

CAHPS Insider

AUGUST 2018

INSIGHTS AND UPDATES FOR
EFFECTIVE COMPLIANCE



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HCAHPS

HCAHPS - New Podcasts Now Available

New HCAHPS podcasts now available. Three podcasts are now posted to the [HCAHPS website](#). All three podcasts cover unique topics related to HCAHPS score calculations, including:

1. Patient-mix adjustment calculations
2. Steps to determine HCAHPS sample
3. Calculating “Eligible Discharges”
4. Determining a completed survey
5. Review of top-box composite score calculations

[Click here](#) to access all three podcasts.

HCAHPS Calendar Year 2019 OPPS Proposed Rule - Now Available

The Calendar Year (CY) 2019 OPPS Proposed Rule has been published to the Federal Register. This proposed rule includes a proposal to remove the HCAHPS Survey’s Communication About Pain questions beginning in 2022.

[Click here](#) to review the CY 2019 OPPS Proposed Rule.

HCAHPS Fiscal Year 2019 IPPS Final Rule - Now Available

The Fiscal Year (FY) 2019 Inpatient Prospective Payment System (IPPS) Final Rule, establishing the Hospital IPPS, is now available on the Federal Register.

[Click here](#) to access the Final Rule along with related tables on the Federal Register.

Hospital Compare Updates - Now Available

The Centers for Medicare & Medicaid Services (CMS) have updated the *Hospital Compare* website with new quality information for the Hospital Inpatient Quality Reporting (IQR); Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting (PCHQR); and Hospital Outpatient Quality Reporting (OQR) Programs.

The *Hospital Compare* July 2018 refresh consists of several updates, including HCAHPS Survey of patient experience data. CMS is no longer reporting the Pain Management Composite on *Hospital Compare* or in the downloadable database. The Pain Management Composite measure is also being excluded from the calculation of the HCAHPS Summary Star Rating for the July *Hospital Compare* release.

As a reminder, CMS will not be updating the Overall Hospital Quality Star Ratings for July 2018, as previously scheduled. The star ratings from December 2017 will remain on *Hospital Compare*. CMS has decided to postpone the July star ratings update to allow additional analysis of the impact of changes made to some of the measures on the star ratings and to address stakeholder concerns.

CMS has also modified the *Hospital Compare* release schedule. All *Hospital Compare* releases will occur in January, April, July and October. The December release will transition to January beginning with January 2019.

HCAHPS Patient-Mix Adjustment for Service Line & Gender - Now Available

The HCAHPS Patient-Mix Adjustment (PMA) model has been updated to incorporate more detailed information about Patient Service Line and Gender. The Patient-Mix Adjustment will now distinguish among Female Medical, Male Medical, Female Surgical, Male Surgical and Maternity (5 categories). HCAHPS Survey results were adjusted using the new PMA model beginning with January 1, 2017 discharges.

To access the Patient-Mix Adjustment document and read more about the updates, [click here](#).

Percentage Payment Summary Reports - Now Available

The Centers for Medicare & Medicaid Services (CMS) have made available the Percentage Payment Summary Reports (PPSRs) for the Fiscal Year (FY) 2019 Hospital Value-Based Purchasing (VBP) Program. The FY 2019 PPSRs provides participating hospitals with their Total Performance Score (TPS) and value-based incentive payment adjustment factors for the seventh year of the program.

CMS has also provided a help guide available on the Resources – Hospital Value-Based Program web page on *QualityNet*. To access the PPSR help guide, [click here](#).

How Do I Access the PPSR?

To access the PPSR, users must have an active *QualityNet* account and access the *QualityNet* Secure Portal. To access the PPSRs, users must also have been assigned two necessary *QualityNet* roles:

1. The Hospital Reporting Feedback – Inpatient role (to receive the report)

2. The File Exchange and Search role (to download the report from the *Secure Portal*)

How Do I Run the Report?

To run the report, log in to your *QualityNet Secure Portal* account, then perform the following steps:

1. Select **Run Reports** from the [My Reports] drop-down menu in the menu bar of the *QualityNet Secure Portal*
2. Select **Run Report(s)** from the "I'd Like To..." options
3. Select **IQR** for the Report Program and **Hospital Value-Based Purchasing – Feedback Reports** for the Report Category
4. Select the **View Reports** button
5. Then, select the **Hospital Value-Based Purchasing – Percentage Payment Summary Report**
6. Next, select the desired report parameters and run the report

HCAHPS Citation:

<http://www.hcahpsonline.org> Centers for Medicare & Medicaid Services, Baltimore, MD. August 26, 2018.

HCAHPS website:

<http://www.hcahpsonline.org>

CAHPS Hospice

Hospice 2019 Final Rule - Now Available

The 2019 Hospice Final Rule is now available via the Federal Register. The Final Rule includes a variety of topics, including one related to the review of CAHPS Hospice survey materials.

The CAHPS Hospice Survey team has recently decided to launch a study of the cover letter and phone script to determine how it can be made more readable to all members of the public. This research will include a review of the grade level of each item and feedback from respondents. This review comes as a response to a commenter who suggested CMS review cover letter and phone script introductions for the CAHPS Hospice Survey. The commenter stated the current version requires too high a reading level.

NRC Health will continue to share updates regarding the review of the CAHPS Hospice survey materials via the CAHPS Insider.

To access a full version of the 2019 CAHPS Hospice Final Rule, [click here](#).

Hospice Compare Refresh - Now Live

The August 2018 quarterly Hospice Compare refresh is now live. This update reflects Hospice Item Set (HIS) quality measure results based on data collected Q4 2016 through Q3 2017 as well as Hospice CAHPS Survey results reported Q4 2015 through Q3 2017.

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

HQRP Quarterly Update - Now Available

The Hospice Quality Reporting Program (HQRP) Quarterly Update for Quarter 2, 2018 (April - June) is now available for download. This document features frequently asked questions received by the Hospice Quality Help Desk, as well as general HQRP updates and events for quarter 2. You can also find highlights for upcoming events in Quarter 3, 2018. [Click here](#) to access the HQRP Quarterly Update for Q2 2018. You can also access the quarterly updates via the "Downloads" section on the [HQRP Requirements and Best Practices webpage](#).

CAHPS Hospice Citation:

<http://www.hospicecahpssurvey.org/en/> Centers for Medicare & Medicaid Services, Baltimore, MD. August 27, 2018.
<https://www.cms.gov> Centers for Medicare & Medicaid Services, Baltimore, MD. August 27, 2018.

CAHPS Hospice website:

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

Home Health CAHPS

Home Health CAHPS Public Reporting Results - Now Available

The Home Health CAHPS (HHCAHPS) Team has posted the HHCAHPS Survey results on the [Home Health Compare link](#) on <https://www.medicare.gov>. The results posted are based on responses from patients who received home health care from Medicare-certified home health agencies (HHAs) from January 2017 through December 2017.

Home Health CAHPS Citation:

<https://homehealthcahps.org/> Centers for Medicare & Medicaid Services, Baltimore, MD. August 26, 2018.
<https://www.medicare.gov> Centers for Medicare & Medicaid Services, Baltimore, MD. August 26, 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 Vendor Authorization Update

If you plan to participate in the 2018 CAHPS for ACO Survey, you must authorize NRC Health as your survey vendor by **September 18, 2018**. CAHPS for ACO Survey Vendor Authorization is required to be completed on an annual basis. Your primary authorized to sign contact, as designated in CMS' ACO Management System, should have received emailed instructions from the RAND Corporation on how to complete vendor authorization. If you did not receive these instructions, please contact the CAHPS for ACOs Project Team directly at acocahps@hcqis.org.

CAHPS for ACO Survey Data Collection Schedule

Task	Date
ACOs must complete the web-based vendor authorization process.	9/18/2018
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. (Survey Vendor toll-free phone number)	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
Conduct computer assisted telephone interviews (CATI) for all non-respondents to the mail survey.	12/12/2018-1/16/2019

Task	Date
<ul style="list-style-type: none"> • Make no more than 6 call attempts. • Call attempts must occur over a minimum of two different calendar weeks. • Call attempts must be scheduled at different times of the day and on different days of the week. <i>Note: CMS anticipates that vendors will suspend CATI interviews during 12/23/2018 – 1/1/2019 due to holidays.</i>	
Data Collection Ends.	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.

CAHPS for ACO Citation:

<http://acocahps.cms.gov/> Centers for Medicare & Medicaid, Baltimore, MD. August 26, 2018.

CAHPS for MIPS

CAHPS for MIPS Survey Vendor Authorization Update

If you plan to participate in the 2018 CAHPS for MIPS Survey, you must authorize NRC Health as your survey vendor by **September 18, 2018**. CAHPS for MIPS Survey Vendor Authorization is required to be completed on an annual basis. Your primary authorized to sign contact, as designated during the CAHPS for MIPS registration period, should have received emailed instructions from the RAND Corporation on how to complete vendor authorization. If you did not receive these instructions, please contact the CAHPS for MIPS Project Team directly at MIPSCAHPS@HCQIS.ORG.

2018 MIPS Improvement Activities Performance Category Technical Expert Panel

Do you know an Improvement Activities subject matter expert? Do you have experience in Quality Improvement? Are you passionate about patient care and consumer engagement? If you answered “yes” to one or more of these questions, CMS is seeking feedback from a group of stakeholders, consumers, patients and experts who can contribute direction and thoughtful input on the improvement activities during development and maintenance, specifically related to MIPS Improvement Activities (IAs).

CMS is seeking a Technical Expert Panel (TEP) of approximately 10-12 clinicians and individuals with the following perspectives and areas of expertise:

1. Subject matter/clinical expertise with IAs

2. Consumer/patient/family (non-medical caregiver)
3. Healthcare disparities
4. Performance measurement
5. Quality improvement

The nomination period closes at **5:00 pm PST on September 22, 2018**. For more information, or to download the TEP Nomination Form, review the full posting on the [Technical Experts Panel page](#).

MIPS Final Scores and Performance Feedback - Now Available

If you participated in the Merit-based Incentive Payment System (MIPS) in 2017, your MIPS final score and performance feedback is now available for review on the [Quality Payment Program](#) website. The payment adjustment you will receive in 2019 is based on this final score. A positive, negative, or neutral payment adjustment will be applied to the Medicare paid amount for covered professional services furnished under the Medicare Physician Fee Schedule in 2019.

MIPS Resources - Now Available

CMS has posted several resources to help eligible clinicians and groups understand more about their Merit-based Incentive Payment System (MIPS) 2019 payment adjustment and feedback based on their 2017 performance.

The following resources have been posted to CMS.gov for your convenience:

1. [2017 Performance Feedback User Guide](#)
2. [2017 Performance Feedback Fact Sheet](#)
3. [2019 MIPS Payment Adjustment Fact Sheet](#)

The *2017 Performance Feedback User Guide* will help you understand your 2017 MIPS performance feedback. The *2017 Performance Feedback Fact Sheet* offers an overview of what performance feedback is, who receives the feedback, and how to access it on the [Quality Payment Program](#) website.

The *2019 MIPS Payment Adjustment Fact Sheet* highlights how CMS assigns final scores to MIPS eligible clinicians, and how payment adjustment factors are applied for 2019 based on 2017 MIPS final scores. Also available on the [Quality Payment Program](#) website for new and existing Quality Payment Program resources.

MIPS Targeted Review - Now Available

If you are a MIPS eligible clinician or group, you may request for CMS to review your performance feedback and final score through a process called targeted review.

When/Why would I Request a Targeted Review?

If you believe an error has been made in your 2019 MIPS payment adjustment calculation, you can request a targeted review until **October 1, 2018**. The following are examples of circumstances in which you may wish to request a targeted review:

1. Errors or data quality issues on the measures and activities you submitted
2. Eligibility issues (e.g., you fall below the low-volume threshold and should not have received a payment adjustment)
3. Being erroneously excluded from the APM participation list and not being scored under APM scoring standard
4. Not being automatically reweighted even though you qualify for automatic reweighting due to the 2017 extreme and uncontrollable circumstances policy

Note: This is not a comprehensive list of circumstances. CMS encourages you to submit a request form if you believe a targeted review of your MIPS payment adjustment (or additional MIPS payment adjustment) is warranted.

How do I request a Targeted Review?

You can access your MIPS final score and performance feedback and request a targeted review by:

1. Going to the Quality Payment Program website
2. Logging in using your Enterprise Identity Management (EIDM) credentials; these are the same EIDM credentials that allowed you to submit your MIPS data. Please refer to the [EIDM User Guide](#) for additional details.

When evaluating a targeted review request, CMS will generally require additional documentation to support the request. If your targeted review request is approved, CMS will update your final score and associated payment adjustment (if applicable), as soon as technically feasible. CMS will determine the amount of the upward payment adjustments after the conclusion of the targeted review submission period. **Please note: targeted review decisions are final and not eligible for further review.**

2019 Medicare Quality Payment Program Proposed Rule - Released

On July 12, 2018, CMS released the proposed policies for Year 3 (2019) of the Quality Payment Program via the Medicare Physician Fee Schedule (PFS). The provisions included in the [Notice of Proposed Rulemaking](#) (NPRM) are reflective of the feedback received from many stakeholders, and continue to provide additional flexibilities to reduce burden and smooth the transition, where possible, so that doctors and other clinicians can spend more time with patients.

[Click here](#) to read more about the Proposed Rule and the key proposals for Year 3 of the Quality Payment Program.

2016 PQRS and 2018 Value Modifier Experience Reports - Now Available

The final Experience Reports for the PQRS and Value Modified programs are now available. Many elements of PQRS transitioned to the Quality Performance Category of the Merit-based Incentive Payment System (MIPS).

The following resources are available for download on the MLN Homepage via cms.gov:

1. [2018 Value-Based Payment Modifier Program Experience Report \(2015-2018\)](#)
2. [2018 Results Fact Sheet](#)
3. [2016 PQRS Reporting Experience Including Trends \(2007-2016\)](#)
4. [2016 Appendix](#)

If you have questions related to PQRS, the PQRS – QualityNet Help Desk is available Monday-Friday; 7am-7pm CT at 1-866-288-8912. You can also contact the Physician Value Help Desk at pvhelpdesk@cms.hhs.gov or at 1-888-734-6433 (select option 3) with questions related to the Value Modifier and Quality and Resource Use Reports.

CAHPS for MIPS Survey Data Collection Schedule

Task	Date
Groups must complete the web-based vendor authorization process.	9/18/2018
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. (Survey vendor toll-free phone number)	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
Conduct computer assisted telephone interviews (CATI) for all non-respondents to the mail survey. <ul style="list-style-type: none"> •Make no more than 6 call attempts. •Call attempts must occur over a minimum of two different calendar weeks. •Call attempts must be scheduled at different times of the day and on different days of the week. <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
Data Collection Ends.	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

Quality Payment Program Citation:

<https://qpp.cms.gov> Centers for Medicare & Medicaid, Baltimore, MD. August 26, 2018.

<http://data.medicare.gov/> Centers for Medicare & Medicaid, Baltimore, MD. August 26, 2018

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

ICH CAHPS

ICH CAHPS Coordination Team Semi-Annual Review

The ICH CAHPS Coordination Team is pleased to introduce the ICH CAHPS Coordination Team Semi-Annual Review (CTSAR). The CTSAR is a newsletter that will provide in-center hemodialysis (ICH) facilities ICH CAHPS information. The CTSAR will be posted on the ICH CAHPS [website](#) and updated every January and July.

The CTSAR will not replace any source of information currently on the ICH CAHPS website; rather, it will highlight important information for readers prior to each survey period.

[Click here](#) to access the July 2018 newsletter, also located under the '[General Information](#)' tab on the ICH CAHPS website.

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:

Activity	Date
Deadline for Authorizing a Vendor for 2018 Fall Survey	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

ICH CAHPS Citation:

<https://ichcahps.org/Home.aspx> Centers for Medicare & Medicaid, Baltimore, MD. August 26, 2018.

ICH CAHPS website:

<https://ichcahps.org/>

OAS CAHPS

OAS CAHPS Public Reporting Results - Now Available

OAS CAHPS Public Reporting Results for Quarter 1, 2017 through Quarter 4, 2017 are now available. The results are publicly available in three locations:

1. On data.medicare.gov (click on "Hospital Compare data" box then search the term "OAS CAHPS")
2. Through Hospital Compare ([direct link to OAS CAHPS data](#))
3. Via downloadable databases on data.medicare.gov

OAS CAHPS Voluntary Participation - Update

In the Calendar Year (CY) 2019 Proposed Rule, CMS proposed to continue voluntary implementation of the OAS CAHPS Survey throughout 2019. The Proposed Rule (CY 2019) will be finalized in November 2018. The CY 2019 Final 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 with any questions.

OAS CAHPS Citation:

<https://oascahps.org/> Centers for Medicare & Medicaid Services, Baltimore, MD. August 26, 2018.

OAS CAHPS website:

<https://oascahps.org/>

External Submission Deadlines

	Q2 2018 Discharges	Q3 2018 Discharges	Q4 2018 Discharges	Q1 2019 Discharges
HCAHPS	10/3/2018	1/2/2019	4/3/2019	7/3/2019
Premier	10/19/2018	1/18/2019	4/19/2019	7/19/2019
Vizient#	11/1/2018	2/1/2019	5/1/2019	8/1/2019
HHCAHPS	10/18/2018	1/17/2019	4/18/2019	7/18/2019
CAHPS Hospice	11/14/2018	2/13/2019	5/8/2019	8/14/2019
OAS CAHPS	10/10/2018	1/9/2019	4/10/2019	7/10/2019
ICH CAHPS	1/30/2019 (Fall 2018)		7/31/2019 (Spring 2019)	
CAHPS for ACO	1/25/2019			
CAHPS for MIPS	1/25/2019			



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.

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