

II. Copies of the Charter

You may obtain a copy of the charter for the PPAC by submitting a request to Diana Motsiopoulos, Administrative Coordinator, Centers for Medicare & Medicaid, 7500 Security Blvd., Mail Stop: C4-11-27, Baltimore, MD 21244-1850, (410) 786-3379 or E-mail the request to dmotsiopoulos@cms.hhs.gov. A copy of the charter will also be available on the Internet at <http://www.cms.hhs.gov/faca/ppac/default.asp>.

Authority: Section 1868 of the Social Security Act (42 U.S.C. 1395ee) and (5 U.S.C. App. 2)

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: June 11, 2003.

Thomas A. Scully,

Administrator, Centers for Medicare & Medicaid Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS-4062-N]

Medicare and Medicaid Programs; Solicitation for Information on the Hospital CAHPS

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice seeks input and recommendations regarding an initiative that the Department of Health and Human Services (DHHS) plans to use to create a standard instrument, sampling, and data collection protocol that hospitals can use to collect comparable data for use in publicly reporting hospital patients' perspectives on the care they received. This survey is being developed and tested by the Agency for Healthcare Research and Quality (AHRQ) in conjunction with the CAHPS® (formerly known as the Consumer Assessment of Health Plans Survey). The initiative is being called "Hospital CAHPS" or "HCAHPS." In this notice, we are soliciting public input on the draft HCAHPS survey instrument and recommendations for the survey administration.

DATES: We will consider comments on the draft HCAHPS survey instrument and recommendations for the survey

administration if we receive them at the appropriate address, as provided below, no later than 5 p.m. on July 28, 2003.

ADDRESSES: Comments should be mailed to the following address: Department of Health and Human Services, Centers for Medicare & Medicaid Services, Attention: Elizabeth Goldstein, Director for the Division of Beneficiary Analysis, Mail Stop: S1-13-05, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. E-mail comments should be sent to the following address: egoldstein@cms.hhs.gov.

General Information: Comments may be in the form of a letter or e-mail. Please refer to file code CMS-4062-N when submitting comments and include name, title, organization, mailing address, telephone number, fax number, and e-mail address.

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmissions. Comments postmarked after the closing date, or postmarked on or before the closing date but not received in time for the review, will be considered late comments.

FOR FURTHER INFORMATION CONTACT:

Elizabeth Goldstein, (410) 786-6665 or by e-mail at egoldstein@cms.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

A key priority for the Secretary of HHS and our Administrator is hospital public reporting. Therefore, we are currently working with the AHRQ to develop the HCAHPS standard instrument and data collection protocol to collect comparable data to support public reporting of hospital patients' perspectives on inpatient hospital care they received.

AHRQ has initiated a rigorous process to develop a draft of the HCAHPS survey instrument. On July 24, 2002, AHRQ published a "Notice of Request for Measures" in the **Federal Register** (67 FR 48477) soliciting the submission of existing instruments measuring patients' perspectives on care. In addition, AHRQ conducted an exhaustive review of existing literature, conducted cognitive testing with sample survey respondents, and obtained stakeholder input on the process of developing the draft HCAHPS survey instrument.

On February 5, 2003, we published a collection of information requirement notice in the **Federal Register** (68 FR 5889), soliciting input on a draft HCAHPS survey instrument. In this notice, we are soliciting input on the same draft HCAHPS survey instrument

that was published on February 5, 2003, in the **Federal Register** and are providing a 30 day comment period to allow interested parties another opportunity to comment on the draft HCAHPS survey instrument. We will consider both sets of comments when revising the HCAHPS survey instrument.

In addition, we are currently testing the same draft HCAHPS survey instrument as part of CMS's 3-State hospital pilot project in Maryland, New York, and Arizona. (See our Web site at <http://www.cms.hhs.gov/quality/hospital> for more information on the 3-State hospital pilot project and the draft HCAHPS survey instrument).

Through the 3-State hospital pilot we will also assess the draft HCAHPS survey instrument. Results will be used to examine the reliability and validity of the draft HCAHPS items, and identify the items that are most useful for public reporting. Based on the results of the 3-State hospital pilot and public input received regarding the draft items, AHRQ will revise the HCAHPS survey instrument. We anticipate that the revised HCAHPS survey instrument would be significantly shorter than the current version.

At the end of the 3-State hospital pilot process and revisions pursuant to public comments, DHHS should have a standard, well-tested instrument for measuring patients' perspectives on hospital care that can be used for comparative public reporting. The 3-State hospital pilot and draft HCAHPS survey instrument is currently designed for all hospital patients 18 years old and over, excluding psychiatric patients. We expect that the final HCAHPS survey instrument would be put in the public domain for use by hospitals or other interested parties.

HCAHPS can be seen as a core set of questions to which individual hospitals can add their own specific questions. HCAHPS is designed to produce data for comparative public reporting to support consumer choice. The HCAHPS survey instrument will complement, not replace data currently collected that support improvement in internal hospital customer services and related activities.

It is our intent to create a process for data collection that can generate data useful for comparative public reporting and that can be used in conjunction with existing survey processes used for quality improvement. We are reviewing options that would allow us to meet our public reporting goals while allowing flexibility in survey administration. As we consider various options, we expect, at a minimum, to be able to