

**The Home Health Care CAHPS® Survey**

**Part A**

**Collection of Information**

**Background, Justification, Burden Estimates, Attachments**

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## **Supporting Statement Part A**

### **The Home Health Care CAHPS® Survey (HHCAHPS) (CMS-10275, OMB 0938-1066)**

#### **Background**

CMS implements a survey that measures and publicly reports patients' experiences with home health care they receive from Medicare-certified home health agencies through the data collection effort described in this request: the Consumer Assessment of Healthcare Providers and Systems Home Health Care Survey (HHCAHPS). The HHCAHPS Survey was developed and tested by the Agency for Healthcare Research and Quality (AHRQ) and is part of the family of CAHPS® surveys. It is a standardized survey for home health patients to assess their home health care providers and the quality of the home health care they receive. HHCAHPS is the only national survey about home health care patients' experiences with their care in Medicare-certified home health agencies.

The Centers for Medicare & Medicaid Services (CMS) requests a three-year clearance from the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 to continue implementation of the HHCAHPS Survey. Implementation is ongoing and there have been no changes to the questionnaire or survey administration procedures since it was approved by OMB in 2020. CMS is evaluating the results of an OMB-approved mode experiment (CMS 10784, OMB Control No. 0938-1404) conducted in 2022. If CMS elects to move forward with any updates to the HHCAHPS Survey as a result of that effort, CMS will submit a new OMB package with the revised survey.

#### **A. Justification**

##### **1 Circumstances Making the Collection of Information Necessary**

The survey is necessary because it fulfills the goal of transparency with the public about home health patient experiences. The survey is used by Medicare-certified home health agencies to improve their internal quality assurance in the care that they provide in home health. The HHCAHPS survey is also used in a Medicare payment program. Medicare-certified home health agencies (HHAs) must contract with CMS-approved survey vendors that conduct the HHCAHPS on behalf of the HHAs to meet their requirements in the Home Health Quality Reporting Program.

##### **2 Purpose and Use of Information**

The national implementation of the Home Health Care CAHPS Survey is designed to collect ongoing data from samples of home health care patients who receive skilled services from

Medicare-certified home health agencies. The data collected from the national implementation of the Home Health Care CAHPS Survey is used for the following purposes:

- To produce comparable data on the patients' perspectives of the care they receive from home health agencies (HHCAHPS is the only patient survey that has national data that is reliable and valid for comparisons.) The patient survey results have been publicly reported since April 2012 and they are updated quarterly, and Star Ratings were added in January 2016);
- To create incentives for agencies to improve the quality of care they provide through public reporting of survey results (home health agencies can view their data in comparison to others in their zip code, state, and the nation);
- To enhance public accountability in health care by increasing the transparency of the quality of care provided in return for the public investment (people use Home Health Compare, now Care Compare on [www.medicare.gov](http://www.medicare.gov) to view, access, and/or download HHCAHPS data for comparing home health agencies);
- HHCAHPS is used in the pay-for-reporting Home Health Quality Payment Program (HH QRP) and nonparticipation results in a 2% reduction in the annual payment update (APU) ; and
- HHCAHPS is used in the pay-for-performance program, Home Health Value-Based Purchasing, and the data account for 30% of the total agency scores;

AHRQ uses the data in their annual report on Racial and Ethnic Disparities.

### 3 Technological Collection Techniques

The HHCAHPS Survey is approved for data collection using mail, telephone, or mail with telephone follow-up (also called mixed mode). The average age of the patient respondents over time is 79 years old. In HHCAHPS, about 82% of the home health agencies choose to use mail only mode with their respective survey vendors. Mail only mode is the most affordable survey mode. CMS is now evaluating the feasibility of collecting data with a web mode of data collection under OMB 0938-1404.

### 4 Efforts to Identify Duplication

This information collection does not duplicate other efforts. The HHCAHPS Survey includes 25 core survey questions about the home health experience. The survey questionnaire is unchanged from prior OMB submissions. The survey is designed to gather only the data that CMS needs for assessing experiences with home health care. Some home health agencies may choose to conduct their own patient experience of care surveys, but those surveys do not allow for comparisons across home health care agencies. The HHCAHPS Survey provides the only comparative performance information for the public and helps consumers make more informed choices when selecting a home health care agency. It also creates incentives for home health care agencies to improve the care they provide.

We allow agencies to add their own questions to the HHCAHPS survey but they must follow the HHCAHPS core questions; and we caution against adding questions that are similar in content to the HHCAHPS questionnaire. We also caution home health agencies and their approved HHCAHPS survey vendors that additional questions may adversely affect the HHCAHPS Survey response rates.

## 5 Impact on Small Businesses

Survey respondents are patients who receive or who received home health care from Medicare certified home health care agencies. The HHCAHPS Survey does not impact small businesses or other small entities.

## 6 Consequences if Information is Collected Less Frequently

The primary reason for continuous data collection is to get feedback soon after receiving home health care, or while receiving home health care. Continuous data collection gives agencies the ability to address issues of concern as quickly as possible and allows for enough survey completes to have reliable scores. Additionally, measuring the patient perspective over the whole year does not introduce potential bias by only collecting data in one period of time.

Continuous monthly collection of the survey data is also required so that home health agencies can fulfill their requirements for the annual payment update. The reporting requirements for the Home Health Quality Reporting Program were set up to count the months of survey participation. If agencies do not participate fully in HHCAHPS, they receive a 2% reduction in their annual payment update. When CMS publicly reports data it is for a 12-month period of time, but we note if less than 12 months of data are publicly reported. To reduce survey burden the HHCAHPS Survey can only be sent to the same home health patient once every six months.

## 7 Special Circumstances

There are no special circumstances with the HHCAHPS Survey that would require an information collection to be conducted in a manner that requires respondents to:

- Report information to the agency more often than quarterly;
- Prepare a written response to a collection of information in fewer than 30 days after receipt of it;
- Submit more than an original and two copies of any document;
- Retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years;
- Collect data in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study;
- Use a statistical data classification that has not been reviewed and approved by OMB;

- Include a pledge of confidentiality that is not supported by authority established in statute or regulation that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
- Submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

## 8 Federal Register Notice/Outside Consultations

### *Federal Register*

The 60-day notice was published in the Federal Register (88 FR 2625) on 01/17/2023.

No comments were received during the comment period.

The 30-day notice was published in the Federal Register (88 FR) on TBD.

### *Outside Consultations*

No new outside consultations have occurred since the last OMB submission.

## 9 Payments/Gifts to Respondents

This data collection does not include incentive payments or gifts to HHCAHPS survey respondents.

## 10 Assurance of Confidentiality

Individuals who are contacted as part of this data collection are assured of the confidentiality of their replies under 42 U.S.C. 1306, 20 CFR 401 and 422, 5 U.S.C. 552 (Freedom of Information Act), 5 U.S.C. 552a (Privacy Act of 1974), and OMB Circular A-130.

## 11 Questions of a Sensitive Nature

There are no sensitive questions associated with this collection. Specifically, the collection does not solicit questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private.

## 12 Estimates of Annualized Burden Hours and Costs

### *Wage Estimates*

Individuals. To derive the average costs for individuals, we used data from the U.S. Bureau of Labor Statistics' May 2021 National Occupational Employment and Wage Estimates for our salary estimate ([www.bls.gov/oes/current/oes\\_nat.htm](http://www.bls.gov/oes/current/oes_nat.htm)). We believe that the burden will be addressed under All Occupations (occupation code 00-0000) at \$28.01/hr since the group of

individual respondents varies widely from working and nonworking individuals and by respondent age, location, years of employment, and educational attainment, etc.

Unlike our private sector adjustment to the respondent hourly wage (see below), we are not adjusting this figure for fringe benefits and overhead since the individuals' activities would occur outside the scope of their employment.

Private Sector. To derive the average costs for HHAs, we used data from the U.S. Bureau of Labor Statistics' May 2021 National Occupational Employment and Wage Estimates for all salary estimates ([www.bls.gov/oes/current/oes\\_nat.htm](https://www.bls.gov/oes/current/oes_nat.htm)). We believe that the burden will be addressed by a Medical Records Reviewer (occupation code 29-20721) at \$23.23/hr. As indicated below we are adjusting our employee hourly wage estimate by a factor of 100 percent to \$46.46/hr.

The 100 percent adjustments are rough estimates, because fringe benefits and overhead costs vary significantly from employer to employer, and because methods of estimating these costs vary widely from study to study. Nonetheless, there is no practical alternative and we believe that doubling the hourly wage to estimate total cost is a reasonably accurate estimation method.

#### *Burden Estimates*

Home Health Care CAHPS Survey. We estimate it will take 0.20 hours (12 minutes) at \$28.01/hr for a home health patient to complete the Home Health Care CAHPS Survey. Our estimate is based on the written length of the survey and CMS's experience with the national implementation of HHCAHPS, including average times observed by survey vendors currently conducting this survey.

The total number of patients sampled in the time period of April 2021-March 2022, was 4,340,588 patients. Of the 4,340,588 patients, 1,043,447 (24%) returned a completed HHCAHPS survey that was submitted to the HHCAHPS Warehouse. In that same period, these patients were served by 8,819 home health agencies. If we divide 1,043,447 patients by 8,819 agencies, we have an average of 118 patients responding to the HHCAHPS survey by agency.

In aggregate, we estimate a burden of 208,689 hours (1,043,447 patients x 0.20 hr) at a cost of \$5,845,379 (208,689 hr x \$28.01/hr) or \$5.602 per survey (\$5,845,379 /1,043,447 patients)

The survey instrument and procedures for completing the instrument are designed to minimize burden on all respondents.

Patient Files. Section 484.250 requires that an HHA submit to CMS, HHCAHPS data in order for CMS to administer the payment rate methodologies described in §§ 484.215, 484.230, and 484.235. The burden associated with this is the time and effort put forth by the HHA to submit the HHCAHPS patient files to their approved HHCAHPS survey vendor for sampling.

Section 484.255(i) requires the submission of quality measures as specified by the Secretary. As part of this requirement, each HHA sponsoring a Home Health Care CAHPS (HHCAHPS)

Survey must prepare and submit to its survey vendor a file containing data on patients served the preceding month that will be used by the survey vendor to select the sample and field the survey. This file (essentially the sampling frame) for most home health agencies can be generated from existing databases with minimal effort. For some small HHAs, preparation of a monthly sample frame may require more time. However, data elements needed on the sample frame will be kept at a minimum to reduce the burden on all HHAs. The burden associated with this requirement is the time and effort put forth by the HHA to prepare and submit the file containing patient data on patients.

No significant burden is anticipated for small agencies beyond providing their contracted vendor with a monthly file of patients served. We estimate that the preparation of the monthly file will take 24 hours at \$46.46/hr for the HHA Medical Records Reviewer to complete each file on an annual basis. Of the 8,819 HHAs conducting the HHCAHPS, we estimate a burden of 211,656 hours (8,819 HHAs x 24 hr) at a cost of \$9,833,538 (211,656 hrs x \$46.46/hr).

HHCAHPS Participation Exemption Request Form. For small HHAs serving less than 60 eligible patients in an annual period, CMS requires the completion of an HHCAHPS Participation Exemption Request form (PER form) accessible from <https://homehealthcahps> and submitted with an agency ID and password under the secure portal on the website. CMS estimates that it takes 20 minutes (0.33) at \$46.46/hr for the HHA Medical Records Reviewer to complete the HHCAHPS Participation Exemption Request Form.

HHAs with 59 or fewer patients complete the form to be exempt from HHCAHPS participation period so they will still get their full annual payment update. HHAs must fill out the exemption form annually because patient counts fluctuate from year-to-year.

There has been a steady decline in the number of HHCAHPS participation exemption request forms filed since the first APU period of CY 2012. For the CY 2023 annual payment update, there were 681 HHAs that filed a Participation Exemption Request form because their patient counts were 59 or fewer in the period of April 1, 2020 through March 31, 2021.

For the Burden Summary table below, we use “700” as the number of HHAs filing an exemption form given the trend in recent years. We estimated it takes about a half hour for the HHA to complete a Participation Exemption Request form that is online on <https://homehealthcahps.org> with easy to use drop down features for each question.

**Burden Summary without the costs of contracting with a survey vendor**

Requirements	Respondents	Total Responses per year	Time per Response (hr)	Total Time (hr)	Labor Rate (\$/hr)	Total Cost (\$)
HHCAHPS Survey	1,043,447	1,043,447	0.20	208,689	28.01	5,845,379



Monthly Patient Files	8,819	105,828	2.0	211,656	46.46	9,833,538
HHCAHPS Participation Exemption Request Form	700	700	0.33	231	46.46	10,732
<b>TOTAL</b>	<b>1,052,966</b>	<b>1,149,975</b>	<b>24.53</b>	<b>420,576</b>	<b>varies</b>	<b>15,689,649</b>

### *Information Collection Instruments and Instruction/Guidance Documents*

HHCAHPS Survey. We have attached the HHCAHPS survey in English (Attachment A). The survey is also available in Spanish, Simplified Chinese, Traditional Chinese, Russian, Vietnamese, and Armenian. There have been no changes to the questions from the prior submission. Please note we have not changed the response options to Question 31 (What is your race? Please select one or more)., but we have re-ordered them as presented in the Q31 response options order crosswalk attachment (Attachment C). The response categories for this question have been reordered alphabetically rather than in order of US population size to promote health equity.

We have also attached (Attachment D) Chapter 4 (chapter on sampling) from the annually-issued HHCAHPS Protocols and Guidelines Manual for 2022 (Version 14.0) which is the official “howto” guide for the HHCAHPS survey implementation so that survey implementation is occurring the same way across the nation.

Monthly Patient Files: All home health agencies must give their vendors a list of their patients who are eligible for the HHCAHPS survey. Table 4.1 in Chapter 4 of the HHCAHPS Protocols and Guidelines Manual contains the list of variables requested of participating HHAs.

HHCAHPS Participation Exemption Request Form: Every year, home health agencies are asked to count their patients in the year prior to the HHCAHPS data collection period, and to file an HHCAHPS Participation Exemption Request form if they have too few patients (59 or fewer patients). Most agencies that are very small do complete the exemption form, and also, CMS does verify that these agencies do in fact have very small home health patient counts. The HHCAHPS Participation Exemption Request form on the HHCAHPS website at this time is for the CY 2024 APU. On April 1, 2023, we will post the CY 2025 HHCAHPS Participation Exemption Request Form and remove the CY 2024 form. We have attached the HHCAHPS Participation Exemption Request Form (Attachment B) and this form has the same OMB number as the survey questionnaire.

### 13 Capital Costs

While HHCAHPS survey respondents do not incur any capital costs, every HHA has an annual cost to secure the services of an approved HHCAHPS survey vendor that has remained at an average cost of \$3,200 per year since the last OMB approval period.

The number of participating HHAs varies from year to year which carries over to the number of completed surveys. In this iteration we are adjusting the number of HHAs based on April 2021 – March 2022 data (CY2023).

We also based the number of agencies on the period of April 2021-March 2022. We think that we will not have more agencies than this in the next couple of years because there has been a steady decline in the number of Medicare-certified home health agencies over the last decade, with the number of HHAs in August 2022 at 11,613 compared to nearly 12,000 HHAs in March 2017. The industry is changeable and there are mergers as well as closures.

#### **Burden: HHAs' costs to Contract with a Survey Vendor**

	Number of HHAs	Number of responses	Cost per response (\$)	Total cost (\$)
Currently Approved (2020)	8,990	8,990	3,000	26,970,000
Proposed (2023)	8,819	8,819	3,200	28,220,800
Change	-171	171	n/a	-1,250,800

### 14 Estimates of Annualized Cost to the Government

The annual cost to the federal government for September 15, 2022 - September 14, 2023 is \$1,530,193. This is CMS's cost for the contract with the federal contractor managing the national implementation of HHCAHPS. RTI International, Inc. is the federal contractor for the national implementation of HHCAHPS.

### 15 Program Changes or Adjustments to Annual Burden

We are not proposing any program changes.

For this renewal, we are presenting data from the CY 2023 APU data submissions for the period of April 2021-March 2022, which indicates we have a slightly smaller number of respondents to HHCAHPS than we had for the CY 2021 APU period. The numbers also reflect changes in wage rates and the estimated average cost for contracting with approved survey vendors.

**HHCAHPS Survey**

	Number of respondents	Number of responses	Hours per response	Total burden hours
Currently Approved (2020)	1,186,240	1,186,240	0.20	237,248
Proposed (2023)	1,043,447	1,043,447	0.20	208,689
Change	-142,793	-142,793	n/a	-28,559

The number of participating HHAs varies from year to year which carries over to the number of completed surveys. In this iteration we are adjusting the number of HHAs based on April 2021 – March 2022 data. For the CY 2023 APU Participation period, the average number of patients completing the survey by agency was 118 patients (1,043,447 total survey completes divided by 8,819 home health agencies).

Typically, the monthly patient file is done electronically by the home health agencies' software vendors that run their patient lists for many purposes in the daily operational needs of their agencies.

**Monthly Patient Files**

	Number of HHAs	Number of responses	Hours per response	Total burden hours
Currently Approved (2020)	8,990	107,880	2	215,760
Proposed (2023)	8,819	105,828	2	211,656
Change	-171	-2,052	n/a	-4,104

**HHCAHPS Participation Exemption Request Form**

	<b>Number of HHAs</b>	<b>Number of responses</b>	<b>Hours per response</b>	<b>Total burden hours</b>
Currently Approved (2020)	700	700	0.33	231
Proposed (2023)	700	700	0.33	231
Change	no change	no change	n/a	no change

**16    Tabulation and Publication of Results**

We implement the HHCAHPS Survey so that we can provide the public with information about home health agencies from the views of home health patients. We have publicly reported HHCAHPS data since April 2012 on Home Health Compare, now Care Compare, on [www.medicare.gov](http://www.medicare.gov) and the survey data is updated quarterly. Before we post new data, we provide HHA provider preview reports to all participating HHAs so that they will see their own survey data before it is publicly reported on [www.medicare.gov](http://www.medicare.gov) and they may send comments to us if something looks incorrect in the data. On Care Compare, the HHCAHPS data is posted for the HHAs along with the corresponding State and National averages so viewers can assess how the home health agencies' data compare with the State and National averaged HHCAHPS data. We began to post Star Ratings on [www.medicare.gov](http://www.medicare.gov) for HHCAHPS in January 2016 and we update the Star Ratings on a quarterly basis.

**17    Display of OMB Expiration Date**

The HHCAHPS Survey and the HHCAHPS Participation Exemption Request Form display the OMB Expiration Date and the PRA Disclosure Statement.

**18    Exceptions to the Certification Statement**

None.

## Attachments

Attachment A: The HHCAHPS Survey questionnaire

Attachment B: The HHCAHPS Participation Exemption Request form

Attachment C: Crosswalk of Q31 on the HHCAHPS Survey questionnaire

Attachment D: Chapter 4 of the HHCAHPS Protocols & Guidelines Manual