

accommodate administration by mail or telephone.

II. Provisions of this Notice

A. Purpose

The purpose of this notice is to solicit comments and recommendations on the draft HCAHPS survey instrument and implementation options.

B. Solicitation Regarding HCAHPS

As previously mentioned, the draft HCAHPS survey instrument was published for public comment on February 5, 2003, in the **Federal Register** and is currently being tested as part of CMS's 3-State hospital pilot project in Maryland, New York, and Arizona. In this notice, we are soliciting input on the same draft HCAHPS survey instrument and are providing a 30 day comment period to allow interested parties another opportunity to submit comments to be used in revising the HCAHPS survey instrument. We are also soliciting input on the number of questions that should be in the revised HCAHPS survey instrument. (See addendum).

C. Input on Implementation Options

We are soliciting input and recommendations for the survey administration, including sampling and data collection methods. We request that those providing comments discuss any survey biases that may be present in the approach they suggest (for example, differential mode effects) and how such biases might be addressed to allow fair and meaningful comparisons between hospitals. Some of the specific areas that we are interested in receiving input on are discussed below. In addition to the areas specified below, we are also seeking input on any issues that would affect the implementation of HCAHPS. For example, we are interested in any best practices in case-mix adjustments to control for differences in hospital patient populations.

1. Mode of Administration

Currently, there is wide variation in administration protocols including: (1) Mail, telephone, and other modes (such as interactive voice recognition); (2) number of follow-up surveys sent or telephone calls made; (3) Computer Assisted Telephone Interviewing (CATI) scripts; (4) refusal conversion protocols; (5) pre-notification and cover letter language; and (6) quality control procedures.

We are soliciting input regarding best practices in mail, telephone, or other modes of administration. We would appreciate comments regarding how we

can provide flexibility in survey administration, but at the same time ensure objective comparisons between hospitals. We would also appreciate suggestions regarding ways to adjust for any biases that may be present in the approaches suggested.

2. Frequency of Data Collection

There is currently variation in terms of how often hospitals survey their patients. Some hospitals continuously survey their patients, while others do it periodically. As part of our data collection options for hospitals, we would like to ensure that we accurately reflect the mix of patients served by a hospital, capture sufficient samples, and provide the least disruption to current survey operations. Therefore, we are soliciting input on whether data collection should be ongoing or provided at a specific time (for example, at one point of time in a given year) and the pros and cons of the approach suggested.

3. Sampling

Currently, there are differences across hospitals in terms of how the sampling frame is developed and who is included in the sample. Therefore, we are soliciting input regarding what issues need to be considered as a sampling design is developed and the appropriate exclusions from the sample. We are soliciting this input to develop a sampling approach that would allow for a meaningful comparison across hospitals.

4. Time After Discharge

Survey vendors and hospitals currently differ on how quickly patients are surveyed following discharge. We are soliciting input regarding how quickly discharge lists are available; how soon after discharge is it feasible to survey patients; and what is the quality of data contained on the discharge lists.

For the national implementation of HCAHPS, there will be distinct roles for hospitals, survey vendors, and the government. Hospitals and vendors will be responsible for data collection, including: (1) Developing a sampling frame of relevant discharges; (2) drawing the sample of discharges to be surveyed; (3) collecting survey data from sampled discharges; and (4) submitting HCAHPS data to CMS in a standard format. We anticipate that there will be multiple survey vendors, including current survey vendors, who would be able to administer HCAHPS. As will be discussed in a separate document, hospitals will not be required to use a vendor for

administration of HCAHPS. However, we anticipate hospitals that choose to administer HCAHPS without the use of a vendor to be able to follow all HCAHPS standards and specifications related to administration of the HCAHPS survey instrument. We will make the HCAHPS survey instrument freely available in the public domain.

The government will be responsible for support of the HCAHPS initiative and public reporting. The government responsibility would include: (1) Providing technical assistance; (2) ensuring the integrity of data collection; (3) accumulating HCAHPS data from individual hospitals; (4) producing risk-adjusted hospital-level estimates; (5) conducting research on the presentation of data for public reporting; and (6) reporting publicly the comparative hospital data.

D. Submission Process

We note, that we will not respond individually to all comments, but will consider all suggestions submitted. To facilitate handling of submissions, the commenter must submit the following information: (1) Name; (2) title; (3) organization; (4) mail address; (5) telephone number; (6) fax number; and (7) e-mail address.

For each of the implementation issues described above or any other issues related to survey implementation, we request that the commenter provide in their response any comments and evidence regarding the effectiveness of the proposed implementation approach.

E. Evaluation Process

Based on the comments and input we receive on the 3-State hospital pilot, the draft HCAHPS survey instrument, and the implementation options, we will develop a draft survey administration strategy. Our intent is that the strategy will support our public reporting goals and allow some level of flexibility in survey administration. All final HCAHPS materials will be put in the public domain for use by hospitals nationally.

Authority: Section 1138 of the Social Security Act (42 U.S.C. 1320b-8).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare-Hospital Insurance; Program No. 93.774, Medicare-Supplementary Medical Insurance, and Program No. 93.778, Medical Assistance Program)

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Administrator, Centers for Medicare & Medicaid Services.

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