



Form HOSPICE CAHPS EXEMPTION

Use this tool to gather all of the appropriate information and data prior to filing with CMS for an exemption to the Hospice CAHPS for 2023.

Apply online at: <https://www.hospicecahpsurvey.org/en/participation-exemption-for-size/> prior to 3/31/23.

I. General Information

1a. CCN Number - Submission Date 12/19/2022 _____

1b. Organization Name _____

II. Contact Person at Hospice for this Exemption for Size Request

Confirmation email will be sent to the Contact Person.

2a. Name _____

2b. Title _____

2c. Mailing Address 1 _____

2d. Mailing Address 2 _____

2e. City _____

2f. State _____

2g. Zip Code _____

2h. Telephone _____

2i. Fax Number _____

2j. Email Address _____

Participation Exemption for Size Request

(Do not leave any fields blank – enter 0 [zero] if applicable)

_____ 1. Enter the total number of patients who died while in hospice care between January 1, 2021 and December 31, 2021 (CY 2021)

2. Enter the total number of patients during CY 2021 who fall into the following categories. Do not include a patient in more than one of the following categories.

_____ a. Enter the number of patients who were discharged alive

b. Enter the number of decedents:

_____ i. who were under the age of 18

_____ ii. who died within 48 hours of admission to hospice care

_____ iii. for whom there is no caregiver of record

_____ iv. for whom the caregiver is a non-familial legal guardian or paid caregiver

_____ v. for whom the caregiver has a foreign (non-U.S. or U.S. Territory) home address

_____ vi. for whom the caregiver requested not to be contacted



HOSPICE FUNDAMENTALS

KNOWLEDGE • EXPERTISE • COMMON SENSE