



Medicare Shared Savings Program and
Next Generation ACO Model

**CAHPS® SURVEY FOR
ACCOUNTABLE CARE
ORGANIZATIONS
PARTICIPATING IN MEDICARE
INITIATIVES**

Quality Assurance Guidelines

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Version #5

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Revision History

VERSION	DATE	REVISION/ CHANGE DESCRIPTION	AFFECTED AREA
1	10/2013	Updated to reflect CMS procedures and specifications for 2014 survey administration.	Survey administration timeline.
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1 Reader's Guide

PURPOSE OF THE QUALITY ASSURANCE GUIDELINES

The Centers for Medicare & Medicaid Services (CMS) developed the Quality Assurance Guidelines for the CAHPS^{®1} Survey for Accountable Care Organizations (ACOs) Participating in Medicare Initiatives (or Quality Assurance Guidelines) to standardize the data collection process and to make sure the survey data collected across survey vendors are comparable.

CMS designed this reader's guide section to give survey vendors and ACOs an overview of the content of this document. The detailed information on requirements, protocols, and procedures in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey for ACOs Participating in Medicare Initiatives (also known as the CAHPS for ACOs Survey) can be found in each section.

QUALITY ASSURANCE GUIDELINES VERSION 5 CONTENT

This document includes the following sections:

INTRODUCTION AND OVERVIEW

How the CAHPS for ACOs Survey was developed and a description of the survey.

PROGRAM REQUIREMENTS

Requirements for administering the survey, including communication with beneficiaries, and roles and responsibilities for CMS, ACOs, and survey vendors.

TECHNICAL ASSISTANCE AND COMMUNICATION

Information about communication and technical support available to survey vendors, as well as other interested parties.

SAMPLING

An overview of CMS' process for selecting a sample of beneficiaries for the survey and information on how survey vendors will retrieve the survey sample.

DATA COLLECTION PROTOCOL

Details on the mixed-mode (mail with phone follow-up) data collection protocol survey vendors must use to administer the survey, including the data collection schedule, data receipt, data retention, and quality control guidelines.

¹ CAHPS[®] is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ), a U.S. Government agency.

DATA CODING AND DATA PREPARATION

Information on how to prepare the data files for submission to the ACO Data Warehouse.

DATA SUBMISSION

Information on the survey vendor authorization and registration process, how and when to submit data, the data audit and validation checks, and data submission reports.

DATA ANALYSIS AND PUBLIC REPORTING

Information on the reports CMS prepares for ACOs and the data analysis of the CAHPS for ACOs Survey. This section also talks about data analyses that survey vendors may conduct for ACOs.

OVERSIGHT

Information on the oversight activities the CMS-sponsored CAHPS for ACOs Survey project team conducts to make sure survey vendors comply with all protocols and procedures for the administration of the CAHPS for ACOs Survey.

DISCREPANCY REPORTS

Instructions on when and how to notify CMS of any discrepancies from the standard CAHPS for ACOs Survey protocols and specifications that may occur during the data collection process.

APPENDICES²

- Model Quality Assurance Plan
- General Interviewing Guidelines for Conducting Phone Surveys
- Frequently Asked Questions for Customer Support
- Sample File Record Layout
- Survey File Record Layout
- Discrepancy Report
- Survey Items Applicable to All Respondents
- Nine Summary Survey Measures Used to Determine Survey Completeness
- Medicare Provider Experience Surveys (English)
- Instructions and Computer Assisted Telephone Interview (CATI) Scripts (English)

² These appendices are contained within a separate .zip file, and are not included as part of this document.

- Summary Survey Measures Not Used in Scoring

FOR MORE INFORMATION

Visit the [CAHPS for ACOs website](http://acocahps.cms.gov) (acocahps.cms.gov) for more information on the CAHPS for ACOs Survey program and to find important program updates and announcements.

TO PROVIDE COMMENTS OR ASK QUESTIONS

- Contact the CAHPS for ACOs Survey project team at acocahps@HCQIS.org or toll free at 855-472-4746 for technical assistance and information.
- Contact the data coordination team at aco-datasupport@rand.org.

2 Introduction and Overview

CMS is committed to measuring and reporting on quality of health care from the consumer's perspective. Consumer evaluations of health care measure important aspects of a beneficiary's experience that cannot be measured through other means.

CMS uses CAHPS Surveys to collect patient experience of care information in support of multiple CMS programs and initiatives. CAHPS is a family of surveys developed by a consortium of researchers from the American Institutes for Research, Harvard Medical School, RAND Corporation, and RTI International under a cooperative agreement between CMS and the Agency for Healthcare Research and Quality (AHRQ), a component of the U.S. Public Health Service.

The CAHPS for ACOs Survey is an annual survey conducted by ACOs participating in the Medicare Shared Savings Program (Shared Savings Program) and Next Generation ACO Model to meet their requirement to measure patient experience of care.

Note: This document will collectively refer to ACOs throughout unless noting specific differences.

Since reporting period 2012, the CAHPS for ACOs Survey has been administered annually. The primary goals of the survey are to:

- Measure the performance of organizations participating in the Shared Savings Program and Next Generation ACO Model. Under these programs, ACOs are eligible to get a portion of the savings that accrue to Medicare if the ACO meets both program requirements and quality performance standards.
- Help ACOs improve quality of care and services by giving them information on their performance as well as information on the experiences of beneficiaries in other ACOs and beneficiaries who aren't seen by ACOs.

Congress established the Shared Savings Program as a national program to encourage greater coordination and cooperation among providers, to improve quality of care, and to cut unnecessary costs.

The Next Generation ACO Model is designed for health care organizations that are already experienced in coordinating care for patients across care settings. The goal of the Next Generation ACO Model is to test whether strong financial incentives for ACOs, coupled with tools to support better patient engagement and care management, can improve health outcomes and lower expenditures for fee-for-service Medicare beneficiaries.

Additional information can be found at the [Shared Savings Program website](#) and the [Next Generation ACO Model website](#).

ABOUT THE SURVEY

The CAHPS for ACOs Survey is the only survey ACOs may use to meet Shared Savings Program and Next Generation ACO Model requirements to measure patient experience of care.

CMS continues to provide two versions of the CAHPS for ACOs Survey to assess patient experience for ACOs in reporting period 2017: ACO-9 and ACO-12. The ACO-9 survey captures the core CAHPS Clinician & Group (CG-CAHPS) Survey plus the Summary Survey Measures (SSMs) that are part of the ACO quality standard and were finalized in the Shared Savings Program final rule. **ACOs contracting with an approved vendor for reporting period 2017 data collection have the option of using either the ACO-9 or ACO-12 survey.** The CAHPS for ACOs Data Warehouse will accept data for both versions of the survey.

3 Program Requirements

OVERVIEW

This section describes the program requirements for administering the CAHPS for ACOs Survey, including the requirements for communicating with Medicare beneficiaries about the survey, roles and responsibilities for participating organizations, and minimum business requirements to administer the survey.

COMMUNICATING WITH BENEFICIARIES ABOUT THE CAHPS FOR ACOs SURVEY

Survey vendors and ACOs are allowed to notify beneficiaries that they may be asked to participate in the CAHPS for ACOs Survey. However, certain types of promotional communication (either oral, written, or in the survey materials, such as cover letters and phone script) are not permitted, as they may introduce bias in the survey results.

- ACOs, survey vendors, or their agents are encouraged **not** to ask any CAHPS for ACOs Survey items of beneficiaries with fee-for-service Medicare four weeks prior to, during, and after the CAHPS for ACOs Survey administration for quality reporting period 2017 (generally from October 11, 2017 to February 28, 2018). This guideline does not apply to other CMS-administered surveys.

Additionally, ACOs, survey vendors, or their agents are not allowed to:

- Attempt to influence or encourage beneficiaries to answer survey items in a particular way.
- Imply that the ACO, its personnel, or its agents will be rewarded or gain benefits for positive feedback from beneficiaries by asking beneficiaries to choose certain responses or indicate that the ACO is hoping for a given response.
- Offer incentives of any kind for participation in the survey.
- Show or provide the CAHPS for ACOs Survey materials (pre-notification letter, cover letter, or survey) to beneficiaries prior to the administration of the survey.
- Indicate that the ACO's or provider's goal is for all beneficiaries to rate them a "10," "Yes," or "Always."

ROLES AND RESPONSIBILITIES

CMS ROLES AND RESPONSIBILITIES

CMS requires standardized survey administration and data collection methodology for measuring and reporting Medicare beneficiaries' perspectives on care they received from Medicare ACOs.

CMS will:

- Give CAHPS for ACOs Survey vendors the survey administration protocol, timeline, and description of the data submission tools through the Quality Assurance Guidelines for CAHPS for ACOs Survey administration.
- Train survey vendors to administer the CAHPS for ACOs Survey.
- Provide technical assistance to survey vendors and ACOs via a toll-free phone number at 855-472-4746, email at acocahps@HCQIS.org, and the [CAHPS for ACOs Survey website](#).
- Give survey vendors the tools, format, and procedures for submitting collected data.
- Process, review, and analyze data files from survey vendors.
- Prior to reporting, calculate and adjust CAHPS for ACOs Survey data for case-mix effects.
- Give each ACO a report and Excel file detailing survey scores.

ACO ROLES AND RESPONSIBILITIES

ACOs agree to:

- Contract with a CMS-approved CAHPS for ACOs Survey vendor to administer the CAHPS for ACOs Survey. (ACOs are not allowed to administer the survey themselves.) ACOs can find the list of approved survey vendors on the [CAHPS for ACOs Survey website](#).
- Select either ACO-9 survey or ACO-12 survey.
- Authorize the survey vendor to submit CAHPS for ACOs Survey data on their behalf by completing the web-based survey vendor authorization tool.
 - ACOs must authorize a survey vendor by September 19, 2017.

Note: It is the responsibility of the ACO to contract with a survey vendor to administer the survey in a language other than English.

SURVEY VENDOR ROLES AND RESPONSIBILITIES

Survey vendors agree to:

- Participate via webinar in the CAHPS for ACOs Survey vendor training **and** successfully complete the post-training quiz conducted immediately at the end of the mandatory training.
- Follow the CAHPS for ACOs Survey administration requirements found in the Quality Assurance Guidelines.
 - Adhere to the specified data collection schedule.

- Execute a Data Use Agreement (DUA) with CMS to permit survey vendor access to the sample files and any other CMS data specified in the DUA. Survey vendors must ensure that:
 - Contacts on the DUA are correct and that all contact information is accurate.
 - Current DUAs are extended before their expiration date as needed. CMS will not approve new DUAs if a survey vendor's organization has any outstanding DUAs that are expired.
 - Current DUAs are updated to include the 2017 survey administration data.
 - Submit a DUA Addendum for each subcontractor that views beneficiary-level data (e.g., name, address, phone number).

The DUA signed by each survey vendor restricts the use of data and any approved appended items. **Survey vendors requesting to append data by merging sample data OR survey data and ACO administrative data must submit to CMS for approval a specific list of the ACO administrative data items to be appended, as well as an analytic plan or plan for data use.** The survey vendor may not append data until it receives written permission from CMS that the analytic plans or data use plans and proposed appended items have been approved.

*Note: Survey vendors cannot release any analytic results or measures to ACOs based on a cell size fewer than 11. No cell sizes under 11 can be displayed in any cross tabulations, frequency distributions, tables, Excel files, or other reporting mechanisms. In short, no number smaller than 11 should appear in any material provided to your client. For example, **if a certain response option is chosen fewer than 11 times, data for that response option must not be displayed, even if 11 or more responses were received for the corresponding item as a whole. These instructions prohibit display counts of 1-10 or any numbers that allow the exact inference of a count of 1-10.***

- Complete and submit the Vendor Access to ACO Data Warehouse form by September 5, 2017.
- Receive and perform checks of each ACO's sample file to make sure the sample file includes all required data elements.
- Administer the CAHPS for ACOs Survey and oversee the quality of work of staff and subcontractors, if applicable, according to protocols and procedures established by CMS and contained in the Quality Assurance Guidelines.
- Verify that each ACO has authorized the survey vendor to submit data on behalf of the ACO.
- Submit data files to the ACO Data Warehouse before CMS' data submission deadline following the data file specifications in the Quality Assurance Guidelines.

- Review the CAHPS for ACOs Survey data submission reports and make sure that survey data are submitted to CMS in an accurate and timely manner.

Note: Survey vendors must follow all CAHPS for ACOs requirements and procedures to ensure the data collected on behalf of a client ACO can be used by CMS for scoring and reporting.

Approved survey vendors are required to maintain a minimum of one active ACO client contract for at least one of two consecutive survey cycles. **Survey vendors who don't obtain a contract with a Next Generation ACO Model or Shared Savings Program ACO for one of two consecutive survey fielding cycles will lose their approval to administer the CAHPS for ACOs Survey** and will have to submit a new application to be considered for approval as a survey vendor. Approval as a survey vendor in prior years does not guarantee future approval.

SURVEY VENDOR CAHPS FOR ACOs SURVEY TRAINING

Conditionally approved survey vendors must participate, via webinar, in the CAHPS for ACOs Survey training and any subsequent CAHPS for ACOs Survey training update sessions sponsored by CMS. At a minimum, key survey vendor and/or subcontractor staff named in the vendor's application as fulfilling the roles of Project Manager, Mail Survey Supervisor; Call Center Supervisor, Information Systems Specialist/Computer Programmer(s)/Developer(s) are required to participate in the training programs in their entirety. In addition, key staff members must successfully complete and submit the post-training quiz that will be emailed immediately after the mandatory training. A minimum of one passing quiz is required per organization. ACO staff members do not need to attend the training, but are welcome to do so.

REVIEW AND FOLLOW THE QUALITY ASSURANCE GUIDELINES AND ALL POLICY UPDATES

The Quality Assurance Guidelines have been developed to make sure the survey data collection process is standardized and reported data are comparable. ACOs and survey vendors must review and follow the protocols and procedures contained in this manual and all policy updates posted on the [CAHPS for ACOs Survey website](#).

ATTEST TO THE ACCURACY OF THE SURVEY VENDOR'S DATA COLLECTION PROCESS

Survey vendors must attest to the accuracy of their organization's data collection process and that it conforms to the Quality Assurance Guidelines. Survey vendors are prohibited from subcontracting the data submission task. Data collected in a non-approved manner may not be used in calculating and reporting ACO scores for the affected quality reporting period.

DEVELOP SURVEY VENDOR CAHPS FOR ACOs SURVEY QUALITY ASSURANCE PLAN

Survey vendors must develop a Quality Assurance Plan (QAP) for survey administration in accordance with the Quality Assurance Guidelines. The Model QAP document (see Appendix A) offers guidelines for developing the QAP. Survey vendors should update the QAP, when necessary, to reflect changes in resources and processes. Survey vendors should send notice of changes in key personnel to CAHPS for ACOs Survey Technical Assistance at acocahps@HCQIS.org.

Each survey vendor's QAP must include the following:

- Organizational background (organization chart) and role assignments for the project.
- Work plan for survey administration.
- Survey and data management system.
 - Include a detailed description of the process for updating beneficiary addresses (including the length of history used to look up previous addresses by the address update service).
 - Include a detailed description of the process for obtaining and updating beneficiary phone numbers.
- Description of quality control processes and procedures.
- Confidentiality, privacy, and security procedures in accordance with the Health Insurance Portability and Accountability Act (HIPAA).
 - Include information regarding how sample and/or survey data are transferred between the survey vendor and subcontractor.
- Annual summary outlining the results from quality control activities.
- Copies of the CAHPS for ACOs Survey materials used to field the survey, including mailing material envelopes.

Each survey vendor will be required to submit a QAP and materials that CMS determines are relevant to CAHPS for ACOs Survey administration (including mailing materials such as cover letters, surveys, and screenshots of the phone script) by email to acocahps@HCQIS.org for the CAHPS for ACOs Survey project team to review. The QAP submission due date is September 19, 2017.

Note: While all survey vendors will be required to submit a QAP, only survey vendors with clients will be required to submit CAHPS for ACOs Survey materials.

BECOME A REGISTERED USER OF THE ACO DATA WAREHOUSE

Each approved survey vendor is required to designate a primary data administrator within their organization responsible for retrieving (downloading) the sample files of the ACOs with which the survey vendor has contracted, and for submitting survey data to the ACO Data Warehouse on behalf of those ACOs. In addition to the primary data administrator, each survey vendor **must** designate a second person within the organization as a back-up data administrator who will also have access to the ACO Data Warehouse. The data administrator will serve as the main point of contact between the CAHPS for ACOs Survey data coordination team and the survey vendor regarding issues related to downloading files from or uploading files to the CAHPS for ACOs Survey ACO Data Warehouse.

In addition, the data administrator is primarily responsible for making sure the survey vendor follows procedures for preparing and submitting survey data according to the requirements CMS outlined in this manual. The CAHPS for ACOs Survey data coordination team must be notified promptly of any personnel changes to the survey vendor's data administrator and back-up data administrator roles. The new data administrator will be required to create a **new** password for the survey vendor's ACO Data Warehouse account.

Each survey vendor's data administrator, as well as the back-up data administrator and the project manager, will be required to register with the CAHPS for ACOs Survey data coordination team by completing a Vendor Access to ACO Data Warehouse form and emailing it to the CAHPS for ACOs Survey data coordination team at aco-datasupport@rand.org. Once the data coordination team has verified the information on the Vendor Access to ACO Data Warehouse form and confirmed that the survey vendor has been authorized by one or more ACOs to collect data on their behalf, the data coordination team will initiate vendor staff access to the Data Warehouse. The CAHPS for ACOs Survey data coordination team will copy the data administrator, back-up data administrator, and the project manager on all email communications related to the ACO Data Warehouse and data submission.

Survey vendors will receive the sample files for the ACOs they have contracted with via the CAHPS for ACOs Survey ACO Data Warehouse. In addition, survey vendors must submit CAHPS for ACOs Survey data to the CAHPS for ACOs Survey ACO Data Warehouse electronically using prescribed file specifications.

PARTICIPATE IN OVERSIGHT ACTIVITIES CONDUCTED BY THE CAHPS FOR ACOs SURVEY PROJECT TEAM

To make sure correct survey protocols are followed, survey vendors, including their subcontractors, must be prepared to participate in all on-site or off-site oversight activities, such as site visits and/or teleconference calls requested by the CAHPS for ACOs Survey project team. All materials relevant to survey administration are subject to review.



REVIEW AND ACKNOWLEDGE AGREEMENT WITH THE RULES OF PARTICIPATION

In order to administer the CAHPS for ACOs Survey for their client ACOs, CAHPS for ACOs survey vendors must review and agree to the Rules of Participation by completing and signing the CAHPS for ACOs Survey Participation form.

4 Technical Assistance and Communication

OVERVIEW

Survey vendors have access to a number of resources regarding the CAHPS for ACOs Survey.

INFORMATION AND TECHNICAL ASSISTANCE

For additional information and technical assistance, contact the CAHPS for ACOs Survey project team via email at acocahps@HCQIS.org or via a toll-free phone number 855-472-4746.

For additional information and technical assistance related to the use of the ACO Data Warehouse or data submission issues, contact the CAHPS for ACOs Survey data coordination team via email at aco-datasupport@rand.org.

GENERAL INFORMATION, ANNOUNCEMENTS, AND UPDATES

To learn more about the CAHPS for ACOs Survey and to find important new updates and announcements, visit the [CAHPS for ACOs Survey website](#).

5 Sampling

OVERVIEW

This section describes how CMS will select the sample for the CAHPS for ACOs Survey for quality reporting period 2017. The CAHPS for ACOs Survey data coordination team will use a sample frame provided by CMS to draw a sample of 860 fee-for-service Medicare beneficiaries for each ACO. If an ACO has fewer than 860 eligible beneficiaries, the sample draw is 100 percent of survey eligible beneficiaries. The sample draw will occur in October 2017.

SAMPLE SELECTION AND ELIGIBILITY CRITERIA

A sample will be selected for each ACO participating in the Shared Savings Program or the Next Generation ACO Model as of January 2017. (Shared Savings Program ACOs are identified by a 5-column, alpha-numeric identifier that starts with an “A” followed by a 4-digit number; Next Generation ACOs are identified by a 4-column alpha-numeric identifier that uses “V” followed by a 3-digit number.)

To be included in the sample for the survey, fee-for-service Medicare beneficiaries must be 18 years of age or older at the time of the sample draw, and be assigned to the ACO based on a plurality of primary care claims. Institutionalized beneficiaries are not eligible for selection, and are excluded from the survey if identified during the data collection process. For the CAHPS for ACOs Survey sampling purposes, “institutionalized” beneficiaries refer to individuals residing in a group home or institution such as a hospice or nursing home. CMS will make efforts to exclude deceased beneficiaries or beneficiaries who are known to be institutionalized at the time of the sample draw.

Beneficiaries are sampled for the survey so that one quarter of the sample represents high users of care within the ACO. As a result, the random sample for each ACO has two strata: high users of care, and those who are not high users of care. Survey responses are weighted to account for this sampling method to ensure survey results represent the general population of an organization’s beneficiaries (see Chapter 9 on Data Analysis and Public Reporting for information on weighting).

SAMPLE PREPARATION

CMS will provide addresses of beneficiaries for whom addresses are available in the CMS Integrated Data Repository (IDR) as of October 2017. Where possible, CMS will also provide a beneficiary phone number as of October 2017. The CAHPS for ACOs Survey data coordination team will conduct data checks for any irregularities in the sample file, such as truncated name or address information.

Below, and in Appendix D, is a complete list of the variables that CMS will provide in the sample file, as well as the file record layout for the sample file.

RAND FIELD NAME	STARTING POSITION IN RECORD	FIELD LENGTH	VALID CODES	FIELD CONTENTS
FINDER	1	8	Numeric	Unique beneficiary finder number assigned by CAHPS for ACOs Survey data coordination team
FNAME	9	30	Text	CMS beneficiary first name
MNAME	39	15	Text	CMS beneficiary middle name
LNAME	54	40	Text	CMS beneficiary last name
DOB_C	94	8	yyyymmdd	Date of birth
ZIP	102	9	Char	Mailing address ZIP code
ADDR1FINAL	111	50	Text	Mailing address line 1
ADDR2FINAL	161	50	Text	Mailing address line 2
CITY	211	40	Text	Mailing address city name
PR_CD	251	28	Text	Puerto Rican urbanization code
STATE	279	2	Char	Mailing address USPS state code
FIPS_STATE	281	2	Char	CMS state FIPS code, 2 numbers with leading zeros
FIPS_CNTY	283	3	Char	CMS county FIPS code, 3 numbers with leading zeros
GENDER	286	1	1-2	Gender code: 1 = male, 2 = female
ACO_ID	287	5	[A]nnnn [V]nnn	Five-character ACO identifier: Shared Savings Program begins with a letter "A" followed by 4 numbers; Next Generation ACO Model begins with the letter "V" followed by 3 numbers
ACONAME	292	65	Free text	ACO name provided by CMS
FOCALTYPE	357	1	Numeric	Provider type: 1= primary care, 2 = specialist
PRTITLE	358	35	Text	Type of provider (physician, physician assistant, nurse practitioner, certified nurse midwife, certified clinical nurse specialist)
PRFNAME	393	30	Text	Provider first name
PRLNAME	423	50	Text	Provider last name
TELEPHONE NUMBER	473	10	Char	Beneficiary phone number
LAND/MOBILE	483	1	L/M/U	Type of phone number: L=Land line, M=Mobile/Cell, U=Unknown

DELIVERY OF THE SAMPLE FILE TO SURVEY VENDOR

Once the CAHPS for ACOs Survey data coordination team receives and prepares the sample, the team will create a vendor-specific sample file; each vendor's sample file will be limited to the ACOs that have authorized the vendor to conduct the survey. Survey vendors will download their sample files from the ACO Data Warehouse and conduct their data collection activities.

Note: Survey vendors serving the ACOs must be authorized by their client ACOs to obtain the sample files and to collect data on the ACO's behalf. As described earlier, survey vendors are also required to enter into a DUA with CMS and to complete and submit a Vendor Access to ACO Data Warehouse form before the survey vendor can obtain their sample files for use in administering the survey for ACOs. ACOs must authorize a survey vendor by September 19, 2017. Sample files will be available in October 2017.

6 Data Collection Protocol

OVERVIEW

This section describes the data collection protocol and procedures for the CAHPS for ACOs Survey. The same data collection procedures are used regardless of whether the ACO chooses to field the ACO-9 or ACO-12 survey. These data collection procedures allow for both the standardized administration of the survey instruments by different survey vendors and the comparability of the resulting data.

To promote data validity and credibility, all survey vendors will use a standardized mixed-mode data collection protocol. The protocol calls for collecting data using a self-administered mail survey with phone follow-up of non-respondents through computer-assisted telephone interviewing (CATI). The survey protocol is designed to achieve the highest response rate possible, and ensure that data collection is consistent across participating ACOs. Survey vendors must make every reasonable effort to ensure optimal response rates, and are expected to pursue contacts with potential respondents until the full data collection protocol has been complete. As part of survey vendor training, the CAHPS for ACOs Survey project team will give survey vendors detailed instructions and training on the data collection protocol and procedures.

The CAHPS for ACOs Survey mail protocols start with a pre-notification letter mailed to all sampled beneficiaries, alerting them of the first mailing of the survey and assuring them that CMS sponsors the survey. If sampled beneficiaries fail to respond after **two survey mailings**, survey vendors will attempt **six phone follow-up calls**. The sampled beneficiaries may refuse to answer any or all survey items, but the survey vendor must make the attempt(s) to contact the sampled beneficiaries to see whether he or she may be willing to respond to the survey. Survey responses may not be collected in any format other than the mail survey or the CATI interview. If a sampled beneficiary calls the toll-free phone number **during the phone follow-up period** of the survey, survey vendors can transfer the call to a CATI interviewer who will attempt to complete the survey by phone, or schedule an appointment to conduct the interview at a time that is more convenient for the sampled beneficiary. CATI surveys must be available to the sampled beneficiaries in English. Survey vendors have the option of offering the CAHPS for ACOs Survey in these additional languages:

- Spanish
- Cantonese
- Korean
- Mandarin
- Portuguese
- Russian

- Vietnamese

Note: If an ACO gives the survey vendor a list of individuals who have requested not to be contacted for the survey, the names on the list must be excluded from survey administration and any corresponding sample record should be coded as “excluded from survey.” Survey vendors may also use their own “Do Not Survey” lists to exclude beneficiaries from survey administration. This documentation must be maintained for a minimum of three years.

DATA COLLECTION SCHEDULE (2017 REPORTING PERIOD)

The basic tasks and timing for conducting the CAHPS for ACOs Survey for quality reporting period 2017 are summarized below. Survey vendors are required to follow the data collection schedule and may not depart from or modify this schedule in any way.

PRE-DATA COLLECTION TASKS

SURVEY VENDOR TASK	DATE
Provide toll-free customer support phone numbers for inclusion in pre-notification letter. (Toll-free number to be used for 2017 customer support must be provided via acocahps@HCQIS.org .) CMS will generate a customized pre-notification letter for each survey vendor that includes the phone number provided at a later date.	8/15/2017
Submit English mail survey materials to the CAHPS for ACOs Survey project team via acocahps@HCQIS.org .	8/15/2017
Confirm with the CAHPS for ACOs Technical Assistance team via acocahps@HCQIS.org that all required DUA actions have been completed. (Existing vendors must extend and update their existing DUA and new vendors must submit a DUA.) Subcontractors that see beneficiary-level data (e.g., name, address, phone number) must also have a DUA in place with CMS.	8/22/2017
Complete and submit a Vendor Access to ACO Data Warehouse form via aco-datasupport@rand.org .	9/5/2017
Submit QAP to the CAHPS for ACOs Survey project team via acocahps@HCQIS.org .	9/19/2017
Complete the web-based vendor authorization process.	9/19/2017
Submit English CATI script materials to the CAHPS for ACOs Survey project team via acocahps@HCQIS.org .	10/17/2017
Download ACO sample files from the ACO Data Warehouse.	10/24/2017

DATA COLLECTION TASKS

SURVEY VENDOR TASK	DATE
Mail out a pre-notification letter to all sampled beneficiaries one week before the first survey mailing.	11/8/2017 – 11/9/2017
Open customer support phone center (toll-free phone number required).	11/9/2017
Mail first survey with cover letter within one week of the pre-notification letter.	11/15/2017 – 11/16/2017
Mail second survey with cover letter to all non-respondents.	12/12/2017 – 12/13/2017
Initiate phone follow-up through CATI for all mail survey non-respondents. (First attempt must occur during this time.)	1/4/2018 – 1/11/2018
Submit interim data files to the ACO Data Warehouse beginning 1/9/2018. All interim data must be submitted by 1/11/2018 (including any requests for corrections).	1/9/2018 – 1/11/2018
Conduct additional CATI phone attempts for all mail survey non-respondents. <ul style="list-style-type: none"> ▪ Make no more than six call attempts. ▪ Call attempts must occur over a minimum of two different calendar weeks. ▪ Call attempts must be scheduled at different times of the day and on different days of the week. 	1/12/2018 – 2/1/2018
Complete all inbound and outbound phone interviews.	2/1/2018
Cutoff date for returned mail surveys.	2/1/2018
Customer support toll-free line closed.	2/1/2018
Submit final data files to CMS via the ACO Data Warehouse approximately seven days after the close of data collection. Data can be submitted starting 2/6/2018, however no files will be accepted after the submission deadline of 2/8/2018.	2/6/2018 – 2/8/2018

MAIL PROTOCOL

This section provides detailed information about the process for implementing the mail component of the CAHPS for ACOs Survey mixed-mode data collection protocol. With the exception of ACOs located in Puerto Rico, survey vendors must be prepared to conduct the mail component of the mixed-mode survey administration in English. Survey vendors will have the option of offering translation of the CAHPS for ACOs Survey in one or more of the following languages: Spanish, Cantonese, Korean, Mandarin, Portuguese, Russian, and Vietnamese. Survey vendors may include an insert with the pre-notification letter and all survey mailings that includes a number to call to request a translation of the survey.

The CAHPS for ACOs Survey project team will provide text to survey vendors for the insert, the survey cover letters, and the mail survey in Spanish, Cantonese, Korean, Mandarin, Portuguese, Russian, and Vietnamese.

Note: The Chinese insert is appropriate for both Cantonese and Mandarin speakers.

For ACOs located in Puerto Rico, all mailings will be in Spanish and survey vendors may include an insert with the pre-notification letter and all survey mailings that includes a number to call to request an English version of the survey.

To make sure that survey results are comparable across modes of data collection (mail and phone) and across survey vendors, a survey vendor may not change the wording of survey items, the response categories, or the order of items. In addition, survey vendors may not modify the wording of the pre-notification letter or the survey cover letters. Finally, survey vendors are not permitted to create or use any other translations of the CAHPS for ACOs Survey, requests for translation inserts, cover letters, or any other survey materials, and may not modify the translation of the surveys or related materials.

Note: Each survey vendor with an ACO client must submit copies of their survey mailing materials (survey cover letters, surveys, and mailing envelopes) and their phone script (screenshots) for review by the CAHPS for ACOs Survey project team. See Chapter 10 on Oversight of this manual for more information. If a survey vendor does not have an ACO client, the survey materials do not have to be submitted.

MAIL MATERIALS

The mail component of the mixed-mode data collection protocol uses a standardized survey (ACO-9 or ACO-12), a pre-notification letter, and cover letters that CMS developed. With the exception of the pre-notification letter, these materials are available on the CAHPS for ACOs Survey website. Survey vendors are not allowed to modify these materials.

The survey vendor is responsible for reproducing a sufficient quantity of survey materials (including surveys, pre-notification letters, and survey cover letters) to administer the survey, including enough surveys for sampled beneficiaries who request the survey in a language other than the one they originally received.

PRE-NOTIFICATION LETTER

All pre-notification letters sent to sampled beneficiaries must follow these guidelines:

- Full name and address are used to address all envelopes to the sampled beneficiary.
- The pre-notification letter contains the salutation “Dear Medicare Beneficiary.”
- The pre-notification letter includes the customer service phone number provided to CMS in advance by the survey vendor.

- The CMS logo appears in the return address section of the pre-notification letter to alert sampled beneficiaries that CMS sent the packet.
- The pre-notification letter is printed using a font size equal to or larger than Times New Roman or Arial 11-point font.
- The pre-notification letter includes the last date of the pre-notification letter mailing and the signature of the CMS privacy officer.
- The pre-notification letter envelope is marked “Return Service Requested,” “Address Service Requested,” or “Change Service Requested” in order to update records for beneficiaries who have moved. “Electronic Service Requested” is also permissible. In addition, the CMS logo must appear with the survey vendor’s return address.

*Note: The “Return Service Requested,” “Address Service Requested,” or “Change Service Requested” for the outgoing envelopes is **required** on the pre-notification letter, but is optional for the survey mailing.*

- If an ACO would like to administer the survey in one of the optional languages, survey vendors may print the pre-notification letter with English on one side and the optional language on the reverse.

SURVEY COVER LETTERS

All survey cover letters sent to sampled beneficiaries must follow these guidelines:

- All surveys must include a survey cover letter printed on a separate sheet of paper, not attached to the survey.
- The survey cover letter contains a salutation personalized to include the beneficiary’s name.
- The survey cover letters for the first and second survey mailings must be signed by a senior employee of the survey vendor and include the last date of each mailing.
- The survey cover letter is printed using the survey vendor logo and return address.
- The survey cover letter is printed using a font size equal to or larger than Times New Roman or Arial 11-point font.
- The envelope in which the survey is mailed is printed with the survey vendor’s logo and return address.
- Survey vendors have the option to include the CMS logo on the outbound survey envelopes.
- If the survey vendor is implementing one of the optional languages, the pre-notification letter and all survey mailings may include an insert in the optional language that details instructions for requesting a survey in the optional language.

- In place of an individual insert, a language specific note may be placed at the bottom of the survey cover letter providing beneficiaries with instructions for requesting a survey in that language. This option can be exercised if only one non-English survey language is being offered by the ACO and the note is included in all versions of the letter for that ACO.

QUESTIONNAIRE FORMATTING AND PRINTING SPECIFICATIONS

The survey vendor may make minor modifications to the format and layout of the surveys, but must adhere to the following specifications in formatting and producing the CAHPS for ACOs mail surveys:

- Full survey title must be placed at the top of page one.
- The name of the clinician provided in the sample file must be printed in Question 1.
- Question and answer category wording must not be changed.
- The “About You” items are not eliminated from the survey.
- The order of the answer categories for the CAHPS for ACOs Survey items is not changed.
- Question and answer categories must remain together in the same column and on the same page.
- The beneficiary’s name must is not be printed on the survey.
- Response choices must be listed individually for each item (not presented in a matrix format) unless otherwise indicated in the survey template. For example, when a series of items have the same answer categories (e.g., Never, Sometimes, Usually, or Always), the answer categories **must be repeated with every item**. A matrix format which simply lists the answer categories across the top of the page and the items down the side of the page is not allowed.
- All instructions must be written at the top of the first page of the survey.
- The survey vendor’s return address must be added to the bottom of the last page to ensure the survey is returned to the correct address in case the beneficiary misplaces the enclosed return envelope.
- All surveys will be printed as booklets in black and white. However, survey vendors may opt to print the surveys in black and white with a highlight color.
- All surveys must be printed using a font size equal to or larger than Times New Roman or Arial 11-point font.
- Each outgoing package must include a pre-paid Business Reply Envelope (BRE) addressed to the survey vendor or to the survey vendor’s subcontracted scanning service.

- A form tracking ID linked to the Unique Respondent Finder Number must be printed on each survey. The form tracking ID may be printed on the first or last page of the survey.

Note: Placement of an internal tracking barcode next to the form tracking ID on the survey and other materials is acceptable.

OPTIONAL FORMATTING GUIDELINES

Survey vendors have some flexibility in formatting the CAHPS for ACOs Survey. Survey vendors may consider the following formatting recommendations so that surveys are easy to read, thus improving the chances of receiving a completed survey:

- Include a code for survey version (ACO-9 or ACO-12) at the bottom of the mail survey to assist the survey vendor's customer service staff in identifying the survey type or version when assisting beneficiaries.
- Use ovals instead of boxes for response items.
- Use a two-column format.
- Use 12-point font size.
- Use wide margins (at least $\frac{3}{4}$ inches) so that the survey has sufficient white space to enhance readability.

Note: Survey vendors may use pre-codes placed to the left of the response options as superscript. Pre-codes should not be displayed on 0-10 response scales.

SUPPLEMENTAL QUESTIONS

Supplemental items are **not** approved for data collection for the 2017 quality reporting period. CMS may consider approving the addition of supplemental items in future survey administration.

CONFIDENTIAL TRACKING ID

Survey vendors must label surveys with the confidential identification number (referred to as the Unique Respondent Finder Number in the sample file) created by the CAHPS for ACOs Survey data coordination team and assigned to each beneficiary. CMS provides this identifier as part of the sample file to track the status of all beneficiaries in the sample file. The Unique Respondent Finder Number links each survey to each beneficiary in the sample file, along with each beneficiary's identifying information (such as name and address). Survey vendors will use this information to generate all survey materials, such as cover letters and address labels, and to make sure each beneficiary gets the appropriate survey administration follow-up and disposition code. Survey vendors must create a master file that links the Unique Respondent Finder Number with the beneficiary's contact information and update the master file throughout the data collection period to track the status of each beneficiary in the survey sample.

Note: Placement of an internal tracking barcode next to the Unique Respondent Finder Number on the back of the survey and other materials is acceptable.

To maintain the confidentiality of beneficiaries, the master file must not contain the actual survey responses. Survey responses must reside in a separate and distinct data file developed by the survey vendor according to specifications provided by CMS (see Chapter 7 on Data Coding and Data Preparation for more detailed information). The survey response data file must be linked to the master file by the Unique Respondent Finder Number. **Under no circumstances will the master file be released to the ACOs that contract with a survey vendor.**

MAILING SURVEY MATERIALS

Survey vendors must follow these procedures when mailing out all survey materials:

- Perform address validation to check for missing or incorrect information.
- Make every reasonable attempt to contact all eligible sampled beneficiaries, regardless of whether they have a complete mailing address. Survey vendors must retain a record of attempts to acquire missing address data. All materials related to survey administration are subject to review by CMS and the CAHPS for ACOs Survey project team.
- Enclose a self-addressed stamped BRE in the survey mail packet along with the cover letter and survey. The survey cannot be mailed without both a cover letter and a self-addressed stamped BRE.
- Address mail materials to the sampled beneficiary using the address given in the sample file (unless the survey vendor obtains an updated mailing address).

To ensure delivery in a timely manner and to maximize response rates, survey vendors are strongly encouraged to mail the pre-notification letter and the surveys using first class postage or indicia.

Survey vendors may use windowed envelopes as a quality measure to ensure that each sampled beneficiaries' survey package is mailed to the address of record for that beneficiary.

ADDRESS STANDARDIZATION

Survey vendors must employ address standardization techniques to ensure address information is current and formatted to enhance deliverability. Survey vendors must use commercial tools, such as the National Change of Address (NCOA) database, to update addresses provided by CMS for sampled beneficiaries and to standardize addresses to conform to U.S. Postal Service formats.

DATA RECEIPT OF QUESTIONNAIRES COMPLETED BY MAIL

Survey vendors may use key-entry or scanning technology to capture survey data. Returned surveys must be tracked by date of receipt, and must be processed (data entered or scanned) **within three business days**. Survey vendors must make all attempts to process any returned surveys to be included in the interim data submission file. See Survey Completion Guidelines section for additional information.

DATA ENTRY/DATA PROCESSING PROCEDURES

Survey vendors must follow the data entry decision rules and the data storage requirements described below.

Survey vendors must review each returned mail survey for legibility and completeness. For ambiguous responses, a survey vendor's coding specialist shall use decision rules to code responses (see the Data Coding and Data Preparation section in this manual). In processing surveys returned by mail, survey vendors must incorporate the following features:

- Unique record verification system: the survey management system or scanning software must perform a check to identify duplicate surveys.
- Valid range checks: the data entry system or scanning software must identify responses or entries that are invalid or out of range.
- Validation: survey vendors must have a process in place to validate data entered or scanned, regardless of the mode of data entry, to ensure that data are entered accurately capturing the responses on the original survey. For any key-entered data, a different staff member should validate the data and reconcile any discrepancies found.

DATA STORAGE

Survey vendors must store returned paper surveys or scanned images of paper surveys in a secure and environmentally-controlled location for a minimum of three years. This guidance also applies to any surveys received after the cutoff date for returned mail surveys.

QUALITY CONTROL GUIDELINES

Survey vendors are responsible for the quality of work performed by any staff and/or subcontractor(s) (such as fulfillment houses), and should conduct on-site verification of printing and mailing processes regardless of whether they are using organization staff or subcontractor(s) to perform this work.

To avoid survey administration errors and ensure surveys are delivered as required, survey vendors must:

- Perform interval checking of printed mailing pieces for:

- Fading, smearing, and misalignment of printed materials.
- Appropriate survey content, accurate address information, and proper postage of the survey packet.
- Assurance that all printed materials in a mailing envelope have the same unique identifier.
- Conduct “seeded mailings” to designated project staff to check for timeliness of delivery, accuracy of address, and accuracy of the content of the mailing. It is strongly recommended that recipients of the seeded mailing be CAHPS for ACOs survey vendor staff at an address other than the vendor’s business address.

Note: Survey vendors must describe their quality control processes in detail in their Quality Assurance Plan, and must retain records of all quality control activities conducted.

PHONE PROTOCOL

This section describes the protocol that survey vendors must follow for the phone phase of the mixed-mode survey administration of the CAHPS for ACOs Survey. This phase requires the use of CATI.

Survey vendors are not allowed to administer the phone protocol of the CAHPS for ACOs Survey before the specified timeline of the phone component of the CAHPS for ACOs Survey administration. Survey vendors must **not** attempt to have a beneficiary complete a survey by phone if a beneficiary calls the survey vendor’s customer support line **before** the start of the phone phase of survey administration.

Phone interviews cannot be completed manually using paper/pencil surveys and then key-entered after the interview.

Vendors must attempt the same survey version by phone that was attempted by mail.

PHONE INTERVIEWING SYSTEMS

CATI has been shown to facilitate and shorten the time needed to collect and edit data, reduce interviewer error, improve data quality (by customizing the flow of the survey based on the answers given, as well as information already known about the participant), and remove the need for data entry after data collection. CATI requires a phone interviewer to follow a script programmed into a software application. When contact is made with a respondent, the interviewer reads the survey items that appear on the computer screen and records the respondent’s answers directly into the computer.

Survey vendors may use the CATI system of their choice, but the system must be linked electronically to the survey management system to allow tracking of the sampled beneficiary through the survey administration process. Survey vendors are responsible for programming the script and specifications for CATI application and for making sure

there are adequate resources to complete the phone phase within the data collection protocol timeline.

The CATI system must incorporate programming that appropriately follows the survey's skip patterns.

Note: Automated dialing may be used as long as a live interviewer is always available to interact with the beneficiary, and the system is compliant with Federal Trade Commission (FTC) and Federal Communications Commission (FCC) regulations.

TIMING OF THE PHONE PHASE OF THE DATA COLLECTION PROTOCOL

Following the mail phase of the data collection protocol for the CAHPS for ACOs Survey, survey vendors will identify beneficiaries who are eligible for phone follow-up. These include beneficiaries who didn't respond to the mail survey and beneficiaries who returned a blank or incomplete mail survey (see definition of an incomplete survey in Chapter 7 on Data Coding and Data Preparation).

Specifically, if a beneficiary hasn't returned a completed or partially completed survey by mail, survey vendors must follow-up by phone to attempt to complete the survey from scratch. Sampled beneficiaries with an invalid or undeliverable mailing address for whom the survey vendor has a valid phone number should be assigned to phone follow-up after every reasonable effort has been made to get a valid address. In addition, beneficiaries who return a blank or incomplete mail survey must also receive follow-up phone calls that attempt to administer the interview in its entirety.

OBTAINING PHONE NUMBERS

CMS will provide phone numbers, if feasible, as part of the sample. Survey vendors must attempt to obtain phone numbers for the subset of beneficiaries in the sample for which CMS is unable to provide a phone number. Survey vendors shall use a secondary source, such as phone matching services or software, directory assistance, and other phone directory applications to try to obtain a current phone number for all sampled beneficiaries. Survey vendors may request an entire beneficiary file from the ACO in order to obtain phone numbers, as long as no information is given to the ACO identifying which beneficiaries are in the sample.

PHONE ATTEMPTS

Survey vendors must attempt to reach each and every beneficiary identified for phone follow-up. Repeated attempts must be made until the beneficiary is contacted or found ineligible, or when six attempts have been made. After six attempts to contact the beneficiary by phone have been made, no further attempts are to be made.

A phone attempt is defined as an attempt to reach the respondent by phone at different times of day, on different days of the week, and during different weeks over the 29-day

phone follow-up period. All call attempts cannot occur in a single week, but must occur over no fewer than two weeks and no more than the 29-day phone follow-up period.

Note: It is permitted to call the beneficiary back one time after the sixth attempt if the beneficiary establishes a firm call-back date and time. The interviewer must establish the call-back with the beneficiary and not a member of the household.

A phone attempt must meet the following criteria:

- The phone rings at least six times with no answer.
- The interviewer reaches a member of the beneficiary's household and is told that the beneficiary isn't available to come to the phone. The interviewer attempts to schedule a callback date/time.
- The interviewer reaches the beneficiary but is asked to call back at a more convenient time.
- The interviewer gets a busy signal during each of three consecutive phone attempts. (If possible, the phone attempts must be made at approximately 20-minute intervals.)
- The interviewer obtains an answering machine or privacy manager. The interviewer then hangs up the phone without leaving a message.
- The phone number has been disconnected or is out of service.

All sampled beneficiaries must be called six times during the phone follow-up period unless they are found to be ineligible, away for the duration of the data collection period, or if they explicitly refuse to complete the survey. If a beneficiary is found to be ineligible for the survey, then the survey vendor must **not** continue to attempt to complete the survey by phone. If a beneficiary is unable to complete the survey for any reason, survey vendors may attempt to complete the survey with a qualified proxy (see Proxy Respondents in this section).

Note: If a number is determined to be disconnected, non-working, or a wrong number, and a second phone number is available for the beneficiary, the second number may receive six call attempts.

PHONE SURVEY MATERIALS

The phone component of the mixed-mode data collection protocol uses a standardized phone script provided by CMS. These materials are available on the CAHPS for ACOs Survey website. The text of the phone script was developed by CMS and may not be modified.

PHONE SCRIPT

Survey vendors are provided a standardized script for both survey versions for phone administration. Survey vendors are not permitted to translate the phone script into any

other language and must use the language translations provided by CMS. The CAHPS for ACOs Survey project team will provide survey vendors with the CATI scripts in English, Spanish, Cantonese, Korean, Mandarin, Portuguese, Russian, and Vietnamese.

Note: Each survey vendor must submit copies of their English-language CAHPS for ACOs Survey CATI screenshots for review by the CAHPS for ACOs Survey project team. Please see Chapter 10 on Oversight for more information.

SUPPLEMENTAL QUESTIONS

For the 2017 quality reporting period, supplemental items are **not** approved for data collection. However, CMS may consider approving the addition of supplemental items in future survey administration.

RETENTION AND STORAGE OF DATA COLLECTED BY CATI

CAHPS for ACOs Survey data collected by CATI must be retained in a secure and environmentally controlled location for a minimum of three years.

QUALITY CONTROL GUIDELINES

Survey vendors must make every reasonable effort to ensure optimal phone response rates on the phone component of the survey administration and must ensure the quality of data collected by CATI.

INTERVIEWER TRAINING

Interviewer training is essential to ensure that interviewers are following protocols and procedures, and that survey data are collected accurately and efficiently. Properly trained interviewers should be thoroughly familiar with the phone survey protocol and procedures, and skilled in general interviewing techniques including enlisting cooperation, refusal avoidance, and conversion techniques. Interviewers must follow the phone script verbatim, use nondirective probes, record responses accurately, and maintain a neutral and professional relationship with the respondent. During the course of the survey, interviewers may use **neutral** acknowledgment words (“thank you,” “all right,” “okay,” “I understand,” “I see,” “yes ma’am,” “yes sir,” or “let me repeat the question/responses for you”). Phone interviewers must record the outcome of all calls or attempts made to reach a sampled beneficiary, the current status of all beneficiaries designated for phone follow-up, and responses to all items.

Note: If the survey vendor subcontracts with another firm to conduct phone interviews, then the survey vendor is responsible for attending/participating in the subcontractor’s interviewer training to make sure the subcontractor complies with the protocols, procedures, and guidelines established for the phone component of the CAHPS for ACOs Survey.

PHONE MONITORING AND OVERSIGHT

Phone interviewers must be adequately supervised and monitored throughout the phone data collection period to ensure they're following established protocols and procedures. Each survey vendor must put into place a phone monitoring and evaluation program during the phone component of the data collection protocol.

The monitoring and evaluation program must include, but is not limited to, these oversight activities:

- Survey vendors must randomly monitor a minimum of 10 percent of all interviews through silent monitoring of interviewers using the electronic phone interviewing system software or an alternative system. This monitoring must include attempts as well as completed interviews, and be conducted across all interviewers, times of the day, and days of the week.
- Survey vendors utilizing a subcontractor must periodically conduct silent monitoring of the subcontractor's interviewers, give the subcontractor feedback regarding interviewer performance, and make sure the subcontractor's interviewers correct any areas that need improvement.
- If a survey vendor uses a subcontractor for phone interviewing, the subcontractor and survey vendor combined must silently monitor a minimum of 10 percent of all interviews.
- Interviewers who consistently fail to follow the phone script verbatim, don't employ proper probes, fail to remain objective and courteous, or who are difficult to understand or have difficulty in using the computer, must be identified and retrained or, if necessary, replaced.

PROXY RESPONDENTS

While beneficiaries are encouraged to respond directly to the mail or phone surveys, not all elderly or disabled respondents are able to do so. In such cases, proxy responses are acceptable. The survey instrument allows beneficiaries who are unable to complete the survey to have a family beneficiary or other proxy complete the survey on their behalf. Sampled beneficiaries who are unable to respond to the phone interview must grant permission for a proxy to assist them. CATI training materials must include instructions for obtaining this permission.

INCENTIVES

CMS does **not** allow ACOs or survey vendors to offer incentives of any kind to beneficiaries or caregivers.

CONFIDENTIALITY

Sampling procedures are designed so that participating ACOs can't identify beneficiaries selected to participate in the survey. Survey vendors are expected to

maintain the confidentiality of beneficiaries and may not give ACOs the names of beneficiaries selected for the survey or any other beneficiary information that could be used to identify an individual sampled beneficiary (either directly or indirectly).

SURVEY ADMINISTRATION IN OTHER LANGUAGES

All ACOs must administer the survey in English with one exception: ACOs operating in Puerto Rico must administer the survey in Spanish, offering English to beneficiaries who request it.

All sampled beneficiaries residing in Puerto Rico shall receive a Spanish-language pre-notification letter. The pre-notification letter will include the survey vendor's toll-free number that beneficiaries must call if they want an English version of the CAHPS for ACOs Survey. Otherwise, all sampled beneficiaries residing in Puerto Rico shall get a Spanish-language version of the CAHPS for ACOs Survey on first mailing and subsequent mailings, if needed. Sampled beneficiaries assigned to phone follow-up who reside in Puerto Rico shall be called by a Spanish-speaking or bilingual (Spanish and English) interviewer, and CATI programmed in Spanish shall be conducted with these sampled beneficiaries.

An ACO that serves a beneficiary population with a plurality of individuals who speak one of the seven optional languages (Spanish, Cantonese, Korean, Mandarin, Portuguese, Russian, and Vietnamese) has four options for implementing data collection in a language other than English.

- The ACO can give the survey vendor information on the language preferences of all Medicare beneficiaries seen by a provider within the ACO, but the survey vendor is prohibited from giving the ACO information on which beneficiaries have been sampled for survey administration. The survey vendor may use the ACO language preference information to mail survey packets in the preferred language. Survey vendors must conduct phone follow-up in the same languages.
- The ACO can contract with the survey vendor to conduct dual-language survey mailings that include cover letters and surveys in English, and one or more of the optional languages (double stuffing). Survey vendors must conduct phone follow-up in the same languages. The survey vendor would include an insert with the pre-notification letter for the beneficiary to request the survey in the selected optional language(s).
- The ACO can contract with the survey vendor to include an insert with the pre-notification and all survey mailings that contains instructions for the beneficiary to request a survey in the target, optional language. Survey vendors are required to conduct follow-up phone calls in the same languages.
- In place of an individual insert, a language-specific note may be placed at the bottom of the survey cover letters providing beneficiaries with instructions for requesting a survey in that language. This option can be exercised if only one non-English survey

language is being offered by the ACO and the note is included in all versions of the letter for that ACO.

The procedures used to administer survey translations must be documented in the Survey Status section of the data record (see Appendix E).

TIMING OF ACOs' DATA COLLECTION EFFORTS

To avoid imposing on beneficiaries, CMS encourages ACOs not to conduct other surveys with fee-for-service Medicare beneficiaries four weeks prior, during, or four weeks after the CAHPS for ACOs Survey administration period of November 8, 2017, to February 1, 2018. Other CMS-sponsored surveys are exempt from this rule.

7 Data Coding and Data Preparation

OVERVIEW

The CAHPS for ACOs Survey uses standardized protocols for file specifications, coding, and data submission. Survey vendors will submit data files through the ACO Data Warehouse.

This section contains information about preparing the CAHPS for ACOs Survey data files for submission, including information on the requirements for coding and interpreting ambiguous or missing data elements in returned surveys. Survey vendors will submit data files that contain the data for every ACO that has contracted with that survey vendor. If a survey vendor needs assistance with preparing data files for submission to the ACO Data Warehouse, it should send an email message to the CAHPS for ACOs Survey data coordination team via aco-datasupport@rand.org.

FILE ENCRYPTION

Survey vendors are required to encrypt survey data files using PGP File Share software, distributed by Symantec, before submitting the files to the ACO Data Warehouse. PGP File Share is a widely used, commercially available data encryption computer program that provides cryptographic privacy and authentication for data communication. All survey vendors are responsible for purchasing a PGP File Share license if they don't already have one. PGP File Share may be purchased online on [Symantec's website](#). The CAHPS for ACOs Survey data coordination team will give all survey vendors the PGP Public Key that must be used to encrypt survey data files before they are uploaded to the ACO Data Warehouse. The ACO data coordination team will place a copy of the Public Key in each survey vendor's folder. Survey vendors must create a PGP Public Key to receive sample files, and must place a copy of their Public Key in their folder. Encrypted sample files for each survey vendor will also be placed in each vendor's folder. The CAHPS for ACOs Survey data coordination team will encrypt each survey vendor's sample files using the PGP Public Key provided by the survey vendor's data administrator. Data files submitted to the ACO Data Warehouse that are not encrypted will be rejected and must be resubmitted.

ASCII FILE SPECIFICATIONS

Survey vendors will use a flat ASCII file format to submit the survey data files. This format allows the survey vendor to submit all ACOs' sampled beneficiary records in one file, regardless of which survey version was used. Survey vendors are required to submit one record for each sampled beneficiary included in the original sample file received by the survey vendor for an ACO. No substitutions for valid data element values are acceptable.

Note: For details on the ASCII file record layouts for the CAHPS for ACOs Survey, see Appendix E. A layout is provided for each of the two survey versions (ACO-9 or ACO-12).

Note: All CAHPS for ACOs Survey data files must contain a Survey Status section for each beneficiary who was sampled from the ACO. The beneficiary Survey Data section is required for final survey disposition of “10 – Completed survey,” “31 – Partially completed survey,” or “34 – Blank or Incomplete survey returned.” The beneficiary Survey Data section is blank for all other disposition codes.

DECISION RULES AND CODING GUIDELINES

The CAHPS for ACOs Survey decision rules and coding guidelines have been developed to address situations in which survey responses are ambiguous, missing, or provided incorrectly, and to capture appropriate information for data submission. Survey vendors must use the following guidelines to ensure valid and consistent coding of these situations.

MAIL SURVEYS

To ensure uniformity in data coding, survey vendors must use the following decision rules to resolve common ambiguous situations when scanning or key-entering mail surveys:

- If a mark falls between two response options but is obviously closer to one than the other, then select the choice to which the mark is closest.
- If a mark falls equidistant between two response options, then code the value of the item as “M – Missing.”
- If a value is missing, code as “M – Missing.” Survey vendors must not impute a response.
- When more than one response option is marked, code the value as “M – Missing.”
 - Exception: questions that have instructions to “mark one or more” (for example, items on race and help received on the survey) may have multiple responses. For these items, enter **all** responses that the respondent selected.

CATI

When a respondent breaks off the interview and subsequent items aren’t asked, then use “M – Missing” to code the unanswered items.

SURVEY SKIP PATTERNS

There are several items in the CAHPS for ACOs Survey that certain beneficiaries can and should skip. These items form skip patterns.

Use the following decision rules to code beneficiary responses to skip pattern items.

- Do not correct an answer to a screener item by imputing a response based on the beneficiary’s answers to the dependent items. Enter the value provided by the beneficiary.

- For mail survey skip patterns:
 - If the screener item is left blank, code it as “M – Missing.” Do not impute responses based on how the beneficiary answers dependent items.
 - In instances where the beneficiary made an error in the skip pattern, dependent items are coded with the response given by the beneficiary in the data submission files. That is, survey vendors must not “clean” or correct skip pattern errors on surveys completed by a beneficiary. However, these items are not counted toward the number of “applicable to all” (ATA) or SSM items in the calculation to determine a complete or partially complete survey.
 - Respondents should skip items only when they actually choose a response that causes a skip. If a screener item is left blank, it does not trigger a skip. An error in the skip pattern will occur if a respondent left a screener item blank, then skipped subsequent dependent items. Counting dependent items when there is no direct evidence that a skip has been triggered is preferable to inferring a respondent’s intentions based on an unanswered item.
 - Dependent items that are appropriately skipped should be coded as “88 – Not Applicable.”
- For CATI survey skip patterns:
 - In instances where the beneficiary answers “I don’t know” or refuses to answer the screener item, use response option codes of “98 – Don’t Know” or “99 – Refused” respectively.
 - When answer options “98 – Don’t Know” or “99 – Refused” are used for coding screener items, the skip pattern should be programmed into the electronic phone interviewing system. The resulting associated dependent items should be coded as “88 – Not Applicable.”
 - Appropriately skipped dependent items should be coded as “88 – Not Applicable.”

Note: For phone follow-up via CATI, skip patterns should be programmed into the electronic phone interviewing system. Coding may be done automatically by the phone interviewing system or later during data preparation.

INTERIM DATA CODING INSTRUCTIONS

For beneficiary records where no mail survey was returned and no survey items were collected by phone, MODE for data submission should be coded as “8 – Not Applicable.”

In the mail survey, when no response is selected for any answer option for a multi-mark item, all answer options are coded as “M – Missing.” For multi-mark items in phone

interviews, the marked boxes are coded in accordance with the respondent's choices and the corresponding codes in Appendix E.

When submitting the interim data submission file, if the survey vendor has obtained a completed survey or exhausted all attempts to do so, one of the final survey disposition codes, listed later in this chapter, should be used for the corresponding beneficiary survey. If any attempt to contact a beneficiary is planned after the interim submission (i.e., the survey vendor has not completed work on the survey), the survey vendor should use code 33 to indicate no response at the time of interim file submission.

When the survey vendor has exhausted all attempts to contact the beneficiary and the result is a non-deliverable mail packet for which a valid phone number was not obtained, the survey vendor should use code 35 to indicate unable to obtain a viable address and/or phone number for the beneficiary.

SURVEY COMPLETION GUIDELINES

A completed survey includes response items answered for at least one item from the nine SSMs common to both the ACO-9 and ACO-12 and greater than or equal to 50 percent ($\geq 50\%$) of the ATA items.

A partially completed survey includes response items answered for at least one item from the nine SSMs and less than 50 percent ($< 50\%$) of the ATA items.

A blank or incomplete survey is a returned mail survey or initiated CATI interview that does not meet the threshold for partial complete. The survey has **no** response items answered from the nine SSMs. A survey with this disposition may be blank or may contain data.

Refer to the "Final Survey Disposition Codes" table found later in this chapter for a list of survey disposition codes and specific information on when to assign each code.

See Appendix H for a list of the items that make up the nine SSMs and see Appendix G for ATA items in the survey.

Receipt of a completed or partially completed mail survey removes the need for the survey vendor to send additional mailings or make phone calls. Receipt of a blank or incomplete survey by mail does not eliminate the need for the survey vendor to follow up. Mailings and calls made after the receipt of a blank or incomplete survey by mail must start "from scratch"—that is, the survey vendor will send another blank survey to the beneficiary or will attempt to complete the survey by phone from the beginning rather than attempting to fill in just the missing items from a previous incomplete survey.

If the survey vendor receives more than one completed survey, the **first** received completed survey is submitted. If exactly one completed survey is received, the completed survey is submitted. If more than one partially completed survey is received but no completed survey is received, data from the **first** received partially completed

survey is submitted. If exactly one partially completed survey is received but no completed survey is received, the partially completed survey is submitted.

When a beneficiary responds by returning a survey but didn't answer at least one item from the nine SSMs, and in addition, follow-up phone attempts to reach the beneficiary to complete the survey were unsuccessful, the survey vendor should assign the record a final disposition code of "34 – Blank or Incomplete survey returned" in the final data file submitted to CMS through the ACO Data Warehouse.

Note: When submitting the data file, include all survey responses collected in this record.

When calculating "percent complete" using Appendix G (Survey Items Applicable to All Respondents):

- The multi-answer race item counts as a single item no matter how many responses are chosen.

Note: Therefore, this multi-answer item contributes only one item to the total number of items ATA respondents. This means the denominator for the "percent complete" calculation is also less than the total number of ATA items, to account for the multi-answer items.

- When an item response option is coded "98 – Don't Know" or "99 – Refused," the response is treated as though it is a missing answer and not counted toward the "Summary Survey Measure" or "Survey Item Applicable to All Respondents."

Note: Dependent items answered by a beneficiary as a result of not following the skip pattern correctly are not counted toward the number of ATA or SSM items in the calculation to determine a complete or partially complete survey. However, these items are coded with the response given by the beneficiary in the data submission files.

A screener item that is left blank does not trigger a skip, so any subsequent responses to dependent items should be counted. For example, if the options for Question 3 are:

1 – Yes

2 – No → If No, go to #5

and Question 3 is left blank and Question 4 has a valid response, then the answer to Question 4 should be included in the count of answered survey items.

SURVEY DISPOSITION CODES

Maintaining up-to-date survey disposition codes is a required part of the CAHPS for ACOs Survey administration process. Using the Unique Respondent Finder Number assigned to each beneficiary by the CAHPS for ACOs Survey data coordination team, the survey vendor assigns each beneficiary a survey disposition code, which is used to track and report whether the beneficiary has completed a survey or requires further

follow-up. Typically, survey disposition codes are either interim (which indicate the status of each sampled beneficiary during the data collection period), or final (which indicate the final outcome of each beneficiary surveyed at the end of data collection—that is, “Final Disposition Code”).

Survey vendors should use interim disposition codes only for internal tracking purposes and should not report such codes to CMS. However, survey vendors must include interim disposition codes with a crosswalk to final disposition codes in their QAP.

After the survey vendor completes data collection, each sampled beneficiary must be assigned a final survey disposition code from the Final Survey Disposition Codes table that follows, using these guidelines:

- If a beneficiary responds or completes or attempts to complete the survey, assign an appropriate code of 10, 31, or 34.
- If a beneficiary is located or contacted but is unable or unwilling to complete the survey, assign a code from 22, 24, 32, or 33, describing the reason.
- If no viable contact information can be obtained for the beneficiary, assign code 35.
- If a beneficiary is found to be institutionalized, assign code 11.
- If the beneficiary is deceased, assign code 20.
- If a beneficiary is found to be ineligible or excluded after the sample is drawn for any reason not listed above, the beneficiary should be assigned a final survey disposition code of “40 – Excluded from survey.”
- Surveys assigned a code of “10 – Completed survey,” “31 – Partially completed survey,” or “34 – Blank or Incomplete survey returned” must contain the date the survey was received, the mode of survey administration, and the language in which the survey was administered or attempted to be administered.
- Surveys assigned a code of 11, 20, 22, 24, 32, 33, 35, or 40 (that is, any final survey disposition code **other than** 10, 31, or 34) don’t need to contain the date the survey was received.

FINAL SURVEY DISPOSITION CODES

FINAL DISPOSITION	CODE	DESCRIPTION	CRITERIA
Completed survey	10	A completed survey includes a response to at least one item in the nine SSMs and $\geq 50\%$ of the ATA items.	A completed survey includes a response for at least one item from the nine SSMs and 50% or more of the ATA items. Appropriately skipped items don’t count as a response. There must be no evidence that the beneficiary is ineligible.

FINAL DISPOSITION	CODE	DESCRIPTION	CRITERIA
Partially completed survey	31	A partially completed survey includes a response to at least one item from the nine SSMs and <50% of the ATA items.	A partially completed survey includes a response to at least one item from the nine SSMs and fewer than 50% of the ATA items. Appropriately skipped items don't count as a response. There must be no evidence that the beneficiary is ineligible.
Institutionalized	11	Institutionalized.	Institutionalized or residing in a group home or institution (hospice, nursing home, etc.).
Deceased	20	Deceased.	Deceased at the time of survey administration.
Language barrier	22	Unable to complete the survey in English and any offered optional language.	Unable to complete the survey in English and any offered optional language.
Mentally or physically unable to respond	24	Mentally or physically unable to respond to either mail or phone portion of the survey.	Mentally or physically unable to respond either to mail or phone portion of the survey.
Refusal	32	Refused to complete the survey.	Refused to complete the survey.
Non-response	33	No response collected.	No response collected either by mail or by phone when there is no indication of bad address and phone number.
Blank survey or incomplete survey returned	34	Responded by mail or initiated CATI interview, no answers to any item from the nine SSMs.	Responded by mail or CATI, with no answers to any item from the nine SSMs. There must be no evidence that the beneficiary is ineligible.
Bad address and phone number	35	Unable to obtain a viable address and phone number is not valid.	Address is confirmed as not viable and no valid phone number was identified.
Excluded from survey	40	Was excluded from all survey processes.	Beneficiary was determined to be ineligible after sample selection but before data collection was initiated (see Sampling section of manual).

ASSIGNING BAD ADDRESS AND PHONE NUMBER DISPOSITION CODES

The survey vendor assigns final survey disposition code “35 – Bad address and phone number” after all attempts to obtain a valid address and a valid phone number have been exhausted (and the address is confirmed to be not viable). Survey vendors must track attempts to obtain a correct mailing address and phone number for each

beneficiary during survey administration. In general, the contact information is assumed to be viable unless there is sufficient evidence to suggest it is not. If the survey vendor can't show sufficient evidence that the contact information is not usable, the survey vendor must continue attempting to contact the beneficiary until the required number of attempts have been exhausted.

Note: If the survey vendor is unsuccessful in obtaining a viable mailing address and valid phone number, they must retain a record of their attempts to acquire the missing information. All materials relevant to survey administration are subject to review by CMS.

For the **mail component** of survey administration, **sufficient** evidence that a beneficiary's address isn't viable includes:

- CMS provides an incomplete address in the sample frame, and the survey vendor is unable to obtain a complete or updated address for the beneficiary.
- Mail is returned marked "Address Unknown."
- Mail is returned marked "Moved – No Forwarding Address."

For the **mail component** of survey administration, **insufficient** evidence that a beneficiary's address is not viable includes:

- Address validation search does not result in an exact "match." In this case, the survey vendor must attempt to send mail using the available address.

For the **phone component** of survey administration, **sufficient** evidence that a beneficiary's phone number is not viable includes:

- The survey vendor is unable to obtain a phone number for the beneficiary.
- The phone interviewer dials the beneficiary's phone number and receives a message that the phone number is non-working or out of order, and no updated number is available.
- The phone interviewer dials the beneficiary's phone number, speaks to a person, and is informed that he/she has the wrong phone number.

For the **phone component** of survey administration, **insufficient** evidence that a beneficiary's phone number is not viable includes:

- The survey vendor hears a busy signal every time a phone attempt is made.

8 Data Submission

OVERVIEW

This section contains information about preparing and submitting survey data files to the CAHPS for ACOs Survey data coordination team, including the survey vendor authorization process, the survey vendor data submission registration process, and the data submission process itself (through the ACO Data Warehouse). The CAHPS for ACOs Survey will use a standardized protocol for preparation and submission of all data. If you encounter any problems when submitting data to the ACO Data Warehouse, contact the CAHPS for ACOs Survey data coordination team by email via aco-datasupport@rand.org.

DATA SUBMISSION PROCESS

The CAHPS for ACOs Survey data coordination team has developed a secure ACO Data Warehouse hosted by the RAND Corporation. This ACO Data Warehouse will operate as a secure file transfer system that survey vendors will use both to retrieve the sample files for the 2017 CAHPS for ACOs Survey and to submit survey data to CMS. Except for the purchase of PGP for file encryption, survey vendors don't need to install special software or need a licensing fee to submit data through the ACO Data Warehouse. The ACO Data Warehouse interface is user-friendly and requires minimal training.

DATA FILE SUBMISSION DATES

Survey vendors are required to submit an interim data file by 11:59 p.m. Eastern Time (ET) on January 11, 2018, and the final survey data file by 11:59 p.m. ET on February 8, 2018. Submitting an interim data file gives survey vendors an opportunity to test the data submission process before they have to submit the final data file. Survey vendors are required to provide a replacement data submission to correct any data file errors/problems.

*Note: Survey vendors are encouraged to submit **interim data** on January 9, 2018; a correct, error-free interim data file must be submitted by the January 11, 2018, deadline. Survey vendors are encouraged to submit **final data** on February 6, 2018; a correct, error-free final data file must be submitted by the February 8, 2018, deadline.*

SURVEY VENDOR AUTHORIZATION PROCESS

ACOs must authorize survey vendors to collect and submit data on their behalf before survey vendors can access the data submission application hosted by RAND. The web-based survey vendor authorization tool confirms the authenticity of the authorizing entity, and dates and timestamps the vendor selection made by the responsible ACO staff member. Only survey vendors authorized by one or more ACOs will be contacted and provided access to the ACO Data Warehouse.

PREPARATION FOR DATA SUBMISSION

As mentioned earlier in this manual, each survey vendor participating in the CAHPS for ACOs Survey is required to designate a primary data administrator within their organization. This person is responsible for retrieving (downloading) the sample file for the ACO the survey vendor has contracted with and for submitting survey data (uploading) to the ACO Data Warehouse on behalf of the ACO. In addition to a primary data administrator, each survey vendor must designate a second person within the organization to act as a backup data administrator. The backup data administrator will also have access to the ACO Data Warehouse. The primary data administrator will be the main point of contact between the CAHPS for ACOs Survey data coordination team and the survey vendor regarding issues related to downloading or uploading files to/from the ACO Data Warehouse. In addition, the data administrator is primarily responsible for making sure the survey vendor follows procedures for preparing and submitting survey data according to CMS' requirements as outlined in this manual. The survey vendor must notify the CAHPS for ACOs Survey data coordination team of any personnel changes to the survey vendor's data administrator role. A new data administrator will be required to create a new password for the survey vendor's ACO Data Warehouse account.

Each survey vendor's data administrator, as well as the backup data administrator and the project manager, will be required to register with the CAHPS for ACOs Survey data coordination team by completing a Vendor Access to ACO Data Warehouse form and emailing it to the CAHPS for ACOs Survey data coordination team via aco-datasupport@rand.org. Once the CAHPS for ACOs Survey data coordination team has verified the information on the Vendor Access to ACO Data Warehouse form and confirmed that a survey vendor has been authorized by one or more ACOs to submit data on their behalf, the survey vendor will be granted access to the data submission application (created by the CAHPS for ACOs Survey data coordination team). The data administrator and backup data administrator will be given read and write access to the ACO Data Warehouse. The project manager will be given read-only access to the ACO Data Warehouse. The CAHPS for ACOs Survey data coordination team will copy the data administrator, backup data administrator, and the project manager on all email communications related to the ACO Data Warehouse or data submission. Vendors must email a completed Vendor Access to ACO Data Warehouse form no later than September 5, 2017.

SURVEY FILE SUBMISSION NAMING CONVENTION

When submitting CAHPS for ACOs Survey data files, survey vendors must use the following file naming convention:

Vendorname.ACO.mmddyy.N.txt.pgp

- Vendorname = Abbreviated vendor name. This must match the name portion of the Data Warehouse folder name. This name will also be provided to the vendor data administrator and will be used in the name of each vendor’s encrypted sample file.
- ACO = Capital letters, as shown, to make distinguishing sample files from separate CMS surveys easier.
- mm = number of month of submission (justify leading zero).
- dd = day of the month of submission (justify leading zero).
- yy = two-digit year of submission.
- N = number of the submission sent in that day—for example, “1” for first file, “2” for second, “3” for third, etc. N can be any number of characters. **If more than one submission is made on the same day, this number should be different for each submitted file.**

Example: XYZResearch.ACO.020618.1.txt.pgp

Survey vendors should keep in mind the following guidelines when submitting CAHPS for ACOs Survey data files:

- All records for all ACOs should be submitted in a single file.
- Files should include a record for every beneficiary present in the sample file the survey vendor received. For interim data submission, if the survey vendor has not yet obtained a completed survey for a beneficiary, that beneficiary record shall be assigned the disposition code 33.
- Survey vendors need to complete an authorization process to access the ACO Data Warehouse before the interim data submission period. Survey vendors can send an email to aco-datasupport@rand.org if they have any questions about how to do this or need assistance in updating passwords.

PASSWORD AUTHENTICATION

Upon successful authentication of the survey vendor’s username and password, survey vendors will have access to their organization’s designated folder in the ACO Data Warehouse. Survey vendors will be given instructions for re-authenticating their password, including the requirements and recommended guidelines for creating a password:

- Passwords must be at least eight (8) characters in length.
- Passwords must contain at least one character from three (3) of the five (5) classes of characters.
 - Uppercase letters

- Lowercase letters
- Digits
- Punctuation
- Symbols

ORGANIZATION OF THE ACO DATA WAREHOUSE

Sample files and uploaded data files are stored in a secure ACO Data Warehouse at the RAND Corporation. Each survey vendor will have its own folder in the ACO Data Warehouse and won't be able to see, locate, or access another survey vendor's folder.

FILE ENCRYPTION

All survey vendors must adhere to file format specifications and encrypt survey data files using PGP software prior to submitting files to the ACO Data Warehouse. Note: PGP software is available at <http://buy.symantec.com/estore/clp/productdetails/pk/file-share-encryption>. The CAHPS for ACOs Survey data coordination team will give all survey vendors the PGP Public Key that must be used to encrypt survey data files before they are uploaded to the ACO Data Warehouse. The data coordination team will place a copy of the Public Key in each survey vendor's folder. Encrypted sample files for each survey vendor will also be placed in each vendor's folder. Survey vendors must create a PGP Public Key to receive sample files, and must place a copy of their Public Key in their folder. The CAHPS for ACOs Survey data coordination team will encrypt each survey vendor's sample files using the PGP Public Key provided by the survey vendor's data administrator. Survey vendors are cautioned to make certain they export only their Public Key before posting it to their folder. Do **not** share the associated Private Key.

Any file uploaded to the survey vendor's folder that doesn't have the ".pgp" extension, indicating the prescribed PGP encryption, will be automatically deleted. An email will be sent to the survey vendor's data administrator, backup data administrator, and project manager, informing them they have uploaded a file that does not comply with the established naming standards, and that the file won't be processed, and will need to be resubmitted correctly. The CAHPS for ACOs Survey data coordination team will also be notified by automated email that the event occurred. CMS requires this file encryption as a redundant security precaution.

SURVEY VENDOR INSTRUCTIONS FOR ACCESSING THE ACO DATA WAREHOUSE

1. Once the survey vendor's data administrator has completed Vendor Access to ACO Data Warehouse Form, the data administrator will receive an email from The RAND Corporation Server via randkiteworks@rand.org with an invitation to the ACO Data

Warehouse. This email will contain a link that will allow the data administrator to log into the ACO Data Warehouse.

2. The survey vendor's data administrator will be prompted for his/her user ID and a password.
3. On the first login only, the survey vendor's data administrator will be presented with a page to change his/her password.
4. Once the password has been updated, the survey vendor data administrator will be transferred to the File Manager tab of the ACO Data Warehouse.
5. Selecting the folder name link in the File Manager tab will allow the user to Download and Add Files.

DATA AUDITING AND VALIDATION CHECKS

The CAHPS for ACOs Survey data coordination team will audit data files as they're submitted by survey vendors for compliance with the file specifications outlined in the section on Data Coding and Data Preparation in this manual.

The data audit process involves various checks of the survey data submitted by survey vendors. The first check will be integrated into the ACO Data Warehouse. It involves testing for the appropriate file extension “.pgp,” to indicate that a survey file has been encrypted. As mentioned above, any file uploaded to the ACO Data Warehouse that doesn't have the “.pgp” extension will be deleted. In such instances, an email will be sent to the survey vendor's data administrator, backup data administrator, and project manager to inform them the uploaded file doesn't comply with the established naming standards, the file won't be processed, and they need to resubmit the file correctly.

Properly encrypted files will receive additional edit checks on submitted data files, including:

- Morphological tests (logical record lengths, appropriate character set, naming conventions, etc.).
- Checks for the presence of required data fields.
- Range checks.

The survey vendor's data administrator, backup data administrator, and project manager will receive a second email that contains the full detail of the edit check report by 8:00 p.m. ET on the next business day after submission. If the submitted data file fails the edit checks described above, the email notification to survey vendors will indicate that they're required to resubmit a corrected survey data file and will include details of the discrepancies found during the edit checking. Survey vendors are responsible for submitting a corrected file by the submission deadline. If the data file they submitted passes the edit checks, the email notification will indicate that no additional action is required and will include a summary of the submitted data file for



survey vendor verification. Data files not received and accepted before the 11:59 p.m. ET deadline won't be included in the results that are scored and reported. Therefore, it's essential that survey vendors submit acceptable data files before the data submission deadline.

9 Data Analysis and Public Reporting

OVERVIEW

This section describes the public reporting of the 2017 reporting period survey results on the [Physician Compare website](#) and data.cms.gov website, reports prepared for ACOs, and the data analysis of the CAHPS for ACOs Survey conducted by CMS. It also provides a discussion of data analyses that survey vendors may conduct for ACOs. Survey results for the CAHPS for ACOs Survey for the 2017 quality reporting period will be available to ACOs in by fall of 2018.

REPORTING

REPORTING OF CAHPS FOR ACOs SURVEY DATA

Since the 2015 quality reporting period, CAHPS for ACOs Survey data for seven of the eight scored SSMs are reported on the [Physician Compare website](#). The health and functional status measure is not reported on the Physician Compare website. In addition, all quality measures and financial information for Shared Savings Program ACOs can be found on data.cms.gov. Public reporting of the survey results is designed to create incentives for ACOs to improve their quality of care and to enhance public accountability in health care by increasing the transparency of the quality of care provided by Medicare ACOs. Medicare administrators and policymakers also rely on the measures to manage the program; devise, implement, and monitor quality improvement efforts; and make policy decisions.

REPORTING OF CAHPS DATA TO ACOs

CMS gives each ACO a detailed report that summarizes the ACO survey results and compares the ACO's scores to national benchmarks. Each organization's report also compares the organization's CAHPS for ACOs scores to average scores from all participating ACOs.

In addition to individual items, multi-item measures, and SSMs, the reports include a response rate for the organization. The response rate calculation includes completed and partially completed surveys in the numerator, and excludes from the denominator sample cases with a final disposition of institutionalized (code 11), deceased (code 20), excluded from survey (code 40), and mentally or physically unable to respond (code 24).

CAHPS data are organized and displayed within the report according to their different purposes. The report to ACOs includes the scores for the eight SSMs required by the Shared Savings Program, the one CG-CAHPS CORE measure (included in both survey versions) and, if applicable, the three additional SSMs in the ACO-12 survey.

Scored SSMs:

- Getting Timely Care, Appointments, and Information

- How Well Your Providers Communicate
- Patient's Rating of Provider
- Access to Specialists
- Health Promotion and Education
- Shared Decision Making
- Health Status and Functional Status
- Stewardship of Patient Resources

One of the eight SSMs, Health Status and Functional Status, is pay-for-reporting, and ACOs successfully reporting this SSM receive two quality points for it. Each of the other seven SSMs are assigned quality points on a scale of 0-2 that is based on established national benchmarks, for a total of 16 possible points. Finally, each ACO that has participated in the program for at least two years is eligible for up to four quality improvement points, which are added to the quality points above, such that the total cannot exceed 16 points.

The SSMs are reported using a 0-100 scale. The individual survey items within each composite are case-mix adjusted, appropriately weighted based on sample design, and linearly transformed to a 0-100 scale for reporting.

During the development of the CAHPS for ACOs Survey, additional SSMs were identified as important areas to measure. These SSMs don't contribute to the patient experience domain score, but do provide useful information for organizations. These include:

CG-CAHPS core SSM:

- Courteous and Helpful Office Staff Composite

Additional SSMs not used in scoring:

- Care Coordination Composite
- Between Visit Communication
- Helping You to Take Medications as Directed

These additional SSMs are also reported using a 0-100 scale. The individual survey items within each SSM are case-mix adjusted, appropriately weighted based on sample design, and linearly transformed to a 0-100 scale for reporting.

CMS ANALYSIS OF CAHPS FOR ACOs SURVEY DATA

FINAL ANALYSIS DATASET

The final analysis dataset will include all completed and partially completed surveys.

WHY WE USE SSMs

When a survey covers many topics, a report that simply lists the answers to every item can be overwhelming to readers. To keep survey reports shorter and more comprehensible without sacrificing important information, CMS combines answers to items related to the same topic into SSMs. The items in a SSM are given equal weight in calculating the SSM score.

RELIABILITY

Reliability is assessed for each item and SSM. Reliability may be interpreted as the fraction of variation in ACO mean scores that is attributable to actual differences among ACOs (“signal”) rather than sampling variability (“noise”). Thus, reliability close to one indicates that sampling variability is negligible, while reliability close to zero means that we are unable to detect any true variation among ACOs and apparent differences in the data are only random error. SSMs for which reliability is at least 0.60 but below 0.75 and in the lowest 12 percent of ACOs are considered to have low reliability. SSMs for which reliability is below 0.60 are considered to have very low reliability. Any SSM with very low reliability is not reported on the Physician Compare website; any SSM with low reliability is reported and flagged on the Physician Compare website. Any SSM with either low or very low reliability is flagged in the data presented on data.cms.gov.

Reliability of the estimates is affected by a number of other factors including the fraction of the ACO’s respondents eligible to answer an item based on their experiences, the variability of responses within the ACO, and the amount by which ACOs differ from each other on that measure. Reliability summarizes the extent to which variation in patient experience responses reflect true differences between organizations.

WEIGHTING AND CASE-MIX ADJUSTMENT

Beneficiaries are sampled for the survey such that one quarter of the sample represents beneficiaries with high utilization of services. Survey responses are weighted to account for this sampling method, and for survey non-response, so that survey results represent the general population of an ACO’s beneficiaries.

In general, individuals who are older, those with less education, and those in better overall and mental health give more positive ratings and reports of care. The case-mix model used for analyzing CAHPS for ACOs Survey data includes:

- Four self-reported characteristics (age, education, overall physical health, overall mental health),
- Indicators of Medicaid dual eligibility/eligibility for low-income subsidy status,
- Whether or not the survey was completed in an Asian language (Cantonese/Korean/Mandarin/Vietnamese), and

- Information indicating whether another person helped the respondent complete the survey, called proxy reporting.

Although proxy reporting contributes weakly to differences in organization means, it's been retained as an adjustor to address concerns occasionally voiced about the effects of proxy responses on scores.

Case-mix adjustment is implemented via linear regression models predicting CAHPS measures from case-mix adjustors and organizations indicators. In these models, missing case-mix adjustors are imputed as the organization mean. Adjusted means represent the mean that would be obtained for a given organization if the average of the case-mix variables for that organization were equal to the national average across all participating organizations.³

Beneficiaries were sampled for the survey such that one quarter of the sample represented beneficiaries with high utilization of services. Survey responses are weighted to account for this sampling method so that survey results represent the general population of an organization's beneficiaries.

Note: The case-mix adjustors referenced above are current as of the time of printing.

SCORING AND BENCHMARKS

Survey responses for individual survey items are weighted, case-mix adjusted, and linearly transformed to a 0-100 scale for scoring. An organization's average scores for items, multi-item measures, and composite measures are compared to national ACO score averages.

CMS uses a 2-16 scoring system for the patient experience domain. One SSM, Health Status and Functional Status, is currently pay-for-reporting; all organizations currently receive a full score of two points for this measure. For the remaining seven scored SSMs, each organization is assigned between 0-2 points to summarize the organization's performance. CMS computes this score by comparing an organization's 0-100 case-mix adjusted score in each SSM to a set of benchmarks. An overall score for the patient experience domain is calculated by summing the eight equally-weighted SSMs to assign a combined score of 2-16 points. Each ACO that has participated in the program for at least two years is eligible for up to four quality improvement points, which are added to the quality points above, such that the total cannot exceed 16 points. Additional information on scoring and benchmarking is available at:

- <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/MSSP-QM-Benchmarks-2016.pdf>

³ Consequently, the national mean of organization means for any rating or report is unchanged by case-mix adjustment.

SURVEY VENDOR ANALYSIS OF CAHPS FOR ACOs SURVEY DATA

CMS-calculated results for the CAHPS for ACOs Survey are the official survey results. CMS will continue to provide organizations with reports that contain information that can be used for quality improvement purposes. However, a survey vendor may analyze the survey data in order to provide organizations with additional information that organizations can use for quality improvement purposes, as long as **cell sizes are not too small (fewer than 11 observations)**. Survey vendors should ensure that ACOs clearly recognize that these survey vendor analyses are **not** official survey results and should **only** be used for quality improvement purposes.

Survey vendors must have CMS approval to append data from the ACO to the sample data or survey data. Survey vendors requesting to append data by merging sample data or survey data with ACO administrative data must submit to CMS for approval a specific list of the practice administrative data items to be merged, as well as an analytic plan or plan that explains how the data will be used and the purpose of the analysis. For example, if an ACO wants to report the survey data by region, the survey vendor must submit a request to the CAHPS for ACOs Survey project team technical assistance email seeking approval to append region. The survey vendor may not append data until written permission from CMS is received indicating that the analytic plans or data use plans and proposed appended items have been approved. When requesting to append data, the survey vendor must provide the ACO ID number.

Survey vendors may provide ACOs with preliminary survey data that the survey vendor develops specifically for the ACO as long as the vendor suppresses any report or display of data that includes cell sizes with fewer than 11 observations. No cell sizes under 11 can be displayed in any cross tabulations, frequency distributions, tables, Excel files, or other reporting mechanisms. In short, no number smaller than 11 should appear in any material provided to the ACO. For example, if a certain response option is chosen fewer than 11 times, data for that response option must not be displayed, even if 11 or more responses were received for the corresponding item as a whole.

As with all vendor analyses, the survey vendor scores may differ slightly from the official CMS results. **All reports provided to the ACOs must include a statement that vendor results are unofficial and are for the ACO's internal quality improvement purposes only.** Survey vendors and ACOs must keep in mind that the sample design for CAHPS for ACOs Survey is not designed for analysis at the provider-level. In addition, survey vendors can't provide ACOs with beneficiary-level datasets, as these data could be used to identify an individual, which would violate the guarantee of confidentiality that CMS provides all survey respondents.

Note: These instructions prohibit display counts of 1-10 or any numbers that allow the exact inference of a count of 1-10.

10 Oversight

OVERVIEW

The CMS-sponsored CAHPS for ACOs Survey project team conducts oversight of participating survey vendors to ensure compliance with CAHPS for ACOs Survey protocols. This section describes the oversight activities for the CAHPS for ACOs Survey. All materials and procedures relevant to survey administration are subject to review. **By signing the CAHPS for ACOs Survey Participation Form, survey vendors signify that they agree with all Rules of Participation, including all CAHPS for ACOs Survey oversight activities.**

SURVEY VENDOR OVERSIGHT ACTIVITIES

All survey vendors who participate in the CAHPS for ACOs Survey are required to take part in all oversight activities, which include but aren't limited to:

- CAHPS for ACOs Survey Quality Assurance Plan (QAP)

The CAHPS for ACOs Survey QAP is a comprehensive working document that is developed and periodically revised by survey vendors for documenting their current administration of the survey and compliance with the CAHPS for ACOs Survey protocols. The QAP should also be used as a training tool for project staff and subcontractors. The CAHPS for ACOs Survey project team will review each QAP to make sure the survey vendor's stated processes are compliant with CAHPS for ACOs Survey protocols. In addition, survey vendors are required to submit materials relevant to the CAHPS for ACOs Survey administration, including mailing materials (e.g., envelopes, cover letters, and surveys), phone script, tracking of key events, and documentation that quality control procedures are conducted. Survey vendors are also required to submit a summary of the results from previous survey administration quality control activities and any corrective action plan(s) implemented. CMS may also request additional survey-related materials for review as needed.

Note: While all survey vendors will be required to submit a QAP, only survey vendors with clients will be required to submit CAHPS for ACOs Survey materials.

- Analysis of Submitted Data

The CAHPS for ACOs Survey data coordination team will review all survey data that survey vendors submit to the ACO Data Warehouse. This review will include, but isn't limited to: statistical and comparative analyses, preparation of data for reporting, and other activities as required by CMS. If data anomalies are found, the CAHPS for ACOs Survey project team will follow up with the survey vendor.

- Site Visits/Conference Calls

All survey vendors (and their subcontractors, as applicable) are required to participate in site visits and conference calls conducted by the CAHPS for ACOs Survey project team. The site visits allow the CAHPS for ACOs Survey project team to review and observe systems, procedures, facilities, resources, and documentation used to administer the CAHPS for ACOs Survey. The conference calls allow the CAHPS for ACOs Survey project team to discuss issues with the survey vendor related to administering the CAHPS for ACOs Survey.

Note: If the site visit, conference call, or any other oversight activity conducted by the CAHPS for ACOs Survey project team suggests that actual survey processes differ from CAHPS for ACOs Survey protocols, immediate corrective actions may be required and sanctions may be applied.

- **Additional Activities**

Additional activities as specified by CMS may be conducted in addition to the above.

CAHPS FOR ACOs SURVEY QUALITY ASSURANCE PLAN

Survey vendors approved to administer the CAHPS for ACOs Survey are required to develop and continually update a QAP. The QAP is a comprehensive working document that outlines the survey vendor's implementation of, and compliance with, the CAHPS for ACOs Survey protocols.

The main purposes of the QAP are to:

- Provide documentation of survey vendors' understanding, application, and compliance with the Quality Assurance Guidelines. The QAP must address the following components:
 - Organizational background and structure for project.
 - Work plan for survey administration.
 - Survey and data management system.
 - Detailed description of the process for updating beneficiary addresses and phone numbers.
 - Quality controls.
 - Confidentiality, privacy, and security procedures in accordance with the Health Insurance Portability and Accountability Act (HIPAA).
 - Procedures for identifying and handling breaches of confidential data.
 - Description of quality control activities, including a summary of the results from previous survey administration quality control activities and any corrective action plan(s) implemented.

- CAHPS for ACOs Survey materials.
- Serve as the organization-specific guide for administering the CAHPS for ACOs Survey, training project staff to conduct the survey, and conducting quality control and oversight activities. The QAP should be developed in enough step-by-step detail, including flow charts, tracking forms, and diagrams, such that the survey methodology is easily replicable by a new staff member in the organization’s survey operations.
- Ensure high quality data collection and continuity in survey processes.

The survey vendor must submit the QAP by the date announced during the CAHPS for ACOs Survey training session. The date will be posted on the CAHPS for ACOs Survey website following training. You can find a Model QAP in Appendix A. We expect survey vendors to use the Model QAP as a template for developing and updating their own QAP. Survey vendors can also download the Model QAP from the [CAHPS for ACOs Survey website](http://acocahps.cms.gov) (acocahps.cms.gov). Survey vendors who request to submit a revised QAP should submit an updated QAP in a “track changes” version of the document for ease of identifying changes made from the previously submitted QAP.

Along with the QAP, survey vendors may be required to submit other materials relevant to the CAHPS for ACOs Survey administration. The CAHPS for ACOs Survey project team’s acceptance of a QAP submission does **not** constitute or imply approval or endorsement of the survey vendor’s CAHPS for ACOs Survey processes. The site visits and other oversight activities are used to examine, verify, and accept the actual processes by which the CAHPS for ACOs Survey is administered.

Note: Depending on the issues identified during the QAP and Survey material review, survey vendors may be required to resubmit the survey materials and the QAP for re-review and approval. Vendors remain responsible for meeting all deadlines regardless of when the project team provides the re-review of materials outcome notification.

ANALYSIS OF SUBMITTED DATA

The CAHPS for ACOs Survey data coordination team will review and analyze all submitted survey data to ensure the integrity of the data. If the team identifies significant issues, it may contact the survey vendor. Survey vendors must adhere to all submission requirements as specified in the Quality Assurance Guidelines, and those periodically posted on the CAHPS for ACOs Survey website. Please check the CAHPS for ACOs Survey website on a regular basis for additional data submission information and updates.

SITE VISITS/CONFERENCE CALLS

The CAHPS for ACOs Survey project team will conduct site visits and conference calls with survey vendors to ensure compliance with the CAHPS for ACOs Survey requirements. The size and composition of the review team may vary. Site visits may be

announced and scheduled in advance, or they may be unannounced. Survey vendors will be given a three-day window during which an unannounced site visit may be conducted.

The CAHPS for ACOs Survey project team will conduct its site reviews in the presence of the survey vendor's staff, and a confidentiality agreement will be signed by all parties at the start of the site visit. The CAHPS for ACOs Survey project team will coordinate with survey vendor staff to cover agenda items presented in advance to the survey vendor. The CAHPS for ACOs Survey project team may also review any additional information or facilities determined to be necessary to complete the site visit, including work performed by subcontractors, if applicable. Survey vendors must make their subcontractors available to participate in the site visits and conference calls as needed.

In addition to other activities, the CAHPS for ACOs Survey project team will observe and review data systems and processes, which may require access to confidential records and/or protected health information. The CAHPS for ACOs Survey project team will review specific data records and trace the documentation of activities from the receipt of the sample through the uploading of the data. The site review may also include interviews with key staff members and interactions with project staff and subcontractors, if applicable. Any information observed or obtained during the site visit review will remain confidential, as per CMS guidelines.

During the site visit and/or conference call, the CAHPS for ACOs Survey project team will review the survey vendor's survey systems and will assess protocols based upon the Quality Assurance Guidelines. All materials relevant to survey administration will be subject to review. The systems and program review includes, but isn't necessarily limited to:

- Survey management
- Data systems
- Printed materials
- Printing, mailing, and other related facilities
- Phone materials, interview areas, and other related facilities
- Data receipt and entry
- Response rates
- Data storage facilities
- Written documentation of survey processes
- Specific and/or randomly selected records

After the site visit, the CAHPS for ACOs Survey project team will give the survey vendor a summary of findings from the site review and may include follow-up questions and/or request additional information.

After the site visit or conference call, organizations will be given a defined time period to correct any problems, if identified, and provide follow-up documentation of corrections for review. Survey vendors will be subject to follow-up site visits and conference calls, as needed.

NON-COMPLIANCE AND SANCTIONS

Non-compliance with CAHPS for ACOs Survey protocols, including program requirements, successful completion of all required training activities, annual timely submission of the QAP, and participation and cooperation in oversight activities may result in sanctions being applied to a survey vendor, including:

- Loss of approved status to administer the CAHPS for ACOs Survey.
- Increased oversight activities.
- Adjustment to survey scores, as needed.
- Refusal to accept survey data for scoring and analysis.
- Other sanctions as deemed appropriate by CMS.

11 Discrepancy Reports

OVERVIEW

This section describes how to notify the CAHPS for ACOs Survey project team of discrepancies that occurred during survey data collection or submission.

The discrepancy process and the Discrepancy Report form have been established for use by survey vendors to notify the CAHPS for ACOs Survey project team of any discrepancies in following standard CAHPS for ACOs Survey protocols, including the data collection timeline. Survey vendors are required to notify the CAHPS for ACOs Survey project team of any discrepancies or variations in following standard CAHPS for ACOs Survey protocols that occur during survey administration. **Survey vendors must notify the CAHPS for ACOs Survey project team as soon as the discrepancy is identified.** The Discrepancy Report form must be submitted within one business day of the survey vendor becoming aware of a discrepancy, regardless of whether the root cause, scope of issue, or a resolution has been identified. The date the discrepancy was discovered must be clearly identified on the form.

DISCREPANCY REPORT PROCESS

On occasion, a survey vendor may identify discrepancies from CAHPS for ACOs Survey protocols that require corrections to procedures and/or electronic processing to realign the activity to comply with CAHPS for ACOs Survey protocols. Survey vendors are required to notify CMS of these discrepancies. In its oversight role, the CAHPS for ACOs Survey project team may also identify discrepancies that require correction.

- **Survey vendors are required to complete and submit an initial Discrepancy Report to formally notify CMS within one business day after the discrepancy has been discovered.** The survey vendor must submit the Discrepancy Report form (Appendix F) online through the [CAHPS for ACOs Survey website](#). This report notifies the CAHPS for ACOs Survey project team of the nature, timing, cause, and extent of the discrepancy, as well as the proposed correction and timeline to correct the discrepancy, to the extent this information is immediately available.
 - Complete all form fields to the extent this information is available.
 - For information not immediately available, complete required form fields with “to be updated.”
 - If all required information is not immediately available, submit a second Discrepancy Report to provide any missing information.
 - Discrepancy Report updates are due with one week of the initial Discrepancy Report submission.
 - Include the ACO ID number on the form.

DISCREPANCY REPORT REVIEW PROCESS

CMS and the CAHPS for ACOs Survey project team will review the discrepancy report and determine the actual or potential impact of the discrepancy on reported results. Depending on the nature and extent of the discrepancy, the project team may undertake a formal review of the survey vendor's procedures and/or conduct an on-site visit or conference call. The project team will notify the survey vendor if additional information must be submitted to document and correct the issue. The project team will notify the survey vendor once the outcome of the review has been determined.