

SUPPORTING STATEMENT CAHPS® HOSPICE SURVEY

B. Collection of Information Employing Statistical Methods

B1. Respondent Universe and Respondent Selection

National implementation of the CAHPS® Hospice Survey started in 2015. Hospices are required to participate in the survey in order to receive their full Annual Payment Update (APU). There are two exceptions to this requirement. The first exception is for size. Hospices with fewer than 50 survey-eligible decedents/caregivers during the prior calendar year are exempt from the CAHPS® Hospice Survey data collection and reporting requirements for payment determination. The second exemption is for newness. A hospice that received its Medicare provider number in a given calendar year is exempt from conducting the CAHPS® Hospice Survey for that year. For example, any hospice that received its provider number during calendar year 2019 would be exempt from conducting the survey in 2019. That exemption would impact the 2021 Annual Payment Update (APU).

Among hospices that are not exempt, those with 700 or more survey-eligible decedents/caregivers in the prior year can elect to conduct a simple random sample of at least 700, or they may survey all cases (i.e., conduct a census). Those with 50 to 699 survey-eligible decedents/caregivers in the prior year are required to survey all cases (i.e., conduct a census). Hospices with fewer than 50 survey-eligible decedents/caregivers may elect to participate in the survey voluntarily.

From Quarter 3 2016 through Quarter 2 2018, 3,670 hospices participated in national implementation of the CAHPS® Hospice Survey, including 269 hospices with 700 or more survey-eligible decedents/caregivers in the prior year, 2,612 hospices with 50-699 survey-eligible decedents/caregivers in the prior year, and 789 hospices with fewer than 50 survey-eligible decedents/caregivers in the prior year that participated voluntarily. Among the 2,881 hospices required to participate (i.e., hospices with 50 or more survey-eligible decedents/caregivers in the prior year), the average number of surveys fielded per hospice over four quarters was 349. CMS calculates CAHPS® Hospice Survey measure scores over eight calendar quarters for the purpose of public reporting; over eight quarters, the average number of surveys fielded per hospice (for hospices required to participate) is 698.

For national implementation, we have assumed a response rate of 32%, based on ongoing experience with national implementation of the CAHPS® Hospice Survey. This rate results in an estimated 223 completes for each hospice required to participate in the implementation over eight calendar quarters (698×0.32). In Quarter 3 2016 through Quarter 2 2018 CAHPS Hospice Survey data, the intraclass correlation coefficients (ICCs) of the eight National Quality Forum-endorsed CAHPS Hospice Survey measures

ranged from 0.012 to 0.025. At the average number of completes within each hospice, these ICCs – which measure the amount of variability between hospices – would allow us to achieve reliability of 0.71 to 0.85 across measures. Composite reliability greater than 0.70 is commonly considered adequate when entities such as hospices are being compared.

Eligibility criteria for hospice patients and their primary caregivers were determined in consultation with a Technical Expert Panel, and closely parallel the criteria used in the field test of the survey. The following groups of hospice patients and the primary caregivers noted in their hospice’s administrative records are eligible for inclusion in the sampling universe:

- Patients over the age of 18
- Patients with death at least 48 hours following last admission to hospice care
- Patients for whom a caregiver is listed or available and for whom caregiver contact information is known
- Patients whose primary caregiver is someone other than a non-familial legal guardian
- Patients for whom the primary caregiver has a U.S. or U.S. Territory home address

Patients or caregivers of patients who voluntarily request that they not be contacted (those who sign “no publicity” requests while under the care of hospice or otherwise directly request not to be contacted) are excluded. The results of the mode experiment were used to create mode adjustment factors which will be applied to the publicly reported data.

B2. Data Collection Procedures

The CAHPS Hospice Survey uses three survey modes: (1) mail-only, including a mailed survey followed by a second survey mailed approximately 21 days later; (2) telephoneonly, including up to 5 telephone attempts; and (3) mixed mode, including a mailed survey followed by up to 5 telephone attempts beginning approximately 21 days later. In keeping with HCAHPS guidelines, the entirety of the field period is no longer than 42 days (six weeks), regardless of survey mode.

The survey is administered between 2 and 4.5 months following the death of the hospice patient. The survey is available in English, Spanish, and Russian for the telephone mode of administration. For the mail mode of administration the survey is available in English, Spanish, Traditional Chinese, Simplified Chinese, Russian, Portuguese, Vietnamese, Polish, and Korean. Based on CAHPS Hospice Survey data collected and submitted from Quarter 3 2016 and through Quarter 2 2018, we assume that 1 percent of the sample will complete a survey in Spanish or another language.

B3. Response Rates and Non-Response

We anticipate a response rate of 32 percent, based on experience with national implementation of the CAHPS® Hospice Survey in Quarter 3 2016 through Quarter 2 2018. To minimize non-response, we employ multiple mail contacts in the mail-only mode, multiple telephone contacts in the telephone-only mode, and both mail and telephone contacts in the mixed mode.

B4. Tests of Procedures or Methods

No tests of procedures or methods will be undertaken as part of this data collection.

B5. Statistical and Data Collection Consultants

The survey, sampling approach, and data collection procedures were designed by the RAND Corporation under the leadership of:

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Data for national implementation will be collected by survey vendors, to be determined.

ATTACHMENT

Attachment A: CAHPS® Hospice Survey

Attachment B: Case Mix Adjustment