



# CAHPS HOSPICE

## QUESTIONS AND ANSWERS

Developed by the Centers for Medicare and Medicaid Services (CMS) with input from key stakeholders, the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey examines the care patients receive from hospice agencies, as well as the experiences of patients' informal primary caregivers, who often include family members and friends.

CMS intends for Medicare-certified hospices to use insights gained from the survey to improve care through more effective communication with and deeper engagement from patients and their caregivers.



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## WHO IS ELIGIBLE FOR THE CAHPS HOSPICE SURVEY?

All Medicare-certified hospices must administer the CAHPS Hospice survey to receive their full Annual Payment Update (APU). However, hospices serving fewer than 50 survey-eligible decedents/caregivers in the previous calendar year and hospices that have received their CMS Certification Number (CCN) since January of the current year are exempt. These are one-year exemptions.

The CAHPS Hospice survey is only offered to caregivers of patients who meet the following eligibility criteria:

- Decedent was 18 years of age or older
- Decedent's death was at least 48 hours following the last admission to hospice care
- Decedent has a caregiver of record
- Caregiver is someone other than a non-familial legal guardian or paid caregiver
- Caregiver has a U.S. home address

## IS PRC A CMS-APPROVED CAHPS HOSPICE SURVEY VENDOR?

Yes, PRC is proud to have been approved as a CAHPS Hospice survey partner since the program's introduction in 2015 and is qualified to conduct the survey by telephone.

## WHAT DOES THE CAHPS HOSPICE SURVEY MEASURE?

The CAHPS Hospice survey consists of 38 questions that collect information about: the care provided to hospice patients by the hospice agency; the involvement of primary caregivers; and the general demographic characteristics of decedents and their caregiver of record. The responses to these questions are reported across the dimensions below.

CAHPS Hospice Dimensions	
Communication with Family	6 questions
Getting Timely Help	2 questions
Treating Patient with Respect	2 questions
Emotional and Spiritual Support	3 questions
Help for Pain and Symptoms	4 questions
Training Family to Care for Patient	5 questions
Overall Rating	1 question
Likelihood to Recommend	1 question

## CAN WE CUSTOMIZE THE STANDARD SURVEY TOOL TO ENCOURAGE EXCELLENCE?

Core CAHPS Hospice survey questions do not measure excellence, but hospice agencies can combine the required core items with customized, hospice-specific questions to more effectively analyze where to invest resources to improve performance. The CMS Quality Assurance Guidelines document states that up to 15 supplemental questions may be added. PRC is the only research firm measuring excellence with a five-point scale. Excellent sets a higher standard than the top box terms used by traditional service vendors (Very Good, Very Satisfied) and is a greater predictor of patient loyalty. The PRC scale is a more effective tool for determining how to allocate resources where they will have the greatest impact.

## HOW WILL WE RECEIVE THE SURVEY RESULTS?

Client agencies enjoy unlimited access to research results through PRC's award-winning online data management tool, PRCEasyView.com®. EasyView® enables PRC's research partners to monitor results, set goals, and design and schedule custom reports to be emailed anywhere within the organization.

Hospice leadership has the opportunity to designate a CAHPS Hospice Survey Data Administrator who will have access to the RAND Corporation's data warehouse. This enables the hospice to confirm data submission each quarter and verify the volume of patients sampled. PRC clients have fast access to data— as soon as PRC completes the survey, it is available for reporting.



## HOW IS THE CAHPS HOSPICE SURVEY ADMINISTERED?

1. Every month, clients send files that contain the records of patients who passed away during the previous calendar month to PRC. PRC holds each file until the appropriate contact month, as listed below, out of respect for the caregiver's grieving process.
2. Then, PRC's sample managers format the patient and caregiver information to be prepared for the interviewing departments.
3. A pre-notification letter will be mailed 7 days prior to the beginning of interviewing.
4. PRC is the industry leader in the telephone survey methodology. Above all else, PRC interviewers act as representatives of PRC clients, and they bring compassion, respect, and professionalism to every interaction they have with caregivers.
  - To reach selected caregivers, interviewers may call up to five times over a six- week window.
  - CMS requires interviewers to make their first attempt at calling caregivers within the first seven days of the initial contact month.
  - Call attempts must occur on different days of the week, at different times of day.
  - Data collection will end 49 days after the first phone attempt.
5. PRC compiles the results and submits the data to RAND, in accordance with the prescribed timeline.

Month of Patient's Death	First Attempt to Contact	Data Submission Deadline
January	April 1	2nd Wednesday of August
February	May 1	
March	June 1	
April	July 1	2nd Wednesday of November
May	August 1	
June	September 1	
July	October 1	2nd Wednesday of February
August	November 1	
September	December 1	
October	January 1	2nd Wednesday of May
November	February 1	
December	March 1	

## WILL THESE RESULTS BE PUBLICLY REPORTED?

Yes, CAHPS Hospice survey results are available on the Care Compare website. Reported data for hospice care covers eight quarters of data.

## ABOUT PRC

Since 1980, PRC has helped more than 2,800 healthcare organizations achieve their research objectives by collecting and analyzing timely, accurate, and reliable feedback from patients, employees, physicians, and the community at large. PRC's high-quality survey research, analytics tools, and coaching give voice to healthcare organizations, patients, and the community as a whole. Leading the standards for healthcare market research, PRC partners with organizations to support their efforts in becoming better places for patients to be treated, physicians to practice medicine, and employees to work.

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