to receive the Physician Compare eNews, [click here](#).

Physician Compare Citation

<https://www.cms.gov/> Centers for Medicare & Medicaid Services, Baltimore, MD. March 26, 2018.

External Submission Deadlines

If you have any questions regarding the information included in this edition of the CAHPS Insider, please email NRC Health CAHPS Compliance at compliance@nrchealth.com.

	Q4 2017 Discharges	Q1 2018 Discharges	Q2 2018 Discharges
HCAHPS	4/4/2018	7/5/2018	10/3/2018
Premier	4/20/2018	7/20/2019	10/19/2018
Vizient#	5/1/2018	8/1/2018	11/1/2018
HCAHPS	4/19/2018	7/19/2018	10/18/2018
CAHPS Hospice	5/9/2018	8/18/2018	11/14/2018
OAS CAHPS	4/11/2018	7/11/20018	10/10/2018
ICH CAHPS	7/25/2018 (Spring 2018)		



The materials and information contained herein are intended for general informational and educational purposes only and are not intended to be legal advice. These materials are intended, but not promised or guaranteed to be current, complete, or up-to-date and should not be considered an indication of future results. You should not act or rely on any information contained in this newsletter without first seeking the advice of an attorney.