

CAHPS Insider

JANUARY 2019

INSIGHTS AND UPDATES FOR
EFFECTIVE COMPLIANCE



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HCAHPS

HCAHPS Survey Changes - Coming October 2019

On November 5, 2018, NRC Health received notification from CMS regarding a very important update to the HCAHPS Survey scheduled for October 2019.

In response to recommendations from the President's Commission on Combating Drug Addiction and the Opioid Crisis, to comply with the requirements of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act, and to avoid any potential unintended consequences, under the Hospital Inpatient Quality Reporting (IQR) Program, CMS proposed a plan to remove the HCAHPS Survey's Communication About Pain items (questions 12, 13 and 14) on the HCAHPS survey. The recent release of the CY 2019 OPPS Final Rule requires the **pain items be removed from all surveys beginning with patients discharged on October 1, 2019 and forward.**

This change will affect all survey translations and all survey modes. The Communication About Pain measure will not be Publicly Reported. However, Preview Reports for the October 2019, January 2020, April 2020 and July 2020 Public Reporting periods will contain the hospital's score for the Communication About Pain measure along with the state and national averages. Preview Reports for the October 2020 Public Reporting period and forward will not contain the Communication About Pain measure.

NRC Health is diligently working to ensure a seamless update for October 1, 2019 discharges and forward. No action is required from you for this change to occur. We will continue to provide more information about the transition to the updated HCAHPS Survey in future correspondence.

CMS has announced an opportunity for the public to comment on their intention to revise the HCAHPS Survey by removing the three pain communication questions.

[Click here](#) to view the CMS-10102 60-day Federal Register notice and provide any feedback or comments you have.

If you have any questions, please contact the NRC Health Corporate Compliance team at compliance@nrchealth.com.

Hospital Compare Data Updates and New Preview User Interface - NOW AVAILABLE

Hospital Compare Data Updates

CMS 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.

Hospital Compare is updated quarterly.

1. HCAHPS Survey of patient experiences data
 - a. Reminder: CMS is no longer reporting the Pain Management composite 4 on *Hospital Compare* or in the downloadable databases. This calculation is also excluded from the calculation of the HCAHPS Summary Star Ratings, beginning with the July 2018 Hospital Compare release.

CMS announced they will not update the Overall Hospital Quality Star Ratings for October 2018. The star ratings are generally updated twice yearly in January and July. CMS did not update the star ratings in July 2018 to give time for additional analysis of the impact of changes to some of the underlying measures in the ratings and to address stakeholder concerns. CMS released Overall Hospital Quality Star Rating Hospital-Specific Reports (HSRs) in early December and plans to refresh the star ratings on *Hospital Compare* in February 2019.

[Click here](#) to access the Hospital Compare Preview Help Guide.

If you have questions regarding the *Hospital Compare* Overall Star Ratings, please contact the *Hospital Compare* Overall Hospital Ratings Team by email at cmsstarratings@lantanagroup.com.

Hospital Compare Preview Period New Preview User Interface

CMS is excited to announce a new Hospital Quality Reporting (HQR) Next Generation User Interface. The interface will greet users when they log in to their QualityNet account when preview reporting opens. CMS made changes to the preview reports to enhance the user experience and enable users to make better use of reported data. The login process has been streamlined, star ratings have

been given prominence with their own data tab, and an entirely new way of viewing and searching preview data will be available. Data can now be refined and filtered for specific needs and compared “at-a-glance” with footnote and supplemental information.

[Click here](#) for access to the HQR Next Generation User Interface Training Slides. The training slides have been created by CMS to provide users with information regarding how to access preview data using the new interface.

Due to the migrating of current systems to the new system, there are a few changes to keep in mind:

1. The January 2019 *Hospital Compare* Preview was made available on QualityNet in early December.
2. The January refresh of *Hospital Compare* will move to February.

HCAHPS Citation:

<https://www.hcahpsonline.org> Centers for Medicare & Medicaid Services, Baltimore, MD. January 27, 2019.

<https://www.medicare.gov/hospitalcompare> Centers for Medicare & Medicaid Services, Baltimore, MD. January 27, 2019.

HCAHPS website:

<http://www.hcahpsonline.org>

CAHPS Hospice

Hospice Quality Reporting Program: Non-Compliance Letters

As a reminder, in July, noncompliant providers will receive notification from CMS via an HQR 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.

Hospices that receive a letter of non-compliance may submit a request for reconsideration to CMS via email during the reconsideration request period (between July and August). The 30-day reconsideration request period will begin the day CMS sends

letters to non-compliant providers. If you receive a letter of non-compliance and would like to request a reconsideration, visit the [Reconsideration Request webpage](#) for instructions.

CAHPS Hospice Information and Updates

Often, we receive questions regarding “No Publicity” patients. “No publicity” status is a **rare and unusual** request. “No publicity” decedents/caregivers are those who initiate or voluntarily request, at any time during their hospice stay, that the hospice not reveal the patient’s identity and/or not survey him or her.

Another topic of discussion was related to updates in protocol for correctly coding missing caregiver relationship. When there is truly no caregiver of record, a decedent for whom no caregiver is listed in the medical record or administrative data, use value 8 for Caregiver Relationship. It is important to provide this coding information to your EMR vendors, so they can provide NRC Health with the appropriate coding within the sample files.

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

Hospice Quality Reporting Program Data Collection

Hospice CAHPS data collection period for the Fiscal Year (FY) 2021 reporting year began on January 1, 2019 and will continue through December 31, 2019. This data collection period impacts hospice payments for FY 2021. Providers who have not been participating in CAHPS and who do not qualify for an exemption should begin immediate preparations to participate in the survey.

Please feel free to contact the NRC Health Compliance team with questions at compliance@nrchealth.com.

Hospice Compare Quarterly Refresh - Available

CAHPS Hospice Survey results based on responses from patients who received home health care from Medicare-certified hospice agencies (HHAs) from **January 2016 through December 2017** are now reported on the [Hospice Compare](#) link on Medicare.gov. CAHPS Hospice Survey results are updated each calendar year quarter.

[Click here](#) to view the data. The data is also available on [Hospice Compare](#) by selecting 'Download the Database' under 'Additional Information'.

CAHPS Hospice Public Reporting Periods

Reporting Period (Dates of Death)	Provider Review Period*	Hospice Compare Refresh Dates*
Q2 2016 – Q1 2018	December 2018	February 2019
Q3 2016 – Q2 2018	March 2019	May 2019
Q4 2016 – Q3 2018	June 2019	August 2019

**Exact start dates will be announced by CMS*

CAHPS Hospice Citation:

<http://www.hospicecahpssurvey.org/en/> Centers for Medicare & Medicaid Services, Baltimore, MD. January 27, 2019.

CAHPS Hospice website:

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

Home Health CAHPS

Public Reporting Results Refreshed on Home Health Compare

Home Health Care CAHPS Survey results based on responses from patients who received home health care from Medicare-certified home health agencies (HHAs) from **July 2017 through June 2018** are now reported on the [Home Health Compare](#) link on Medicare.gov. HHCAHPS Survey results are updated each calendar year quarter.

[Click here](#) to view the data. The data is also available on the [HHCAHPS website](#) through the "[Archived Publicly Reported Date](#)" link un the "General Information" tab.

Home Health CAHPS Citation:

<https://homehealthcahps.org/> Centers for Medicare & Medicaid Services, Baltimore, MD. January 27, 2019.

Home Health CAHPS website:

<https://homehealthcahps.org/>

CAHPS for ACO

2018 CAHPS for ACO Survey Data Collection Schedule

Task	Date
Pre-notification letters mailed	10/24/2018 - COMPLETE
First surveys mailed	10/31/2018 - COMPLETE
Second surveys mailed	11/14/2018 - COMPLETE
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 - COMPLETE

Task	Date
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: CATI interviews will be suspended during 12/23/2018 – 1/1/2019 due to holidays.</i>	12/12/2018-1/16/2019 COMPLETE
Data Collection Ends.	1/16/2019 - COMPLETE
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 - COMPLETE
Preliminary reports provided by NRC Health	February 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. January 27, 2019.

CAHPS for MIPS

The Quality Payment Program Resource Library - New Location

The Centers for Medicare & Medicaid Services (CMS) has moved the Quality Payment Program (QPP) resources from cms.gov to the newly redesigned [Quality Payment Program Resource Library](#) on qpp.cms.gov.

Following feedback from clinicians and others in the health care community, CMS wanted to make the QPP information and resources available in one location. They have also made it easier to find resources by adding a search function. The search function

allows you to search by year, reporting track, performance category, and by document type (e.g., fact sheet, user guide, measure specifications).

Stay tuned for more information as CMS will continue to add additional materials and resources to the Quality Payment Program Resource Library!

2018 CAHPS for MIPS Survey Data Collection Schedule

Task	Date
Pre-notification letters mailed	10/24/2018 - COMPLETE
First surveys mailed	10/31/2018 - COMPLETE
Second surveys mailed	11/14/2018 - COMPLETE
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 - COMPLETE
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: CATI interviews will be suspended during 12/23/2018 – 1/1/2019 due to holidays.</i>	12/12/2018-1/16/2019 COMPLETE
Data Collection Ends.	1/16/2019 - COMPLETE
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 - COMPLETE
Preliminary reports provided by NRC Health	February 2019

Quality Payment Program Citation:

<https://qpp.cms.gov> Centers for Medicare & Medicaid, Baltimore, MD. January 27, 2019.

<http://data.medicare.gov/> Centers for Medicare & Medicaid, Baltimore, MD. January 27, 2019.

<https://www.cms.gov> Centers for Medicare & Medicaid, Baltimore, MD. January 27, 2019.

ICH CAHPS

2019 ICH CAHPS Survey Facility Non-Participation Form - Now Available

The 2019 ICH CAHPS Survey Facility Non-Participation Form is now available on the [ICH CAHPS website](#). To access this form, log into the website using your user credential and choose "Facility Non-Participation Form" under the '[For Facilities](#)' menu.

In-center Hemodialysis (ICH) facilities should have received an email message on January 3, 2019 regarding the Facility Non-Participation Form. All ICH facilities must determine whether they will be required to administer the ICH CAHPS Survey in calendar year (CY) 2019 by counting the number of survey-eligible patients they served in CY2018.

ICH Facilities that determine they are not required to administer the 2019 ICH CAHPS Survey and those that choose not to administer the survey must complete and submit the 2019 ICH CAHPS Facility Non-Participation Form to the ICH CAHPS Coordination Team.

Determining Whether Participation in the ICH CAHPS Survey in CY 2019 is Required

ICH facilities that served 29 or fewer survey-eligible patients in CY2018 are not required to participate in the ICH CAHPS semiannual surveys in CY2019. To determine whether your ICH facility (CCN) is required to participate in the ICH CAHPS Survey in CY 2019, count the number of survey-eligible patients your facility served in CY2018. Your count must include hemodialysis patients who:

1. Were 18 years old or older as of December 31, 2018

2. Were alive as of December 31, 2018
3. Received hemodialysis on an outpatient basis from your facility for 3 consecutive months or longer at some point in CY 2018
4. Are not currently receiving hospice care
5. Were not living in a nursing home or other skilled nursing facility or other long-term facility such as a prison or jail as of December 31, 2018

Patients who receive home or peritoneal dialysis are not eligible to participate in the ICH CAHPS Survey; therefore, do not include those patients in your count of survey-eligible patients.

Please note: The Facility Non-Participation Form is an annual form that is valid only for the year in which it was submitted. If you submitted the form in CY 2018, you must also submit the 2019 form if you do not plan to administer the 2019 ICH CAHPS Spring and Fall surveys.

The deadline to submit the 2019 Facility Non-Participation Form is **5:00 PM Easter Time on February 28, 2019.**

For more information regarding the Facility Non-Participation Form, [click here](#).

ICH CAHPS Primary vs. Alternate CCN Registration

As the ICH CAHPS Coordination Team (CT) prepares for the 2019 Spring Survey sampling process, they want to remind ICH facilities about the importance of registering and authorizing **all** CCNs associated with their facility on the ICH CAHPS website. Many ICH facilities have both a *primary* and *alternate* CCN associated with their facility and CROWNWeb, the CMS database that provides sampling information to the Coordination Team, may include sample patients under both CCNs.

If you are not sure how to differentiate between a *primary* and *alternate* CCN, we provide definitions below.

Definition of Primary CCN and an Alternate CCN

A CMS Certification Number (CCN) is a number assigned to a facility for billing and administrative purposes. The CCN is sometimes referred to as the “billing number,” “provider number,” or “Medicare provider ID number.”

Regarding the ICH CAHPS survey, the CCN is a 6-digit number assigned to each Medicare-certified ICH facility for the purpose of billing CMS when providing outpatient hemodialysis care. Each facility has a primary CCN but may potentially submit claims under an alternate CCN(s); however, not every ICH facility will have an alternate CCN.

How can you determine if you have an alternate CCN?

If you are unsure whether you have an alternate CCN, we suggest checking with your billing department to obtain all CCNs associated with your facility and used for billing CMS for services provided to end-stage renal disease patients. We encourage you to do this prior to the deadlines for authorizing a vendor for the ICH CAHPS Survey (Spring 2019-February 28, 2019 and Fall 2019-August 31, 2019).

If you have more than one assigned CCN, how does this impact the ICH CAHPS Survey?

Sample Selection Impact: Patient samples for the ICH CAHPS Survey are selected using patient-level data from the CROWNWeb database. Sometimes patient-level information appears on CROWNWeb under a different (or alternate) CCN that is owned by a facility (for example, the CCN assigned to an acute care hospital) rather than to the CCN assigned to the provider’s outpatient hemodialysis unit (primary). In some cases, CROWNWeb will show survey eligible patients under both the facility’s primary **and** alternate CCN.

This means that an ICH CAHPS sample file of survey-eligible patients could be available under:

- both the primary CCN and the alternate CCN,
- only the primary CCN, or
- only the alternate CCN.

If survey-eligible patients are available under both the primary **and** the alternate CCN, the CT then samples from both CCNs, as the CT is not permitted to consolidate sampled patients under one CCN. Please note that if CROWNWeb indicates that there are survey-eligible patients for both the primary and alternate CCN, the CT can only provide samples for both CCNs **if both CCNs are registered and have authorized an approved survey vendor on the ICH CAHPS website.**

Public Reporting Impact: Survey results are publicly reported for each ICH facility that had 30 or more completed surveys combined over the two most recent semiannual survey periods. If a facility has multiple CCNs under which patients were surveyed, data from patients at **both** CCNs are combined and results are publicly reported under only the primary CCN, which is determined by the Dialysis Facility Compare (DFC). Ensuring all assigned CCNs are registered and have an authorized survey vendor may result in more reportable survey responses from the facility's patients and may mean the difference between whether a facility has publicly reportable ICH CAHPS data on DFC or not.

What steps should a facility take if they have a primary and alternate CCN and will not be participating in the ICH CAHPS Surveys?

If a facility has determined that they are not required to administer the ICH CAHPS Surveys in a calendar year or they choose not to administer the survey, the facility should submit an ICH CAHPS Non-Participation Form for **both** the primary and alternate CCNs. Doing so will ensure CROWNWeb indicates there are survey-eligible patients for the primary CCN or the alternate CCN, the CT will not send a sample file for **either** CCN to the facility's authorized survey vendor.

ICH CAHPS Star Ratings - Now Available

CMS began using star ratings to publicly report the ICH CAHPS quality measures published on the Dialysis Facility Compare (DFC) in October 2018. ICH CAHPS star ratings use a 5-star scale that makes it easier for consumers to compare ICH facilities. More stars mean better quality care. Star ratings are calculated for each of the three publicly reporting global ratings, each of the three composites, and an overall summary star. The table below provides an example to show how the summary star is calculated:

	Individual ICH CAHPS Measure Star Ratings	ICH CAHPS Survey Summary Star Rating Average (unrounded)	ICH CAHPS Survey Summary Star Rating (rounded)
Global Ratings		$(4 + 3 + 4 + 4 + 3 + 3) =$ $21 \div 6 = 3.5$	4
Nephrologist	4		
Dialysis Center Staff	3		
Dialysis Center	4		
Composite Scores			
Communication and Caring	4		
Quality and Operations	3		
Providing Information	3		

DFC is updated in October and April each year. Below is the projected DFC public reporting timeline:

Survey Periods	Publicly Reported on DFC
2017 Fall/2018 Spring	April 2019
2018 Spring/2018 Fall	October 2019
2018 Fall/2019 Spring	April 2020
2019 Spring/2019 Fall	October 2020
2019 Fall/2020 Spring	April 2021
2020 Spring/2020 Fall	October 2021

Fall 2018 Data Collection Activity Updates

The data collection schedule for the remaining key activities related to the 2018 Fall In-Center Hemodialysis CAHPS survey is shown below. NRC Health successfully began telephone follow-up on November 30, 2018 per protocol. Data collection ended January 11, 2019 and NRC Health continues to clean and process final data in preparation to submit to the ICH Data Center by January 30, 2019.

Activity	Date
Sampling Window	4/1/2018 - 6/30/2018
Mail 2nd Questionnaire (mail only)/Begin phone follow-up (mixed mode)	11/30/2018 - COMPLETE
Data Collection Ends	1/11/2019 - COMPLETE
Vendors Clean/Process Final Data and Construct XML File	1/12/2019 - 1/29/2019 – COMPLETE
Deadline for Submitting XML Data File to ICH Data Center	1/30/2019 – COMPLETE
NRC Health Distributes Preliminary Reports	End of February

ICH CAHPS 2019 Spring Survey Tentative Data Collection Schedule

The tentative data collection schedule for the ICH CAHPS 2019 Spring Survey is shown below. Please note, these dates are subject to change. Should a schedule change occur, NRC Health will provide an updated schedule via the CAHPS Insider.

Activity	Date
Sampling Window	10/1/2018-12/31/2018
Deadline for authorizing a vendor for 2019 Spring Survey*	2/28/2019
Sample files uploaded on ICH CAHPS website	3/29/2019
Vendors attest to receipt of sample file	4/2/2019
Mail prenotification letter	4/19/2019
Mail 1st questionnaire (mail only and mixed mode)/Begin telephone data collection (phone only mode)	5/3/2019
Mail 2nd questionnaire (mail only)/Begin phone follow-up (mixed mode)	5/31/2019
Data collection ends	7/12/2019

Activity	Date
Vendors clean/process final data and construct XML file	7/13/2019-7/30/2019
Deadline for submitting XML data file to ICH data center	7/31/2019

*Only ICH facilities switching to a different survey vendor and those participating in the ICH CAHPS Survey for the first time will need to complete the online vendor authorization form.

ICH CAHPS Citation:

<https://ichcahps.org/Home.aspx> Centers for Medicare & Medicaid, Baltimore, MD. January 27, 2019.

<https://www.medicare.gov/dialysisfacilitycompare> Centers for Medicare & Medicaid, Baltimore, MD. January 27, 2019.

ICH CAHPS website:

<https://ichcahps.org/>

OAS CAHPS

OAS CAHPS Preview Reports Now Available

OAS CAHPS Preview Reports for Quarter 3, 2017 through Quarter 2, 2018 (July 2017 through June 2018) are now available on the [OAS CAHPS website](#) under the "For Facilities" tab. See item #2 below for further instructions on accessing your Preview Reports.

The OAS CAHPS Survey Coordination team has provided a great resource for hospital outpatient departments (HOPDs) and ambulatory surgery centers (ASCs) titled *Understanding the Preview Reports*. The following are a few questions and answers pulled directly from this resource:

1. Who will have access to a facility's Preview Report?

Hospitals and ASCs participating in the OAS CAHPS Survey will have access to their own reports. The Preview Report will not be available to the OAS CAHPS survey vendor or to anyone other than the facility staff registered through the [OAS CAHPS website](#). If

facility staff want to share the Preview Report with their OAS CAHPS Survey vendor or with anyone else, they can export the results to a Microsoft Excel File and distribute it.

2. **How does a facility user access its Preview Report?**

The Preview Reports will be posted on the secured (private) link on the [OAS CAHPS website](#). To access a facility's report, an authorized user must first log into the OAS CAHPS website with the registered username and password. Then, select the "Survey Preview Report" link under the "For Facilities" menu. All the user's registered CMS Certification Numbers (CCNs) will be displayed on the Preview Report webpage for review.

3. **What results will be shown in the Preview Reports?**

For each CCN, the Preview Report will show the results for each variable and measure shown below:

- i. The number of patients who were sampled; the number of completed surveys; and the response rate percentage during the reporting period;
- ii. The percentage of patients who rated the overall care they received at the HOPD or ASC a "9" or "10" on a scale of 0 (worst care possible) to 10 (best care possible);
- iii. The percentage of patients who reported YES, they would definitely recommend the HOPD or ASC to friends and family;
- iv. The percentage of patients who reported that the HOPD or ASC staff gave care in a professional way;
- v. The percentage of patients who reported that the HOPD or ASC staff communicated with them about what to expect during and after the procedure; and
- vi. The percentage of patients who reported that the HOPD or ASC staff gave them information about what to do if they had pain, nausea or vomiting, bleeding, or possible signs of infection as a result of the procedure or the anesthesia, if any of these outcomes were experienced.

[Click here](#) to access the full version of *Understanding the Preview Reports* and for more information about the OAS CAHPS Survey Preview Reports.

OAS CAHPS 2019 Web Mode Experiment

In response to feedback from hospitals and ambulatory surgery centers (ASC), CMS plans to test the feasibility of administering the OAS CAHPS survey via the Web. As part of the investigation, CMS and RTI International, are planning to conduct a mode experiment to assess the impact of adding Web-based survey administration. The experiment is currently scheduled to take place in the Spring of 2019 and continue over 3 consecutive months. The experiment will test five modes of administration: mail-only, telephone-only, Web-only, Web with mail follow-up and Web with telephone follow-up.

CMS is still in the planning stages and expects to officially start recruiting participants in the coming weeks. NRC Health will continue to provide updates regarding the Web mode experiment via the CAHPS Insider each month.

OAS CAHPS Citation:

<https://oascahps.org/> Centers for Medicare & Medicaid Services, Baltimore, MD. January 27, 2019.

OAS CAHPS website:

<https://oascahps.org/>

External Submission Deadlines

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



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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