

# HCAHPS Quality Assurance Guidelines

## Summary of Key Changes From Version 2.0 to Version 3.0 DRAFT

This document is provided as a reference tool and highlights the major changes from the *Quality Assurance Guidelines V2.0 to V3.0*. Please refer to the *Quality Assurance Guidelines V3.0* for the complete specifications.

Section of the <i>QAG V3.0</i>	Summary of Key Changes from Version 2.0 to 3.0
Reader's Guide	<ul style="list-style-type: none"> <li>• Deleted Instructions for the Users of the Quality Assurance Guidelines section. Moved pertinent information to Program Requirements section</li> <li>• Updated section content summaries</li> </ul>
Introduction and Overview	<ul style="list-style-type: none"> <li>• Updated components of the HCAHPS survey instrument—Cleanliness and Quietness of the Physical Environment composite changed to two individual items</li> <li>• Updated HCAHPS Development, Data Collection and Public Reporting Timeline with 2008 major events</li> </ul>
Program Requirements	<ul style="list-style-type: none"> <li>• Added Communicating with Patients about the HCAHPS Survey section</li> <li>• Added Roles and Responsibilities section for participating organizations (e.g., CMS, hospitals and survey vendors)</li> <li>• Revised requirement for participation in HCAHPS Dry Run in 2008. Dry run is voluntary in 2008 for participating hospitals. Survey vendors and hospitals administering survey for multiple sites must participate in an HCAHPS Dry Run and/or successfully submit one quarter's data to QualityNet Exchange</li> <li>• Noted that if a survey vendor is non-compliant with program requirements for any of their contracted hospitals, the hospital's HCAHPS results may not be publicly reported, which could affect the hospital's Annual Payment Update for that fiscal year</li> </ul>
Survey Management	<ul style="list-style-type: none"> <li>• Updated guidelines for Customer Support Lines, including documenting questions and responses via a database or tracking log, and monitoring of customer support line</li> <li>• Added training of project staff to Personnel Training section</li> </ul>
Communications and Technical Support	<ul style="list-style-type: none"> <li>• No changes to this section</li> </ul>

# HCAHPS Quality Assurance Guidelines

## Summary of Key Changes From Version 2.0 to Version 3.0 DRAFT

Section of the <i>QAG V3.0</i>	Summary of Key Changes from Version 2.0 to 3.0
Sampling Protocol	<ul style="list-style-type: none"> <li>• Added Flowchart of HCAHPS Sampling Protocol</li> <li>• Clarified the two areas of the de-duplication process: 1) de-duplication by household and 2) de-duplication by multiple discharges</li> <li>• Updated requirement for DSRS Stratum (if DSRS is sampling type), which now must contain a minimum of 10 sampled patients per stratum per month</li> <li>• Updated the Table of MS-DRG Codes and Service Line Categories based on the MS-DRG codes published in the Federal Register Notice, August 2007. Continued use of the old CMS V.24 DRG codes to determine patient service line requires the hospital or survey vendor to submit and gain approval of, an Exceptions Request Form</li> </ul>
Mail Only Survey Administration	<ul style="list-style-type: none"> <li>• Added Chinese version of the HCAHPS Survey and OMB Paperwork Reduction Act Language in Appendices G and J, respectively</li> <li>• Added Spanish and Chinese versions of the Sample Initial Cover Letter and Sample Follow-up Cover Letter in Appendices E, F, H, and I, respectively</li> <li>• Added examples of the survey implementation timeline</li> <li>• Added suggestion that the hospital's/survey vendor's return address be included on the questionnaire</li> <li>• Returned questionnaires must be tracked by date of receipt as well as key-entered or scanned in a timely manner</li> <li>• Updated Quality Control Guidelines section</li> </ul>

# HCAHPS Quality Assurance Guidelines

## Summary of Key Changes From Version 2.0 to Version 3.0 DRAFT

Section of the <i>QAG V3.0</i>	Summary of Key Changes from Version 2.0 to 3.0
Telephone Only Survey Administration	<ul style="list-style-type: none"> <li>• Added examples of the survey implementation timeline</li> <li>• Revised telephone script:               <ul style="list-style-type: none"> <li>○ Shorten INTRO2 of the telephone script</li> <li>○ Added phrase to INTRO2: “This call may be monitored [recorded] for quality improvement purposes.”</li> <li>○ Added response categories for Question 21 (“overall rating”)</li> <li>○ Revised Question 26 (“race”) script so that it is broken into five-part questions (Q26A-Q26E) to capture multiple race responses</li> </ul> </li> <li>• Clarified that the interviewer must read all transitional phrases and response choices to the respondent</li> </ul>
Mixed Mode Survey Administration	<ul style="list-style-type: none"> <li>• Added examples of the survey implementation timeline</li> <li>• See above for mail only (with the exception of Chinese survey) and telephone only survey administration changes</li> </ul>
Active Interactive Voice Response (IVR) Mode	<ul style="list-style-type: none"> <li>• Added examples of the survey implementation timeline</li> <li>• Revised IVR script               <ul style="list-style-type: none"> <li>○ Shorten INTRO2 of the IVR script</li> <li>○ Added phrase to INTRO2: “This call may be monitored [recorded] for quality improvement purposes.”</li> </ul> </li> <li>• Clarified that the IVR system must be programmed to read all transitional phrases and response choices to the respondent</li> </ul>
Data Specifications and Coding	<ul style="list-style-type: none"> <li>• Updated to correspond with XML File Layout Version 3.0, effective with January 2008 discharges and forward (see Appendix R below for detailed changes)</li> <li>• Clarified coding of the “Lag Time” field in the Patient Administrative Data Record</li> <li>• Added the decision rules for coding screener questions to the Decision Rules and Coding Guidelines section</li> </ul>

# HCAHPS Quality Assurance Guidelines

## Summary of Key Changes From Version 2.0 to Version 3.0 DRAFT

Section of the <i>QAG V3.0</i>	Summary of Key Changes from Version 2.0 to 3.0
Data Preparation and Submission	<ul style="list-style-type: none"> <li>• Added QualityNet Exchange Inactivity section</li> <li>• Added the following enhancements with Version 3.0 effective with January 2008 patient discharges data submission:               <ul style="list-style-type: none"> <li>○ Ability to update “Type of Sampling” to correct submission error (only if one month of data has been previously submitted within a quarter)</li> <li>○ Ability to add, update or delete “DSRS Strata Name” to correct submission error (only if one month of data has been previously submitted within a quarter)</li> <li>○ Ability to view or download all data submitted through the HCAHPS Online Data Entry Tool</li> <li>○ Ability to print the data being submitted through the HCAHPS Online Data Entry Tool</li> </ul> </li> </ul>
Oversight Activities	<ul style="list-style-type: none"> <li>• New section that describes the oversight activities for the HCAHPS Survey</li> <li>• Added new requirement for annual submission of the Quality Assurance Plan, which must include a summary of the quality review activities conducted by the hospital/survey vendor (for additional details, see Appendix S)</li> </ul>
Data Reporting	<ul style="list-style-type: none"> <li>• Added anticipated public reporting dates</li> <li>• Revised measures that will be reported, which includes the 6 composite measures, 2 individual items and 2 global items</li> <li>• Clarified that results will be adjusted for patient-mix and survey mode; there will be no adjustments for non-response bias</li> <li>• Clarified that the lower precision of results derived from fewer than 100 completed surveys will be noted in the public reporting on the Hospital Compare website; there will be no notation for between 100 and 299 completed surveys</li> <li>• Added Suppression of Results section</li> </ul>

# HCAHPS Quality Assurance Guidelines

## Summary of Key Changes From Version 2.0 to Version 3.0 DRAFT

Section of the <i>QAG V3.0</i>	Summary of Key Changes from Version 2.0 to 3.0
Exceptions Request/Discrepancy Report Processes	<p>Exceptions Request</p> <ul style="list-style-type: none"> <li>• Clarified the three categories of exceptions: Disproportionate Stratified Random Sampling, service line determination and other exceptions</li> <li>• Removed requirement for submitting Exceptions Request to use the Chinese survey</li> </ul> <p>Discrepancy Report</p> <ul style="list-style-type: none"> <li>• Added Discrepancy Report Process section</li> <li>• Added requirement to notify the HCAHPS Project Team of inadvertent and/or temporary discrepancies during survey administration</li> </ul>
<b>Appendices</b>	New appendices added and order of appendices revised
Appendix A – HCAHPS Survey (English)	No changes to this appendix
Appendix B – Sample Initial Cover Letter (English)	No changes to this appendix
Appendix C – Sample Follow-up Cover Letter (English)	No changes to this appendix
Appendix D – HCAHPS Survey (Spanish)	No changes to this appendix
Appendix E – Sample Initial Cover Letter (Spanish)	New appendix
Appendix F – Sample Follow Up Cover Letter (Spanish)	New appendix
Appendix G – HCAHPS Survey (Chinese)	New appendix
Appendix H – Sample Initial Cover Letter (Chinese)	New appendix
Appendix I – Sample Follow Up Cover Letter (Chinese)	New appendix
Appendix J – OMB Paperwork Reduction Act Language	Added Chinese OMB Paperwork Reduction Act Language

# HCAHPS Quality Assurance Guidelines

## Summary of Key Changes From Version 2.0 to Version 3.0 DRAFT

Section of the <i>QAG V3.0</i>	Summary of Key Changes from Version 2.0 to 3.0
Appendix K – CAHPS Hospital Survey Telephone Script (English)	<ul style="list-style-type: none"> <li>• Shorten INTRO2 of the telephone script</li> <li>• Added phrase to INTRO2: “This call may be monitored [recorded] for quality improvement purposes.”</li> <li>• Added response categories for Question 21</li> <li>• Revised Question 26 script so that it is broken into five-part questions (Q26A-Q26E) to capture multiple race responses</li> </ul>
Appendix L – CAHPS Hospital Survey Telephone Script (Spanish)	<ul style="list-style-type: none"> <li>• Shorten INTRO2 of the telephone script</li> <li>• Added phrase to INTRO2: “This call may be monitored [recorded] for quality improvement purposes.”</li> <li>• Added response categories for Question 21</li> <li>• Revised Question 26 script so that it is broken into five-part questions (Q26A-Q26E) to capture multiple race responses</li> </ul>
Appendix M – CAHPS Hospital Survey IVR Script	<ul style="list-style-type: none"> <li>• Shorten INTRO2 of the telephone script</li> <li>• Added phrase to INTRO2: “This call may be monitored [recorded] for quality improvement purposes.”</li> </ul>
Appendix N – Interviewing Guidelines for Telephone and IVR Surveys	<ul style="list-style-type: none"> <li>• Added content that interviewers/operators must read all transitional statements</li> </ul>
Appendix O – Frequently Asked Questions for Customer Support	<ul style="list-style-type: none"> <li>• Added reference regarding the number of minutes the survey will take to complete</li> <li>• Added response to proxy question</li> </ul>
Appendix P – Sample Layout	<ul style="list-style-type: none"> <li>• Added “Required for Data Submission” column</li> <li>• Updated UB 04 elements for Point of Origin for Admission or Visit, Discharge Status, and Gender</li> <li>• Updated to correspond with XML File Layout Version 3.0, effective with January 2008 discharges and forward (see below Appendix R for detailed changes)</li> </ul>

# HCAHPS Quality Assurance Guidelines

## Summary of Key Changes From Version 2.0 to Version 3.0 DRAFT

Section of the <i>QAG V3.0</i>	Summary of Key Changes from Version 2.0 to 3.0
Appendix Q – Data File Structure	<ul style="list-style-type: none"> <li>• Updated to correspond with XML File Layout Version 3.0, effective with January 2008 discharges and forward (see below Appendix R for detailed changes)</li> <li>• Updated UB 04 elements for Point of Origin for Admission or Visit, Discharge Status, and Gender</li> </ul>
Appendix R – XML File Layout Sample XML File Layout without DSRS Sample XML File Layout with DSRS	<p>Updated XML File Layout Version 3.0, effective with January 2008 discharges and forward. <i>Do not submit January 2008 and forward discharge data until QualityNet release is announced</i></p> <ul style="list-style-type: none"> <li>• Added <i>optional</i> data element, NPI (National Provider Identifier) in the Header Record (<i>Survey Month</i> for Online Data Entry Tool). NPI can be left blank or without the NPI tag.</li> <li>• Moved “Survey Mode” field from Patient Administrative Record to the Header Record (<i>Survey Month</i> for Online Data Entry Tool)</li> <li>• Deleted “M - Missing” as a valid value for “Survey Mode” field</li> <li>• Deleted “9 - Other/Unknown” as a valid value for “Sampling Type” field</li> <li>• Updated “Eligible Discharges” field to accept “Zero Cases.”</li> <li>• Revised valid values for “Point of Origin for Admission or Visit” (Admission Source) field</li> <li>• Added “3 – Chinese” as a new valid value for “Survey Language” field</li> </ul>
Appendix S – Quality Assurance Plan Outline	<ul style="list-style-type: none"> <li>• Replaces Version 2.0 Appendix QAP Specifications document and former Helpful Hints document, which was previously posted on the HCAHPS website</li> <li>• Item 24 added as guideline for annual submission requirement</li> </ul>
Appendix T – Participation Form for Hospitals Self-administering Survey	<ul style="list-style-type: none"> <li>• Added section to select new or update participation form</li> <li>• Updated participation form is required for approval for additional survey modes and updates to subcontractor list</li> <li>• Updated system resources section</li> <li>• Added section for list of key project staff</li> <li>• Deleted dry run as part of rules of participation</li> <li>• Changed fax number</li> </ul>

# HCAHPS Quality Assurance Guidelines

## Summary of Key Changes From Version 2.0 to Version 3.0 DRAFT

Section of the <i>QAG V3.0</i>	Summary of Key Changes from Version 2.0 to 3.0
Appendix U – Participation Form for Hospitals Administering Survey for Multiple Sites	<ul style="list-style-type: none"><li>• Same as above, with the exception of “Deleted dry run as part of rules of participation.”</li><li>• Survey vendors and hospitals administering survey for multiple sites must participate in an HCAHPS Dry Run and/or successfully submit one quarter’s data to QualityNet Exchange</li></ul>
Appendix V – Participation Form for Survey Vendors	<ul style="list-style-type: none"><li>• Same as above, with the exception of “Deleted dry run as part of rules of participation.”</li><li>• Survey vendors and hospitals administering survey for multiple sites must participate in an HCAHPS Dry Run and/or successfully submit one quarter’s data to QualityNet Exchange</li></ul>
Appendix W – Exceptions Process Request Form	<ul style="list-style-type: none"><li>• Added field for telephone extension</li><li>• Revised exceptions request reason section</li><li>• Revised fax number</li></ul>
Appendix X – Discrepancy Report	<ul style="list-style-type: none"><li>• New form to notify HCAHPS Team of any variation from protocol during survey administration</li></ul>