

Hospital/Survey Vendor HCAHPS Minimum Survey Requirements to Administer the HCAHPS Survey (Minimum Business Requirements)

An entity must be approved by CMS in order to administer the HCAHPS Survey and submit HCAHPS data to the HCAHPS Data Warehouse. A hospital self-administering the HCAHPS Survey must meet **ALL** of the Self-administering Hospital Minimum Survey Requirements, and a survey vendor or a hospital administering the HCAHPS Survey for multiple sites or their subcontractor(s) must meet **ALL** of the Survey Vendor Minimum Survey Requirements. In addition, subcontractor(s) or other organization(s) performing major HCAHPS Survey administration functions (e.g., mail/telephone/IVR operations, XML file preparation) must also meet **ALL** of the HCAHPS Minimum Survey Requirements which pertain to that role.

In reviewing Participation Forms from potential HCAHPS Survey vendors, the HCAHPS Project Team will take into consideration any prior experience the applicant organization and/or subcontractor(s) may have with administering CMS-sponsored CAHPS Surveys. Applicants must demonstrate their recent survey experience (i.e., provide documentation of meeting survey experience requirements).

The HCAHPS Minimum Business Requirements will continually apply to all HCAHPS approved self-administering hospitals/survey vendors/multi-site hospitals for as long as the organization maintains the HCAHPS approval status. This includes maintaining the adequate number of resources (e.g., staffing, system resources, etc.) in order to fully comply with HCAHPS protocols, deadlines and HCAHPS Project Team requests.

- Approved HCAHPS Survey vendors **and** self-administering hospitals must fully comply with the HCAHPS oversight activities
 - The FY 2014 IPPS Final Rule states: “Approved HCAHPS Survey vendors and self-administering hospitals must fully comply with all HCAHPS oversight activities, including allowing CMS and its HCAHPS Project Team to perform site visits at the hospitals’ and survey vendors’ company locations.” *Federal Register / Vol. 78, No. 160 / Monday, August 19, 2013 / Rules and Regulations, Section. 412.140*
 - In order for the HCAHPS Project Team to perform the required oversight activities, organizations that are approved to administer the HCAHPS Survey must conduct all of their business operations within the United States. This requirement applies to all staff and subcontractors or other organizations (if applicable).
- Approved survey vendors are expected to maintain active contract(s) for HCAHPS Survey administration with client hospital(s). An “active contract” is one in which the HCAHPS Survey vendor is authorized by one or more hospital client(s) to submit HCAHPS data to the HCAHPS Data Warehouse. If an HCAHPS Survey vendor does not have any contracted client hospitals for HCAHPS within two years (a consecutive 24 months) from the date it received approval to administer the HCAHPS Survey, then that survey vendor’s “Approved” status for HCAHPS Survey administration will be withdrawn. The HCAHPS “Approved” survey vendor has the option to apply for re-approval prior to the expiration deadline.
 - The first step is to participate in the Introduction to HCAHPS Training. After training is completed, a Participation Form must be submitted for consideration of approval. All Minimum Business Requirements (MBRs) must continue to be met, along with participation in required HCAHPS training sessions in order to be eligible for reconsideration.

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- If the organization is approved to administer the HCAHPS Survey for a second term, and no hospital client(s) are obtained within two years (a consecutive 24 months), then the survey vendor's "Approved" status for HCAHPS Survey administration will be withdrawn. A 24-month wait period will be required before the organization is eligible to apply again. All first time survey vendors have 24 months from the date of conditional approval to obtain a hospital client.
- If approval status is withdrawn (i.e., not seeking re-approval for second term), a 24-month wait period will be required before the organization is eligible to apply again

Note: If a self-administering hospital or a survey vendor is non-compliant with program requirements, HCAHPS data may not be publicly reported for the hospital (or contracted hospitals), which could affect that hospital's CMS Annual Payment Update (APU) for the fiscal year. For additional information regarding APU requirements, please review the current IPPS Final Rule.

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The minimum survey requirements for the organization are as follows:

1. Relevant Survey Experience

Demonstrated **recent** continuous experience in fielding patient-specific surveys in the requested mode (i.e., Mail, and/or Telephone, and/or Mixed Mode, and/or IVR).

Criteria	Requirement	
	Self-administering Hospital	Survey Vendor/Multi-site
Patient-Specific Survey Experience	<ul style="list-style-type: none"> ➤ Minimum of two continuous years Mail, and/or Telephone, and/or Mixed Mode, and/or IVR patient-specific survey experience for the most recent two-year time period ➤ Prior experience in conducting surveys in both English and Spanish (preferred) 	<ul style="list-style-type: none"> ➤ Minimum of three continuous years Mail, and/or Telephone, and/or Mixed Mode, and/or IVR patient-specific survey experience for the most recent three-year time period ➤ Prior experience in conducting surveys in both English and Spanish (preferred)
Number of Years in Business	<ul style="list-style-type: none"> ➤ Minimum three years 	<ul style="list-style-type: none"> ➤ Minimum four years
Sampling Experience <i>Note: Hospitals/Survey vendors are responsible for conducting the sampling process and must not subcontract this activity.</i>	<ul style="list-style-type: none"> ➤ One year prior experience selecting random sample based on specific eligibility criteria within the most recent one-year time period 	<ul style="list-style-type: none"> ➤ Two years prior experience selecting random sample based on specific eligibility criteria within the most recent two-year time period ➤ Work with contracted client hospital(s) to obtain patient data for sampling via HIPAA-compliant electronic data transfer processes ➤ Adequately document sampling process

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2. Organizational Survey Capacity

Capability and capacity to handle a required volume of mail questionnaires and/or conduct standardized telephone and/or IVR interviewing in specified time frame.

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	Self-administering Hospital	Survey Vendor/Multi-site
Personnel <i>Note: Volunteers are not permitted to be involved in any aspect of the HCAHPS Survey administration process.</i>	<ul style="list-style-type: none"> ➤ Designated HCAHPS Project Manager with minimum one year prior experience conducting patient-specific surveys in the requested mode ➤ Have appropriate organizational back-up staff for coverage of key staff 	<ul style="list-style-type: none"> ➤ Designated HCAHPS personnel: <ul style="list-style-type: none"> • Project Manager with minimum two years prior experience conducting patient-specific surveys in the requested mode • Staff with minimum one year prior experience in sample frame development and sample selection • Programmer (subcontractor designee, if applicable) with minimum one year prior experience processing data and preparing data files • Call Center/Mail Center Supervisor (subcontractor designee, if applicable) with minimum one year prior experience in role ➤ Have appropriate organizational back-up staff for coverage of key staff

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<p>System Resources <i>Note: All system resources are subject to oversight activities, including on-site visits to physical locations. In order for the HCAHPS Project Team to perform the required oversight activities, organizations that are approved to administer the HCAHPS Survey must conduct all of their business operations within the United States. This requirement applies to all staff and subcontractors.</i></p>	<ul style="list-style-type: none"> ➤ Physical plant resources available to handle the volume of surveys being administered ➤ A systematic process to: <ul style="list-style-type: none"> • track fielded surveys throughout the protocol, avoiding respondent burden and losing respondents • assign random, unique, de-identified patient identification number (Patient ID) to track each sampled patient 	<ul style="list-style-type: none"> ➤ Physical plant resources available to handle the volume of surveys being administered, including computer and technical equipment ➤ Electronic or alternative survey management system to: <ul style="list-style-type: none"> • track fielded surveys throughout the protocol, avoiding respondent burden and losing respondents • assign random, unique, de-identified patient identification number (Patient ID) to track each sampled patient
<p>Sample Frame Creation</p>	<ul style="list-style-type: none"> ➤ One year prior experience selecting sample based on specific eligibility criteria ➤ Generate the sample frame data file that contains all discharged patients who meet the eligible population criteria ➤ Draw sample of discharges for the survey, who meet the eligible population criteria 	<ul style="list-style-type: none"> ➤ Two years prior experience selecting sample based on specific eligibility criteria ➤ Generate the sample frame data file that contains all discharged patients who meet the eligible population criteria ➤ Draw sample of discharges for the survey, who meet the eligible population criteria

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<p>Mail Administration <i>Note: Mail survey administration activities must not be conducted from a residence or non-business location.</i></p>	<ul style="list-style-type: none"> ➤ Obtain and update addresses ➤ Produce and print survey instruments and materials; a sample of all mailing materials must be submitted for review ➤ Mail out of survey materials ➤ Process survey data (including key-entry or scanning) ➤ Track non-respondents for follow-up mailing 	<ul style="list-style-type: none"> ➤ Obtain and update addresses ➤ Produce and print survey instruments and materials; a sample of all mailing materials must be submitted for review ➤ Mail out of survey materials ➤ Process survey data (including key-entry or scanning) ➤ Track non-respondents for follow-up mailing
<p>Telephone Administration <i>Note: Telephone interviews/monitoring must not be conducted from a residence or non-business location, and cannot be conducted by staff that provide direct patient care.</i></p>	<ul style="list-style-type: none"> ➤ Obtain and update all telephone numbers ➤ Collect telephone interview data for the survey; a sample of the telephone script and interviewer screen shots must be submitted for review ➤ Identify non-respondents for follow-up telephone calls ➤ Schedule and conduct callback appointments 	<ul style="list-style-type: none"> ➤ Obtain and update all telephone numbers ➤ Collect telephone interview data for the survey, using electronic or alternative interviewing system; a sample of the telephone script and interviewer screen shots must be submitted for review ➤ Identify non-respondents for follow-up telephone calls ➤ Schedule and conduct callback appointments
<p>Mixed Mode Administration <i>Note: Mail survey administration activities and telephone interviews/monitoring must not be conducted from a residence or non-business location, and cannot be conducted by staff that provide direct patient care.</i></p>	<ul style="list-style-type: none"> ➤ See above referenced Mail Administration requirements ➤ See above referenced Telephone Administration requirements 	<ul style="list-style-type: none"> ➤ See above referenced Mail Administration requirements ➤ See above referenced Telephone Administration requirements

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<p>Active Interactive Voice Response (IVR) Administration <i>Note: Telephone interviews/monitoring must not be conducted from a residence or non-business location, and cannot be conducted by staff that provide direct patient care.</i></p>	<ul style="list-style-type: none"> ➤ Obtain and update telephone numbers ➤ Collect touch-tone keypad responses to pre-recorded questions; a sample of the IVR script must be submitted for review ➤ Identify non-respondents for follow-up telephone calls ➤ Ability to conduct telephone interview if respondent opts out of IVR ➤ Schedule and conduct callback appointments 	<ul style="list-style-type: none"> ➤ Obtain and update telephone numbers ➤ Collect touch-tone keypad responses to pre-recorded questions; a sample of the IVR script must be submitted for review ➤ Identify non-respondents for follow-up telephone calls ➤ Use electronic telephone or alternative interviewing system to collect telephone interview if respondent opts out of IVR ➤ Schedule and conduct callback appointments
<p>Data Submission <i>Note: Hospitals/Survey vendors are responsible for conducting data submission and must not subcontract this process.</i></p>	<ul style="list-style-type: none"> ➤ One year prior experience transmitting data via secure methods (HIPAA-compliant) ➤ Registered user of the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/) ➤ Prepare final patient-level data files for submission ➤ Access and submit data electronically via the HQR system 	<ul style="list-style-type: none"> ➤ Two years prior experience transmitting data via secure methods (HIPAA-compliant) ➤ Registered user of the Hospital Quality Reporting (HQR) system (https://hqr.cms.gov/) ➤ Obtain the HQR system survey vendor authorization from contracted hospitals ➤ Prepare final patient-level data files for submission ➤ Access and submit data electronically via the HQR system

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Data Security	<p>➤ Take the following actions to secure electronic data:</p> <ul style="list-style-type: none"> • Use a firewall and/or other mechanisms for preventing unauthorized access to the electronic files • Implement access levels and security passwords so that only authorized users have access to sensitive data • Implement daily data backup procedures that adequately safeguard system data • Test backup files at a minimum on a quarterly basis to make sure the files are easily retrievable and working • Perform frequent saves to media to minimize data losses in the event of power interruption • Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster 	<p>➤ Take the following actions to secure electronic data:</p> <ul style="list-style-type: none"> • Use a firewall and/or other mechanisms for preventing unauthorized access to the electronic files • Implement access levels and security passwords so that only authorized users have access to sensitive data • Implement daily data backup procedures that adequately safeguard system data • Test backup files at a minimum on a quarterly basis to make sure the files are easily retrievable and working • Perform frequent saves to media to minimize data losses in the event of power interruption • Develop a disaster recovery plan for conducting ongoing business operations in the event of a disaster

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Data Retention and Storage	<p>➤ Take the following actions to securely store all survey administration related data:</p> <ul style="list-style-type: none"> • Store HCAHPS-related data files, including patient discharge files and de-identified electronic data files (e.g., HCAHPS Sample Frame, XML files, etc.), for all survey modes for a minimum of three years. Archived electronic data files must be easily retrievable. • Store returned mail questionnaires in a secure and environmentally safe location. Paper copies or optically scanned images of the questionnaires must be retained for a minimum of three years and be easily retrievable, when needed. • Destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data. 	<p>➤ Take the following actions to securely store all survey administration related data:</p> <ul style="list-style-type: none"> • Store HCAHPS-related data files, including patient discharge files and de-identified electronic data files (e.g., HCAHPS Sample Frame, XML files, etc.), for all survey modes for a minimum of three years. Archived electronic data files must be easily retrievable. • Store returned mail questionnaires in a secure and environmentally safe location. Paper copies or optically scanned images of the questionnaires must be retained for a minimum of three years and be easily retrievable, when needed. • Destroy HCAHPS-related data files, including paper copies or scanned images of the questionnaires and electronic data files in a secure and environmentally safe location. Obtain a certificate of the destruction of data.

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Technical Assistance/ Customer Support	<ul style="list-style-type: none"> ➤ One year prior experience providing telephone customer support ➤ Provide customer support line 	<ul style="list-style-type: none"> ➤ Two years prior experience providing telephone customer support ➤ Provide toll-free customer support line
Organizational Confidentiality Requirements	<ul style="list-style-type: none"> ➤ Develop confidentiality agreements which include language related to HIPAA regulations and the protection of patient information, and obtain signatures from all personnel with access to survey information, including staff and all subcontractors involved in survey administration and data collection ➤ Execute Business Associate Agreement(s) in accordance with HIPAA regulations ➤ Confirm that staff and subcontractors are compliant with HIPAA regulations in regard to patient protected health information (PHI) ➤ Establish protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited. 	<ul style="list-style-type: none"> ➤ Develop confidentiality agreements which include language related to HIPAA regulations and the protection of patient information, and obtain signatures from all personnel with access to survey information, including staff and all subcontractors involved in survey administration and data collection ➤ Execute Business Associate Agreement(s) in accordance with HIPAA regulations ➤ Confirm that staff and subcontractors are compliant with HIPAA regulations in regard to patient protected health information (PHI) ➤ Establish protocols for secure file transmission. Emailing of PHI via unsecure email is prohibited.

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3. Quality Control Procedures

Personnel training and quality control mechanisms employed to collect valid, reliable survey data and achieve at least 300 completed HCAHPS Surveys in a rolling four-quarter period.

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	Self-administering Hospital	Survey Vendor/Multi-site
Demonstrated Quality Control Procedures	<ul style="list-style-type: none"> ➤ Established systems for conducting and documenting quality control activities including: <ul style="list-style-type: none"> • In-house training for staff and subcontractors involved in survey operations • Printing, mailing and recording receipt of survey information, if applicable • Telephone administration of survey, if applicable • IVR administration of survey, if applicable • Coding and editing or keying in survey data • Preparing final patient-level data files for submission • All other functions and processes that affect the administration of the HCAHPS Survey 	<ul style="list-style-type: none"> ➤ Established systems for conducting and documenting quality control activities including: <ul style="list-style-type: none"> • In-house training for staff and subcontractors involved in survey operations • Printing, mailing and recording receipt of survey information, if applicable • Telephone administration of survey, if applicable • IVR administration of survey, if applicable • Coding and editing or keying in survey data • Preparing final patient-level data files for submission • All other functions and processes that affect the administration of the HCAHPS Survey
Quality Assurance Plan (QAP) Documentation Requirements	<ul style="list-style-type: none"> ➤ Develop a QAP for survey administration in accordance with the HCAHPS <i>Quality Assurance Guidelines</i> and update the QAP on an annual basis and at the time of process and/or key personnel changes as part of retaining participation status 	<ul style="list-style-type: none"> ➤ Develop a QAP for survey administration in accordance with the HCAHPS <i>Quality Assurance Guidelines</i> and update the QAP on an annual basis and at the time of process and/or key personnel changes as part of retaining participation status