

# CAHPS Insider

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**JUNE 2018**

INSIGHTS AND UPDATES FOR  
EFFECTIVE COMPLIANCE



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# HCAHPS



## *Hospital Compare Overall Hospital Quality Star Ratings Hospital - Not Available*

The Centers for Medicare & Medicaid Services (CMS) will not update the Overall Hospital Quality Star Ratings for July 2018, as previously scheduled. CMS has decided to postpone the July star ratings update to give time for additional analysis of the impact of changes to some of the measures on the star ratings and to address stakeholder concerns. CMS is dedicated to transparency of quality and cost information for consumers and committed to holding providers accountable for patient outcomes. When changes are made to the underlying measures it is vital to take the time needed to understand the impact of those changes and ensure they are giving consumers the most useful information. As part of this process, CMS will seek feedback from a multi-disciplinary Technical Expert Panel, a Provider Leadership Workgroup, and a public comment period.

Please direct all questions related to the postponement of the July 2018 Star Ratings to [cmsstarratings@lantanagroup.com](mailto:cmsstarratings@lantanagroup.com).

## *HCAHPS Pain Management Composite Measure - Discontinued*

CMS has suppressed the HCAHPS Pain Management composite score on Hospital Compare and in the downloadable databases. Beginning with the July 2018 public report, CMS will no longer report the HCAHPS Pain Management Composite Measure. The survey questions comprising the Pain Management Composite were removed from the HCAHPS survey in the fiscal year (FY) 2018 IPPS/LCTCH PPS final rule (81 FR 38342). The Pain Management Composite is no longer needed and therefore; will not be reported on *Hospital Compare*. As a results of these updates, HCAHPS Online is making the corresponding updates to all documents pertaining to the April 2018 public report period that are posted on the website.

### **How will this change affect reporting?**

July 2018 Preview Reports and public reporting will display “N/A” and Footnote 5 for the Pain Management measure. Footnote 15 and “N/A” will be displayed for the Pain Management star rating.

In addition, Pain Management is no longer included in the calculation of the HCAHPS Summary Star Rating or the *Hospital Compare* Overall Hospital Quality Star Ratings.

### **HCAHPS Citation:**

<http://www.hcahponline.org> Centers for Medicare & Medicaid Services, Baltimore, MD. June 22, 2018.

<http://www.qualitynet.org> Centers for Medicare & Medicaid Services, Baltimore, MD. June 22, 2018.

**HCAHPS website:**

<http://www.hcahpsonline.org>

# CAHPS Hospice

## *Hospice Preview Reports - Available*

Hospice Preview Reports are available to download until June 30, 2018. [Click here](#) to access the Hospice CAHPS Provider Preview Report Access Guide.

## *Hospice Data Submission and Reporting*

Members of the NRC Health Corporate Compliance team recently participated in the Hospice Data Submission and Reporting Training webinar. Several topics were covered during this lengthy training session. NRC Health has identified some key items to share with our Hospice providers.

### **Hospice Quality Reporting Program (HQRP) Compliant and Noncompliant Providers**

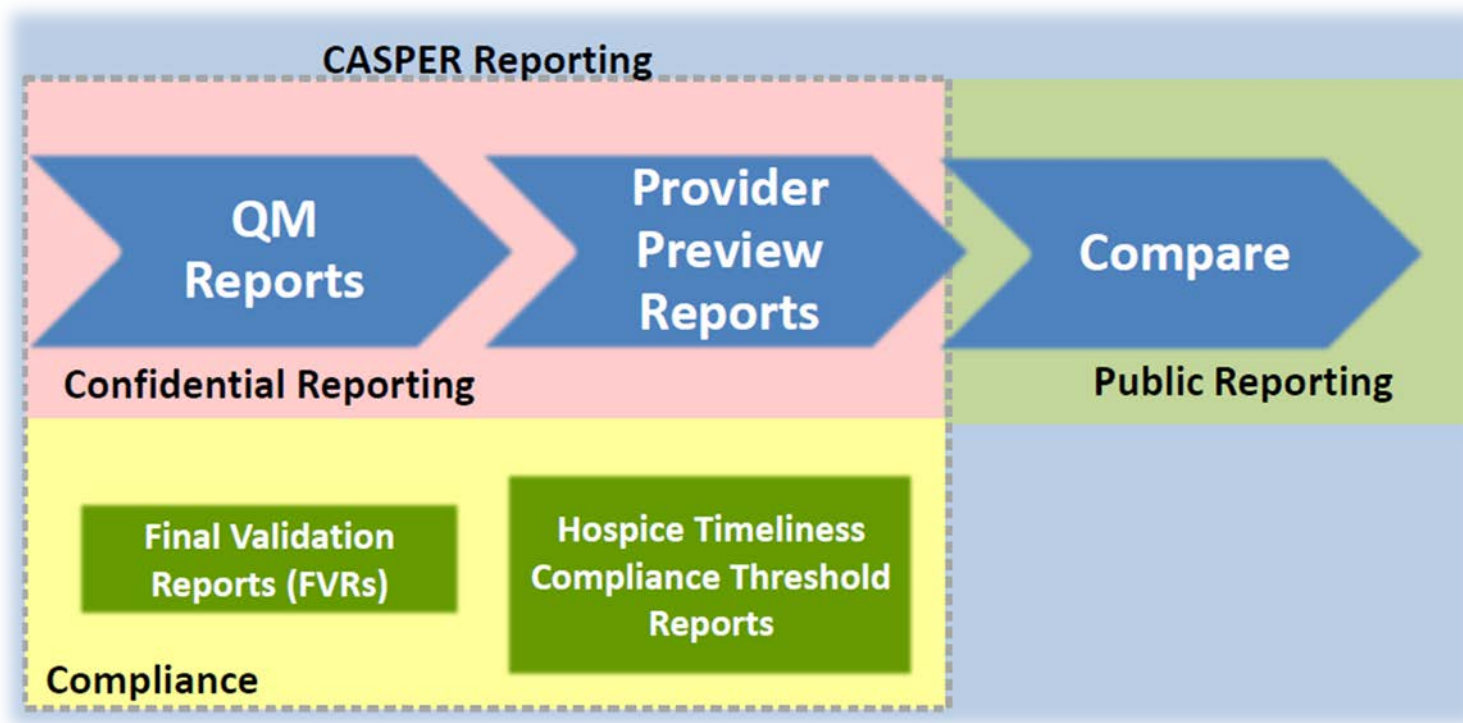
CMS has published a list of hospice providers who successfully met the reporting requirements after all reconsideration requests were processed. This report is updated on an annual basis. [Click here](#) to access the most recent list of successful Hospice providers.

Noncompliant providers receive notification from CMS via an HQRP Non-Compliance Letter. CMS sends these letters both by U.S. Postal Service and via the CASPER system. The CASPER letter also identifies why the provider is noncompliant. It is important to check your CASPER folder to determine whether your hospice received this letter. The day CMS sends the letter begins the 30-day reconsideration request period. [Click here](#) to access the latest outreach communication.

### **Public Reporting of Hospice Quality Data**

It is a requirement that Quality Measures (QMs) relating to care provided by hospice programs be reported on a CMS website. The Hospice Compare website includes quality data for:

1. HIS-based measure results
2. Results from the CAHPS Hospice Survey



Hospices with a QM denominator size of fewer than 20 patient stays (based on 12 rolling months of data) do not have the QM score publicly displayed. CMS continues to monitor QM performance and reportability and will adjust public reporting methodology in the future, if needed.

### Hospice Provider Preview Reports

Hospice providers can access two separate reports in their CASPER folder. Both the Hospice Provider Preview report and CAHPS Hospice Survey Provider Preview report are available in CASPER. We strongly encourage providers to use these reports to review their HIS quality measure results and their facility-level CAHPS survey results. Once preview reports become available, providers have 30-days to review their results.

[Click here](#) to access the HIS Preview Report Access Instructions and the Hospice CAHPS Provider Preview Reports Access Instructions.

## Select HQRP Resources on the CMS Website

CMS has provided several resources for Hospice providers on their website. See below for links to some of the key resources:

1. [Hospice Quality Reporting website](#)
2. [HIS web page](#)
3. [Hospice CAHPS web page](#)
4. [Spotlight & Announcement web page](#)
5. [Deadline, Timelines, and Provider Engagement Opportunities web page](#)
6. [Current Measures web page](#)
7. [HIS Technical Information web page](#)
8. [Hospice Quality Reporting Training: Announcements and Registration web page](#)
9. [Hospice Quality Reporting Training – Training and Education Library web page](#)

To access the full slide presentation shared during the Hospice Quality Reporting Program Provider Training, [click here](#).

### CAHPS Hospice Citation:

<http://www.hospicecahpssurvey.org/en/> Centers for Medicare & Medicaid Services, Baltimore, MD. June 22, 2018.

<https://www.medicare.gov> Centers for Medicare & Medicaid Services, Baltimore, MD. June 22, 2018.

### CAHPS Hospice website:

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

# Home Health CAHPS

## *Home Health CAHPS Preview Reports with Star Ratings - Available*

The Home Health CAHPS Preview Reports reflecting results from the HHCAHPS Survey from January 2017 through December 2017 are now available. The Preview Reports present the publicly reported results with star ratings for those agencies with a sufficient number of completed interviews to receive star ratings. Agencies must have data for 40 or more patient surveys in the reporting period in order to have star ratings.

Follow these steps to access your agency's HHCAHPS Preview Reports:

1. Log into the HHCAHPS [website](#)
2. Select the "Preview Reports" link under the "For HHAs" tab

**Home Health CAHPS Citation:**

<https://homehealthcahps.org/> Centers for Medicare & Medicaid Services, Baltimore, MD. June 22, 2018.

**Home Health CAHPS website:**

<https://homehealthcahps.org/>

# CAHPS for ACO

## *CAHPS for ACO Survey Updates*

Starting in reporting year 2018, CMS will use a single version of the CAHPS for ACOs Survey to assess patient experience for ACOs. The CAHPS for ACO survey will capture the core CG-CAHPS Survey and the Summary Survey Measures that are part of the ACO quality standard and finalized in the Shared Savings Program final rule.

[Click here](#) to access the new survey for reporting year 2018. The survey will continue to be administered through a mixed-mode data collection protocol:

1. CMS prenotification letter
2. Two survey mailing waves
3. Up to six follow-up phone call(s) to non-respondents

## *CAHPS for ACO Survey Data Collection Schedule*

Task	Date
ACOs must complete the web-based vendor authorization process.	9/18/2018
ACO sample files become available to survey vendors.	10/9/2018
Mail-out a pre-notification letter to all sampled beneficiaries one week before the first survey mailing.	10/23/2018-10/24/2018
Customer support phone center opens. (Toll-free phone number required)	10/24/2018
Mail-out of the first survey with cover letter.	10/30/2018-10/31/2018
Mail-out of second mailing of survey with cover letter to all non-respondents.	11/13/2018-11/14/2018
Initiate telephone follow-up by computer-assisted telephone interviews (CATI) for all non-respondents to the mail survey. (1st attempt must occur during this time)	12/4/2018-12/11/2018
Submit interim data files to the ACO Data Warehouse. Survey vendors may begin to submit data on 12/11/2018 and must have all interim data submitted by 12/13/2018. (including any requests for corrections)	12/11/2018-12/13/2018

Task	Date
Conduct computer assisted telephone interviews (CATI) for all non-respondents to the mail survey. <ul style="list-style-type: none"> <li>• Make no more than 6 call attempts.</li> <li>• Call attempts must occur over a minimum of two different calendar weeks.</li> <li>• Call attempts must be scheduled at different times of the day and on different days of the week.</li> </ul> <i>Note: CMS anticipates that vendors will suspend CATI interviews during 12/23/2018 – 1/1/2019 due to holidays.</i>	12/12/2018-1/16/2019
Last day for inbound and outbound phone interviews.	1/16/2019
Cutoff date for returned mail surveys.	1/16/2019
Last day of operation for customer support toll-free line.	1/16/2019
Submit final data files to CMS after close of data collection via the ACO Data Warehouse. Data can be submitted starting 1/23/2019. No files will be accepted after the submission deadline date of 1/25/2019.	1/23/2019-1/25/2019

Please reach out to the NRC Health Corporate Compliance team with any questions at [compliance@nrchealth.com](mailto:compliance@nrchealth.com).

**CAHPS for ACO Citation:**

<http://acocahps.cms.gov/> Centers for Medicare & Medicaid, Baltimore, MD. June 22, 2018.

## CAHPS for MIPS

### *Register Now - MIPS Group Interface & CAHPS for MIPS Survey*

As a reminder, groups must register to use the CMS Web Interface and/or CAHPS for MIPS Survey by **June 30, 2018**.

Registration is required for groups that intend to use the CMS Web Interface and/or administer the CAHPS for MIPS Survey for 2018. To register, [click here](#) and access the Quality Payment Program website. The registration period ends **June 30, 2018**. Eligible clinicians who participate as a group will be assessed at a group level across all four MIPS performance categories. The group will receive one payment adjustment for the group’s performance. For 2018, only groups of 25 or more eligible clinicians that have registered can report via the CMS Web Interface. Groups that participate in MIPS through qualified registry, qualified clinical data registry, or electronic health record (EHR) data submission mechanisms do not need to register.

Please note, if your group was registered to participate in MIPS in 2017 via the CMS Web Interface, CMS automatically registered your group for 2018 CMS Web Interface participation. You may edit or cancel your registration at any time during the registration period.

**Automatic registration does not apply to the CAHPS for MIPS survey.**



### Not sure how to register?

Visit the [Quality Payment Program website](#) for instructions on how to register for participation. As a reminder, you will need a valid Enterprise Identity Management (EIDM) account.

### *MIPS Preliminary Performance Feedback Data - Available*

If you submitted 2017 Merit-based Incentive Payment System (MIPS) data through the Quality Payment Program website, you can review your preliminary performance feedback. Please note; this is not your MIPS final score or feedback. Your final score and feedback will be available in July through the Quality Payment Program website. To access the preliminary and final feedback, you will use the same Enterprise Identity Management (EIDM) credentials that allowed you to submit and view your data during the submission period.

### What if I do not have an EIDM account?

If you do not have an EIDM account, refer to the [EIDM User Guide](#) for instructions on how to create your account now!

### *CAHPS for MIPS Survey Data Collection Schedule*

Task	Date
Groups must complete the web-based vendor authorization process.	9/18/2018
Group sample files become available to survey vendors.	10/9/2018
Mail-out a pre-notification letter to all sampled beneficiaries one week before the first survey mailing.	10/23/2018-10/24/2018
Customer support phone center opens. (Toll-free phone number required)	10/24/2018
Mail-out of the first survey with cover letter.	10/30/2018-10/31/2018
Mail-out of second mailing of survey with cover letter to all non-respondents.	11/13/2018-11/14/2018
Initiate telephone follow-up by computer-assisted telephone interviews (CATI) for all non-respondents to the mail survey. (1st attempt must occur during this time)	12/4/2018-12/11/2018
Submit interim data files to the MIPS Data Warehouse. Survey vendors may begin to submit data on 12/11/2018 and must have all interim data submitted by 12/13/2018. (including any requests for corrections)	12/11/2018-12/13/2018
Conduct computer assisted telephone interviews (CATI) for all non-respondents to the mail survey. <ul style="list-style-type: none"><li>•Make no more than 6 call attempts.</li><li>•Call attempts must occur over a minimum of two different calendar weeks.</li><li>•Call attempts must be scheduled at different times of the day and on different days of the week.</li></ul> <i>Note: CMS anticipates that vendors will suspend CATI interviews during 12/23/2018 – 1/1/2019 due to holidays.</i>	12/12/2018-1/16/2019
Last day for inbound and outbound phone interviews.	1/16/2019
Cutoff date for returned mail surveys.	1/16/2019

Task	Date
Last day of operation for customer support toll-free line.	1/16/2019
Submit final data files to CMS after close of data collection via the MIPS Data Warehouse. Data can be submitted starting 1/23/2019. No files will be accepted after the submission deadline date of 1/25/2019.	1/23/2019-1/25/2019

### ***Webinar: Public Reporting on Physician Compare - Save-the Date***

On July 24 and 26, CMS will host two 60-minute Physician Compare webinars about public reporting on Physician Compare and information in the pipeline for potential inclusion on Physician Compare in late 2018. Specifically, the webinar will cover:

1. Overview of public reporting in Physician Compare
2. Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs) on Physician Compare
3. Upcoming 30-day Preview Period

CMS is providing two different times to accommodate your busy schedule. Both webinars will present the same information. There will be opportunity to ask questions during each webinar. Registration information will be posted on [medicare.gov](http://medicare.gov) in the upcoming weeks.

### ***2016 PQRS Performance Score - Now Available***

Your 2016 performance scores are now available for download via [Data.Medicare.gov](http://Data.Medicare.gov). The Physician Compare Downloadable Database is a resource intended for clinicians and group representatives to provide useful information about clinicians and groups currently enrolled in Medicare. Here's what you can find in the Downloadable Database:

1. 2016 Physician Quality Reporting System (PQRS) measures for clinicians and groups
2. 2016 Consumer Assessment of Healthcare Providers and Systems (CAHPS) for PQRS summary survey measures for groups
3. 2016 non-PQRS Qualified Clinical Data Registry (QCDR) measures for clinicians and groups
4. Subset of 2015 utilization data for clinicians

Please feel free to contact the NRC Health Corporate Compliance team with any questions at [compliance@nrchealth.com](mailto:compliance@nrchealth.com).

#### **Quality Payment Program Citation:**

<https://qpp.cms.gov> Centers for Medicare & Medicaid, Baltimore, MD. June 22, 2018.

<http://data.medicare.gov/> Centers for Medicare & Medicaid, Baltimore, MD. June 22, 2018

# ICH CAHPS

## *ICH CAHPS Spring Survey Timeline and Updates*

NRC Health continues to stay on schedule with the ICH CAHPS Spring Survey timeline. July 13, 2018 marks the end of data collection. Following the completion of data collection, NRC Health will continue with next steps to prep and submit all data to the ICH CAHPS Data Center.

The data collection schedule and dates for other key activities related to the 2018 Spring Survey are shown below:

<b>Activity</b>	<b>Date</b>
Sampling Window	7/1/2017-9/30/2017
Data Collection Ends	7/13/2018
Vendors Clean/Process Final Data and Construct XML File	7/16/2018-7/25/2018
Deadline for Submitting XML Data File to ICH CAHPS Data Center	11:59 ET on 7/25/2018

## *Tentative Fall 2018 Data Collection Schedule - Available*

The tentative data collection schedule and the dates for some key activities related to the 2018 Fall In-Center Hemodialysis CAHPS survey are shown below:

<b>Activity</b>	<b>Date</b>
Submit New Facility-Specific Questions to CMS	8/10/2018
Deadline for Authorizing a Vendor for 2018 Fall Survey1	8/31/2018
Sampling Window	4/1/2018 - 6/30/2018
Sample Files Uploaded on ICH CAHPS Website	9/28/2018
Vendors Attest to Receipt of Sample File	10/2/2018
Mail Prenotification Letter	10/19/2018
Mail 1st Questionnaire (mail only and mixed mode)/Begin Telephone data collection (phone only mode)	11/2/2018
Mail 2nd Questionnaire (mail only)/Begin phone follow-up (mixed mode)	11/30/2018
Data Collection Ends	1/11/2019
Vendors Clean/Process Final Data and Construct XML File	1/12/2019 - 1/29/2019
Deadline for Submitting XML Data File to ICH Data Center	1/30/2019
2019 Introduction to the ICH CAHPS Survey Webinar Training	TBD
2019 ICH CAHPS Survey Vendor Update Training Session	TBD

## *Explore Patient Experience of Care Survey of Home, Peritoneal, and Pediatric Dialysis Patients*

Dialysis facilities, along with other stakeholders have expressed an interest in a CAHPS Survey for home hemodialysis, peritoneal dialysis, and pediatric dialysis patients. CMS has asked RTI International to examine the feasibility of conducting a CAHPS Survey of these patient populations.

RTI responded by establishing a 10-member Technical Expert Panel (TEP) and conducted a telephone conference with TEP members back in March. The TEP was comprised of doctors, nurses, social workers, and patients with expertise in the identified patient populations. During the conference, TEP members were asked to provide input on several issues, including domains of care that would be important to home hemodialysis, peritoneal dialysis, and pediatric dialysis patients.

To read the full summary of the TEP conference, [click here](#).

### **ICH CAHPS Citation:**

<https://ichcahps.org/Home.aspx> Centers for Medicare & Medicaid, Baltimore, MD. June 22, 2018.

### **ICH CAHPS website:**

<https://ichcahps.org/>

## OAS CAHPS

### *OAS CAHPS Voluntary Participation - Update*

In the calendar year (CY) 2018 Final Rule, CMS announced they would continue voluntary implementation of the OAS CAHPS Survey throughout 2018. The next update (CY 2019 Rule) will be proposed in July 2018 and finalized in November 2018. The CY 2019 Rule will reflect any changes that would impact the 2019 data collection period (CY 2021 payment determination).

Any updates on OAS CAHPS Survey participation will be posted on the [OAS CAHPS website](#) and shared with you via the NRC Health CAHPS Insider or by our NRC Health Corporate Compliance Team.

Please feel free to reach out to the NRC Health Corporate Compliance team at [compliance@nrchealth.com](mailto:compliance@nrchealth.com) with any questions.

### **OAS CAHPS Citation:**

<https://oascahps.org/> Centers for Medicare & Medicaid Services, Baltimore, MD. June 22, 2018.

OAS CAHPS website:  
<https://oascahps.org/>

## External Submission Deadlines

	Q1 2018 Discharges	Q2 2018 Discharges
<b>HCAHPS</b>	7/5/2018	10/3/2018
<b>Premier</b>	7/20/2019	10/19/2018
<b>Vizient#</b>	8/1/2018	11/1/2018
<b>HHCAHPS</b>	7/19/2018	10/18/2018
<b>CAHPS Hospice</b>	8/18/2018	11/14/2018
<b>OAS CAHPS</b>	7/11/20018	10/10/2018
<b>ICH CAHPS</b>	7/25/2018 (Spring 2018)	

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](mailto:compliance@nrchealth.com).



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