Overview of the Home Health Care CAHPS Survey
The Home Health Care CAHPS Survey

Overview

• Background about Survey Development and Implementation
• Overview of the Survey Instrument
• Roles of CMS, HHAs and Survey Vendors
• Survey Implementation
• Public Reporting of the Survey Results
• Quality Reporting Requirements for Home Health CAHPS
Design of the Home Health Care CAHPS Survey

- The survey measures the experiences of Medicare and/or Medicaid patients receiving home health care from Medicare-certified home health agencies (HHAs).

- Survey is conducted by multiple independent survey vendors working under contract with HHAs.

- Survey vendors must meet specific requirements to be an approved Home Health Care CAHPS Survey vendor.

- Sampling and data collection is conducted on a monthly basis.

- Three modes of data collection allowed—mail, phone, and mixed-mode (mail with telephone follow-up of non-respondents).

- Proxy respondents are permitted.
The Home Health Care CAHPS Survey Development Timeline

- September 2006: Call for measures issued
- 2007: Several rounds of cognitive testing conducted
- February – April 2008: Field test was conducted
- March 2009: Survey was approved by the National Quality Forum
- July 2009: Survey was approved by the Office of Management and Budget
- Summer 2009: Vendors could start applying to become approved HHCAHPS vendors
- Fall 2009: Mode Experiment conducted
- October 2009: Voluntary participation began
Overview of the Survey Instrument

- Survey contains 34 questions
  - Available in mail mode: English, Spanish, Mandarin Chinese, Russian and Vietnamese
  - Available in telephone and mixed mode: English, Spanish, Russian and Vietnamese
- Questions about access to care, communication and interactions with agency staff
- Patients asked to rate the care received from the HHA and to indicate willingness to recommend the HHA
- Demographic questions (health status, education, whether patient lives alone)
- Supplemental questions can be added
Home Health Care CAHPS Survey
Eligible Population

Which patients are eligible for the survey?

- Medicare and/or Medicaid patients,
- 18 years old and older and alive,
- current or discharged patients who had at least one skilled visit in the sample month and two within the 60-day look-back period,
- are not receiving hospice care,
- routine maternity care is not primary reason for receiving home health care,
- did not request “no publicity” status, and
- have not been included in the survey sample in the past 5 months.
**Data Collection**

**Mail Mode**
- Mail initial survey—no later than 3 weeks after close of sample month
- Mail 2\textsuperscript{nd} survey to non-respondents — 3 weeks after the 2\textsuperscript{nd} survey is mailed
- Complete data collection—6 weeks after the 1\textsuperscript{st} survey is mailed

**Telephone Mode**
- Begin phone contact—no later than 3 weeks after the close of the sample month
- Complete phone data collection—6 weeks after initial phone contact

**Mixed Mode**
- Mail survey—no later than 3 weeks after close of sample month
- Initiate phone follow-up for all mail survey non-respondents—3 weeks after the survey is mailed
- Complete data collection—6 weeks after the survey is mailed
Roles and Responsibilities

- **CMS**
  - Approval of vendors
  - Training and technical assistance
  - Oversight
  - Data analysis

- **Home Health Agencies**
  - Contract with an approved survey vendor to collect and submit the data to CMS
  - Provide sampling frame of eligible patients to their survey vendor on a monthly basis
  - Preview for public reporting

- **Survey Vendors**
  - Must meet minimum business requirements
  - Data collection and submission of data
  - Participation in all Introductory and Update trainings and in oversight activities
HHA Participation in the Home Health Care CAHPS Survey Overview

- To participate, HHAs must
  - be a Medicare-certified home health agency
  - contract with an approved Home Health Care CAHPS Survey vendor
    - a list of approved survey vendors is available at
      [https://homehealthcahps.org](https://homehealthcahps.org)
  - apply for access to secure sections of the Home Health Care CAHPS Survey website
  - authorize an approved survey vendor to submit data on their behalf
Vendor Participation in the Home Health Care CAHPS Survey Overview

- Vendors interested in participating must:
  - Submit a Vendor Participation Form (available on the project’s website)
  - Attend the introduction training session and all update training sessions
  - Have proven experience conducting surveys using requested mode of data collection
  - Have a minimum of 3 years prior business experience
    - Have a minimum of 2 years conducting surveys with person-level data in selected data collection modes
  - Prepare and submit a Quality Assurance Plan (QAP)
  - Participate in oversight activities
Home Health Care CAHPS Survey

Welcome to the Home Health Care CAHPS Survey Home Page

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Home Health Care Survey, hereafter referred to as the "Home Health Care CAHPS Survey" is designed to measure the experiences of people receiving home health care from Medicare-certified home health agencies. The Home Health Care CAHPS Survey will be conducted for home health agencies by approved Home Health Care CAHPS Survey vendors.

For more information on the history and background of the Home Health Care CAHPS Survey, participation requirements, and public reporting, please click on the About Home Health Care CAHPS Survey link on the left.

For information about how to become a Home Health Care CAHPS Survey vendor, please click on the General Information link above.

Information about the National Implementation of the Home Health Care CAHPS Survey will be periodically updated on this site. Viewers are encouraged to check this site regularly for updated information about the Home Health Care CAHPS Survey.

For more information, please contact HHCAHPS@RTI.org or call 1-866-354-0985.
Public Reporting

- Survey started in October 2009
- Publicly reported results will be based on 12 months (4 quarters) of data
- Public reporting on [http://www.medicare.gov](http://www.medicare.gov) will begin in Spring/Summer 2011
- Adjusted for survey mode and patient-mix as needed
- Results will be updated each quarter
Public Reporting (cont’d)

- Measures to be publicly reported:
  - Composite measures
    - Care of patients
    - Communications between providers and patients
    - Specific care issues (medications, home safety and pain)
  - Two global ratings:
    - Overall rating of care given by HHA’s care providers
    - Patient willingness to recommend the HHA to family and friends
Testing of Public Reporting Displays

- Three rounds of combined cognitive and usability testing with consumers (including family caregivers) and health care professionals were conducted.
  - Round 1—January 2009 in Baltimore, MD.
  - Round 2—April 2009 in Providence, RI. A subset of the second round of testing with professionals (physicians and physician assistants) was completed in Baltimore, MD.
  - Round 3—October 2009 in Riverside, CA.
• The November 10, 2009 final rule expands the quality reporting requirements for Medicare-certified HHAs to include HHCAHPS for the CY 2012 Annual Payment Update (APU)

• For agencies that do not report the required measures, including HHCAHPS, the home health market basket percentage increase for the applicable year shall be reduced by 2 percentage points for CY 2012
HHCAHPS Requirements

- To be eligible for the 2012 APU, HHAs must:
  - Participate in a dry run in the 3\textsuperscript{rd} quarter of 2010 for at least 1 month in that quarter
    - Dry run data are not publicly reported
  - Start ongoing data collection in October 2010
  - Data submission deadlines:
    - For dry run in 3\textsuperscript{rd} quarter 2010 -- 1/21/2011
    - For 4\textsuperscript{th} quarter 2010 -- 4/21/2011
    - For 1\textsuperscript{st} quarter 2011 -- 7/21/2011
Exemption from Participating in the Survey for CY 2012 APU Requirements

- Agencies with fewer than 60 eligible unduplicated HHCAHPS patients between April 1, 2009 and March 31, 2010 are exempt from the HHCAHPS data collection requirements for CY 2012, but need to provide CMS with patient counts for this period.

- Agencies with fewer than 60 eligible unduplicated HHCAHPS patients need to report their patient counts by June 16, 2010 on a form posted on the project’s website: [http://www.homehealthcahps.org](http://www.homehealthcahps.org)
Contact Information

Technical Assistance

- Home Health Care CAHPS Survey website
  [https://homehealthcahps.org](https://homehealthcahps.org)

- E-mail Address: [hhcahps@rti.org](mailto:hhcahps@rti.org) (technical assistance)

- Toll-free telephone number: 1-866-354-0985

- [homehealthcahps@cms.hhs.gov](mailto:homehealthcahps@cms.hhs.gov) (CMS)