Home Health CAHPS Portal Client Guide

Contents

Welcome to WellSky! WellSky CAHPS Services provides easy, accurate, and timely administration of surveys, submission to CMS, and feedback for your agency. This guide will give directions on how to interact with your CAHPS portal to view your file history and upload, reporting based on your agency results, and keep track of your CAHPS compliance at a high level.

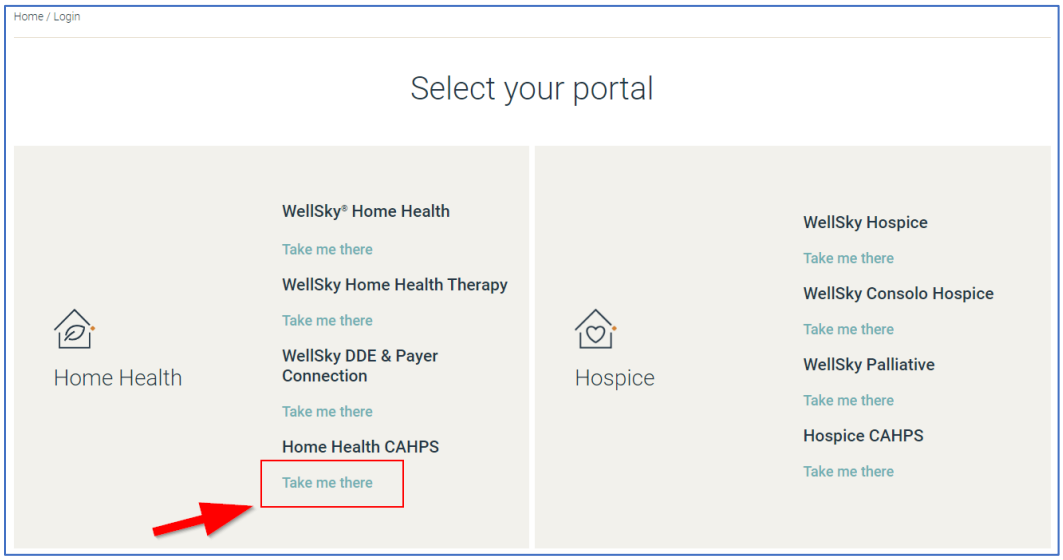
Support Resources:

CAHPSTeam@wellsky.com

1-800-379-0361

Accessing the HHCAHPS Portal

1. All WellSky solutions are accessible in one consolidated, easy to access webpage. www.wellsky.com/login. For Home Health CAHPS click “Take me there” under Home Health CAHPS.



2. Login with your HHCAHPS credentials. If you have forgotten your credentials or need to be issued a set of credentials, please reach out to cahpsteam@wellsky.com. A coordinator will assist with account creation.

File Upload

Overview

The Centers for Medicare and Medicaid (CMS) have created detailed file specifications for patient data that must be submitted to ensure HHCAHPS survey data collection meets high research standards. This document outlines how you can ensure your HHCAHPS files meet CMS requirements and submission deadlines. Most EMR vendors have partnered with WellSky CAHPS to provide an HHCAHPS file export. If your EMR vendor system lacks these capabilities or if you do not use such a system, you can create HHCAHPS data files using this document. After each HHCAHPS file transmission, WellSky will send a receipt message via email to whomever is submitting the file, regarding the status of the file transmission and any issues that should be resolved to ensure compliance with CMS. Contact the WellSky HHCAHPS team at 1-800-379-0361 if you have any questions. Our goal is to make the HHCAHPS file submission process as easy as possible for every agency.

How to get the data to WellSky CAHPS

There are three options to get the patient data to WellSky. The file can be exported through your Software Vendor, automatically submitted through select EMRs, or you can manually create your file using the WellSky CAHPS Standard File Specifications.

Option 1: Automatic File Submission

WellSky has partnerships with several home health EMRs to submit HHCHAPS monthly patient files within the first week of the month following the sample month. All patient information for a sample month (previous month) will need to be entered into the agency's EMR system before the automated file transfer occurs. Please ensure your file submissions are correctly processed by logging onto https://wellsky.com/login/ and selecting 'Home Health CAHPS'. Once there, select the HHCAHPS tab and select the Survey Activity tab, click on your agency and a grid will appear with your agency's file submission(s).

Option 2: EMR software vendor system export

Most EMR software vendors will have the option to export your HHCAHPS patient file monthly. Please contact them directly for a walk through on their HHCAHPS export process. In some cases, vendors may schedule automated creation and transmission of your HHCAHPS file on a monthly basis. This option will eliminate the need for you or any member of your staff to take action to prepare or transmit HHCAHPS files. WellSky's automated system for receiving HHCAHPS files can accommodate any vendor created file unless vendors change a file without notifying you or WellSky. If you are changing EMR software vendors and need to submit 2 files, to capture all patients served, please contact our File Experts at 1-800-379-0361.

Option 3: Manual creation and transmission of HHCAHPS files at your agency

If you do not use an EMR software vendor system in your agency, WellSky has created an option for your agency to prepare and transmit HHCAHPS files to us. A designated person at your agency will create the HHCAHPS file based on the WellSky's Standard File Specification. We also recommend a call to WellSky's File Experts before starting the file for guidance at 1-800-379-0361.

Step 1: HHCAHPS Data File Layout and Specifications: Use the WellSky Standard File Specification and data fields to input the patient information in the acceptable format. Include the data as specified in the layout.

Step 2: HHCAHPS Data File Format: Prepare the files as Comma Delimited ASCII File format (.csv or .txt) or as Excel files (.xls or .xlsx). For comma delimited ASCII files, enclose text in double-quotes, which also includes the columns; Provider ID, Zip Code, and Medical Record Number. For the type of file you choose, please do NOT include any header information, nor have a first row for column names. (If you are sending it as an excel file, be sure that the file does not contain any macros.)

Step 3: Exclude Patients per CMS Guidelines: When creating the file, please be sure to exclude the following types of patients per CMS guidelines:

- – Patients who are known to be deceased;
- – Patients who currently receive hospice care;
- – Patients who received home visits for pediatric and maternity care only; and
- – Patients who requested that the HHA not release their names to anyone outside the HHA.

Step 4: HHCAHPS Data File Naming Convention:

HHCAHPS data files should use the following naming convention:

HHCAHPS_<Sample Month>_<SampleYear>.ext

The sample month should use a 2-digit number to designate the month. For example, for files uploaded for the June sampling month, the file would be named as follows: HHCAHPS_06_2017.<ext>. (ext is the file extension identifying the type of file being transmitted. E.g. .csv, .txt, .xls or .xlsx.) Upon receipt, all files transmitted through our website are electronically stamped with an identifier for your agency and the date and time of transmission.

Transmitting HHCAHPS Data Files

To ensure that an HHCAHPS survey is administered to all eligible home care patients, participating agencies should transmit electronic HHCAHPS data files within five business days of each month. HHCAHPS data files submitted after the fifth business day may leave insufficient time to address file issues that must be resolved in time to support survey mailing within required CMS timeframes. As a result, survey data may be disqualified for reporting to CMS.

HHCAHPS data files are uploaded through the WellSky CAHPS secure website with the username and password assigned to designated staff. If you do not have a username and password to access the upload site, contact the CAHPS Team at 1-800-379-0361 or cahpsteam@wellsky.com. To submit your patient files on WellSky CAHPS web reporting page, follow this process:

1. Go to www.wellsky.com/login.
2. Click the 'Home Health CAHPS' in the Home Health box and then sign in with your assigned login and password.
3. To upload HHCAHPS files, choose HHCAHPS Patient List in the drop-down menu for File Type.
4. Click the 'Browse' button and locate the file from your hard drive or desktop.
5. Select the file and click 'Open'.
6. The file you have selected will automatically appear in the upload window.
7. Click 'Submit file for upload' to transfer your data.

Transmission Feedback

A File Submission Outcome Report will be emailed which identifies any issues with the HHCAHPS data file that was submitted. The email is sent to the contact that submitted the file. This report gives visibility over file receipt, and that your patients have all the required information to be sampled, surveyed, and the results reported back to your agency and CMS. We also recommend agencies verify file submission on the website by navigating to the HHCAHPS tab and selecting 'Survey Activity', a grid will appear with your agencies file submission. Any questions regarding issues on the File Submission Outcome report or Survey Activity tab should contact WellSky CAHPS File Experts at 1-800-379-0361.

File Status	Definition	Agency Action Required
File Accepted	There are no errors and the file has eligible patients to sample and survey. *Please Note: There may be warnings that need to be reviewed in this status.*	Yes, contact a File Expert if you are unable to determine what is causing the warnings.
File Accepted Requires Corrections	The file contains eligible patients to sample and survey, but has some errors/warnings that should be reviewed.	Yes, contact a File Expert if you are unable to determine what is causing the errors/warnings.
File Rejected	The file has errors/warnings and no eligible patients to sample and survey.	Yes, contact a File Expert if you are unable to determine what is causing the errors/warnings.

Reviewing Transmission Feedback Reports

File Summary

The subject of the email will always contain information on the status of the file submission. The status definitions are:
1. File Accepted - No errors and has eligible patients to sample and survey.

2. File Accepted Requires Corrections - Has some eligible patients to sample and survey but has errors as well.

3. File Rejected - Has errors and no eligible patients to sample and survey.

4. Test File Submitted - Test file.

HHCAHPS Patient File Definitions Explanation

The File Definition row of the file summary will report the file definition used for the submitted file.

Location Summary

Next is the location summary which is very helpful for agencies with multiple providers and/or multiple branch locations. This allows you to see the patients received by provider and branch. Note: If multiple branches are setup for a provider each patient must be correctly associated with a branch via the location code in the data file. If patients have an incorrect location code those patients will be receive a provider level survey. Before a row in the data file can be processed its location and provider must be validated.

Sample Month	Status	Provider ID	Provider	Branch	Location Code	Total	Errors	Warnings	Duplicates	Eligible	New
04/01/2010	Test File Submitted	000000	My Agency, Inc.			54	4	0	3	0	50
04/01/2010	Test File Submitted			My Agency, Inc. - Central	CENT	41	3	0	3	0	38
04/01/2010	Test File Submitted			My Agency, Inc. - East	EAST	13	1	0	0	0	12

Record Warnings

Records with a 'Warning' are still imported into the system and will be valid to sample. However, it's important to fix all warnings to ensure the integrity of your data. Some warnings will impact survey administration. You can find all warnings on the file at the end of the File Submission Outcome Report. The following are a list of possible warnings:

• Exceeding specified field length.

• ICD10 : Must be a valid ICD10 code (V codes and E codes are allowed).

• Skilled Visits > Lookback: The skilled visits column must never be greater than your lookback visits column. CMS identifies the lookback period as the number of skilled visits in the current sample month PLUS the number of skilled visits in the previous sample month.

• Missing telephone number: A record is missing a telephone number (this will impact survey administration).

• Missing address: A record is missing an address (this will impact survey administration).

Row	Type	Message
7	Warning	Invalid Value (Telephone)
8	Warning	Invalid Value (Address1)
8	Warning	Invalid Value (State)
8	Warning	Invalid Value (ZipCode)
8	Warning	Invalid Value (City)

Data Collection

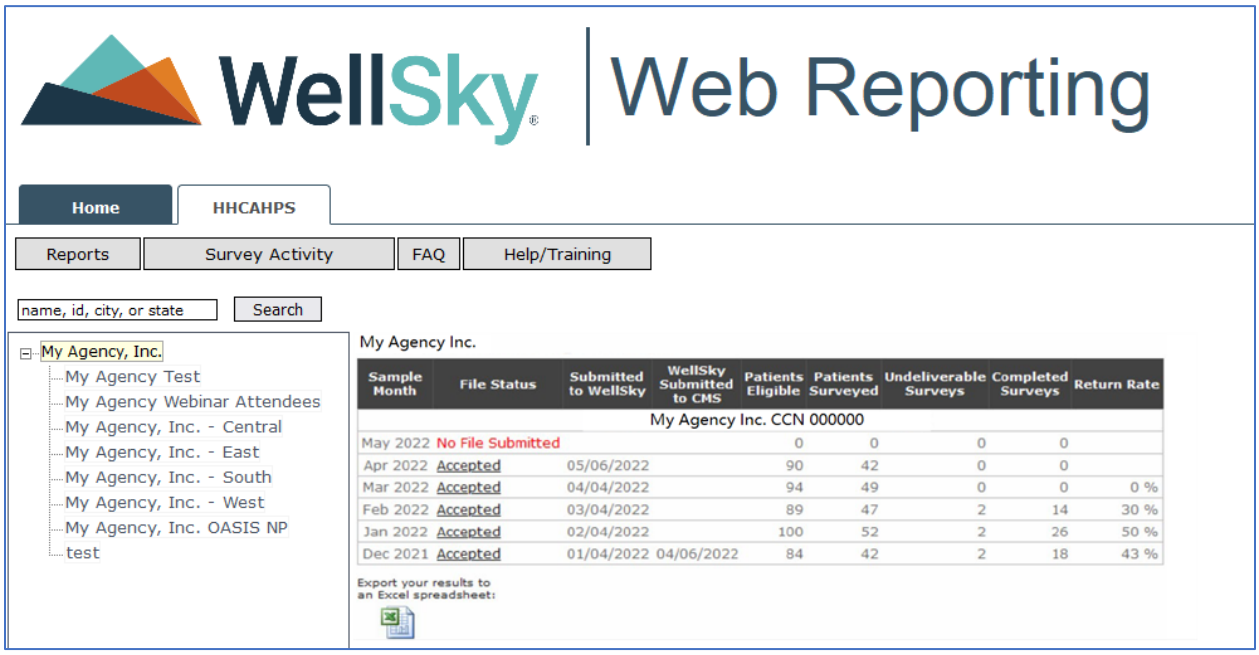
Mail Mode: Surveys are only mailed to patients.	Mixed Mode: Surveys are mailed and then a phone call is made to the patient.
A survey and cover letter are mailed one month following the sample month for Home Health. A second survey is mailed 3 weeks later to those who did not respond to the first survey. The data collection period is 42 days/six weeks.	A survey and cover letter are mailed one month following the sample month for Home Health. A telephone follow-up is conducted, if the mailed survey is not received, approximately 3 weeks after the survey is mailed. The data collection period is 42 days/six weeks.

2023 Home Health CAHPS Data Collection Schedule for Subscribers

HHCAHPS Sample Month	Patient File Due to WellSky	Survey Activity Begins by	If Timely File Submitted, Data Collection Period Ends	Final Reports Available
January	February 7th, 2023	February 21st, 2023	April 4th, 2023	April 18th, 2023
February	March 7th, 2023	March 21st, 2023	May 2nd, 2023	May 16th, 2023
March	April 7th, 2023	April 21st, 2023	June 2nd, 2023	June 16th, 2023
April	May 5th, 2023	May 19th, 2023	June 30th, 2023	July 14th, 2023
May	June 7th, 2023	June 21st, 2023	August 2nd, 2023	August 16th, 2023
June	July 10th, 2023	July 21st, 2023	September 1st, 2023	September 15th, 2023
July	August 7th, 2023	August 21st, 2023	October 2nd, 2023	October 16th, 2023
August	September 8th, 2023	September 21st ,2023	November 2nd, 2023	November 16th, 2023
September	October 6th, 2023	October 20th, 2023	December 1st, 2023	December 15th, 2023
October	November 7th, 2023	November 21st, 2023	January 2nd, 2024	January 16th, 2024
November	December 7th, 2023	December 21st, 2023	February 1st, 2024	February 15th, 2024
December	January 8th, 2024	January 19th, 2024	March 1st, 2024	March 15th, 2024

Survey Activity

Once a file is submitted to the WellSky HHCAHPS Portal the file submission outcome reports as well as a receipt trail can be accessed via the Home Health tab and Survey Activity area.



The Survey Activity Page will show vital information to ensure agencies can keep up to date with their surveying and, in turn, their compliance.

Sample Month: The month in which patients were seen.

File Status: **Accepted**, **Corrections**, **Rejected** status show if the file is accepted with no issues, needs corrections for survey administration to occur, or are rejected.

Submitted to WellSky: The date in which the file was uploaded.

WellSky Submitted to CMS: Once WellSky submits your agency's data to CMS, the date will populate of the submission. Data is submitted quarterly.

Patients Eligible: How many patients met CMS' survey eligibility criteria.

Patients Surveyed: The number of patients randomly sampled from the eligible pool to receive a survey.

Undeliverable Surveys: Surveys that are returned from USPS as undeliverable.

Completed Surveys: Number of surveys filled out and returned.

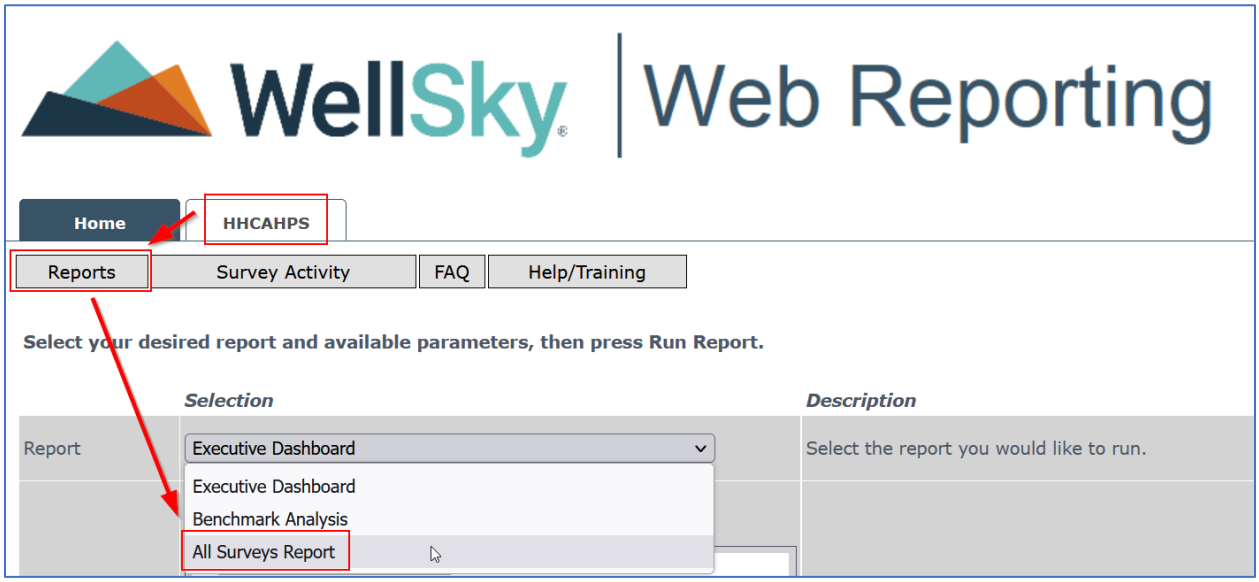
Return Rate: Number of surveys filled out and returned compared to how many were sampled for surveying.

Reports

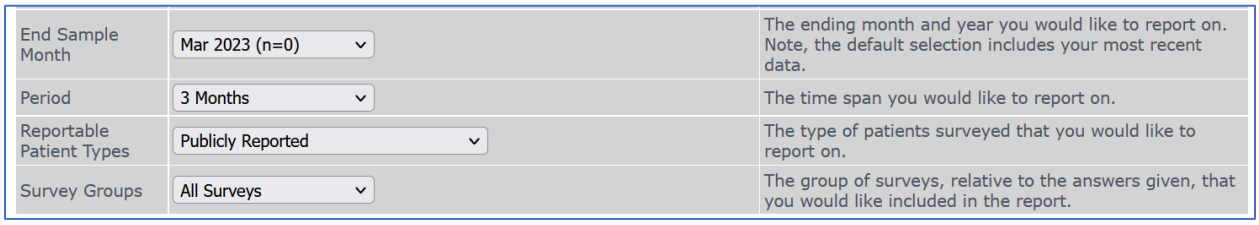
Once your surveys return there are three reports that can be utilized to review the survey results.

All Surveys Report

The All Surveys Report is a report that shows each individual survey and its responses.



The All Surveys Report can be accessed by going to HHCAHPS > Reports > Selecting All Surveys Report from the dropdown menu.



The report allows you to select a **period** of 1, 3, 6, or 12 months and the **sample month** you'd like to **end** on.

*Example: Looking at a **Period** of 3 Months with September as the **End Sample Month** will pull a report of data from July, August, and September.*

Once your period is pulled, the report will show individual surveys and how the questions were answered.

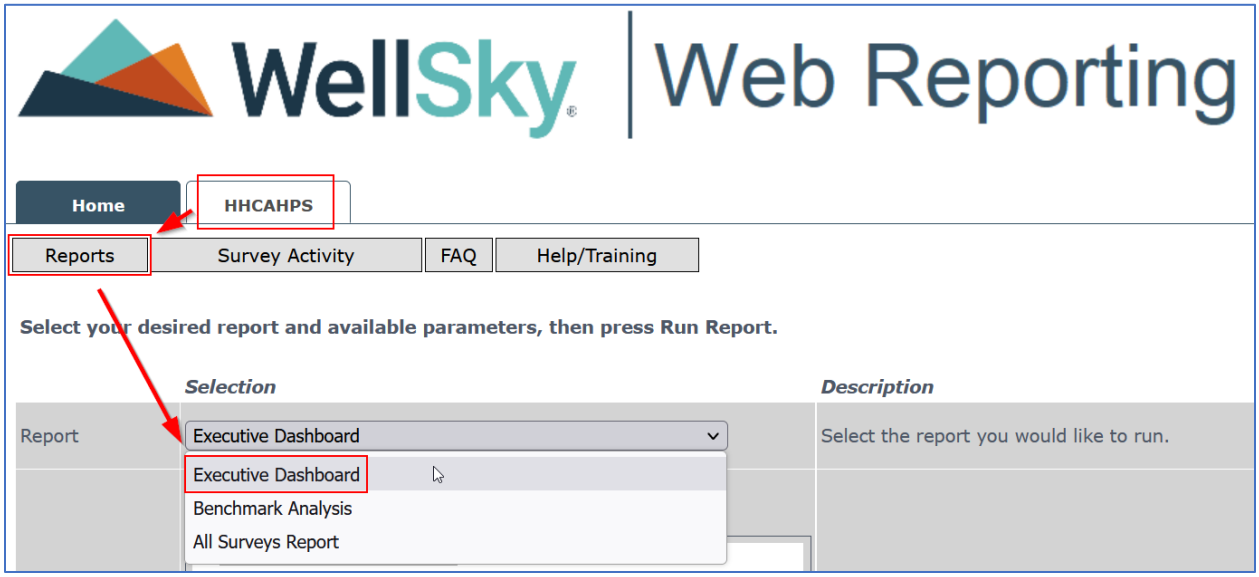
Sample Month: Dec/2019	Survey Results Included in Benchmarks	Robert Robertson (555) 555-5555

Your Care from Home Health Providers in the Last 2 Months	
In the last 2 months of care, was one of your home health providers from this agency a nurse?	Yes
In the last 2 months of care, was one of your home health providers from this agency a physical, occupational, or speech therapist?	Yes
In the last 2 months of care, was one of your home health providers from this agency a home health or personal care aide?	No
In the last 2 months of care, did you and a home health provider from this agency talk about pain?	Yes
In the last 2 months of care, did you take any new prescription medicine or change any of the medicines you were taking?	Yes
In the last 2 months of care, did home health providers from this agency talk with you about the **purpose** for taking your new or changed prescription medicines?	Yes
In the last 2 months of care, did home health providers from this agency talk with you about **when** to take these medicines?	Yes
In the last 2 months of care, did home health providers from this agency talk with you about the **side effects** of these medicines?	Yes
In the last 2 months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home?	Always
In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible?	Always
In the last 2 months of care, how often did home health providers from this agency explain things in a way that was easy to understand?	Always
In the last 2 months of care, how often did home health providers from this agency listen carefully to you?	Always
In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect?	Always
We want to know your rating of your care from this agency's home health providers. Using any number from 0 to 10, where 0 is the worst home health care possible and 10 is the best home health care possible, what number would you use to rate your care from this	10 Best Home Health Care Possible

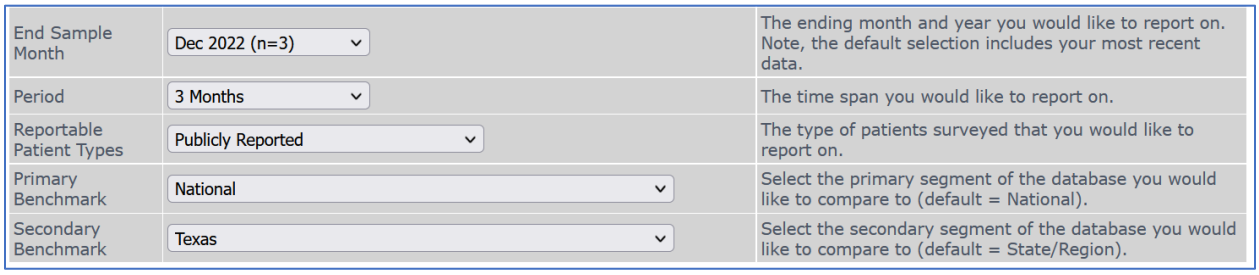
Your Home Health Agency	
In the last 2 months of care, did you contact this agency's **office** to get help or advice?	No
In the last 2 months of care, did you have any problems with the care you got through this agency?	No
Would you recommend this agency to your family or friends if they needed home health care?	Definitely Yes
Consent to Share	
Do you give your permission to provide your answers to this survey linked to your name to your home health agency?	Yes, I give my permission
Your Home Health Care	
According to our records, you got care from the home health agency, **My Agency, Inc**. Is that right?	Yes
When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get?	Yes
When you first started getting home health care from this agency, did someone from the agency **talk with you** about how to set up your home so you can move around safely?	Yes
When you first started getting home health care from this agency, did someone from the agency talk with you about all the **prescription and over-the-counter medicines** you were taking?	Yes
When you first started getting home health care from this agency, did someone from the agency ask to **see** all the prescriptions and over-the-counter medicines you were taking?	Yes

Executive Dashboard

The Executive Dashboard serves as a quick report to show five publicly reported measures from your results. You can view your overall rating of care, the likelihood of recommendation, the care of patients, communications, and specific care issues for the desired period as well as trending those scores over time. The Executive Dashboard report is also included and expanded upon in the Benchmark Analysis Report.



The Executive Dashboard Report can be accessed by going to HHCAHPS > Reports > Selecting Executive Dashboard Report from the dropdown menu.



The report allows you to select a **period** of 1, 3, 6, or 12 months and the **sample month** you'd like to **end** on.

*Example: Looking at a **Period** of 3 Months with September as the **End Sample Month** will pull a report of data from July, August, and September.*

Primary and Secondary Benchmarks will default to your agency' state and national benchmarks but can be changed to a regional and percentage benchmark if desired.

Return Rate: The report will display the number of surveys sent, surveys completed, and the return rate overall for the period pulled.

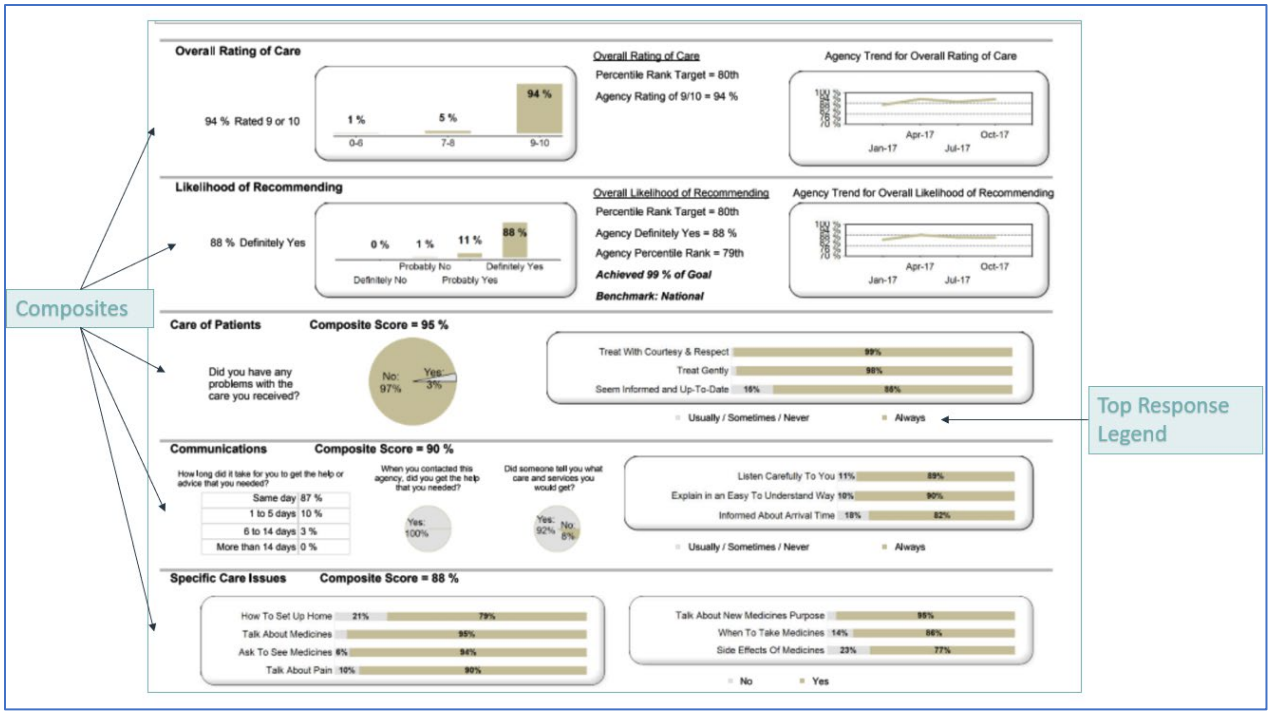
STAR Rating: WellSky CAHPS team imports the quarterly refreshes of STAR ratings from Care Compare

Composite Scores: Each question in the surveys will roll up into an overall composite. There are five composites: overall rating of care, likelihood of recommending, care of patients, communications, and specific care issues. These composites are used by CMS to create the STAR ratings published on Care Compare and are what your agency is being scored on.

Percentile Rank: Percentile rank your agency lies in against National and State benchmarks. All benchmarks are created from internal data obtain from all Home Health Agencies

Trend Analysis Over Time: As your agency is surveying with us longer, our system will show the composite scores over time. The report will default to the period pulled.

Example: If the report is pulled for a 3-month period, the trend will map out the composite scores for each 3-month period backwards.



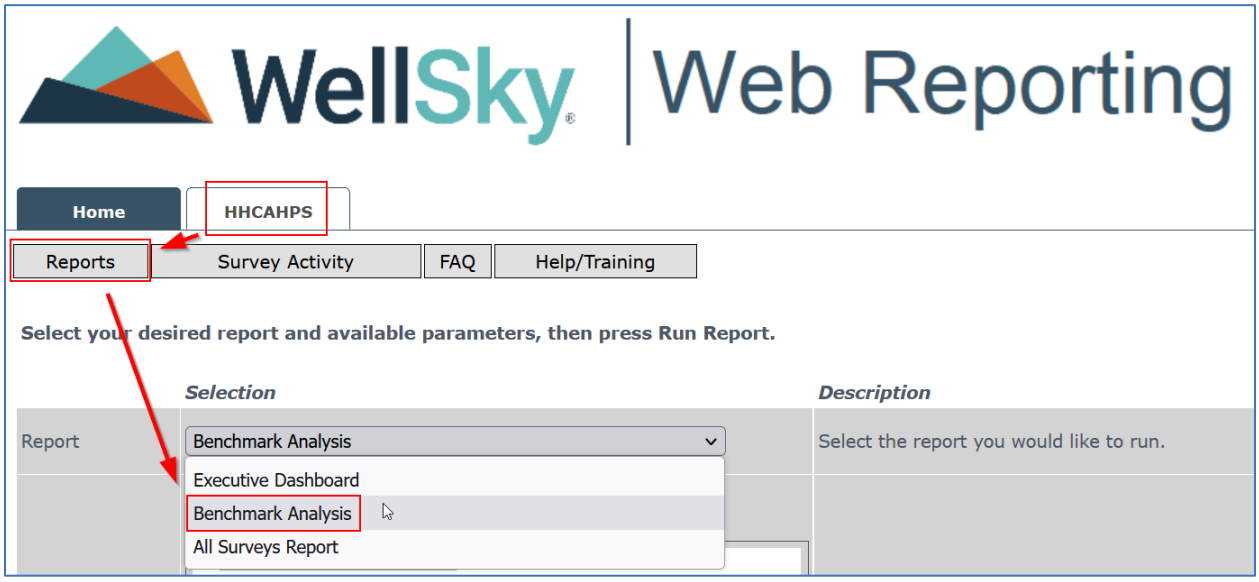
Composites: For each Composite Score, this part of the report will show which questions feed into each score and how they were answered overall for the period pulled.

Top Response Legend: The scoring will show in tan the "Top Response" that could be given to any question. The bar graph will then show all the top responses against all non-top responses.

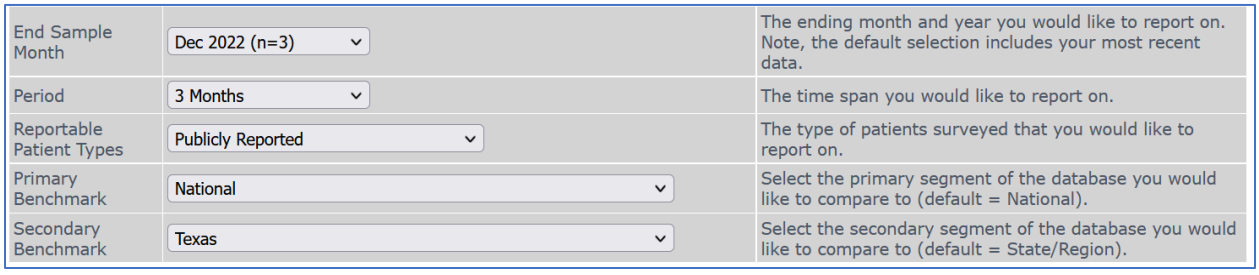
Example: Some questions have a scale of "Never, Usually, Sometimes, Always". The top response may be Always but all non-top responses "Never, Usually, Sometimes" are lumped together.

Benchmark Analysis

The Benchmark Analysis report includes the five publicly reported composite measures as well as an expansion into quality improvement measures, top box reporting, and patient open ended question comments.



The Benchmark Analysis Report can be accessed by going to HHCAHPS > Reports > Selecting Benchmark Analysis Report from the dropdown menu.



The report allows you to select a **period** of 1, 3, 6, or 12 months and the **sample month** you'd like to **end** on.

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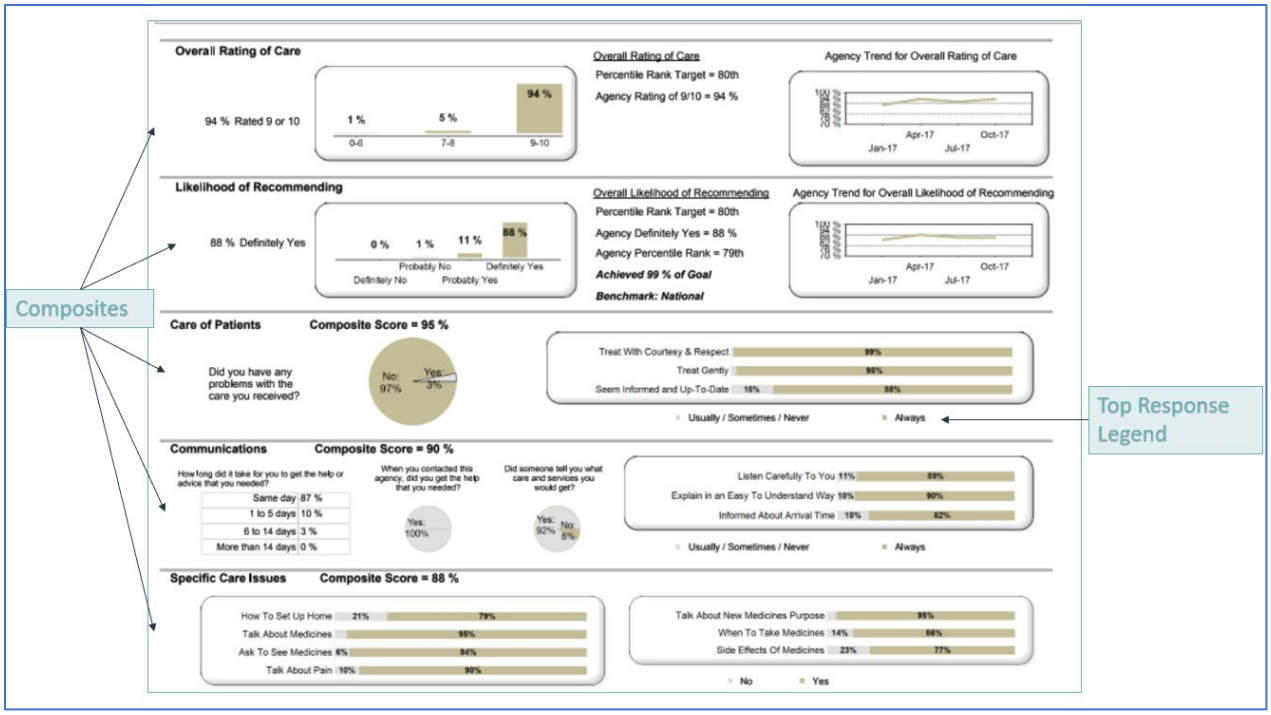
Trend Analysis Over Time: As your agency is surveying with us longer, our system will show the composite scores over time. The report will default to the period pulled. *Example: If the report is pulled for a 3-month period, the trend will map out the composite scores for each 3-month period backwards.*



Composites: For each Composite Score, this part of the report will show which questions feed into each score and how they were answered overall for the period pulled.

Top Response Legend: The scoring will show in tan the "Top Response" that could be given to any question. The bar graph will then show all the top responses against all non-top responses.

Example: Some questions have a scale of "Never, Usually, Sometimes, Always". The top response may be Always but all non-top responses "Never, Usually, Sometimes" are lumped together.

Improvements Noted: Provides the two questions that have shown the greatest statistically significant improvement since the period before the period pulled. Will also note if results improved in the two specific areas we targeted for improvement based on our last report

Declines Noted: Provides the two questions where you have experienced the greatest statistically significant decline since the period before the period pulled.

Targets for Improvement: Based on statistical analyses of your present report, the two survey questions with the lowest scores compared to benchmarks have been identified. If your scores are significantly below the performance for your reference group, quality improvement efforts are warranted.

Top Box Reporting:

-X number of clients responded to the survey

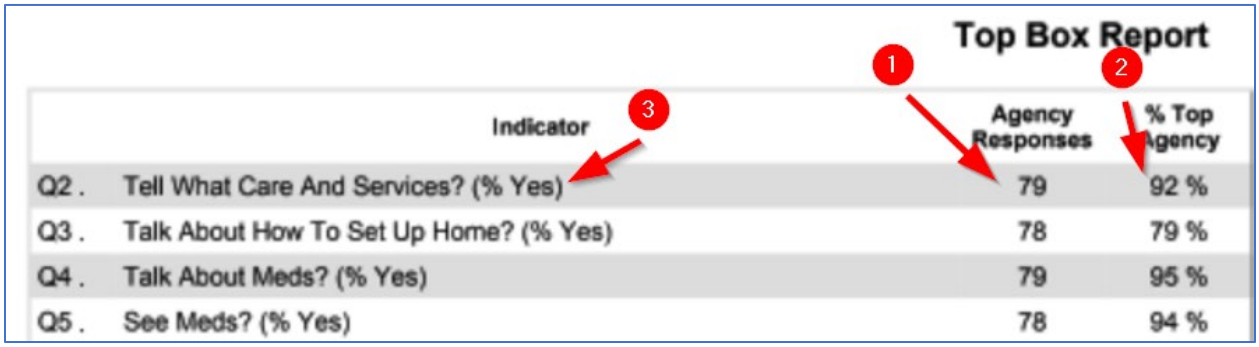
-Of the X amount, Y clients responded to this question

-Of the Y amount, Z responded favorably with the top scoring response

Top Box Report

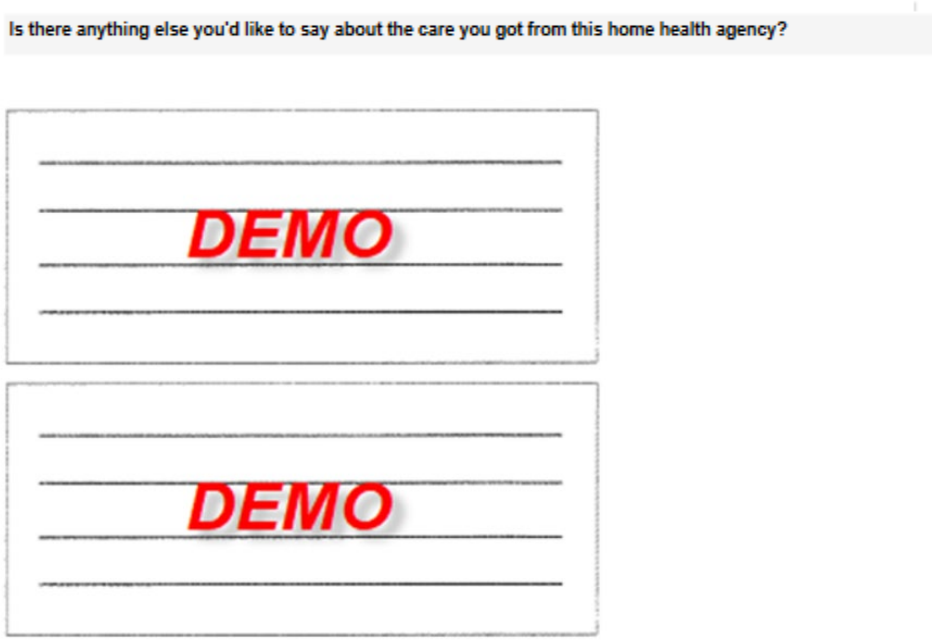
Indicator	Agency Responses	% Top Agency	Nat'l Responses	% Top Nat'l	Diff Nat'l	CT Responses	% Top CT	Diff CT
Q2. Tell What Care And Services? (% Yes)	79	92 %	13648	96 %	-4 %	594	96 %	-4 %
Q3. Talk About How To Set Up Home? (% Yes)	78	79 %	13411	83 %	-4 %	579	85 %	-6 %
Q4. Talk About Meds? (% Yes)	79	95 %	13781	91 %	4 %	590	94 %	1 %
Q5. See Meds? (% Yes)	78	94 %	13510	86 %	8 %	572	89 %	5 %
Q6. Nurse Provider? (% Yes)	81	95 %	14601	91 %	4 %	622	95 %	0 %
Q7. Therapist Provider (% Yes)	79	54 %	14501	70 %	-16 %	616	63 %	-9 %
Q8. Aide Provider? (% Yes)	74	47 %	13925	52 %	-5 %	601	55 %	-8 %
Q9. Seem Informed and Up-To-Date? (% Always)	72	85 %	12887	73 %	12 %	561	76 %	9 %
Q10. Talk About Pain? (% Yes)	81	90 %	14616	89 %	1 %	623	87 %	3 %
Q11. New/Changed Prescriptions? (% Yes)	79	54 %	14315	39 %	15 %	599	43 %	11 %
Q12. Talk About New Meds Purpose? (% Yes)	43	95 %	5519	86 %	9 %	253	88 %	7 %
Q13. Talk About When To Take Meds? (% Yes)	43	86 %	5551	79 %	7 %	255	82 %	4 %
Q14. Talk About Med Side Effects? (% Yes)	43	77 %	5450	69 %	8 %	254	68 %	9 %
Q15. Keep You Informed About Arrival Time? (% Always)	80	82 %	14717	80 %	2 %	627	81 %	1 %
Q16. Treat Gently (% Always)	81	98 %	14750	91 %	7 %	629	91 %	7 %
Q17. Explain in an Easy To Understand Way (% Always)	80	90 %	14767	84 %	6 %	625	85 %	5 %
Q18. Listen Carefully (% Always)	81	89 %	14754	85 %	4 %	628	87 %	2 %
Q19. Courtesy & Respect (% Always)	81	99 %	14768	94 %	5 %	632	95 %	4 %
Q20. What number would you use to rate your care? (% 9 or 10)	80	94 %	14659	85 %	9 %	627	80 %	14 %
Q21. Did You Contact Office For Help? (% Yes)	77	38 %	14079	30 %	8 %	596	33 %	5 %
Q22. When Contacted Agency Did Get Help Needed? (% Yes)	31	100 %	4627	92 %	8 %	224	92 %	8 %
Q23. How Long To Get Help? (% Same day)	30	87 %	4244	74 %	13 %	204	72 %	15 %
Q24. Any Problems With Care? (% No)	79	97 %	14486	94 %	3 %	617	95 %	2 %
Q25. Recommend this Agency? (% Definitely Yes)	81	88 %	14598	79 %	9 %	622	82 %	6 %

Top Box Reporting: Top Box reporting allows you to see what percentage of respondents gave the top response for each question on the survey. Since some respondents do not fill every question out in a completed survey, the (1.) Agency Responses column shows how many respondents answered each question for the period being viewed. Then of that number, the (2.) % Top Agency column shows what percentage gave that top response. For each question, the top response is given in the (3.) Indicator column in brackets.



Example: 80 total respondents completed and sent back a survey. 79 respondents answered Question 2: When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get? Of those 79 responses, 92% of the time, the respondents gave the top response for that question "Yes".

Survey Images: At the end of the Benchmark Analysis, all open-ended questions are compiles for viewing. This question provides optical scans of handwritten comments from respondents regarding their home health care.



Help/Training

Support Lines

- **CAHPS Operational Support:** Support line agencies can call to ask operational CAHPS questions such as portal access, file submission issues, reporting consulting, or general queries.
    - (800) 379-0361
- **Phone Support**
    - Operates 9am-5pm EST
    - Off hours support > voicemail that is returned
- **Email Support**
    - Operates 9am-5pm EST
    - cahpsteam@wellsky.com

Additional Materials

Additional materials such as copies of the survey and cover letter, portal access forms, and more can be found on the help/training tab.