

HCAHPS Quality Assurance Guidelines V13.0

Change Matrix: Updates and Emphasis

This document is a reference tool that highlights the major changes from the HCAHPS *Quality Assurance Guidelines V12.0 to V13.0*, effective upon the release of the HCAHPS *Quality Assurance Guidelines V13.0* (QAG) in March 2018. This document is not a substitute for reviewing the QAG in its entirety. General format and minor wording revisions have occurred throughout the manual and are not included in this change matrix. Please contact HCAHPS Technical Assistance at hcahps@hcqis.org for any specific questions.

QAG V13.0 Section	Summary of Key Changes
Miscellaneous	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Revised V12.0 to V13.0 ○ Revised dates as necessary (e.g., 2017 to 2018) ○ Updated references to V.35 MS-DRG codes ○ Updated to HCAHPS File Specifications V4.1 ○ Minor wording revisions throughout the manual ○ Revised hyperlinks/web site URLs as needed
Acknowledgements	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Updated Official UB-04, Data Specifications Manual by permission, Copyright to reflect 2017 reference
I. Reader's Guide	<ul style="list-style-type: none"> • No changes
II. Introduction and Overview	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Minor wording revisions ○ Updated the HCAHPS Training session references to include the new self-training module ○ Updated Hospital VBP Total Performance Score percentage ○ Updated HCAHPS public reporting information ○ Included information regarding the new HCAHPS pain items and the Communication About Pain measure ○ Updated web site links ○ Updated the timeline <ul style="list-style-type: none"> ▪ Added the FY 2018 IPPS rule ▪ Added the release of the first HCAHPS Podcast ▪ Updated with HCAHPS Training and public reporting dates

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III. Program Requirements	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Minor wording revisions ○ Updated web site links ○ Updated the HCAHPS Training session reference to include the new self-training module ○ Added information regarding Introduction to HCAHPS Training (submitting Attestation Statement) ○ Added details in the Minimum Business Requirements that survey experience must be within a recent time period • Emphasis: <ul style="list-style-type: none"> ○ Clarified that self-administering hospitals/survey vendors must obtain and update <u>all</u> telephone numbers
IV. Communications and Technical Support	<ul style="list-style-type: none"> • No changes
V. Survey Management	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Minor wording revisions • Emphasis: <ul style="list-style-type: none"> ○ Clarified that the requirement to monitor the performance of all staff and subcontractors, including on-site verification of processes, is strongly recommended to be conducted on an annual basis, at a minimum
VI. Sampling Protocol	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Minor wording revisions ○ Noted that patients with a discharge status code of “30 – Still a Patient or Expected to Return for Outpatient Services” are not eligible for the HCAHPS Survey ○ Updated Table of MS-DRG Codes and Service Line Categories to V.35 • Emphasis: <ul style="list-style-type: none"> ○ Clarified that observation patients without an inpatient admission are not eligible for the HCAHPS Survey even if they have an overnight stay ○ Emphasized that self-administering hospitals/survey vendors must submit an Exception Request Form for approval to use DSRS

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VII. Mail Only Survey Administration	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Minor wording revisions ○ Added requirement that transitional phrases and their placement on the HCAHPS Survey must be submitted for review by the HCAHPS Project Team ○ Added a note that it is strongly recommended that hospitals and survey vendors check the accuracy of sampled patients' contact information prior to survey fielding ○ Added guidance that on-site verification of printing and mailing processes must be conducted (strongly recommended on an annual basis at a minimum) ○ Added guidance that if automated processes are being used to perform interval checks, then checks of the system or equipment must be performed regularly • Emphasis: <ul style="list-style-type: none"> ○ Noted that including page numbers on the questionnaire is encouraged as a guide to assist patients in responding to all pages
VIII. Telephone Only Survey Administration	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Minor wording revisions ○ Added requirement that transitional phrases and their placement on the HCAHPS Survey must be submitted for review by the HCAHPS Project Team ○ Updated the Monitoring/Recording Telephone Calls section to say that survey vendors must be aware of and follow applicable state regulations when monitoring and/or recording telephone calls, including those regulations that permit monitoring/recording of telephone calls only after the interviewer states, <i>"This call may be monitored (and/or recorded) for quality improvement purposes."</i> ○ Revised to state that hospitals/survey vendors must schedule a telephone call back that accommodates a patient's request for a specific day and time ○ Added strong recommendation that call attempts include weekends ○ Added a note that it is strongly recommended that hospitals and survey vendors check the accuracy of sampled patients' contact information prior to survey fielding ○ Added guidance that hospitals/survey vendors must conduct on-site verification of subcontractor's interviewing processes (strongly recommended on an annual basis at a minimum) • Emphasis: <ul style="list-style-type: none"> ○ Clarified that hospitals/survey vendors must use commercial software or other means to update telephone numbers provided by the hospital for <u>all</u> sampled patients ○ Clarified that hospitals/survey vendors are required to provide "floor rounding" in their call-center(s)

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IX. Mixed Mode Survey Administration	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ See Mail Only and Telephone Only Survey Administration
X. Active Interactive Voice Response (IVR) Survey Administration	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Minor wording revisions ○ See Telephone Only Survey Administration
XI. Data Specifications and Coding	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added guidance on instances where a respondent writes “American” for Question 32, code as “1 – English” • Emphasis: <ul style="list-style-type: none"> ○ Clarified that if the patient’s information is received from the hospital with discharge dates that are beyond the 42 calendar day initial contact period, these patients must NOT be included in the HCAHPS Survey sample nor included in the “Sample Size” field count
XII. Data Preparation and Submission	<ul style="list-style-type: none"> • No changes
XIII. Oversight Activities	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Minor wording revisions ○ Added guidance that if any HCAHPS processes are automated, then the programmer must be available during the on-site visit to review the programming
XIV. Data Reporting	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Minor wording revisions ○ Updated public reporting period table of the HCAHPS Survey Results ○ Changed “Overall Hospital Rating” to “Hospital Rating” ○ Included information regarding the new HCAHPS pain items and the Communication About Pain measure
XV. Exception Request / Discrepancy Report Processes	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Changed “Exceptions” to “Exception” ○ Clarified Discrepancy Report Review Process language
XVI. Data Quality Checks	<ul style="list-style-type: none"> • No changes

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Appendices	
QAG V13.0 Section	Summary of Key Changes
Appendices A – F HCAHPS Survey Mail Materials	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Revised for the new HCAHPS pain items (Questions 12-14)
Appendices G – J HCAHPS Survey Telephone Scripts	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Minor punctuation revisions ○ Revised for the new HCAHPS pain items (Questions 12-14)
Appendices K – L HCAHPS Survey IVR Scripts	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Revised for the new HCAHPS pain items (Questions 12-14)
Appendix M Interviewing Guidelines	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added guidance for interviewers to offer words of encouragement when it is clear a respondent is likely to discontinue the survey ○ Added guidance to accept a patient’s intended response(s) when that patient is reluctant to answer “Yes” or “No”
Appendix N Frequently Asked Questions (FAQ)	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Minor wording revisions ○ Added guidance if the patient is concerned the telephone call is a “scam” • Emphasis: <ul style="list-style-type: none"> ○ Clarified that the stated number of minutes to complete the survey must be at least 8 minutes; if supplemental items are added, this number should be increased accordingly
Appendix O Sample Frame File Layout	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added discharge status code of “30 – Still a Patient”
Appendix P Data File Structure Version 4.1	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Added discharge status code of “30 – Still a Patient” ○ Updated for new HCAHPS pain items
Appendix Q XML File Specifications Version 4.1	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Minor wording revisions ○ Added discharge status code of “30 – Still a Patient” ○ Updated for new HCAHPS pain items

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Appendix R Quality Assurance Plan (QAP) Outline	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Minor wording revisions ○ Added requirement to include templates of any business associate agreements ○ Added requirement to include transition statement(s) for supplemental questions, if applicable (removed requirement to provide supplemental question/transition statement information for each hospital) • Emphasis: <ul style="list-style-type: none"> ○ Clarified that patient identification numbers should not be assigned sequentially, unless the patient discharge list is randomized prior to assigning the Patient ID ○ Clarified that all text in survey materials must be at a minimum 10-point size
Appendices S – U Participation Forms	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Minor wording revisions ○ Revised forms to align with updates to Minimum Business Requirements • Emphasis: <ul style="list-style-type: none"> ○ Clarified that hospitals/survey vendors must attest to the accuracy of data collection activities in accordance with HCAHPS protocols; the accuracy of data submission(s) and that data quality checks will be conducted
Appendix V Exception Request Form	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Changed “Exceptions” to “Exception”
Appendix X Attestation Statement Form	<ul style="list-style-type: none"> • Emphasis: <ul style="list-style-type: none"> ○ Clarified that hospitals/survey vendors must attest to the accuracy of data collection activities in accordance with HCAHPS protocols; the accuracy of data submission(s) and that data quality checks have been conducted
Appendix Y Use of HCAHPS with Other Hospital Inpatient Surveys	<ul style="list-style-type: none"> • Updates: <ul style="list-style-type: none"> ○ Minor wording revisions